CONTRACT DECLARATIONS AND EXECUTION

Procurement Type/Number	Contract #
RFP # ACFS-24-XXX	FWBP-CPS-24-0xx

Title of Contract
Crisis Intervention, Stabilization, and Reunification Services – Foster Group Care Services (AKA: Qualified Residential Treatment Program)

This Contract must be signed by all parties before the Contractor provides any Deliverables. The Agency is not obligated to make payment for any Deliverables provided by or on behalf of the Contractor before the Contract is signed by all parties. This Contract is entered into by the following parties:

Agency of the State (hereafter "Agency")

Name/Principal Address of Agency: Iowa Department of Health and Human Services 1305 E. Walnut Des Moines, IA 50319-0114	**Agency Billing Contact Name / Address:**
Agency Contract Manager (hereafter "Contract Manager") /Address ("Notice Address"): Kristin Konchalski Hoover State Office Building, 5th Floor 1305 East Walnut Street Des Moines, Iowa 50319 o. 515-281-9368 kkoncha@dhs.state.ia.us	**Agency Contract Owner (hereafter "Contract Owner") / Address:** Janee Harvey Hoover State Office Building, 5th Floor 1305 East Walnut Street Des Moines, Iowa 50319 o. 515-281-6802 jharvey1@dhs.state.ia.us
Notice of Future Address Change: It is anticipated the main offices of the Department of Health and Human Services will be moving to the Lucas State Office Building at 321 E. 12th Street, in Des Moines, Iowa, by the end of 2024. The Agency will share the date of this change of address with contractors at a later date.	

Contractor: (hereafter "Contractor")

Legal Name:	**Contractor's Principal Address:**
Tax ID #:	**Organized under the laws of:** Iowa
Contractor's Contract Manager Name/Address ("Notice Address"):	**Contractor's Billing Contact Name/Address:**

Contract Information	
Start Date: 7/01/2023	**End Date of Base Term of Contract:** 06/30/2025
Possible Extension(s): The Agency shall have the option to extend this Contract up to 4 additional 1-year extensions.	
Contract Contingent on Approval of Another Agency: DOM	**ISPO Number:**
Contractor a Business Associate? Yes	**Contractor subject to Iowa Code Chapter 8F?** Yes
Contract Include Sharing SSA Data? No	**Contractor a Qualified Service Organization?** Yes
Contract Payments include Federal Funds? Yes **The contractor for federal reporting purposes under this contract is a:** Subrecipient **UEI #:** **The Name of the Pass-Through Entity:** Iowa Department of Health and Human Services	
CFDA #: 93.658 **Grant Name:** Foster Care Program	**Federal Awarding Agency Name:** Administration for Children and Families

Contract Execution

This Contract consists of this Contract Declarations and Execution Section, the Special Terms, any Special Contract Attachments, the General Terms for Services Contracts, and the Contingent Terms for Service Contracts.

In consideration of the mutual covenants in this Contract and for other good and valuable consideration, the receipt, adequacy, and legal sufficiency of which are hereby acknowledged, the parties have entered into this Contract and have caused their duly authorized representatives to execute this Contract.

Contractor		**Agency, Iowa Department of Health and Human Services**	
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name:		Printed Name: Kelly Garcia	
Title:		Title: Director	

Iowa Code Chapter 8F

As a condition of entering into this Contract with the Agency, the Contractor certifies that: 1) it has the information required by Iowa Code Chapter 8F and referenced in Section 2.14.6, Certification *Regarding Iowa Code Chapter 8F* available for inspection by the Agency and the Iowa Legislative Services Agency; and 2) the Contractor is in full compliance with all laws, rules, regulations, and contractual agreements applicable to the Contractor and the requirements of Iowa Code Chapter 8F.

[Certification shall be signed by: 1) An Officer AND one member of the Board of Directors; OR 2) Two members of the Board of Directors; OR 3) The sole proprietor of the Contractor]

Contractor, by:		**Contractor, by:**	
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name:		Printed Name:	
Title:		Title:	

Certification and Disclosure Regarding Lobbying

Instructions:
Title 45 of the Code of Federal Regulations, Part 93 requires the Contractor to include a certification form, and to file a disclosure form, if required, as part of the Contract. Award of the federally funded contract is a Covered Federal action.

1) The Contractor shall file with the Agency this certification form, as set forth in Appendix A of 45 CFR Part 93, certifying the Contractor, including any subcontractor(s) at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.
2) The Contractor shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the Contractor or subcontractor(s) at any tier (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action, which would be prohibited under 45 CFR § 93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the Contractor and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ‘‘Disclosure Form to Report Lobbying,’’ in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ‘‘Disclosure Form to Report Lobbying,’’ in accordance with its instructions.

Submission of this statement is a pre-requisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 for each such failure.

I certify that the contents of this certification are true and accurate. I am checking the appropriate box below regarding disclosures required in Title 45 of the Code of Federal Regulations, Part 93.

☐ The Contractor is NOT including a disclosure form as referenced in this form's instructions because the Contractor is NOT required by law to do so.

☐ The Contractor IS filing a disclosure form with the Agency as referenced in this form's instructions because the Contractor IS required by law to do so.

Signature:	
Printed Name/Title:	
Date:	

SECTION 1: SPECIAL TERMS

1.1 Special Terms Definitions.
Definitions in this section correspond with capitalized terms in the Contract.

"Accreditation" or ***"Accredited"*** means a program that is accredited by an independent not-for-profit organization (e.g.: Council on Accreditation, Joint Commission for Behavioral Health Care Services, and Council on Accreditation for Rehabilitation Services).

"*Administrative Costs*" means costs that may include, but are not limited to, such categories as salary and fringe benefits for administrators and support staff, utilities, data collection and data processing costs, printing, communications equipment and services, and other costs necessary to support the delivery of services to Children and families.

"Admission Clinical Review Form" means the clinical assessment completed by an LPHA to determine QRTP level of care for a Child.

"*Admission and Discharge Protocol*" means the protocol used by the Agency, Juvenile Court Services, and Contractors that defines allowable reasons a Contractor can deny a Child's admission to shelter or carry out an unplanned discharge from shelter and a review process to resolve issues related to admission or unplanned discharge.

"*Aftercare* "or ***"Iowa Aftercare"*** means a program designed to provide service and supports to the Aftercare eligible population to assist program participants in achieving Self-Sufficiency for the Transition from adolescence to adulthood. Participation in the program is voluntary for the eligible Child. A component of the Aftercare Program, Preparation for Adult Living (PAL), provides financial support to eligible Youth who are receiving Aftercare services.

"Agency" means the Iowa Department of Health and Human Services.

"*Behavioral Health Intervention Services*" (BHIS) means services provided to Children who are Medicaid eligible and under twenty-one (21) years of age and their families to remediate mental health symptoms and behaviors. This includes the provision of services to address criminogenic factors that are necessary for effective functioning with family, peers, and community in an age-appropriate manner.

"*Business Day*" means any day other than a Saturday, Sunday, or State holiday as specified by Iowa Code §1C.2.

"*Casey Life Skills Assessment"* (CLSA) means a suite of comprehensive online assessments, learning plans, and learning resources that can be utilized at no charge to help engage young people in Foster Care whereby they can gain the life skills they need to exit care. The tools are strengths-based and were built and refined with user input and research. The assessments consist of statements about life skills domains deemed critical by Youth and caregivers for successful adult living (Career Planning, Communication, Daily Living, Home Life, Housing and Money Management, Self-Care, Social Relationships, Work Life, and Work and Study Skills). The CLSA is intended for Youth age 8-18. There are also additional assessment supplements designed to help young people who have specific needs and challenges. The specific topics are pregnancy and parenting infants and young Children; homeless; Youth values; education; gay, lesbian, bisexual, transgender, and questioning Youth (GLBTQ); and American Indian.

"*Case Management*" means Agency social casework working with Children to assess and identify individual and Family strengths and needs, develop Case Permanency Plans to provide appropriate supports and services, implement the Case Permanency Plans, coordinate and monitor the provision of services, and evaluate client progress and the case. It also includes similar services provided by Juvenile Court Services' workers.

"*Case Permanency Plan*" means the Agency plan identifying goals, needs, strengths, problems, services, time frames for meeting goals and for delivery of the services to the Child and parents, objectives, desired outcomes, and responsibilities of all parties involved and reviewing progress.

"*Caseworker*" means the Caseworker for a Child in care. This is defined in Foster Group Care Services licensure rules in 441 Iowa Admin. Code Ch. 114 and in Child Placing Agencies' licensure rules for Supervised Apartment Living in 441 Iowa Admin. Code Ch. 108. For Child Welfare Emergency Services, a Caseworker shall be the person primarily responsible for Service Planning for the Child and being the point of contact for the Child's Family and Referring Worker. All Caseworkers shall be responsible for coordination with referral sources and coordination of services to a Child.

"*Casework Supervisor*" means the staff member defined in FGCS licensure rules, the staff member that provides supervision in CWES, and the staff member that provides supervision in SAL. This individual provides supervision of the Caseworker(s) by regularly scheduled face-to-face case specific discussions with the Caseworker.

"*Child*," "*Children*," "*Youth*," or **"*Juvenile*"** means a person(s) who meets the definition of a Child in Iowa Code § 234.1(2)

"*Child and Family Services Review*" (CFSR) means the process and procedures used by the federal Department of Health and Human Services to monitor and evaluate each states' Child welfare Agency in order to promote the achievement of safety, Permanency, and well-being for Children that come to the attention of the Child welfare system and improve the quality of Agency Child welfare services.

"*Child Welfare Emergency Intervention*" means, for the purpose of CWES, a service provided in a Child's home or elsewhere to address immediate problems or to de-escalate situations with the intent to keep families together and avoid a Child's Removal from his or her home.

"*Child Welfare Emergency Services"* (CWES) means an array of short term and temporary placements that are provided to the Target Population by the Child welfare system and focus on Children's safety, permanence, and well-being. Eligible Children are referred by the Agency, Juvenile Court Services, and Law Enforcement.

"*Child in Need of Assistance"* (CINA) means adjudicated by Juvenile court to be a Child in Need of Assistance pursuant to Iowa Code Ch. 232.

"*Clinical*" (practice) means the professional application of theories and methods that lead to differential diagnosis, prevention, amelioration and treatment of bio-psycho-social dysfunction and impairment, including mental, emotional, behavioral, and developmental disorders.

"*Clinically-trained Staff*" means persons with a master's (or other advanced) degree in social work, psychology, or a related behavioral science and who are licensed to practice in their respective field. This may include, but is not limited to, a medical doctor or doctor of osteopathy, licensed independent social workers, advanced registered nurse practitioners, Ph.D. psychologists, marriage and Family therapists, and mental health counselors.

"*Community Residential Facility*" means a licensed FGCS facility that provides care for Children who are considered unable to live in a Family situation due to social, emotional, behavioral, or physical disabilities or

community safety issues but are capable of interacting in a community environment with a minimum amount of supervision. The facility provides 24-hour care including board and room. Community resources are used for education, recreation, medical, social, and rehabilitation services. The facility is responsible for planning and providing for the Child's daily activities, discipline, guidance, peer relationships, and recreational programs.

"*Comprehensive Residential Facility*" means a licensed FGCS facility that provides care for Children who are unable to live in a Family situation due to social or emotional needs and who require varying degrees of supervision as indicated in the individual Service Plan. Care includes room and board. Community resources may be used for medical, recreational, and educational needs. Comprehensive residential facilities have higher staff to client ratios than Community Residential Facilities and may use control rooms, locked cottages, mechanical restraints, and chemical restraints when these controls meet licensing requirements.

"*Contract Manager*" means the staff person or persons accountable to the Contract Owner, acting under the direction and guidance of the Contract Owner for a specific RFP and contract.

"*Contract Owner*" means the administrator within the Agency who has overall responsibility, accountability, and authority for the direction and management of the procurement for a specific RFP and contract.

"*Criminogenic Risk Factors*" means the characteristics, traits, problems, or issues of an individual that directly relate to the individual's likelihood to re-offend and commit another crime. There are two categories of criminogenic needs: static and dynamic. Static factors cannot be changed or addressed by any sort of program or therapy in the prevention of future crimes. In contrast, dynamic factors can be addressed by therapy, training, education, and targeted programming and subsequently altered to result in more law-abiding behavior. The eight (8) criminogenic risk factors are anti-social behavior, anti-social personality, anti-social cognition, anti-social peers, family/relationships, school/work, leisure/recreation, and substance abuse.

"*Crisis Intervention and Stabilization Plan*" means the methods a Contractor will use at both the Contractor and individual Child levels to respond to Child behaviors that may lead to situations like Critical Incidents, trauma, or reports to authorities (e.g., Law Enforcement). Contractor Crisis Intervention and Stabilization plans shall define Contractor policies and procedures that are appropriate to meet the needs of the Children in care, identify expectations of staff and staff training requirements, define appropriate staffing patterns and desired competencies, discuss the Contractor's approaches to Trauma-Informed Care, define the behavior de-escalation techniques that will be used, and describe the plan for when to engage local law enforcement.
Child-specific Crisis Intervention and Stabilization Planning shall be individualized and based on needs of the individual Children in care and incorporated into the Child's Service Plan. This planning shall address, but not be limited to, a Child's trauma; mental health or behavioral needs; and approaches to de-escalation that shall be used to manage a Child's behavior when needed.

"*Critical Incident*" means, for online reporting purposes, a behavior-related or other situation involving a Child during the provision of service that results in one of the following:

- Death,
- Police calls or other law enforcement involvement or contact,
- Mandatory report of abuse, or
- Emergency treatment by medical personnel in or at a hospital, other medical clinic, urgent care provider, or a physician's office

"*Cultural Competence*" means the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each.

"*Delinquent*" means a Child adjudicated by Juvenile court for having committed a Delinquent act as defined in Iowa Code Ch. 232.

"Deliverables" means all of the services, goods, products, work, work product, data (including data collected on behalf of the Agency), items, materials, and property to be created, developed, produced, delivered, performed, or provided by or on behalf of, or made available through, the Contractor (or any agent, contractor, or subcontractor of the Contractor) in connection with this Contract.

"*Education Specialist*" means Contractor staff directly responsible for a Child's education and related services and needs. This may include the Child's Contractor-appointed Caseworker.

"*Emergency*" means, for the purpose of CWES, a service offering extended involvement with the Agency or Juvenile Court Services (more than a shorter involvement with Child welfare Crisis Intervention and Stabilization), such as temporary Out-of-Home Placement until Family and Child issues are resolved and there is a final disposition of a Child's case. Placements outside the home include Emergency Family Foster Care, Placements with Family members, or Emergency Juvenile Shelter Care.

"***Emergency Juvenile Shelter Care***" means the provision of Emergency, short-term care until a more permanent living arrangement is possible. Iowa Code § 232.2 defines "shelter care" as temporary care of a Child in a physically unrestricting facility at any time between a Child's initial contact with Juvenile authorities and the final judicial disposition of the Child's case and identifies the facilities in which a Child may be placed. Shelter care facilities that are county or multi-county operated receive a Certificate of Approval if they meet standards defined in 441 Iowa Administrative Code Chapter 105. Privately operated shelter care facilities receive a Certificate of Licensure if they meet the standards defined in 441 Iowa Administrative Code Chapter 105. Emergency Juvenile Shelter Care is not considered suitable for Children under age 12 unless appropriate alternatives are first sought and determined to be unavailable.

"*Evidence-Based Practice*" means practices or service approaches whose effectiveness at achieving desired outcomes for specific Target Populations of Children and families has been substantiated or validated by independent empirical research. Information on Evidence-Based services can be obtained in a variety of ways, including through contacts with various public and private organizations that collect and disseminate service information. Examples of such organizations include the Child Welfare League of America, the American Public Human Services Association (APHSA), the Center for the Study of Social Policy, the Casey Foundation, Casey Family Programs, the federal Office of Juvenile Justice and Delinquency Prevention, the federal Agency of Health and Human Services, and university schools of social work.

"*FACS*" means the Family and Children's Services data system and/or its' equivalent replacement. Contractors should be advised the Administration for Children and Families (ACF) has announced the Comprehensive Child Welfare Information System (CCWIS) final rule, which when implemented in Iowa, will require Contractors to adapt as needed to comply with federal requirements. More information about CCWIS can be found at: https://www.acf.hhs.gov/media/9674.

"Family" **or** ***"Kin"*** means the social unit consisting of the Child and relations of the Child including, but not limited to, biological or adoptive parent, stepparent, brother, sister, stepbrother, stepsister, and grandparent.

"*Family Case Plan*" (Form No.470-3453) means the official record of the Agency's involvement with the Family. It serves to help document the Child and Family conditions and concerns that caused the Family to become involved with the Child welfare system, help determine and document the most appropriate services and supports needed to assure and promote Child safety, Permanency, and well-being. The Family Case Plan includes a description of a plan to keep the Child safe; individual Family strengths, supports, and needs; how the strengths and Family supports can be used to assist the Family in self-directed change; how the Agency and

others will assist the Family in overcoming the needs; and document compliance with applicable state and federal laws and regulations.

"*Family-Centered Model of Practice*" means a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their Children. It focuses on Children's safety and needs within the context of their families and communities and builds on families' strengths to achieve optimal outcomes. Families are defined broadly to include birth, blended, kinship, and Foster and Adoptive Families.

"Family Centered Services" or "FCS" means the primary Agency purchased interventions, services, and supports to strengthen and preserve connections between Children and their Family as defined by Request for Proposal ACFS 20-006 and resulting contracts, as these documents may be amended.

"*Family-Like Setting*" means a Foster Family Home, a relative Placement, a pre-adoptive home, a Fictive Kin Placement, or trial home visit**.**

"***Family Finding Efforts***" means a variety of approaches and methods Contractors and the Agency use to help Children in Foster Care find and connect with biological or chosen Family members.

"*Family Interaction*" means a process used to maintain relationships with siblings, parents, Family, and other individuals and to reduce the sense of abandonment and loss that Children experience at Placement. Family Interaction should take place in the least restrictive, most home-like setting appropriate to meet the Child's needs for safety. Family Interaction should minimize the harmful effects of Family separation as well as nurture and enhance reunification. Family Interaction should maintain meaningful contact consistent with the development and/or special needs of the Child and Family to further progress toward achieving Permanency for the Child. Interactions provide the opportunity for families to maintain relationships, enhance well-being, and may sometimes be an appropriate venue to provide families with the opportunity to learn, practice and demonstrate new behaviors and patterns of interaction. Family Interaction will also provide an opportunity to assess caregiver needs around parent training, community resources/referral, and concrete supports. Family Interaction proceeds in three phases as progress occurs: initial phase, central phase, and reunification phase.

"*Family Interaction Plan*" means the plan to guide Family Interactions that encourages progressive increase in parents' responsibility. The Plan is premised on case goals and on an assessment of a Family functioning and safety concerns for the Child. A written Family Interaction Plan should be tailored to meet the safety concerns of the Family and will be provided to assure Family Interaction begins as soon as possible after Removal from parental custody. Family Interaction Plans must never be used as a threat or form of discipline to the Child or to control or punish the parent.

"Fictive Kin" means an individual who is unrelated by either birth or marriage but who has an emotionally significant relationship with another individual who would take on the characteristics of a Family relationship.

"*Formal Life Skills Assessment*" means a tool designed to measure a Child's knowledge and skill comprehension a Child needs to direct his or her life at home and in the community. Measurement of skills include "hard skills" including but not limited to money management, food preparation, hygiene, home management, accessing health care, education, and employment-related skills, accessing community resources and time management. Measurement of skills also includes "soft skills," including but not limited to decision-making, problem solving, relationship skills, and self-advocacy skills. Results of the Life Skills Assessment (both strengths and needs) are used in designing services and supports that promote a Child-centered Transition plan to assist the Child in successful Transition from the Foster Care system to early adulthood and Self-Sufficiency.

"*Foster Care*" means substitute care furnished on a 24-hour-a-day basis to an eligible Child in a licensed or approved facility by a person or Agency other than the Child's parent or guardian. Foster Care does not include care provided in a Family home through an informal arrangement for a period of 20 days or less. It includes the provision of parental nurturing and shall include, but is not limited to, the provision of food, lodging, training, education, supervision, and health care.

"*Foster Group Care Service"* (FGCS) or "*Qualified Residential Treatment Program*" or "*FGCS/QRTP*" means one service of the Child welfare array of services that offers a safe and protective structured living environment for eligible Foster Care Children who are considered unable to live in a Family situation to social, emotional, behavioral, or physical disabilities or community safety issues but are able to interact in a community environment with varying degrees of supervision. Children are adjudicated either for having committed a Delinquent act or they have been placed on a consent decree or as CINA and court-ordered to this State-licensed Out-of-Home care provided in licensed facilities 24 hours a day and seven days per week offering room, board, and age appropriate and transitional Child welfare services and Juvenile Justice Services.

"*Group Care Maintenance*" means food, clothing, shelter, school supplies, personal incidentals, daily care, general parenting, discipline, and supervision of Children to ensure their well-being and safety, and administration of maintenance items provided in a group care facility.

"*Guaranteed Payment Bed*" or "*Guaranteed Bed*" means a bed that is part of a FGCS/QRTP, SAL, or CWES contract guaranteed available to the Agency as needed, and for which Agency payment will be made regardless of use in order to assure access as needed and stability of payment to a Contractor or subcontractor.

"*Integrated Health Home"* (IHH) means a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and Children with a serious emotional disturbance (SED). Integrated Health Homes are administered by the Medicaid Managed Care Organizations (MCOs) and provided by community-based Integrated Health Homes.

"*Inter-Agency Placement Review Committee*" means a committee that uses a multi-faceted approach that includes reviewing all referrals to the Specialized Delinquency Beds program to confirm they meet entry criteria, ensuring appropriate programming is available, exploring treatment alternatives, initiating a seamless transition for Youth, staffing problematic cases, identifying Youths that cross systems, and generating solutions for cases that do not qualify for placement in the Specialized Delinquency Bed program.

"*In The Home"* or **"*In-Home*"** means that a Child resides in the permanent home of the Child's parent or guardian.

"*In-Home Onsite Mediation Services and Follow-up*" means a Child Welfare Emergency Intervention provided in a CWES referral's home or community to settle Family disputes or other Child welfare crises. Follow up is the time period defined by a Contractor during which continued outreach or other direct communication will occur following a mediation to determine the success of the intervention.

"Invoice" means a Contractor's claim for payment. At the Agency's discretion, claims may be submitted on an original invoice from the Contractor or may be submitted on a claim form accepted by the Agency, such as a General Accounting Expenditure (GAX) form.

"*Juvenile Court Services"* (JCS) means an administrative unit that is part of the judicial branch of Iowa government and established in each judicial district pursuant to Iowa Code Ch. 602. JCS provides intake services for all Iowa Youth who are alleged to have committed a Delinquent act. JCS also supervises and provides services to those Youth who are adjudicated Delinquent or those Youth who have committed a Delinquent act but who have not been adjudicated Delinquent by the Juvenile Court.

"*Juvenile Court Services Model of Practice*" (JCS's Model of Practice) means the Juvenile Court Services utilization of Evidence-Based Practices that result in the Juvenile Court Officer (JCO):

1) Assessing offender's criminogenic needs and risk factors using the Iowa Delinquency Assessment
2) Targeting traits, skills, conditions, and behaviors that are most likely to lead to Recidivism
3) Engaging offenders in the change process
4) Matching intervention strategies to offenders' individual needs and circumstances, and
5) Planning strategies, in collaboration with each Child and their Family, to facilitate behavioral change

"*Juvenile Court Services Case Plan*" The plan developed by JCS, which identifies criminogenic risk factors, goals, needs, strengths, problems, services, time frames for meeting goals and for delivery of the services to the Child and parents, objectives, desired outcomes, and responsibilities of all parties involved and reviewing progress, including any directives or needs identified by the court.

"Kinship Caregiver" means kin (e.g., grandparent, sibling, etc.) and Fictive Kin (e.g., godparents, close Family friends, etc.) providing care for a Child.

"*Law Enforcement*" means a member of a police force or other Agency or department of the State, county or city regularly employed as such and who is responsible for the prevention and detection of crime and the enforcement of the criminal laws of Iowa and all individuals, as determined by the Iowa Law Enforcement academy council, who by the nature of their duties may be required to perform the duties of a peace officer.

***"Licensed Practitioner of the Healing Arts"* (LPHA)** means a practitioner such as a physician (M.D. or D.O.), a physician assistant (PA), an advanced registered nurse practitioner (ARNP), a psychologist, a social worker (LMSW or LISW), a marital and family therapist (LMFT), or a mental health counselor (LMHC) who is licensed by the applicable state authority for that profession. *See* Iowa Administrative Code 441.78.12(1).

"*Life Skills Training*" means interpersonal and daily living skills training to prepare individuals to maintain a safe, healthy, and stable lifestyle. Skills training may involve "hard" skills including, but not limited to, money management, self-care and hygiene, physical and mental health care, education (e.g., study skills, tutoring), employment (e.g., job seeking/maintenance), housing (e.g., home-management, renter's rights and responsibilities, roommate decisions), time-management, accessing community resources. Skills training may also involve "soft" skills including, but not limited to, decision-making, problem solving, relationship skills, and self-advocacy skills.

"Maintenance Payment" means a per diem payment for SAL to cover certain day-to-day expenses. In SAL cluster sites, this payment covers staffing, housing, food, and basic clothing costs. In SAL scattered sites, this payment covers staffing.

"*Motivational Interviewing*" (MI) means an evidence-based approach to behavior change. MI is designed to help people find the motivation to make a positive behavior change. This client-centered approach is a guiding style of communication, which can empower people to change by drawing out their own meaning, importance, and capacity for change.

"Multi-disciplinary Team Approach" means drawing appropriately from multiple disciplines to redefine problems outside of normal boundaries and reach solutions based on a new understanding of complex situations.

"*No Reject, No Eject*" means that the Contractor shall accept all Cases referred by the Agency or JCS, recognizing that the Agency may approve exceptions in unique situations.

***"Neurodevelopmental and Comorbid Conditions"* (NACC)** means a combination of lower cognitive functioning, developmental delays, and serious emotional and behavioral concerns affecting the functioning and

treatment needs of a Child. NACC signifies the Child has been assessed by a Licensed Practitioner of the Healing Arts to have significant needs which necessitate residential treatment.

"*Non-Guaranteed Payment Bed*" or **"*Non-Guaranteed Bed*"** means a bed that is part of the contract and shall be available to the Agency as needed, and for which payment will be made based on actual use.

"*One Caseworker Model*" means the integrated approach to provide each Child with one point of contact through the provision of each service. A Child in CWES, FGCS, or SAL will have a single assigned Caseworker to coordinate the delivery of the Child's Service Plan and to be the point of contact for the Child, the Child's Family or other persons in the Child's Positive Support System, and the Referring Worker. The One Caseworker Model is designed to ensure a Child and Child's Family have consistent access to Contractor staff and coordinate services for each Child.

"*Organized Community Activity*" means community-based activities, which can include groups, organizations, clubs, extra-curricular school activities, participation in faith-based groups, and employment within the community. Attending school (including classes leading to a high school equivalency diploma) and informal leisure activities such as going to the mall are not considered Organized Community Activities.

"*Out-of-Home*" means that the Agency has Placement and care responsibility of a Child in a location other than the Child's natural home.

"*Permanency*" means a Child has a safe, stable custodial environment in which to grow up, a life-long relationship with a nurturing caregiver, and is able to explore and retain significant connections to Family members to the greatest extent possible.

"*Placement*" means each physical setting in which a Child in care resides. For purposes of CWES, a Placement occurs when a Child remains in a shelter bed more than 47 hours.

"*Positive Support System*" means members of the Child's Family and/or other positive adult role models identified by the Child and/or Family to be a support for the Child.

"***Positive Youth Development***" means an intentional, prosocial approach that engages Youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

"***Practice Standards***" means a set of written guidelines that define what staff in a program does, that is, the tasks and skills performed in the course of fulfilling the Contract requirements and meet the needs of the population served. Standards describe what is considered "best practice".

"Problematic Sexualized Behavior" means a Child's sexual behavior(s) that is/are developmentally inappropriate or potentially harmful to the Child or others.

"*Program Director*" means the individual dedicated to the administration of this Contract, including problem solving, resolving staff issues, and all other Agency required and requested concerns. The Program Director shall be the point of contact for the Agency as related to items pertaining to contracted duties and daily operations.

"Qualified Residential Treatment Program" **(QRTP)** means a program within a Foster Group Care Services State-licensed and Accredited Out-of-Home care facility that provides continuous, 24–hour care and supportive services to Children in a residential, nonfamily home setting that: has a trauma–informed treatment model that

is designed to address the clinical and other needs of Children with serious emotional or behavioral disorders or disturbances; is able to implement the specific treatment recommended in an assessment completed by a qualified individual; has registered or licensed nursing staff and other licensed clinical staff who are: (a) on site according to the treatment model and during prime programming hours; and (b) available 24 hours a day, 7 days a week; appropriately facilitates outreach to family members, integrates the family members into the treatment of the Children and documents how this is accomplished, and documents and maintains contact information for any known biological family and kin caregiver, including documenting how sibling connections are maintained; is able to provide discharge planning that provides family–based aftercare support for at least 6 months following discharge.

"*Quality Assurance*" means the procedures established and activities undertaken by Foster Group Care, CWES, and Supervised Apartment Living Contractors to ensure services are delivered in accordance with requirements established by the Agency and to improve the quality of services to achieve safety, Permanency, and well-being.

"*Reasonable and Prudent Parent Standard*" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a Child while at the same time encourage the emotional and developmental growth of the Child, that a caregiver shall use when determining whether to allow a Child in Foster Care under the responsibility of the state to participate in extracurricular, enrichment, cultural, and social activities. For the purposes of this definition and this RFP, "caregiver" means a designated official at a Foster Group Care or Emergency Juvenile Shelter in which a Child in Foster Care has been placed.

"*Recidivism*" means any misdemeanor or felony level offense referred to the juvenile justice system, the adult corrections system, or both, within a twelve (12) month period after date of discharge from service.

"*Recruitment, Retention, Training, and Support of Resource Families"* (RRTS) means the Contractor responsible for activities related to recruiting new resource families, retaining current resource families, the licensing of foster homes and approval of adoptive families, matching Children in need of Placement with the appropriate resource family, providing training and support services to resource families, and providing post-adoption services to adoptive families who are eligible for adoption subsidy.

"*Referring Worker*" or **"*Referral Worker*"** means either the Agency social work case manager or the JCS case manager (Juvenile court officer) assigned to provide Case Management services to the Child.

"Reintegration" means the process in which a Child exits or discharges from a Placement to home or another community or home-like setting.

"*Reintegration Planning*" means a component of the Child's Service Plan developed by the Contractor together with the Child, the Child's Referral Worker, and the Child's Family after admission to initiate thinking about exit and discharge to assure a successful move home or to the next living arrangement and to assure the continuity of Clinical and support services. Reintegration Planning begins no later than the Child's Service Planning Conference.

"*Removal*" means the Placement of a Child from the setting in which they were living by order of the court or Voluntary Placement Agreement.

"Risk, Need, Responsivity Principle (RNR)" means the essential guiding principles for effective correctional intervention. The risk principle states that the level of supervision and services provided to a defendant or probationer should match that individual's risk of re-offending. The Need Principle states that you should focus services and interventions on the identified criminogenic needs of each person on supervision. The Responsivity Principle states that once risk and needs are identified, you should match individuals to services and

interventions based on the individual's unique characteristics (i.e., responsivity factors) such as gender, age, ethnicity, learning style, motivation to change, cognitive abilities, mental health, culture, and strengths.

"*Safety Plan*" means a specific and concrete strategy and written plan developed by the Agency with the Family for controlling Threats of Maltreatment or supplementing Protective Capacities to keep the Child safe. The Safety Plan identifies who will participate to assure safety of the Child, who will monitor the Safety Plan, and duration of the Safety Plan. The Safety Plan will also address how behaviors, conditions, and circumstances associated with the signs of present or Impending Danger will be controlled.

"*SAL Required Services*" means:

1) Ensuring through visits to the supervised apartment living situation that there is no reasonable cause for believing that the Child's mode of living or living situation presents unacceptable risks to the Child's health or safety and that the living arrangement has been approved by the Referring Worker and meets the following minimum standards: complies with applicable State and local zoning, fire, sanitary, and safety regulations; provides reasonably convenient access to schools, places of employment, community resources, and services and supports required by the Child; and is reasonably priced to fit within the Child's budget;
2) Providing for ongoing supervision of the Child (including but not limited to guidance, oversight, and behavior monitoring to ensure that the Child's living arrangement is maintained in a safe condition, the Child has access to a telephone, there is an operating smoke alarm on each level of occupancy, the Child is receiving necessary health care, the Child is receiving appropriate and sufficient services and supports, the Child is complying with Service Plan requirements);
3) Having a minimum of twice weekly face-to-face contacts during the initial months and then once per week on-going for Children; and
4) Providing Life Skills Training according to each Child's individual Service Plan.

"*SAL Stipend*" means a monthly Agency issued payment made on behalf of the Child to provide for the Child's living costs. The stipend is paid at the beginning of the month for the month of service to cover expenses typically incurred at the beginning of the month (e.g., rent). The stipend will be prorated for Children entering a SAL Placement during a month by prorating the monthly rate at one-thirtieth of the monthly allowance per day.

"***SAL Start-up Allowance***" means an initial one-time allowance for Children placed in SAL Foster Care to assist with initial costs of the Placement, such as rent/utility deposits, purchase of food, utensils, bedding, and cleaning supplies, as needed.

"*Self-harm*" means self-inflicted injury to a person's own body.

"*Self-Sufficiency*" means sustaining a safe and stable living environment and having resources to support that living environment. Indicators of Self-Sufficiency may include but are not limited to: demonstration of attainability and sustainability of active education and/or employment plans; knowledge and access to personal and community resources, including self-care; adequate and appropriate physical and mental health care; and demonstration of basic life skills (see Life Skills Training definition above).

"Sensory Room" means a specially designed environment created to give an immersive sensory experience for people with various abilities.

"*Service Area*" means one of the groups selected from Iowa's 99 counties with boundaries defined by the Agency to provide for improved localized administration of programs (See Attachment E).

"*Service Area Manager*" (SAM) means the Agency official responsible for managing the Agency's programs, operations, and Child welfare budget within one of the Agency Service Areas.

"*Service Contract Specialist*" means the Agency Worker assigned to provide review and oversight for an Agency contract with a Contractor.

"Service Payment" means a per diem payment in SAL to cover the resources needed to offer Child development and life skills services to a Child in SAL.

"*Service Plan*" means the plan developed by the Contractor in consultation with the Child and the Child's Family (unless a reason for noninvolvement is documented in the case record), the Referral Worker, and significant others, whenever appropriate. This is the "care plan" required in Foster Group Care, Emergency Juvenile Shelter, and Supervised Apartment Living. The Service Plan shall be based on individual Child assessment as required by licensure and include the following: (1) Identification of specific needs; a description of all planned services and goals and objectives with projected dates of accomplishment intended to meet the specific needs of the Child; (2) Action steps to be taken by the Child, the Child's support system, and staff and the frequency of actions or services; where services will occur; and, the Caseworker who will be responsible for the Service Plan. The Service Plan shall include the Child-specific Crisis Intervention and Stabilization and Reintegration Plans and be coordinated with other service plans (e.g., Family Interaction, Behavioral Health Intervention Services or other mental or behavioral health services) and assure continuity of the Child's day to day life activities while in care, such as, but not limited to, school, Family relationships, health care, mental health, and behavioral needs, etc.

"***Service Plan for Shelter Services***" means the plan developed by the Contractor in consultation with the Child and the Child's Family (unless a reason for noninvolvement is documented in the case record), the Referral Worker, and significant others, whenever appropriate that describes the results of the CWES Screening Tool and outlines the plan and summarizes all work at case closure.

"*Service Planning Conference*" means a meeting conducted by the Contractor with the Referral Worker, the Child and the Child's Family, and other key individuals after admission as a means of developing the core components of the Service Plan including, but not limited to, Family and community connections, physical and mental health, education, and Reintegration Planning.

"***Solution-Focused Meetings***" (**SFM**) means a gathering of Family members, friends, formal and informal supports, with the assistance of the Solution Focused Meeting (SFM) facilitator, to draw on past successes of the Family in problem solving and work in partnership with the Family to enhance the safety of Children. SFM activities and anticipated outcomes are based on which Solution Based Casework (SBC) milestone the family is in at the time. SBC engagement and relapse prevention strategies will be utilized in the facilitation of the meeting.

"*Solution Based Casework"* (SBC) means an evidence-based Family centered model of Child welfare assessment, Case planning, and ongoing Casework. The goal is to work in partnership with the Family to help identify their strengths, focus on everyday life events, and help them build the skills necessary to manage situations that are difficult for them.

"Specialized Delinquency Program" (**SDP or SJDP)** means a program designed to reduce multiple placements for delinquent Youth by increasing Youth engagement in treatment, targeting high-risk criminogenic areas, and preparing Youth for lower levels of care and reentry into the community. The program serves male and female Youth under formal supervision with JCS who exhibit a chronic pattern of behaviors that cannot be managed in the community and, because of the nature and/or frequency of their delinquencies, will potentially test the limits of the traditional congregate care treatment setting. The program, which meets the criteria for a QRTP, utilizes an integrated and comprehensive treatment approach that is strength-based and focuses on positive behavior strategies.

"*State*" means the State of Iowa, the Agency, and all State agencies, boards, and commissions.

"*Statewide*" means, for the purposes of this Contract, the Contractor can serve eligible Children from anywhere in the State.

"*Supervised Apartment Living Foster Care*" (SAL) means a type of Foster Care Placement in Iowa. The living arrangement must provide a Child with an environment in which the Child can experience living in the community with less supervision than that provided by a foster family or Foster Group Care setting, with services and supports aimed at preparing the Child for Self-Sufficiency. Children in the SAL program are expected to attend school, shop for their food, prepare their own meals, do their own laundry and cleaning, and engage within the community. SAL Foster Care is the least restrictive type of Foster Care Placement in Iowa in which Children are either 1) placed in their own scattered-site setting (e.g., apartment unit) with access to Contractor staff 24 hours a day, seven days a week or 2) are placed in a cluster setting (up to six Children placed in the same building such as apartments located in one building or private housing) in which Contractor staff is on-site (present and available to the Children) in the living arrangement at any time when more than one Child is present in this type of setting.

"*Target Population*" means Children eligible for CWES, FGCS/QRTP, or SAL services procured with this RFP, specifically:

- ***"CWES Target Population"*** means Children up to the age of 18 years under the supervision of the Agency or Juvenile Court Services who need temporary care and who can be lawfully placed in Emergency Juvenile Shelter Care pursuant to conditions described in Iowa Code section 232.21. The Target Population also includes Law Enforcement referrals. These are Children who these entities would otherwise refer for shelter care Placement if appropriate alternative services were not available and Children who may require shelter Placement.

- **"*FGCS/QRTP Target Population*** means Foster Care eligible Iowa Children who are considered unable to live in a Family situation due to social, emotional, behavioral, or physical disabilities or community safety issues but are able to interact in a community environment with varying degrees of supervision. Children are adjudicated either as having committed a Delinquent act or as a CINA. This State-licensed Out-of-Home care is provided in licensed facilities 24 hours a day and seven days per week offering room, board, and age appropriate and transitional Child welfare services and Juvenile Justice Services.

- **"*SAL Target Population*"** means Foster Care eligible Iowa Children aged 16 ½-18, or in some cases up to age 21, who are able to live in a more independent setting with less supervision than that provided by a foster family or Foster Group Care setting, with services and supports aimed at preparing the Child for Self-Sufficiency and living in the community.

"Temporary Informal Shelter Care" means time-limited placements in a shelter care setting that do not require a court order and can last no longer than 47 hours.

"*Transition*" means the period in care during which Children are guided to develop life skills needed to move to successful young-adulthood and Self-Sufficiency.

"*Transition Planning*" means the services, supports, activities and referrals to programs that assist Children currently or formerly in Foster Care in acquiring skills and abilities necessary to Transition to adulthood successfully. Key Transition Planning domains are education, employment, health, housing, and relationships.

"*Trauma-Informed Care*" means the incorporation of an understanding of trauma and traumatic experiences and the effect they can have on Children in Foster Care into the care and services provided to a Child. These experiences may include, but not be limited to betrayal of a trusted person or institution and a loss of safety; experiences of violence; physical, sexual, and institutional abuse, neglect, intergenerational trauma; and,

disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma-informed is an approach to help engage people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

***"Treatment Outcome Package"* (TOP)** means the behavioral assessment tool adopted by the Agency and JCS. TOP is designed to assist in understanding and improving our Youth's outcomes by measuring their social and emotional well-being over time, ensuring that Youth receive the right interventions, services, and placements to meet their needs. The TOP assessment complements the information that the Agency, JCS, and providers collect, enhancing both understanding and collaborative decision making on cases.

"*Uniform Combined Cost Report*" means a report that allows the Agency to determine allowable costs for each service across various Agency programs.

"*Voluntary Placement*" or "*Voluntary Placement Agreement*" (VPA) means a Foster Care Placement in which the Agency provides Foster Care services to a Child according to a signed Placement agreement between the Agency and the Child's parent or guardian. The Agency has authority to select the Foster Care Placement and has responsibility for care and supervision.

"*Youth Centered Planning Meeting*" means the JCS Youth centered process that promotes self-determination by engaging Youth in planning for their future. With the assistance of the Youth's support system, the Youth identifies his/her goals for the future and the supports and resources needed to be successful in eight (8) domains: education, employment, housing, health, supportive relationships, civic engagement/responsibility, self-sufficiency, and interpersonal skills/behaviors.

"*Youth Transition Decision-Making (*YTDM*) Meeting*" means a Youth-centered practice model and teaming approach that follows standards and is offered to Youth 16 years of age and older. This model has two key components: Engagement/Stabilization and the Dream Path process to promote Self-Sufficiency and to empower Youth to take control of their lives and dreams. Supportive adults and peers create a team to help the Youth make connections to resources, education, employment, health care, housing, and supportive personal and community relationships.

"*Youth Transition Decision-Making (*YTDM*) Meeting Dream Path*" means a Youth-friendly collaborative plan completed for all Youth Transition Decision-Making Meetings covering the fostering connections categories. The main focus is accomplishing steps toward achieving the Youth's goals as they transition to adulthood.

"*Youth Transition Decision-Making (*YTDM*) Meeting Youth Plan*" means a collaborative plan between the Youth and the Child welfare system developed with the Youth during a Youth Transition Decision-Making Meeting. The plan states the strategies and agreements made during the Youth Transition Decision-Making Meeting.

"*24/7*" means the provision of services to the Target Population 24 hours per day and 7 days per week, 365 days per year.

1.2 Contract Purpose.

The parties have entered into this Contract to provide Foster Group Care Services/Qualified Residential Treatment Program Services as part of the Child Welfare Crisis Intervention, Stabilization, and Reunification Services (CISR) continuum of care. This contract supports the Agency's decision to continue to utilize specialized programming within the FGCS/QRTP service to address the specific needs of some of Iowa's Youth. To date, three specialized programs are being provided according to statewide need-Problematic

Sexualized Behavior (PSB), Neurodevelopmental and Co-Morbid Conditions (NACC), and Specialized Delinquency Program (SDP).

The combined service array represents the Agency's intent to provide and support Child welfare services and juvenile justice services that:

- are Family focused
- are designed to build on Family strengths
- enhance parents' or other caregivers' capacity to protect and safely care for Children
- connect families to community resources and informal support systems
- ensure Children who age out of Foster Care have the skills and connections to successfully Transition to adulthood
- follow the Family First Blueprint for Iowa's Future Child Welfare System (Attachment C), Cultural Equity Alliance Guiding Principles (Attachment E), as well as the JCS's Model of Practice (Attachment G).
- are consistent with the principles of the Child and Family Service Review (CFSR) of Child safety, Permanency and well-being while encouraging flexibility, innovation, and use of Evidence-Based Practice strategies to build a comprehensive continuity of care system.
- address the Risk Need Responsivity Principles
- utilize research driven practices that are informed by the review of Iowa specific data

1.3 Scope of Work.

The Contractor shall provide services for the contracted Scope(s) of Work in the contracted Service Area(s). The Contractor shall provide services in a manner consistent with the Agency's Child Welfare Model of Practice (Attachment K) and JCS's Model of Practice (Attachment G), with the goal of promoting each Child's safety, Permanency, and well-being. Out-of-Home Placements can be a source of trauma for Children, and the Contractor shall implement strategies to mitigate the effects of trauma for each Child, promote the Child's health, and support the Child's education and development of life skills. The Contractor shall utilize the One Caseworker Model throughout each Child's Out-of-Home Placement in the contracted service. Whenever possible, the Contractor shall promote and support the Child's return to or reengagement with Family and assist in planning for local community-based services, as appropriate to the Child's age. It is critical to a Child's healing and well-being that they have minimal moves and permanent Placements.

The Contractor shall provide Foster Group Care Services (FGCS)/Qualified Residential Treatment Programs (QRTP) that:

- Offer a safe, structured, and stable living environment for Children who are considered unable to live in a family situation due to social, emotional, behavioral, physical disabilities, or community safety issues, but are able to interact in a community environment with varying degrees of supervision.
- Maintain all required licensures, certifications, or approvals.
- Accept DHS and JCS referrals and provide contracted services on a No Reject, No Eject basis. Each provider, based on number of Guaranteed Beds, will have a designated number of rejections that can be used in a calendar year when the contractor chooses to enact them. Other admission/discharge disputes shall be handled following an Agency Protocol that Contractors will have the opportunity to contribute to the development of prior to contract start. Separate protocols may be developed for DHS and JCS Youth.
- Facilitate Child development and the acquisition of age-appropriate life skills.
- Facilitate the reduction of multiple placements by increasing Youth engagement in treatment and targeting high-risk criminogenic areas.
- Help each Child develop and maintain relationships with the Child's Family and community and ensure each Child stays connected to the Child's Kin, culture, and community.

- Support a Child's education and ensure the Child continues to attend the Child's school of origin whenever possible.
- Provide some combination of general QRTP and/or Specialized Programs, as follows:
    - Currently under the FGCS/QRTP umbrella, three (3) specialized programs may be provided- Problematic Sexualized Behavior (PSB), Neurodevelopmental and Co-Morbid Conditions (NACC), and Specialized Delinquency Program (SDP).
    - DHS and JCS continue to identify the specific needs of Iowa Youth. Human Trafficking programming for females and Reactive Attachment programming for males and females are identified populations that the Agency is currently working to create specialized programming for. Contractors shall be willing to engage with the Agency in discussions about how to meet the needs of other specialized populations.

1.3.1 Service Area Coverage

Service Areas represent five groupings of the ninety-nine (99) counties in Iowa into defined geographic areas for improved, localized administration of programs (See the Service Area map in Attachment B). CISR services shall be provided by Contractor(s) in a Service Area-specific manner with the goal of moving Children back to their communities of origin and preserving connections of each Child to their families, home communities, schools, and community-based supports as well as achieving better outcomes for each Child. When possible, every effort will be made to ensure service delivery to Children will occur at a local level, based upon the Agency's defined Service Areas. However, when facilities within a Child's identified Service Area are unable to effectively address a Child's treatment needs, a Child may be placed outside of their Service Area to ensure they are receiving treatment services that match their individual needs.

1.3.2 Collaboration and Consultation

In order to achieve the desired outcomes of safety, Permanency, and well-being for Children, each Contractor, for each contracted service and Service Area shall collaborate with all other CISR Contractors, the Agency, JCS, other Child Welfare and community services providers, and relevant stakeholders. Strong collaboration will strengthen services, identify gaps or needs, promote best practice, and avoid service duplication. The Contractor shall participate in local, Service Area, and Statewide committees, workgroups, and planning groups. The Contractor shall collaborate with entities such as, but not limited to, the following:

a) All other CWES, FGCS/QRTP, and SAL Contractors in all Service Areas;
b) Family Centered Services (FCS) Contractors; including the facilitators of Solution Focused Meetings;
c) Recruitment, Retention, Training, and Support (RRTS) of Resource Families Contractors;
d) State and local initiatives such as the breakthrough series collaborative/county equity teams and minority, Child, and family initiatives;
e) Parent Partners;
f) Youth Transition Decision Making (YTDM) or Youth Centered Planning Meeting (YCPM) facilitators and Contractors;
g) Providers of mental health and substance abuse services;
h) Churches and faith-based community organizations;
i) The judicial system including judges, county attorneys, and guardians ad litem;
j) State Child welfare and JCS justice initiatives; and
k) Schools or other education entities, such as AEA.

While frequent movement of a Child is discouraged, there are cases where it will be necessary for a Child to move from one service to another service or one Service Area to another Service Area. In order to ensure continuity of care and seamless transitions for each Child, the Contractor shall also:

a) Develop strong linkages with other Child welfare and juvenile justice service providers; and
b) Focus on communicating with the Referral Worker and the receiving or sending service to ensure all relevant information regarding the Child is shared, if a Child is going to be moved to a different Contractor or Contract (e.g., FGCS/QRTP to SAL or one Service Area to another Service Area)

1.3.3 Reserved

1.3.4 Foster Group Care Services/Qualified Residential Treatment Programs (QRTP) Scope of Work
The Contractor shall provide services as follows.

1.3.4.1 FGCS/QRTP Overview
FGCS/QRTP are a part of the Child welfare service array that offers a structured living environment for eligible Foster Care Children who are considered unable to live in a Family situation due to social, emotional, behavioral, or physical disabilities or community safety issues. In 2020, in line with federal expectations contained in Family First legislation (FFPSA), all current Foster Group Care settings in Iowa became Qualified Residential Treatment Programs (QRTP's). Expectations regarding Foster Group Care settings meeting the requirements and definition of QRTP remain and will continue to do so in the future.

Eligible Children are adjudicated for having committed a Delinquent act, are under a consent decree, or are adjudicated as a Child In Need of Assistance (CINA), and court-ordered to care that is provided in licensed facilities 24/7. FGCS/QRTP shall be provided in accordance with the Child Welfare Model of Practice and JCS's Model of Practice and with the goal of a Child returning to the Child's Family or less restrictive care setting when possible or as deemed appropriate by the court. A Child shall receive FGCS/QRTP services in a location that best meets their individual treatment needs. FGCS/QRTP facilities that are geographically closest to the Child's Family should be given priority to promote the Child's connection with the Child's Family and community of origin. However, when a Child's treatment needs cannot be effectively addressed by the FGCS/QRTP facilities in a Child's Service area, due to the lack of a treatment modality that meets the Child's individual needs or the milieu does not allow for the separation of co-offenders/gang members, a Child may be placed outside of the identified Service Area. Whenever possible and appropriate to the Child's level of need, a Child shall receive FGCS/QRTP services in the location geographically closest to the Child's Family so as to promote the Child's connection with the Child's Family and community of origin. The Contractor shall work with the Child and Child's Family to help the Child gain the skills necessary to successfully return home.

FGCS/QRTP shall provide Children with a safe and protective setting where they can thrive and the risk of delinquency behavior is reduced. For JCS Youth, delinquency risk factors and community safety shall be addressed. Qualified and competent staff shall provide 24/7 parenting-type support, and programs shall be designed to suit individual Children in Placement. The safety, Permanency, and well-being of Children shall be addressed by:

a) Providing a stable living environment.
b) Engaging families to help eliminate conditions that may have led to a Child's Removal from the home.
c) Maintaining connections to home and community in collaboration with the referral entities and the Child's Positive Support System.
d) Providing for Children's educational, recreational, medical, social, emotional, and rehabilitation needs.
e) Maintaining essential services such as mental health therapy, medication management, and making referrals to needed identified services

Iowa utilizes three specialized programs under the over-arching umbrella of FGCS/QRTP:

- Problematic Sexualized Behavior Beds (PSB)- means a Child's sexual behavior(s) that is/are developmentally inappropriate or potentially harmful to the Child or others. Children referred to beds for Problematic Sexualized Behavior treatment will be those properly screened by the Agency or Juvenile Court Services to determine the suitability for Problematic Sexualized Behavior bed placement. This level of care utilizes the general QRTP staff to Child ratio of 1:4 and is paid at the general QRTP rate (at current, $267/day for filled bed and $200/day for unfilled bed).
- Neurodevelopmental and Comorbid Conditions Beds (NACC)- means a combination of lower cognitive functioning, developmental delays, and serious emotional and behavioral concerns affecting the functioning and treatment needs of a Child. NACC signifies the Child has been assessed by a Licensed Practitioner of the Healing Arts to have significant needs which necessitate residential treatment. This level of care requires a 1:2 staff to Child ratio and a higher payment rate (at current, $325/day).
- Specialized Delinquency Program Beds (SDP or SJDP)-means a program designed to reduce multiple placements for delinquent Youth by increasing Youth engagement in treatment, targeting high-risk criminogenic areas, and preparing Youth for lower levels of care and reentry into the community. The program serves male and female Youth under formal supervision with JCS who exhibit a chronic pattern of behaviors that cannot be managed in the community and, because of the nature and/or frequency of their delinquencies, will potentially test the limits of the traditional congregate care treatment setting. The program, which meets the criteria for a QRTP, utilizes an integrated and comprehensive treatment approach that is strength-based and focuses on positive behavior strategies. This level of care requires a 1:3 staff to Child ratio and a higher payment rate (at current, $300/day).

FGCS/QRTP shall be responsible for planning the pro-social daily activities of Children, provide discipline, supervision, and guidance as needed, and facilitate the development of peer relationships. While in care, Children shall be taught age-appropriate skills and/or skills to reduce criminogenic risk factors if applicable, to help prepare them to return to their communities or to Transition to adulthood or future Self-Sufficiency.

Lengths of Placement vary, and the Contractor shall work with the referral entities, courts, and families to coordinate efforts toward achieving goals in the Child's Case Permanency Plan or Juvenile Court Services Case Plan. Behavior management and stabilization strategies used shall include collaboration with families in order to facilitate Family reunification and a Child's move back to their home community if that is possible and appropriate.

FGCS/QRTP are divided into three levels (D9, D8, D950) with three levels of reimbursement. FGCS/QRTP shall be licensed according to Iowa standards and shall adhere to the following staff to Child ratio per level of reimbursement:

D9 level requires at least 1:4 staff to Child ratio.
D8 level for NACC requires at least 1:2 staff to Child ratio.
D950 for Specialized Delinquency Program requires at least 1:3 staff to Child ratio.

For Youth with qualifying needs, the Contractor shall contact the appropriate Managed Care Organization (MCO) to discuss what services and supports can be provided in the QRTP setting. The Contractor should collaborate with the referring entity to utilize the member centered meeting process to engage the Youth's MCO in order to establish the billing and delivering of services as allowed by Medicaid.

1.3.4.2 Program Administration

The Contractor shall provide stable settings through FGCS/QRTP that are appropriate to the needs of Children requiring Out-Of-Home Placement. The Contractor shall meet the basic needs of every Child

placed in their care according to the requirements of this Contract, State, and federal laws, the Agency's Child Welfare Model of Practice, JCS's Model of Practice, and all applicable regulations. The Contractor shall collaborate with Agency to protect the Child. The Contractor shall ensure a safe Placement that supports the Child and the Child's Family while achieving Agency goals of safety, Permanency, and well-being.

1.3.4.2.1 Regulations and Policies

In providing services for the Child in Foster Group Care/QRTP, the Contractor shall abide by all applicable State and federal laws, rules, regulations, and maintain Accreditation status. The Contractor shall develop additional policies for the administration of FGCS/QRTP as detailed in this section. The Contractor shall:

a) Maintain applicable FGCS/QRTP licensure, certification, or approval status by demonstrating compliance with all licensure requirements throughout the term of the Contract. Contractor shall indicate where they are in the process and verification must be provided to the Agency prior to contract execution. The Agency will Contract with a provider for FGCS/QRTP services only when there is compliance with licensure requirements per the following:
    i. A facility providing community-level group care shall be licensed:
        1) As a Community Residential Facility pursuant to 441 Iowa Admin. Code Ch. 114;
        2) As a Comprehensive Residential Facility pursuant to 441 Iowa Admin. Code Ch. 115; or
        3) Under comparable standards by the State in which the facility is located.
    ii. A facility providing comprehensive-level group care shall be licensed:
        1) As a Comprehensive Residential Facility pursuant to 441 Iowa Admin. Code Ch. 115; or
        2) Under comparable standards by the State in which the facility is located.

If the Contractor does not meet these licensure requirements at any time, the Agency may determine, in its sole discretion, to either not enter into a Contract, not extend the Contract, or to terminate the Contract in accordance with the Contract's termination provisions.

b) Comply with all applicable State and federal laws and regulations on confidentiality including rules in 441 Iowa Admin. Code Ch. 9. Comply with all applicable State and federal laws, regulations, and requirements regarding the Prison Rape Elimination Act (PREA).
c) Develop and use internal continuous Quality Assurance processes using data analysis, process and practice modification, supervision, and other methods to ensure the quality of services provided.
d) Develop and use written policies approved by the Agency for:
    i. Handling client appeals and grievances;
    ii. Reporting abuse and denial of critical care of Children;
    iii. Maintaining confidentiality; and
    iv. Training staff.
e) Develop and implement written plans for the Contractor's response to disasters and other emergency situations that are consistent with State, federal, and local guidelines.

f) Participate in the Agency's annual Statewide Child welfare services contractors' meeting if applicable.
g) Utilize encrypted email for any electronic communication regarding a Child and/or a Child's family.
h) The Contractor shall serve any Child referred by JCS or DHS from anywhere in the state. The Contractor shall serve the Children referred to these beds on a No Reject, No Eject basis. Each provider, based on number of guaranteed beds, will have a designated number of rejections that can be used in a calendar year when the Contractor chooses to enact them. For a site with 0-20 beds=2 rejections/year; 21-60 beds=4 rejections/year; 61 or more beds=6 rejections/year. These rejections shall be documented in CareMatch or other Agency approved manner. Other admission/discharge disputes shall be handled following an Agency Protocol that selected Contractors will have the opportunity to contribute to the development of prior to contract start. Separate protocols may be developed for DHS and JCS Youth.

    i. If a Contractor has contracted beds for Problematic Sexualized Behavior treatment approved by the Agency, the Contractor shall serve the Children referred to these beds on a No Reject, No Eject basis. Children referred to beds for Problematic Sexualized Behavior treatment will be those properly screened by the Agency or Juvenile Court Services to determine the suitability for Problematic Sexualized Behavior bed placement.

i) If a Contractor has contracted beds for NACC treatment approved by the Agency the Contractor shall serve the Children referred to these beds on a No Reject, No Eject basis. Children referred to beds for NACC treatment will be age twelve (12) or older who have been recommended for NACC treatment by a Licensed Practitioner of the Healing Arts. For NACC services, Contractor shall provide:
    i. AIM (Accept-Identify-Move) or other Agency approved treatment curriculum;
    ii. Sensory Room; and
    iii. Consultation with Applied Behavior Analysts as needed.

j) If a Contractor has contracted male or female beds for Specialized Delinquency Program approved by the Agency in collaboration with JCS, the Contractor shall serve all Youth referred by the Interagency Placement Review Committee (IPRC) up to the guaranteed number of beds. Youth referred to beds for Specialized Delinquency treatment will be age 14 or older who have been recommended for Specialized Delinquency Program by a Licensed Practitioner of the Healing Arts. For Specialized Delinquency Program the Contractor will participate in the IPRC as requested by JCS and shall provide the following:
    iv. Pre-Admission/orientation outreach and planning;
    v. Evidence-based treatment and interventions that are directed by an individual service plan and based on the Youth's and family's needs;
    vi. Targeted treatment of criminogenic risk factors 24 hours a day, seven (7) days a week; and
    vii. Family engagement and collaborative re-entry/transition planning.

1.3.4.2.2 Delivery of FGCS/QRTP

FGCS/QRTP are intended to help a Child with high needs thrive and develop the skills necessary to return home. Through the delivery of FGCS/QRTP, the Contractor shall meet the needs of the Child in Out-of-Home Placement and promote safety, Permanency, and well-being. The Contractor shall:

a) Utilize a service delivery approach that conforms to QRTP standards and Guiding Principles, the Agency's Family-Centered Model of Practice, Child Welfare Model of Practice, Juvenile Court Services' Model of Practice (as applicable), the Federal Child and Family Services Review, and the Solution Focused Meeting and Youth Transition Decision Making Meeting, and Youth Centered Planning Meeting models.
b) Provide the following minimum service elements for each Child in FGCS/QRTP:
    i. Implement each Child's Service Plan;
    ii. Monitor and record each Child's behavior daily;
    iii. Supervise the daily living activities of each Child, including knowing their whereabouts at all times, and provide oversight and maintenance of their general health and well-being;
    iv. Schedule in-person conferences as needed;
    v. Ensure a supportive atmosphere and provide leadership and guidance to each Child;
    vi. Coordinate and participate in internal and external activities of each Child; and
    vii. Maintain ongoing communication with the Referring Worker.
c) Within one (1) hour accept all referrals that are made when there is a vacancy in the program and make arrangements with the Referral Worker to have the Child placed within 72 hours. In limited cases, additional time to place a Child (up to no more than 5 days from the referral date) may be allowable for the Contractor to best accommodate a referral (for reasons like, but not necessarily limited to, preparing for placement into the most suitable milieu, unique needs of a Child, or arranging for proper staffing needs). The additional time will require prior approval from the respective referral authority, i.e., the SAM or designee for Agency referrals or the Chief Juvenile Court Officer or designee for JCS referrals. At no time shall the total number of Placements exceed the number specified in a Contractor's license.
    i. All Specialized Delinquency Program referrals must be reviewed and approved by the Interagency Placement Review Committee (IPRC). The IPRC utilizes a multi-faceted approach to review all referrals to confirm they meet the program's entry criteria and ensure appropriate programming is available (see Attachment M and Attachment O). Following review and approval of a referral by the IPRC, Care Match shall be updated.
d) Provide an array of services and supports to meet the needs, objectives, services, and outcomes described in the Agency's Case Permanency Plan/Juvenile Court Services Plan.
e) Provide supervision, planning for daily activities, discipline, guidance, development of peer relationships, and delivery of recreational programs. Community resources in both the location of the Contractor (i.e., where the Child may be placed) and the location of a Child's Family may be used for education, recreation, medical, social, and rehabilitation services. The services must be appropriate to the age, gender, sexual orientation, cultural heritage, and the developmental and functional level of the Child.
f) Administer the FGCS/QRTP program following the Reasonable and Prudent Parent Standards (Attachment AA).
g) Implement Cultural Equity Alliance Guiding Principles as adopted by the Agency (Attachment E). Each Child engaged in care shall be provided services that address any special language needs, reinforce positive cultural practices, and acknowledge and build upon ethnic, socio-cultural, and linguistic strengths.
h) Provide programs that ensure Child Welfare and Juvenile Justice Children are not co-mingled whenever possible. In addition, ensure Children reside and interact with persons within their own age group and with common treatment needs whenever possible. The behavioral, psychological, emotional, and developmental levels of

Children shall be considered in the determination of appropriate groupings. Contractor shall provide detailed information to the Agency regarding how Child welfare and juvenile justice populations are separated, including description of the physical location of the FGCS/QRTP site. Description will also include different programming used for each population. Contractors may indicate a preferred population (JCS or DHS), however, this may or may not be an option based on Service Area needs/bed numbers.

i) Facilitate the participation of the Child in other necessary programs and services to ensure the Child's overall needs are met. Such programs or services include but are not limited to the following:
   i. Various medical services;
   ii. Outpatient mental health or substance abuse treatment;
   iii. Behavioral Health Intervention Services;
   iv. Educational or vocational services;
   v. Criminogenic need reduction services; and,
   vi. Other community-based services.

j) As appropriate to the Children the Contractor services, provide individualized care that is responsive to the needs of specific and outlier populations, such as sex offenders, Children adjudicated for Delinquent acts, Children with Special Needs, etc.

k) Utilize the Agency's Treatment Outcome Package (TOP). Follow all Agency TOP instructions including adherence to the timeframes contained therein.

l) Design programs with varying levels of structure that can be applied as a Child's need for supervision decreases (demonstrated, for example, by a Child's increased level of responsibility and self-management). The programming design as well as the setting, to the extent feasible, shall change as a result, focusing on the Child acquiring and building life skills that allow the Child better access to the community.

m) Implement and provide QRTP as defined (see Definitions).

n) Collaborate with clinical resources made available by the Agency.

1.3.4.2.3 Service Documentation and Individual Service Plan /Quarterly Progress Report/ Discharge Summary

Contractors shall maintain a system of individual service documentation and files/records on each Child referred and maintain these notes and files/records in an organized and confidential fashion for a minimum of seven (7) years beyond the end of the contract. See link to current Documents for Group Care at:
https://hhs.iowa.gov/Child-welfare-systems/implementation-information
The Contractor shall:

a) Develop an individualized Service Plan that is based on each Child's unique needs and contains goals and objectives with projected dates of accomplishment. Specifically, the Contractor shall:
   i. Develop a Service Plan utilizing the Agency's approved Service Plan form for each Child in the timeframe required by Agency (within fifteen (15) Business Days of the date of admission). For JCS Youth, create an individualized, targeted, and specific plan to address high risk criminogenic areas for Children adjudicated for having committed a Delinquent act, including the specific services to be provided and the length and intensity of the services needed to effectively address those criminogenic risk areas.
   ii. Complete a Service Planning Conference for each Child within five (5) Business Days of the Child's admission and utilize the information gathered at this conference to develop the individualized Service Plan.
   iii. Make certain the Caseworker is an active participant in the development and directing of the Service Plan.
   iv. Develop the Service Plan with input from the Child, the Referring Worker, and

Child's Family, unless a reason for noninvolvement is documented in the case record.

v. Include in the Service Plan information from other plans that affect the Child's care including but not limited to other Child welfare services, Juvenile justice involvement, or Behavioral Health and Intervention Services (BHIS).

vi. Submit the completed Service Plan through email (JCS Youth) or DHS JARVIS system (DHS Youth) or its equivalent, to the Referring Worker in the timeframe required by the Agency (within fifteen (15) Business Days of the date of admission).

vii. Provide a copy of the completed Service Plan to the Child's parents or guardians in the timeframe required by the Agency (within fifteen (15) Business Days of the date of admission.

viii. Update the Service Plan whenever a new Case Permanency Plan/Juvenile Court Services Plan is received for the Child, as needed to address the changing needs of a Child, or at a minimum of every 30 days.

ix. Complete a monthly Service Planning Follow-Up Conference for each Child and utilize the information gathered at this conference to update the individualized Service Plan.

b) Complete a quarterly progress report for each Child using the Agency's approved quarterly progress report form and email (JCS Youth) or submit through DHS JARVIS system (DHS Youth) or its equivalent to the Referring Worker in the timeframe required by Agency (no later than ninety (90) days following the date of admission, and at least every ninety (90) days thereafter throughout the episode of service).

c) Complete a discharge summary for each Child using the Agency's approved discharge summary report form and email (JCS Youth) or submit through DHS JARVIS System (DHS Youth) or its equivalent to the Referring Worker in the timeframe required by Agency (within ten (10) Business Days of the Child's discharge date).

d) Make sure supporting documentation for service provision and service billing supports the provision of Child welfare services and Group Care Maintenance as defined in 441 Iowa Admin. Code rule 156.1(234) and 441 Iowa Admin. Code rule 114.11(237). Service documentation shall be detailed, describe service provided, and clearly connect to the Service Plan goals and objectives.

1.3.4.3 One Caseworker Model

The Contractor shall provide one Caseworker for each Child and the Child's Family while the Child is in FGCS/QRTP. This person shall be the day-to-day liaison for the Child and the Child's Family to seek answers to questions and express concerns. The Caseworker assigned to each Child and Child's Family shall be the chief point of contact for the Referring Worker. Other individuals delivering services will interact with the Child and Family, however the Contractor shall ensure these services are coordinated through the Child's Caseworker. Any major information, ranging from transfer of service to Clinical results, shall be communicated to the Child and Family through the Caseworker. If the Child leaves FGCS/QRTP, transfers to another service or Service Area, or Transitions back to the community, the Caseworker is responsible to help ensure a smooth Transition to the Child's next Caseworker or caregiver. The Caseworker shall be assigned to the Child before and be present at the Child's Service Planning Conference. The name and contact information for this individual shall be documented in the Child's Service Plan and provided to the Referring Worker.

1.3.4.4 Individual Child Development and Life Skills

a) The Contractor shall provide services to facilitate Child development and life skills learning in a nurturing environment. This process begins with accurate and timely assessment of the Child upon entry to FGCS/QRTP. Child development and life skills are crucial components

of a Child's ability to return to the community or the Child's Family, and these shall be a point of emphasis in the Contractor's delivery of services. In providing Child development and life skills services, the Contractor shall:

b) Obtain the results of the latest Casey Life Skills Assessment (CLSA) if one has been completed within the previous sixty (60) days. If the Contractor is unable to obtain a copy, utilize the Agency approved standard Casey Life Skills Assessment within thirty (30) days of placement with every Child to determine the Child's needs and basis for service approach. The CLSA may be used to measure a Child's strengths and needs regarding development of life skills necessary for successful Reintegration and transition to adulthood. Other assessments (e.g., those titled Caregiver, Parenting, Younger Youth, etc.) are available but not required to be completed.
c) The Contractor shall reassess the Child using the 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 logged uniformly, as specified by the Agency, and shall be sent to the Child's Referring Worker within ten (10) days of completion. The results of the Casey Life Skills Assessment shall be provided to the Child. The Contractor shall follow any instructions in the data entry portal related to the completion of the CLSA.
d) Provide the results of all CLSA to the Child and to the Referring Worker within ten (10) days of completion.
e) Reassess each Child using the CLSA within thirty (30) days prior to a planned exit from the program and prior to hand-off to another Contractor.
f) Facilitate a Youth Transition Decision Making (YTDM) meeting or Youth Centered Planning Meeting (YCPM) with Youth at intervals as driven by the individual Youth's needs, but not limited to once on or after the Youth's 16th birthday and a follow up meeting within ninety (90) days prior to the Youth's 18th birthday.
g) Engage each Child, the Child's Family members, and the Child's Positive Support System to assist in developing goals and action steps for acquiring and building upon life skills based on formal and informal assessment results.
h) Maintain written documentation of all implementation and tracking activities based on the various point in time that Assessments are required during a Child's time in care.
i) Develop a Child-driven, targeted, and effective life skills component of the Service Plan to help each Child develop skills identified through the assessment.
j) Provide the Child opportunities to identify other skills, plans, and community connections not captured on Casey Life Skills Assessment.
k) Engage each Child, Family members of the Child, or the Child's Positive Support System to assist in developing goals and action steps for acquiring and building upon life skills based on formal and informal assessment results.
l) Make certain the Child's Caseworker is facilitating the completion of assessments and Child development and life skills plans, working with the Referring Worker, and facilitating outside adults who are connected to the Child and their development throughout FGCS.
m) Utilize a Life Skills Training curriculum, per the guidance provided by the Agency, for each Child served. The Agency shall reserve the right to approve the curriculum provided by the Contractor.

1.3.4.5 Family and Community Connections

The Contractor shall assist the Child in developing and maintaining relationships with the Child's Family and Positive Support System. Throughout the provision of FGCS/QRTP, the Contractor shall actively ensure that the Child stays connected to the Child's kin, culture, and community. A lack of interaction with a Child's Family or Positive Support System can increase the trauma that can result from a Child's Out-of-Home Placement and make a Child's Reintegration or Transition more difficult. The Contractor shall facilitate the Child's interactions with Family and the Child's Positive Support System as these connections are crucial to the Child's well-being and to the Child returning to the

community. For each Child in care longer than one month, Contractors shall report Child and Family connections no less than at the end of each calendar month the Child is in care using the Agency's online reporting system. The Contractor shall:

a) Ensure the Family and Community Connection section of each Child's Service Plan includes a comprehensive summary of all related activities.
b) Follow the Standards of Family Interaction (see Attachment E) when a Child has a Family Interaction Plan and coordinate the Child's Family Interaction Plan with the Service Plan.
c) Facilitate meaningful contact between the Child and parents daily (via phone, Internet video, or comparable means).
d) 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, including those that have been identified in the Agency-approved format (Discovering Connections Tool, Attachment L) 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.
e) Facilitate monthly face-to-face contact and interactions with a Child's siblings unless limited by JCS, Court order, or the Agency.
    i. If siblings live more than fifty (50) miles from the Child's Placement, video conferencing may be substituted for face-to-face visits. However, the Child's Service Plan must articulate how the Contractor will strive to facilitate face-to-face visits.
    ii. If a Child's sibling(s) is also in a Child welfare or juvenile justice Placement, the Contractor shall work with the sibling's Placement Contractor to facilitate monthly visits, or if the sibling's Placement location is more than fifty (50) miles away, the Contractor shall facilitate monthly video conferencing.
f) Participate in planning conferences when invited and when a Child is known to be moving to a FGCS/QRTP Placement from another location, such as home or other Child welfare Placement.
g) Assist the Child with Family Finding Efforts and assist the Child in identifying and locating Family members and/or other Positive Support Persons with whom the Child may live.
h) Teach each Child skills for living within a Family structure and work with the Child and the Child's Family to prepare for the Child to return home upon discharge from FGCS/QRTP.
i) Participate in Solution Focused Meetings when invited.
j) Assist the Child with identifying other positive informal supports. Document in Agency approved format (Discovering Connections Tool, Attachment L). For each Child in care longer than one month, Contractors shall report positive informal supports no less than at the end of each calendar month the Child is in care using the Agency's online reporting system.

1.3.4.6 Crisis Intervention and Stabilization

The Contractor shall have a global Crisis Intervention and Stabilization Plan and an individualized plan for Crisis Intervention and Stabilization incorporated into each Child's Service Plan. The Contractor shall:

a) Follow the Agency's procedure to submit notification of all Critical Incidents to the Agency.
    i. All Contractors must develop a specific protocol by Contract start that outlines the steps its staff must follow prior to contacting law enforcement when a Child is acting out.
b) Notify the Child's parent(s) or guardian and Referral Worker immediately of any serious illness, incident involving serious bodily injury, or circumstances causing removal of the Child from the facility. In the event of the death of a Child, a Contractor shall immediately notify the Child's parent(s) or guardian, the Referral Worker, the appropriate state authority, and the physician (if applicable). The Contractor shall document in the Child's case file how this notice

was provided (e.g., via telephone, face to face, etc.) and to confirm that the notice was received by all parties contacted.

c) Develop, implement, and follow a Contractor-specific Crisis Intervention and Stabilization Plan to identify and respond to Critical Incidents, mitigate trauma, and address staff training that shall develop staff competencies to implement this plan. The Contractor shall:
   i. Train staff in Trauma-Informed Care, behavior management, and de-escalation techniques as a means to reduce and address situations that may lead to Critical Incidents;
   ii. Cultivate a culture that includes de-escalation training, expectations, procedures, and policies that are appropriate for the needs of a Child placed in foster group care; and,
   iii. Submit this plan to the Service Contract Specialist and the Agency's program manager by July 31st annually and amend the plan as requested by the Agency.
d) Include Child-specific Crisis Intervention and Stabilization planning as a component of each Child's Service Plan. The crisis components of the Service Plan shall:
   i. Be individualized to the Child's unique needs and reflect the elements of the Agency-approved Contractor Crisis Intervention and Stabilization Plan; and, consider appropriate staffing patterns and competencies, Child trauma, treatment needs, and other elements needed to appropriately de-escalate and manage a Child's behavior.

1.3.4.7 Reintegration Planning

From the time a Child enters FGCS/QRTP, the Contractor shall plan for the Child's return to home or another level of care. The plan shall outline the needs of the Child, the services and supports provided while in placement, and anticipated needs and services for when the Child exits to home or other service. The plan shall be developed with the Youth and family. The plan shall address effective service strategies for stabilizing behavior, including reducing criminogenic risk factors for juvenile justice involved Youth, and the role of community services. Formal and informal supports should be aware of the plan and prepared to help the Child fully utilize learned skills to transition successfully into home and community, or another level of care if applicable.

FGCS/QRTP are not intended to be long-term solutions, and the Contractor shall plan and implement services with the end goal of discharge from services. The Contractor shall:

a) Include Reintegration Planning as a component of the Child's Service Plan at the time of the Child's Service Planning Conference.
b) Address, in the Reintegration Planning section of the Service Plan, individual Child needs and methods to ensure successful Transition home or to lower level of care.
c) Plan for direct Clinical and/or other support staff to be in place prior to the Child's exit from the program so as to provide continuity of Clinical and support services as a Child exits a facility.
d) Provide the Child and Child's family with transportation while in care, including resources like information on programs to assist in obtaining vehicles, gas cards, and other relevant resources, to facilitate Family visits and treatment services. The Contractor shall ensure that transportation is not a barrier that prevents a Child from Family engagement.
e) Coordinate and facilitate a Youth Transition Decision-Making Meeting or Youth Centered Planning Meeting (YCPM) in the 30 days prior to the Child leaving the facility. If the exit is not planned, document the reason for not completing the meeting in the case file.
f) Provide a minimum of six months post-discharge services to ensure the Child is effectively reintegrating with their Family or other Family-Like Setting. Post-discharge services shall include, but is not limited to:
   i. Collaboration with FCS and/or JCS.
   ii. A minimum of monthly In-Home, face to face contact with the Child and Family.
   iii. Connection/referral to community resources as needed and according to the Reintegration Plan of the Child's Service Plan.

iv. Service documentation that is detailed, describes support and services provided, and clearly connects to the identified needs of the Child and Family.
v. Provide a post-discharge services summary report at the end of the six-month episode of service that includes Child's and Family's response to services and outcomes achieved. The post-discharge services summary report shall be provided to the Referring Worker within 10 Business Days after the end date of services.
vi. An exception to the six months post-discharge services is allowed for JCS supervised Youth, when the district where the Child resides does not have an Agency approved post discharge service in place. It is the responsibility of the provider to remain aware of the district-by-district status of post-discharge availability by working closely with JCS.

1.3.4.8 Education

Education is a key component leading to a Child's future successes. The Contractor shall arrange and ensure that each school-aged Child attends an educational or vocational program in accordance with all applicable State, federal, and local laws. In accordance with the Agency's goal of maintaining community connections and following federal guidance, a Child's educational needs are best met in the Child's school of origin. If the Child is not remaining in their school of origin, the Contractor shall help the Child continue with the curriculum and progress of their school of origin so the Transition between school systems is as smooth as possible. The Contractor shall:

a) Provide an Education Specialist who will coordinate education needs and services with a Child's Referral Worker, the Child's Caseworker, the Local Education Agency, and the Service Plan while a Child is in care.
b) Monitor appropriate educational participation for each Child, including:
    i. Handling and transferring of educational records to which the Contractor has access;
    ii. Addressing special education recommendations;
    iii. Providing school supplies;
    iv. Collaborating with the Referral Worker to keep a Child in their school of origin unless not in the best interest of the Child; and
    v. Arranging relevant academic testing needed for services.
c) Collaborate with the Referral Worker and Local Education Agency personnel to coordinate transportation for the Child to attend the education setting, as determined in collaboration with the Referral Worker and school district personnel, to be the most appropriate education setting for the Child. The following considerations shall apply:
    i. The Child shall attend a community school unless it is determined by the Referral Worker the Child should not do so.
    ii. The Contractor shall make reasonable effort to provide interim or short-term transportation as transportation arrangements are being made.
    iii. The Contractor shall document, in the Child's Service Plan, the decision reached with the Referring Worker and local school districts regarding the school the Child will be attending, the reasons for that decision, and a general description of the transportation arrangement for the Child to attend school.
d) Monitor and address educational progress and needs.
e) Provide access to supplemental educational support such as tutoring, and school-based conferences as needed.
f) Explore alternatives to learning such as online courses, High School Equivalency Diplomas (HSED) pathways, and other options that might be available. The Contractor may use Department of Education- approved on-line curriculums and reporting to ensure school progress.

1.3.4.9 Physical Health

Children may or may not have received needed health and medical services prior to entry into FGCS/QRTP. In order to follow the Agency's goal of providing for a Child's well-being, the Contractor shall ensure the Child's receives necessary medical services. The Contractor shall:

a) At intake, gather standard health information, including the Child's last physical exam, primary care physician information, current medications, allergies, and vision and dental information.
b) During the first thirty (30) days the Child is in care, schedule the following exams for each Child:
    i. A medical exam scheduled within one week if a Child's last appointment was more than one year ago or if the date of the last appointment cannot be determined;
    ii. A dental appointment scheduled within two weeks if a Child's last appointment was more than six months ago or the date of the last appointment cannot be determined;
    iii. A vision exam scheduled within the first month if a vision exam is not completed with the physical exam; and
    iv. If the Contractor is having difficulty attaining required authorizations from a Child's Family for medical, dental, or vision care, the Contractor shall contact the Referring Worker immediately.
c) Arrange for Children to receive necessary medical and dental care, including providing transportation as necessary.
d) Include appropriate and sufficient services and supports in the Child's Service Plan to meet the individual needs of a Child, improve the Child's well-being, and achieve desired outcomes.
e) Arrange for 24-hour emergency medical and dental health care. Establish a plan for registered or licensed nursing staff and other licensed clinical staff availability 24 hours a day, 7 days a week.
f) Coordinate and transport to appropriate medical care appointments, treatment, and medication management for all Children (if the guardian/custodian is unable to transport).
g) Communicate emerging and relevant medical issues to the Referring Worker.
h) Coordinate (or develop and provide) sexual health services that cover safe sex practices, pregnancy prevention, health-related issues, peer pressure, sexually transmitted diseases, and healthy relationships.
i) Hygiene items must be provided—and must reflect the cultural, racial, and ethnic needs of the Youth living in their programs.

1.3.4.10 Mental and Behavioral Health and Clinical Supports

Addressing Children's mental and behavioral health needs is a key component of meeting safety and well-being goals. If a Child has been receiving mental and behavioral health services prior to FGCS/QRTP admission, it is important to ensure continuity of care. Additionally, mental, and behavioral health services may need to continue during Reintegration or Transition. The Contractor shall:

a) Develop a working relationship with or employ a Clinically trained Staff person to direct the mental and behavioral health components of the Child's Service Plan and work directly with each Child, the Child's Family, and the community.
b) Coordinate or provide mental, behavioral, and Clinical supports and arrange for required mental and behavioral health appointments, coordinating any necessary consent with the Referring Worker.
c) Assess and communicate concerns pertaining to mental and behavioral health to the Referring Worker.
d) Provide relevant medical history to mental and behavioral health providers and ensure new information is shared with the Caseworker and maintained in the Contractor's file for the Child. New information shall also be shared with the Referring Worker.
e) Follow any treatment instructions developed by the Child's mental and/or behavioral health providers.

f) Educate Children and parents and/or guardians about any mental or behavioral health treatment instructions developed by the Child's providers including how the Child will be monitored and how medication will be managed.
g) Be aware of mental health needs and ensure mental health assessments are properly referred to an appropriate practitioner, if needed. This includes gathering information at intake as it relates to medication type and dosage.
h) Coordinate treatment with a Child's Integrated Health Home, if applicable.
i) Coordinate at intake with the Referring Worker regarding the need for substance abuse evaluation and coordinate with a substance abuse professional and the Family.
j) Assure mental health and/or substance abuse evaluations are completed as needed.
k) If behaviors emerge indicating a need for substance abuse evaluation, coordinate with a substance abuse professional.
l) Actively engage in medication management, beyond simply ensuring proper administration of medications. Activities shall include, but not be limited to:
    i. Developing an awareness of effects of medications given to a Child;
    ii. Identifying and reporting of side effects
m) Incorporate mental and behavioral health needs into a Child's Reintegration Planning and prior to discharge collaborate with the Child's Referral Worker to arrange for a Child to continue to receive mental and behavioral health services in the community.

1.3.4.11 Training

The Contractor shall provide all staff with appropriate and comprehensive training to deliver the services for which the individual is responsible and in a manner that teaches staff to promote the safety, Permanency, and well-being for each Child. The Contractor shall:

a) Develop a training plan that includes both new staff onboarding training information and ongoing staff annual trainings and submit to the Agency and JCS for review and approval within thirty (30) days after the contract start date.
b) Incorporate any changes to the training plan requested by the Agency and submit a final training plan to the Agency within 30 days of the Agency's completed review.
c) Execute, adhere to, and provide training as required by Iowa Administrative Rule 441.114 and accreditation as set forth in the Agency-approved training plan.
d) Resubmit updated training plans to the Agency whenever changes are made.
e) Provide the training described in the training plan for all Contractor or subcontractor staff.
f) Provide information in the training and training plan regarding Children and Family's identified needs, including but not limited to:
    i. The Guiding Principles, Family-Centered Model of Practice, JCS's Model of Practice, and Child Welfare Model of Practice;
    ii. Crisis Interventions and Stabilizations including Trauma-Informed Care, de-escalation techniques, and policies and procedures regarding Critical Incidents;
    iii. Mandt or comparable training for appropriate physical restraints to ensure safety;
    iv. Mental and Behavioral Health support, as appropriate to the staff person's role;
    v. Culturally and Linguistically Appropriate Service Standards (CLASS);
    vi. Domestic Violence prevention and support;
    vii. Human trafficking identification, intervention, and prevention; and
    viii. Transition Planning, including the Life Skills Assessment tool.
g) In addition, if a Contractor has contracted beds for NACC treatment approved by the Agency and designated in Attachment A, enhanced training shall be detailed in the training plan for staff providing NACC treatment. Contractor shall utilize the AIM (Accept-Identify-Move) curriculum or other Agency approved treatment curriculum for NACC treatment.
h) In addition, if a Contractor has contracted beds for Problematic Sexualized Behavior Treatment approved by the Agency and designated in Attachment A, training shall be detailed in the training plan for staff providing PSB treatment. Contractor shall utilize Agency approved

treatment curriculum for PSB treatment.

i) In addition, if a Contractor has contracted beds for Specialized Delinquency Program approved by the Agency in collaboration with JCS and designated in Attachment A, enhanced training shall be detailed in the training plan for staff providing Specialized Delinquency Program. Contractor will work in collaboration with JCS to identify and prioritize the curriculum and training resources identified in the training (narrative (See Attachment N and Attachment O) with items A–E and 1-5 given priority, respectively). Required training will be completed by the time frames indicated in the training.
j) Provide information in the training and training plan regarding JCS identified needs outlined in Attachment N (Specialized Delinquency Beds Training Narrative) and Attachment O (Specialized Delinquency Juvenile Female Program).

1.3.4.12 Contractor Reports and Data

The Contractor shall provide the Agency and JCS with data, reports, and information to determine areas of strength and areas to improve in all aspects of FGCS/QRTP. Reports and data shall not only include directly quantifiable data, but will also include active, meaningful reporting regarding the quality of services provided to Children receiving FGCS/QRTP. Reports shall also continually and proactively inform and improve FGCS/QRTP delivery. *See* "Annual Innovation and Improvement Report: 470-5654 under "Documents for Group Care" for an example of this documentation: https://hhs.iowa.gov/Child-welfare-systems/implementation-information At all times, reports and data shall be used to ensure FGCS/QRTP are following the JCS's Model of Practice and the Agency's Model of Practice as well as consistently improving and innovating the provision of service.

Reports shall be provided electronically to the Service Contract Specialist and the Contract Manager. The Contractor shall use their established internal Quality Assurance and improvement system for preparing, submitting, and validating their data and reports to the Agency.

The format and timing for all reports shall be contingent upon Agency approval. Contractor shall provide all applicable data and reports in an Agency approved format, either by inputting into an electronic database, via other electronic means, or through written reports. The Agency will provide FGCS/QRTP Contractors standardized report templates prior to the implementation of Contracts.

1.3.4.12.1 Critical Incident Reporting

The Contractor shall utilize the Agency's online reporting system to report all Critical Incidents within twenty-four (24) hours of occurrence. This does not replace the need for immediate notification to the Referral Worker, the Child's parents or guardian, or others of incidents, circumstances, or events as described elsewhere in this Contract.

The use of restraint and control room shall be reported to the Referring Worker and parents or guardian within twenty-four (24) hours of occurrence.

The contractor shall follow its operating procedures regarding elopements and they shall be reported to the Referring Worker and parents or guardian immediately after an elopement is confirmed.

1.3.4.12.2 CareMatch or other Agency-approved system

The Contractor shall utilize the CareMatch or other Agency-approved system and make all entries as required to provide daily census information to the Agency and JCS. The Contractor shall:

a) Follow all CareMatch system instructions including the timeframes contained therein for submitting required information.

b) Use the CareMatch system as determined by the Agency and Juvenile Court Services to capture in real time a roster of Children in care, by name, date of birth, and other data required in the CareMatch system.

1.3.4.12.3 Review Meetings

The Contractor shall participate in review meetings at the Agency's / Juvenile Court Service's request and held at Agency/JCS determined times and methods of meeting. Methods may include face to face or video conferencing. These meetings shall focus on, but not be limited to the Contractor's qualitative delivery of FGCS/QRTP; a discussion of services, trends, collective outcomes, challenges, and successes; and milestones and Contract Deliverables. These meetings may also include issues and examples discussed by Service Area leadership teams and in local quality improvement meetings.

1.3.4.12.4 Annual Innovation and Improvement Report

The Contractor shall report in an Agency approved format on work done to advance innovative ideas and achieve improvements throughout FGCS/QRTP, including separation/individualized programing for CINA and Delinquent populations, along with specialized programming (NACC, PSB and SDP). These reports shall identify strengths, successes and challenges and highlight work done by the Contractor to move toward the Agency's future goals and improve the Child welfare system of care.

1.3.4.12.5 Annual Staffing Report

The Contractor shall provide an annual staffing report in an Agency approved format at the end of the State fiscal year that includes at the minimum the following information:

a) Organizational structure;
b) Staffing ratios;
c) Staff turnover;
d) Full-time equivalents;
e) Salaries and benefits; and
f) Other items as determined by the Agency after joint conversations with the Contractor.

1.3.4.13 Financial Management

The Contractor shall adhere to the following guidelines regarding their financial responsibilities:

a) Maintain accurate, current, and complete records of financial activity that sufficiently and properly document and calculate all charges billed to the Agency.
b) Not charge the Agency more than the Contractor receives for the same services provided to non-Agency entities.
c) All Contractor Invoices shall document financial information in an Agency-approved manner so that the Agency obtains information necessary to report such costs to federal programs.
d) Complete and submit a Uniform Combined Cost Report to the Service Contract Specialist within ninety (90) days after the end of the Contractor's fiscal year. The Contractor shall conduct and submit a quarterly time study as part of the Uniform Combined Cost Report. Congregate care providers must complete the time studies on one school day and one non-school day each quarter of the fiscal year. Non-congregate care providers can opt to complete the time studies on two (2) weekdays each quarter of the fiscal year.

1.3.4.14 Staffing

The Contractor shall meet all staff qualifications as defined in Iowa Administrative Code chapter 114. In addition, the Contractor shall meet the following criteria and requirements related to staffing:

a) Employ staff that have a strong desire to participate in the program, support, encourage and help Children, and meet Agency goals.

b) Train staff in, and reinforce at all times, The Guiding Principles, Family-Centered Model of Practice, Family First Prevention Services Act, JCS's Model of Practice, EPICS-I and Child Welfare Model of Practice.
c) Take all steps necessary to ensure implementation of the One Caseworker Model.
d) Ensure each staff member serving the Caseworker role shall serve no more than sixteen (16) Children at one time and shall have limited other duties.
e) Have staff fully dedicated to the contract, including full time supervisors, Caseworkers, and other staff as needed.
f) Implement policies to encourage staff retention.
g) Train staff to develop Cultural Competency skills.
h) Provide Clinical supervisory support.

1.3.4.14.1 Program Director

The Contractor shall maintain a Program Director dedicated to the administration of this Contract, including problem solving, resolving staff issues, and all other Agency required and requested concerns. The Program Director shall be the point of contact for the Agency as related to items pertaining to contracted duties and daily operations.

1.3.4.14.2 Caseworker Supervisors

The Contractor shall employ Caseworker Supervisors who oversee the work of Caseworkers and Trainers. The Casework Supervisor shall have either a master's degree in social work with one year of supervised experience after the master's degree or a master's degree in psychology or counseling with two years of experience beyond the master's degree, one of which was under supervision. Per Iowa Administrative Rule 441.114.8 (237).

1.3.4.14.3 Caseworkers

The Contractor shall employ Caseworkers to become the one Caseworker for Children and their families, acting as the single point of contact for FGCS/QRTP services for their assigned Children.

a) Per Iowa Administrative Rule 441.114.8(1), Caseworkers shall have a Bachelor of Arts or Bachelor of Science in social work, psychology, or a related behavioral science plus two years of supervised experience; or a bachelor's degree in social work with one year of supervised experience; or six years of supervised Child welfare experiences in residential care or a combination of advanced education in the behavioral sciences and experience equal to six years.

1.3.4.14.4 Education Specialist

When a Child is in FGCS/QRTP, the Contractor shall provide and thoroughly train a staff person, who may also be employed as a Caseworker or Supervisor, to act as an Education Specialist responsible for coordinating, facilitating, and reporting on educational needs with a Child's Caseworker, Area Education Agencies, and Local Education Agencies to support education activities including but not limited to:

a) School records;
b) Special education and other education or school behavior plans, including Individualized Education Programs (IEPs), as applicable;
c) Transportation to and from school;
d) Acquisition of school supplies for Children;
e) Retention in Children's school of origin unless not in best interest of a Child;
f) Arrangement of relevant academic testing;
g) College, technical college, military, and career planning;
h) Completion of high school diploma or High-School Equivalency;

i) Completion of transcripts and needed core classes; and
j) Post High School planning including but not limited to: Trade school, apprenticeship, military.

The Education Specialist will report on the above (a) through (j) in the Service Plan or Service Plan updates.

1.3.4.15 Performance Measures.

Performance Measure 1 – Return to Group Care for CINA Youth
In alignment with the Agency's Permanency goals, the Contractor shall work to help a Child return home or to a lower level of care. The best outcomes for most Children will include a future where they do not return to FGCS/QRTP after discharge. Accordingly, discharge from and return to FGCS/QRTP will be monitored, and the Contractor may earn additional payment based on low levels of return to FGCS/QRTP among CINA Youth. The Agency will be responsible for determining who is re-admitted to FGCS/QRTP.

Gold Standard (payment of an additional 2.5% of the measurement quarter's invoiced amount) – Greater than or equal to 93% of CINA Children discharged from FGCS/QRTP in the measurement quarter will not return to FGCS within 365 days. Silver Standard (payment of an additional 1.5% of the measurement quarter's invoiced amount) – Greater than or equal to 90% but less than 93% of CINA Children discharged from FGCS/QRTP in the measurement quarter will not return to FGCS within 365 days.

Performance Measure 2 – Recidivism of Children Adjudicated for Delinquent Acts (SJDP)
In alignment with JCS's Model of Practice, the Contractor shall help a Youth develop the skills necessary to reduce recidivism (any misdemeanor or felony level offense filed in/referred to Juvenile Court, the adult corrections system, or both, within a twelve-month period after date of discharge from service). Accordingly, recidivism in Children who have been referred to and placed in a bed designated for Specialized Delinquency Program (SJDP) will be monitored, and Contractor may earn additional payment based upon low levels of recidivism.

Gold Standard (payment of an additional 2.5% of the measurement quarter's invoiced amount)- Greater than or equal to 60% of Youth discharging from SJDP treatment shall not recidivate within a twelve-month period after date of discharge from service.

Silver Standard (payment of an additional 1.5% of the measurement quarter's invoiced amount) -Greater than or equal to 45% but less than 60% of Youth discharging from SJDP treatment shall not recidivate within a twelve-month period after date of discharge from service.

Performance Measure 3 – Discharge to a Family-Like Setting
In alignment with the Agency's Permanency goals and Family-Centered Model of Practice, the Contractor shall help a Child develop the skills necessary to return to Family or a Family-Like Setting. Accordingly, discharge from FGCS will be monitored, and Contractor may earn additional payment based upon discharge metrics.

Gold Standard (payment of an additional 2.5% of the measurement quarter's invoiced amount) – Greater than or equal to 75% of Children discharged from FGCS in the measurement quarter will be discharged to Family or a Family-Like Setting. For Children who have been referred to and placed in a bed designated in Attachment A for NACC, greater than or equal to 65% of Children discharged from FGCS in the measurement quarter will be discharged to Family or a Family-Like Setting.

Silver Standard (payment of an additional 1.5% of the measurement quarter's invoiced amount) – Greater than or equal to 65% but less than 75% of Children discharged from FGCS in the measurement quarter will be discharged to Family or a Family-Like Setting. For Children who have been referred to and placed in a bed designated in Attachment A for NACC, greater than or equal to 55% but less than 65% of Children discharged from FGCS in the measurement quarter will be discharged to Family or a Family-Like Setting.

Performance Measure 4-Recidivism of Children Adjudicated for Delinquent Acts (General JCS Youth)
In alignment with JCS's Model of Practice, the Contractor shall help a Youth develop the skills necessary to reduce recidivism (any misdemeanor or felony level offense filed in/referred to Juvenile Court, the adult corrections system, or both, within a twelve-month period after date of discharge from service). Accordingly, recidivism in JCS Children will be monitored, and Contractor may earn additional payment based upon low levels of recidivism.

Gold Standard (payment of an additional 2.5% of the measurement quarter's invoiced amount)- Greater than or equal to 50% of Youth discharging from FGCS/QRTP shall not recidivate within a twelve-month period after date of discharge from service.

Silver Standard (payment of an additional 1.5% of the measurement quarter's invoiced amount) -Greater than or equal to 35% but less than 50% of Youth discharging from FGCS/QRTP shall not recidivate within a twelve-month period after date of discharge from service.

1.3.6 General Requirements

1.3.6.1 Joint Quality Improvement Activities
The Agency's Program Manager or designee and/or Service Contract Specialist, and the Contractor's Program Director shall meet at least semi-annually or more often as needed to review performance data, issues, trends, and problem-solve solutions for the Contract. The Contractor shall be available for all meetings with the Agency. The JCS CQI Manager shall be afforded the opportunity to participate in these meetings and provide input.

Additionally, the Contractor shall implement and utilize an established Quality Assurance and improvement system for tracking and evaluating the effectiveness of service delivery under this Contract.

1.3.6.1.2 Local Quality Improvement Meetings with Service Area Leadership Teams
The Contractor shall meet with Agency Service Area Manager(s) and/or designee(s) as scheduled by Service Area leadership to engage in local problem solving and efforts to improve performance within the Service Area. This local quality improvement group, including Service Area DHS and JCS Leadership, Contractors across Child welfare core contracts, and other DHS personnel may jointly review performance data for the purpose of resolving issues and identifying positive trends. At each meeting, the local quality improvement group may develop action steps and monitor outcomes for all areas of the Contract needing improvement. The group may engage in a more in-depth review of data and other resources.

1.3.6.1.3 Statewide Meetings
The Contractor shall attend the Agency's annual Child welfare services Contractor meeting. The Contractor shall attend other meetings as needed or requested by the Agency.

1.3.6.1.4 Quality Assurance and Improvement Reporting

The Agency will conduct reviews of the Contractor's overall Quality Assurance system to validate that the Contractor is implementing a Quality Assurance system as described in their Proposal.

a) Quality Assurance reviews by the Service Contract Specialist will occur periodically throughout the Contract period. The first review takes place within the first nine (9) months of the Contract; further reviews will be scheduled as warranted to ensure that the Agency maintains an understanding of the Contractor's Quality Assurance processes.
b) Subsequent Quality Assurance reviews shall be scheduled at Agency discretion and may include such things as: a review of Contractor's adherence to the elements of their bid proposal; a review of employee files to ensure the Contractor's adherence to Section 1.3.4.14 Staffing; and the Contractor's training plan as it applies to the employees' files reviewed.

1.3.6.1.5 Practice Standards

a) The Contractor shall work in collaboration with the Agency to develop Practice Standards, which will be approved and finalized by the Agency in year one (1) of the contract.
b) Contractor will provide services consistent with Agency approved Practice Standards.
c) The Practice Standards shall be trained and implemented in year two (2) of the contract.

1.3.6.2 Dispute Resolution Protocol for Service Provision

If a Contractor is directed by an Agency or JCS worker to provide a level of interventions or supports beyond what they believe is required or reasonable, the Contractor shall provide services to the Child and Family at the level directed by the Agency or JCS while the matter is being resolved. The Contractor must communicate the basis of their belief in writing to the Agency or JCS worker and their supervisor. Every effort shall be made to resolve the service provision dispute at the lowest level possible, through discussions between the Agency or JCS worker and their supervisor and the Contractor, generally within two (2) Business Days of receipt of the review request.

If the Contractor is not satisfied with the dispute resolution decision of the Agency or JCS worker and their supervisor, the Contractor may refer the situation in writing to the respective Agency Service Area Manager (SAM) or designee or the respective Chief Juvenile Court Officer or designee for review. This review shall be generally completed within four (4) Business Days after receipt of the request for review. After completion of this review, the Agency SAM, or his/her designee, or the respective Chief Juvenile Court Officer or his/her designee will communicate the Agency's or JCS's decision in writing to the Contractor.

If a dispute over Contract terms is identified, the respective Agency Service Area Manager (SAM) or designee reviews the Contract dispute and refers to the Agency Service Contract Specialist. The Service Contract Specialist reviews the dispute and attempts to resolve the issue. If the issue is not resolved, the dispute is elevated to the Contract Owner where the dispute is negotiated with the Contractor.

1.3.6.3 Implementation Activities

Prior to the implementation of the new Contract, the Contractor shall:

a) Have Staff fully trained to meet Contract requirements,
b) Participate in service implementation training with Agency staff as necessary,
c) Have all relevant infrastructure prepared, licensed, and completed. Including infrastructure necessary for transfer of Children,
d) Maintain a system to transfer and store all relevant case information, and
e) Collaborate with the Agency to ensure a process for transitioning Children to Contractor facilities as necessary as of July 1, 2023.

If transitioning of Children to a new Contractor or facility is required, the Contractor and Agency shall work together to complete the transitions in accordance with the following principles:

a) If a Child was served by a Contractor prior to July 1, 2023, that is either a Contractor or subcontractor under the new Contract for the same Service, Child will continue to receive services from the same Contractor. However, if the Family or Agency feels there is an extenuating circumstance that warrants a change in Contractor, the change in Contractor will occur only if the Agency approves.
b) If a Child was served by a Contractor prior to July 1, 2023, that is no longer a Contractor or subcontractor under the new contract for the same Service, the Child will be assigned, by the Agency, to one of the new Contractors.
c) All Contractors, and their subcontractors as necessary, shall participate in Child transition meetings with Agency staff prior to July 1, 2023, on all Children being transferred to their organization from a prior Contractor that is no longer contracted for the specific Service.

The Agency procedures described in this section are designed to maximize service continuity for Children and families receiving CWES, FGCS, and SAL Services prior to July 1, 2023, that will continue to receive services starting July 1, 2023, and ensure a fair and equitable system for making Child referrals to Contractors.

1.3.6.4 Reserved

1.3.6.5 Monitoring, Review, and Problem Reporting

1.3.6.5.1 Agency Monitoring

The Contract Manager, Service Contract Specialist, or designee will review invoices and supporting documentation itemizing work performed prior to payment, determine compliance with general Contract terms, conditions, and requirements, and assess compliance with deliverables, performance measures, or other associated requirements.

The Agency will assign a Service Contract Specialist to this Contract. The Service Contract Specialist will be responsible for the following Contract management responsibilities:

a) Responding to day-to-day questions from the Contractor. The Service Contract Specialist may consult with the Agency Program Manager and/or other Agency staff as necessary to coordinate a response.
b) Resolving, to the extent possible, Contract issues and disputes between the Agency and the Contractor, maintaining a log of disputes between the Agency and the Contractor, and referring any disputes that cannot be resolved to the Contract Owner.
c) Monitoring the Agency’s data on a regular basis and including any incentive payments the Contractor is eligible to obtain.
d) Advising the Contractor of what incentive payments the Contractor is eligible for and approving such invoices.
e) Conducting reviews of Contractor records, including the records of subcontractors as necessary, to validate the Contractor's service reporting and their compliance with the service requirements.
f) Monitoring any Corrective Action Plan (CAP) that the Contractor is required to develop to improve their performance in meeting the service requirements described in the scope of work.
g) Conducting reviews of the Contractor's overall Quality Assurance system as set forth in their plan in accordance with Agency requirements to validate that the Contractor is implementing a Quality Assurance system as described in their Contract.

1.3.6.6 Agency Review Clause

The Contract Manager, Service Contract Specialist or designee will use the results of monitoring activities and other relevant data to assess the Contractor's overall performance and compliance with the contract. At minimum, the Agency will conduct an annual review; however, reviews may occur more frequently at the Agency's discretion. As part of the review(s), the Agency may require the Contractor to provide additional data, may perform reviews that occur at the discretion of the Agency, and may consider information from other sources.

The Agency may require one or more meetings to discuss the outcome of a review. Meetings may be held in person. During the review meetings, the parties will discuss the Deliverables that have been provided or are in process under this Contract, achievement of the performance measures, and any concerns identified through the Agency's contract monitoring activities.

1.3.6.7 Problem Reporting

As stipulated by the Agency, the Contractor and/or Agency shall provide a report listing any problem or concern encountered. Records of such reports and other related communications issued in writing during the course of contract performance shall be maintained by the parties. At the next scheduled meeting after a problem has been identified in writing, the party responsible for resolving the problem shall provide a report setting forth activities taken or to be taken to resolve the problem together with the anticipated completion dates of such activities. Any party may recommend alternative courses of action or changes that will facilitate problem resolution. The Contract Owner has final authority to approve problem-resolution activities. In addition, the Agency and/or the Contractor shall keep JCS informed on a timely basis of significant problems and their resolution.

The Agency's acceptance of a problem report shall not relieve the Contractor of any obligation under this Contract or waive any other remedy. The Agency's inability to identify the extent of a problem or the extent of damages incurred because of a problem shall not act as a waiver of performance or damages under this Contract.

When the Agency receives the following requests during delivery of service, then Agency shall approve or disapprove such requests. If the Agency’s Contract Owner approves of one or more of the following requests, then the Agency automatically imposes a Notice of Problem and may suspend guaranteed bed payment. This automatic imposition will be confirmed through electronic communication. The specific requests are:

1. To reduce, transfer, or otherwise prematurely discharge existing placements to a level below the guaranteed level.
2. To freeze, hold, or otherwise stop the number of referrals/future placements at a level below the guaranteed level.
3. To reduce the CareMatch number for referrals and placements

1.3.6.8 Addressing Deficiencies

To the extent that deficiencies are identified in the Contractor's performance and notwithstanding other remedies available under this Contract, the Agency may require the Contractor to develop and comply with a Corrective Action Plan (CAP) acceptable to the Agency to resolve the deficiencies.

When the Agency imposes an automatic Notice of Problem, then a Corrective Action Plan in a format approved by the Agency is required. (*See* 1.3.6.7 Problem Reporting).

1.4 Contract Payment Clause.

1.4.1 Pricing and Payment Methodology. In accordance with the payment terms outlined in this section and the Contractor's completion of the Scope of Work as set forth in this Contract, the Contractor will be compensated as follows:

Contractors will be contracted for a specified number of Guaranteed Payment Beds determined by the Agency as set forth in Attachment A. For these Guaranteed Payment Beds the Contractor will receive guaranteed payments per bed as described in this section. A Contractor may also offer additional, non-contracted beds up to the number for which the Contractor is licensed. A Non-Guaranteed Payment Bed or additional bed shall only be used when the Guaranteed Payment Beds are fully occupied and with prior approval from a Service Area Manager (SAM) or SAM's designee and only until the next Guaranteed Payment Bed vacancy occurs.

Payments for QRTP/FGCS Guaranteed Beds will be made on per diem fixed rates determined by the Agency. The fixed rates will be paid based on the total number of Guaranteed Beds under Contract. The per diem fixed rates for Guaranteed Payment Beds are as follows:
D9 (QRTP)-Filled Bed Rate: $267.00/day, Unfilled Bed Rate: $200.00/day
D950-(SJDP)-$300.00/day
D8 –(NACC)-$325.00/day

Contractors shall submit monthly Invoices reflecting actual utilization of FGCS beds, and the Agency will pay the Contractor for this use. Payments will not be made for the day a Child is discharged from a bed. Movement of a Child from a Non-Guaranteed Payment Bed or additional bed to a Guaranteed Payment Bed is not considered a discharge.

Payment for the Guaranteed Payment Beds included in the Contract will be reconciled by the Agency at the end of each payment quarter. The payment will be calculated using the following formula: The number of days in the payment quarter X the number of Guaranteed Payment Beds (D9, D950, or D8). The products of the calculation for each level of payment (D9, D950, or D8) will equal the number of Guaranteed Payment Beds for the quarter. The payment quarters are July–September, October–December, January–March, and April–June.

At the end of each payment quarter, if the total actual utilization paid or Invoiced is less than the total number of Guaranteed Payment Beds per payment quarter, the Contractor shall submit an approved, completed Invoice to the Service Contract Specialist for payment of the unused Guaranteed Payment Beds. If the total actual utilization paid or Invoiced is equal to or more than the total number of Guaranteed Payment Beds per payment quarter, the guaranteed payment will have been met or exceeded and no additional payment will be made since there were no unused Guaranteed Payment Beds for that payment quarter. The Service Contract Specialist will verify the totals submitted and approve final payment. Unused Guaranteed Payment Beds will be paid at the per diem rate as set forth by the Agency.

Payment will be contingent on the Agency's timely receipt of service reports detailing expenses, services provided, and the number of Children served.

Performance measure incentive payments will be made quarterly following the payment schedule for each performance measure when the Agency's review of the applicable reports and documentation show compliance with the performance measures that are described in Section 1.3.4.15

All Contractor Invoices shall document financial information in an Agency-approved manner so that the Agency obtains information necessary to report such costs to federal programs.

The Agency is placing a cap on the amount of funds that may be spent for Administrative Costs in any contract(s) resulting from this RFP. Spending on Administrative Costs under each contract, for both the Contractor and all their subcontractors, cannot exceed 15% of the total contract amount.

At Agency discretion, an annual rate increase may be implemented to reflect the Consumer Price Index.

FGCS/QRTP Performance Measures

Performance measures and targets are included as a part of this Contract and used to assess performance by the Contractor. The performance measures are designed to help further align Contractor incentives with better outcomes for Children. By meeting or exceeding the performance measures, the Contractor will show their commitment to improving FGCS/QRTP services and outcomes.

The performance measures and targets included are the performance expectations and shall be measured and earned by Contract. Up to an additional 5% of the Contractor's total invoiced amount for a given measurement quarter may be earned as a performance incentive payment for meeting or exceeding performance measures in this Contract.

Contractors shall submit Invoices for performance incentive payments after review and approval by the Agency Service Contract Specialist.

The performance measures determine eligibility for performance incentive payments. Note that the Gold and Silver Standards are mutually exclusive and both Gold and Silver Standards cannot be earned for the same performance measure during the same measurement period. Performance measures shall be measured and earned by Contract.

1.4.2 Timeframes for Regular Submission of Initial and Adjusted Invoices. The Contractor shall submit an Invoice for services rendered in accordance with this Contract. Invoice(s) shall be submitted. Unless a longer timeframe is provided by federal law, and in the absence of the express written consent of the Agency, all Invoices shall be submitted within six months from the last day of the month in which the services were rendered. All adjustments made to Invoices shall be submitted to the Agency within ninety (90) days from the date of the Invoice being adjusted. Invoices shall comply with all applicable rules concerning payment of such claims.

1.4.3 Submission of Invoices at the End of State Fiscal Year. Notwithstanding the timeframes above and absent (1) longer timeframes established in federal law or (2) the express written consent of the Agency, the Contractor shall submit all Invoices to the Agency for payment by August 1st for all services performed in the preceding state fiscal year (the State fiscal year ends June 30).

1.4.4 Payment of Invoices. The Agency shall verify the Contractor's performance of the Deliverables and timeliness of Invoices before making payment. The Agency will not pay Invoices that are not considered timely as defined in this Contract. If the Contractor wishes for untimely Invoice(s) to be considered for payment, the Contractor may submit the Invoice(s) in accordance with instructions for the Long Appeal Board Process to the State Appeal Board for consideration. Instructions for this process may be found at: http://www.dom.state.ia.us/appeals/general_claims.html.

The Agency shall pay all approved Invoices in arrears. The Agency may pay in less than sixty (60) days, but an election to pay in less than sixty (60) days shall not act as an implied waiver of Iowa law.

1.4.5 Reimbursable Expenses. Unless otherwise agreed to by the parties in an amendment to the Contract that is executed by the parties, the Contractor shall not be entitled to receive any other payment or compensation from the State for any Deliverables provided by or on behalf of the Contractor pursuant to this Contract. The Contractor shall be solely responsible for paying all costs, expenses, and charges it incurs in connection with its performance under this Contract.

1.5 Insurance Coverage.
The Contractor and any subcontractor shall obtain the following types of insurance for at least the minimum amounts listed below:

Type of Insurance	Limit	Amount
General Liability (including contractual liability) written on occurrence basis	General Aggregate Product/Completed Operations Aggregate Personal Injury Each Occurrence	$2 Million $1 Million $1 Million $1 Million
Excess Liability, Umbrella Form	Each Occurrence Aggregate	$1 Million $1 Million
Workers' Compensation and Employer Liability	As required by Iowa law	As Required by Iowa law
Property Damage	Each Occurrence Aggregate	$1 Million $1 Million
Professional Liability	Each Occurrence Aggregate	$2 Million $2 Million

1.5 Data and Security. If this Contract involves Confidential Information, the following terms apply:
1.5.1 Data and Security System Framework. The Contractor shall comply with either of the following:

- Provide certification of compliance with a minimum of one of the following security frameworks, if the Contractor is storing Confidential Information electronically: NIST SP 800-53, HITRUST version 9, SOC 2, COBIT 5, CSA STAR Level 2 or greater, ISO 27001 or PCI-DSS version 3.2 prior to implementation of the system and again when the certification(s) expire, or
- Provide attestation of a passed information security risk assessment, passed network penetration scans, and passed web application scans (when applicable) prior to implementation of the system and again annually thereafter. For purposes of this section, "passed" means no unresolved high or critical findings.

1.5.2 Vendor Security Questionnaire. If not previously provided to the Agency through a procurement process specifically related to this Contract, the Contractor shall provide a fully completed copy of the Agency's Vendor Security Questionnaire (VSQ).

1.5.3 Cloud Services. If using cloud services to store Agency Information, the Contractor shall comply with either of the following:

- Provide written designation of FedRAMP authorization with impact level moderate prior to implementation of the system, or
- Provide certification of compliance with a minimum of one of the following security frameworks: HITRUST version 9, SOC 2, COBIT 5, CSA STAR Level 2 or greater or PCI-DSS version 3.2 prior to implementation of the system and again when the certification(s) expire.

1.5.4 Addressing Concerns. The Contractor shall timely resolve any outstanding concerns identified by the Agency regarding the Contractor's submissions required in this section.

1.6* Reserved. *(Labor Standards Provisions.)

1.7* Reserved. *(Performance Security.)

1.8 Incorporation of General and Contingent Terms.

1.8.1 General Terms for Service Contracts ("Section 2"). The version of the General Terms for Services Contracts Section posted to the Agency's website at https://hhs.iowa.gov/contract-terms that is in effect as of the date of last signature in the Contract Declarations and Execution section, or a more current version if agreed to by amendment, is incorporated into the Contract by reference. The General Terms for Service Contracts may be referred to as Section 2.

The contract warranty period (hereafter "Warranty Period") referenced within the General Terms for Services Contracts is as follows: The term of this Contract, including any extensions.

1.8.2 Contingent Terms for Service Contracts ("Section 3"). The version of the Contingent Terms for Services Contracts posted to the Agency's website at https://hhs.iowa.gov/contract-terms that is in effect as of the date of last signature in the Contract Declarations and Execution section, or a more current version if agreed to by amendment, is incorporated into the Contract by reference. The Contingent Terms for Service Contracts may be referred to as Section 3.

All of the terms set forth in the Contingent Terms for Service Contracts apply to this Contract unless indicated otherwise in the table below:

Contractor a Business Associate? Yes	**Contractor a Qualified Service Organization?** Yes
Contractor subject to Iowa Code Chapter 8F? Yes	**Contract Includes Software (modification, design, development, installation, or operation of software on behalf of the Agency)?** No
Contract Payments include Federal Funds? No	

1.9* Reserved. *(Additional Terms.)

SPECIAL CONTRACT ATTACHMENTS

The Special Contract Attachments in this section are a part of the Contract.

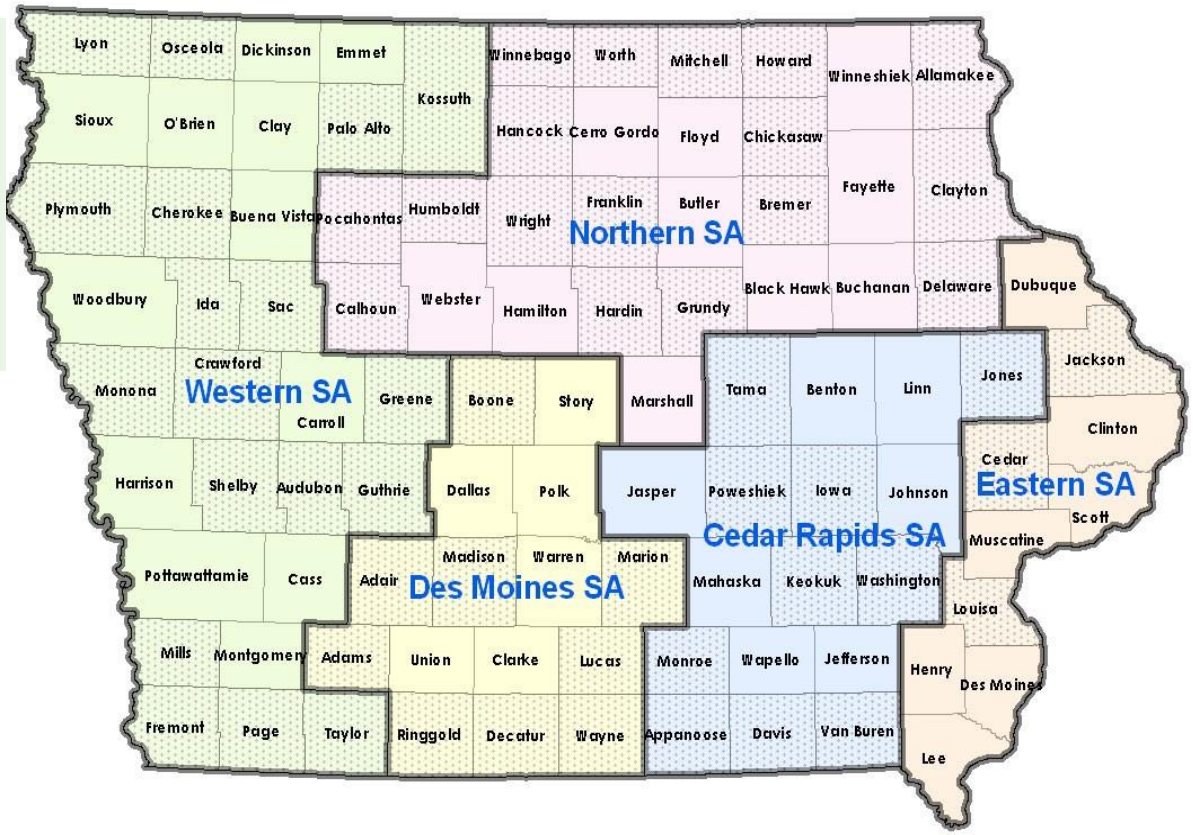
Attachment A - Beds Allocations & Coverage Area
Attachment B - Service Map
Attachment C- FF Blueprint for Iowa's Future Child Welfare System
Attachment D - Reserved
Attachment E- Cultural Equity Alliance (CEA) Guiding Principles 2020
Attachment G - Iowa Juvenile Court Services Model of Practice
Attachment K – DHS Child Welfare Model of Practice
Attachment L – Discovering Connections
Attachment M - IRC Handout
Attachment N– Specialized Delinquency Beds Training Narrative
Attachment O- Specialized Delinquency Juvenile Female Program

Attachment A
Beds Allocations & Coverage Area

Attachment B
Service Map

Family Well-Being Division
Child Protection and Services
Service Area Map
3/28/2023

57 Less than fulltime offices



Area 1: Western Service Area

Location: Council Bluffs
ph 712-328-5661
SAM: Tom Bouska
SEC: Brianne Johnson
EO2:
EO1: Melissa Nation & Diane Foss
SWA: Travis Heaton &

Address: 417 E. Kanesville Blvd.

Area 2: Northern Service Area

Location: Waterloo
ph 319-291-2441
SAM: Dawn Turner
Sec: Kari Loy
EO2: Erin Casella
EO1: Kyle Welander & Jesse Behrens
SWA: Jason Kilby & Andrea Hickman
Address: 1407 Independence Ave.

Area 3: Eastern Service Area

Location: Davenport
ph 563-326-8794
SAM: Liam Healy - Interim
SEC: Sonny Rausch Hemphill
EO2: Nicole Uthoff
EO1: Amy Huntington
SWA: Lynn Bell & Liam Healy
Address: 600 West 4thSt, 3rd Floor Davenport, IA 52801

Area 4: Cedar Rapids Service Area

Location: Cedar Rapids
ph 319-892-6800
SAM: Matt Majeski
SEC: Kristen Smith
EO2: Irene Holzwarth
EO1: Kristi Tisl
SWA: Valarie Lovaglia & Paige Casteel
Address: 1240 26th Ave Court SW Cedar Rapids, IA 52404

Area 5: Des Moines Service Area

Location: Des Moines
ph 515-725-2600
SAM: Jana Rhoads
SEC:
EO2: Mindy Norwood
EO1: Amanda Marshall
SWA: Trisha Gowin & Clarice Vincent
Address: 2309 Euclid Ave Des Moines, IA 50310

Attachment C

Department of HUMAN SERVICES

Family First

Blueprint for Iowa's Future Child Welfare System

"Family Connections are Always Strengthened and Preserved"

Principles and Commitments

1. **Family Voice and Choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of involvement. Nothing about the family without the family.
   - A. Case planning and services must be family-centered.
   - B. Children's concerns and identification of caring adults will be specifically solicited and included in case planning.
   - C. Children in foster care deserve normalcy and access to activities and experiences similar to their peers.
2. **Team Based.** The team consists of individuals agreed upon by the family and are committed to them. The team is family inclusive, but not family exclusive.
   - A. Conferences will be held at multiple key junctions: child safety (pre-removal), case planning, Family/ Youth Team Decision-Making meetings, and risk of changes in placement.
   - B. Intentional in ensuring team members understand their role in advocating for the preservation and support of family connections.
3. **Natural Supports.** The team actively seeks full participation of team members drawn from family members' networks of natural support. This is particularly true when a child is being placed out of home. This must occur from the first contact with a family and ongoing.
   - A. Parents and natural support caregivers receive support equivalent to, or greater than, what foster parents receive.
   - B. Placement is with a known, caring adult.
4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating the family's case plan. The plan reflects a blending of team member perspectives, mandates, and resources. The plan guides and coordinates each team member's work toward meeting the team's goals.
   - A. In-person meetings are necessary to positive engagement, cohesive case planning, and building trust.
   - B. Relationship-based work enhances engagement, trust, services, and outcomes. Consistency of workers is critical to effective work. Fewer workers involved with a family are better.

5. **Community-Based.** The team implements service and support strategies that take place in accessible and least restrictive settings possible; and that safely promote child and family integration into home and community life.
   A. Use opportunity of involvement with families to enhance well-being and prevent maltreatment, such as addressing safe sleep and connecting families to Early ACCESS.
   B. Services, such as domestic violence, public assistance, mental health and substance abuse, are strategically embedded where family engagement and planning takes place.
   C. Connections to community of origin are important.

6. **Culturally Responsive.** The team demonstrates respect for, and builds on the values, preferences, beliefs, culture and identity of, the child/youth and family and their community.
   A. Intentional strategies towards recruiting, hiring, and supporting staff who reflect the culture and life experience of the population served.
   B. Family history, culture, life experiences, and ethnic identities are relevant and important to establishing a trusting and productive relationship.

7. **Strengths Based.** The case plan must identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family by utilizing their community and other team members.
   A. All families and communities have inherent strengths and value.
   B. Leadership will identify opportunities to match worker's strengths and skills with specific family needs.

8. **Persistence and Creativity.** Despite challenges, the team persists in strengthening and preserving family connections by considering possibilities outside the status quo.
   A. Treating every family as though they were our own drives practice.
   B. Have the courage to recognize when something isn't working and commit to pursuing alternative solutions.

9. **Outcome Based.** Goals and strategies of the system and case planning are observable, have measurable indicators of success, monitor progress in terms of these indicators, and are revised accordingly.
   A. Documentation of the team's work with a family is timely, accurate, and comprehensive.
   B. Case plan goals are measurable, concrete, behaviorally-specific, and created by the team.
   C. Contracted services are performance-based.
   D. Integrated data from Departments and external sources will be utilized by DHS leaders and service providers to inform, develop, and enhance our system of care and outcomes.

10. **Universal.** Practice commitments are relevant, true, and applicable for micro and macro interactions.
    A. Insisting on the value of family connections amongst staff at every level is critical to success.
    B. Gaps in the system supporting families and natural supports will be resolved through fiscal, policy, and contracting commitments.

Attachment D
Reserved

Attachment E
Cultural Equity Alliance (CEA) Guiding Principles 2020

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Cultural Equity Alliance

A Statewide Child Welfare System Steering Committee

Vision

Eliminating racism and achieving racial and cultural equity in Iowa's child welfare system

Mission

Create an antiracist and culturally responsive child welfare system through growth of an equity focused workforce, cross sector collaboration, and policy and practice reform to eliminate disproportionality and disparity in Iowa's child welfare system.

Child Welfare System Definition

The child welfare system is made up of individuals, families, organizations, and community-based programs that work together to improve the safety, health, permanency, and well-being of children. The responsibility to keep children safe from abuse and neglect is shared by family, community, tribes, helping agencies, educational systems, faith-based groups, law enforcement, courts, Health and Human Services (HHS), and others. The adopted principles below are a guide as we work together to improve our culturally responsive approach with children and families from the local community level to the state level.

Guiding Principles

The Cultural Equity Alliance believes that the following principles and practices are essential to reducing disparities in the child welfare system. They represent culturally and linguistically appropriate service principles that can help promote equity for families within the system. No one principle is more important than another, and they are cited below in no particular order. All are equally essential to operating a child welfare system that is truly culturally responsive. The principles cited below are based upon National Standards for Culturally and Linguistically Appropriate Services (CLAS), Office of Minority Health, 2001.

1) Provide effective, equitable, understandable, and respectful quality supports and services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce

2) Advance and sustain organizational governance and leadership that promotes principles and equity through policy, practices, and allocated resources.

3) Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

4) Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all supports and services.

6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability

9) Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organizations' planning and operations.

10) Conduct ongoing assessments of the organization's guiding principles related activities and integrate related measures into assessment measurement and continuous quality improvement activities.

11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of principles on equity and outcomes and to inform service delivery.

12) Conduct regular assessments of community assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13) Partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14) Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

15) Communicate the organization's progress in implementing and sustaining principles to all stakeholders, constituents, and the general public.

Attachment G
Iowa Juvenile Court Services Model of Practice

Iowa Juvenile Court Services Model of Practice

Mission

The mission of the Juvenile Court Services is to serve the welfare of children and their families within a sound framework of public safety. JCS is committed to providing the guidance, structure and services needed by every child under its supervision. In partnership with the community, JCS directs delinquent children toward reforming their behavior in the context of increased accountability, enhanced community restoration, and expanded personal competencies.

Values and Principles

The work JCS engages in with youth and families is guided by the following values and principles:

- Collaboration
- Continuous Quality Improvement
- Community Engagement and Outreach
- Evidence Based Practice
- Equity and Fairness
- Strength-Based
- Trauma-¬Informed
- Youth and Family Engagement

JCS MODEL OF PRACTICE: RISK, NEED, AND RESPONSIVITY (RNR) AND CRIMINOGENIC RISK/NEED

Risk, Need, and Responsivity

JCS service delivery is based on the Risk, Need, and Responsivity Model of Practice and Criminogenic Risk/Need. This model is the driving force in identifying and addressing the treatment needs of juvenile justice involved youth. It considers personal, interpersonal, and social factors as being involved in the acquisition and maintenance of criminal behavior.
The Risk Principle or the "Who" stipulates that only those offenders with a higher probability of recidivism should be targeted for treatment and the highest risk youth should be provided the most intensive treatment.

The Need Principle or "What" requires the use of standardized assessment to identify and target the criminogenic risk/need factors that contribute to delinquency.

Responsivity or the "How" requires that the style and mode of intervention be matched to the offender's learning style and abilities.

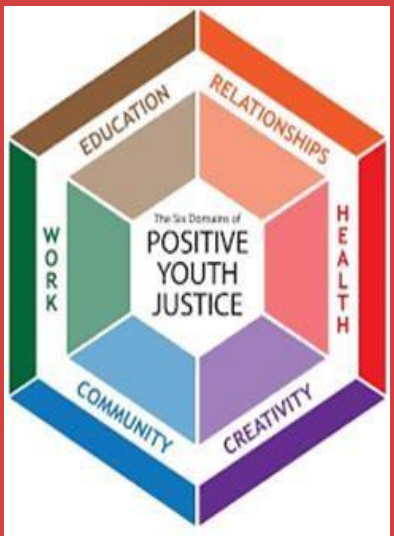
Criminogenic Risk/Need

Criminogenic Risk Factors are the characteristics, traits, problems, or issues of an individual that directly relate to the individual's likelihood to re-offend and commit another crime. There are two categories of criminogenic needs: static and dynamic. Static factors cannot be changed or addressed by any sort of program or therapy in the prevention of future crimes. In contrast, dynamic factors can be addressed by therapy, training, education, and/or targeted programming and subsequently altered to result in more law-abiding behavior.

The eight (8) criminogenic risk factors are anti-social behavior, antisocial personality, anti-social cognition, anti-social peers, family/relationships, school/work, leisure/recreation, and substance abuse.

JCS PURPOSE

- Achieve community safety through risk reduction
- Rehabilitateor habilitatethe offender
- Work with schools and communities to reduce the risk factors associated with delinquency



CORE TREATMENT PRINCIPLE

The most effective interventions are behavioral-based and

- Focus on current factors that influence behavior
- Are action oriented
- Appropriately reinforce offender behavior

EFFECTIVE BEHAVIOR MODELS

The most effective treatment programs

- Structure social learning where new skills and behaviors are modeled
- Include cognitive behavioral approaches that target criminogenic risk factors
- Utilize a family base approached that train family on appropriate techniques
- Utilize trauma-informed and evidence-based treatment modalities
- Match the treatment to the individualized needs of the youth

EVIDENCE-BASED PRACTICE

Juvenile Court Services utilizes evidence-based practices that result in the Juvenile Court Officer (JCO):

1) Assessing offender's criminogenic needs and risk factors using the Iowa Delinquency Assessment;
2) Utilizing a standardized structured process for determining level of supervision, type of service, and when it is appropriate to place a youth in out-of-home placement;
3) Targeting traits, skills, conditions, and behaviors that are most likely to lead to recidivism;
4) Engaging offenders in the change process;
5) Utilizing Effective Practices in Community Supervision (EPICS) and Motivational Interviewing (MI) to ameliorate offender's risk factors;
6) Matching intervention strategies to offenders' individual needs and circumstances;
7) Planning strategies, in collaboration with each Child and their Family, to facilitate behavioral change;
8) Adhering to the principles of restorative justice; and
9) Utilizing the Detention Screening Tool (DST) to structure juvenile detention decisions.

Attachment K
HHS Child Welfare Model of Practice
IOWA DEPARTMENT OF HUMAN SERVICES CHILD WELFARE MODEL OF PRACTICE

IOWA DEPARTMENT OF HUMAN SERVICES (DHS) CHILD WELFARE MODEL OF PRACTICE

INTRODUCTION

The Department of Human Services (DHS) child welfare model of practice is intended to define who we serve and the intended outcomes of child welfare services, as well as the guiding principles for our work and expectations related to practice and program and organizational capacity. This statement of practice has been developed to define, affirm, guide, reinforce, and support DHS's strength-based and family-centered model of practice at all levels. The model of practice is intended to guide practice in individual cases and at the program and organization level, and can be used as a basis of comparison in measuring or judging capacity, quantity, and quality.

The standards in this document establish DHS's expectations for both frontline practice and for program and organizational capacity.

- The first set of standards is framed in terms of frontline practice. They are organized around a "life of the case" framework – starting with intake and moving through service provision and case closure.
- The second set of standards is framed around the program and organizational capacity of the child welfare system.

POPULATION SERVED BY DHS'S CHILD WELFARE SERVICES

DHS is responsible for providing child welfare services to those children and families in which child abuse has occurred and those at high risk for abuse and neglect. The following factors are used to determine when DHS opens a child welfare service case.

- Outcome of the child abuse assessment. If the child abuse assessment is 1) founded or 2) confirmed and not placed and the child is believed to be at high risk of future abuse or neglect.
- Court action. The Juvenile Court may determine that a child is a Child in Need of Assistance (CINA) and in need of DHS supervision.

OUTCOMES

DHS's model of practice is focused on the outcomes in the Better Results for Kids Redesign and the seven outcomes from the federal Child and Family Service Review (CFSR).

Child Welfare Outcomes

Better Results for Kids	Child and Family Service Review
Safety for Children	Safety ➵ Children are, first and foremost, protected from abuse and neglect. ➵ Children are safely maintained in their homes whenever possible and appropriate.
Permanency	Permanency ➵ Children have permanency and stability in their living situations. ➵ The continuity of family relationships and connections is preserved for children.
Academic Preparation and Skill Development	Child and Family Well-Being ➵ Children receive appropriate services to meet their educational needs.
Well-Being	Child and Family Well-Being ➵ Families have enhanced capacity to provide for their children's needs. ➵ Children receive adequate services to meet their physical and mental health needs.

GUIDING PRINCIPLES

DHS's strength-based and family-centered model of practice is rooted in the principles and practices associated with a strength-based and family-centered approach. Our work is also guided by DHS's guiding principles.

The four guiding principles below guide the work of DHS with children and families, each other and the community. They apply to our work with children and families through the life of a case.

- ***Customer focus***. We listen to and address the needs of our customers in a respectful and responsive manner that builds upon their strengths. Our services promote meaningful connections to family and community.

- ***Excellence***. We are a model of excellence through efficient, effective, and responsible public service. We communicate openly and honestly, and adhere to the highest standards of ethics and professional conduct.

- ***Accountability***. We maximize the use of resources and use data to evaluate performance and make informed decisions to improve results.
- ***Teamwork***. We work collaboratively with customers, employees, and public and private partners to achieve results.

MODEL OF PRACTICE RELATED TO FRONTLINE PRACTICE[1]

Engagement of families and their support systems is the foundation of DHS child welfare practice. The following standards apply to frontline practice between the social worker and the child and family.

Intake and Assessment

- When a child abuse report is received, the intake focuses on child safety and captures information necessary to make an informed decision on whether to accept or reject the report.
- During the child abuse assessment, the social worker assesses child safety, including threats of maltreatment to the child, underlying conditions and contributing factors that may impact threats of maltreatment to the child, factors related to the child's vulnerability, and the family's protective capacities. During the child abuse assessment, the social worker a l so assesses the safety of other children in the home.
- When the social worker opens a case for child welfare services, he/she completes a comprehensive family assessment that focuses on the major needs of the child, parents, and foster parents, related to child safety, permanency, and well- being. The assessment identifies the critical underlying issues that must be resolved to achieve safety, permanency and well-being for the child.

- The social worker makes the process transparent to the family, openly sharing information about the process and tools used.
- Efforts are made to ensure that all persons working with the child and family have a shared understanding of the child and family.
- Assessment is an ongoing process and is solution-focused.

Case Planning and Review

- Case decisions and planning are based on concerns about the child's health and safety.
- The child and the child's parents are actively engaged and involved in case planning activities, unless the child is not old enough or is incapacitated or parental involvement is contrary to the child's safety or permanency goal.
- Family team decision-making meetings are used as a way to engage families and their informal supports throughout the case planning process.
- The child's case plan is relevant to the child and family's needs and goals; includes a coherent set of strategies, supports, services, and timelines; reflects a long-term view about what will enable the family to live safely independent of outside supervision; and is coordinated with other plans that the child and family may have (e.g., ETP, family investment plan, substance abuse treatment plan, etc.).

- There is a single point of coordination and accountability to ensure that plans are implemented, monitoring activities are conducted, and information is shared with service team members.

- Family team decision-making meetings and other processes are used to regularly review the child and family's status, service progress, and results to ensure that the service plan

[1] Practice is defined as locally delivered problem solving activities in response to individual children and families and their unique strengths and needs that is aimed at improving child safety, permanency and well-being. Core practice functions include engaging, assessing, case planning, securing necessary resources, implementing a plan of intervention, and monitoring.

maintains relevance, integrity, and appropriateness. The child's case plan is modified as goals are met and circumstances change.

> The social worker uses full disclosure when discussing progress towards outcomes.

Service Provision (both in-home and out-of-home)

> **General**

- When a child is found to be unsafe, immediate safety plans are implemented to address known threats of maltreatment.
- When a child abuse report is confirmed and threat of maltreatment is identified, services or supports are provided to protect the child in his/her own home, reduce the threat of maltreatment, and improve caregiver protective capacities, unless the threat of maltreatment is so great that removal without placement prevention services and supports is appropriate.
- Relevant community partners (e.g., domestic violence, substance abuse, mental health, schools, community providers, public health, etc.) are engaged in keeping children safe.
- Children and families receive individualized services matched to their strengths and needs, and to the safety threats identified in the assessment process.
- The child's permanency goal matches the child's individual needs for permanency and stability.
- Services are coordinated and information is shared among those providing services to the child and family. All those working with the family function as a team and work collaboratively to solve problems in a manner consistent with the principles of family-centered practice.

> **Health**

- The child's physical health needs (e.g., preventive health and dental care, immunizations, treatment for identified health and dental care) are addressed, as needed.
- The child's mental health needs are addressed, as needed.

> **Education**

- The child's case plan reflects attention to the child's education.

> **Social Worker Visits**

- The social worker responsible for case planning and case management has a face-to-face visit with the child at least monthly, or more frequently based on case circumstances, to ensure the child's safety, permanency, and well-being and to achieve case plan goals.
- The social worker responsible for case planning and case management has a face-to-face visit with the parent at least monthly, or more frequently based on case circumstances, to ensure the child's safety, permanency, and well-being and to achieve case plan goals.
- Visits with the child and parents focus on the issues pertinent to child safety, permanency, and well-being, the safety and well-being of other children in the home, case planning, service delivery and goal achievement.

Out-of-Home Service Provision

> **Placement Selection**

- When children cannot live safely with their families, diligent efforts are made to identify, evaluate, and consider relatives for placement, consistent with child safety and well-being. Appropriate supports are provided to relative placements.
- Children are placed within community or county of their parents' residence, unless the reason for the location of the placement outside the community or county is to help the child achieve his or her case plan goals.
- When a child is placed into foster care, placement selection takes into account the location of the child's school; efforts are made to avoid the child having to change schools as the result of foster care placement.
- Children are placed with their siblings, unless it is not appropriate to do so based on the child's safety or permanency goal. When children are not placed with their siblings, efforts are made to promote and support interactions between siblings unless interactions are contrary to the child's safety or permanency goal.

- Native American children are placed in compliance with placement preference within the Indian Child Welfare Act (ICWA).
- Temporary or interim placements for children are avoided. Children are placed in settings that could reasonably be expected to become the child's permanent placement if necessary.

> **Family Relationships**

- A child's primary connections to neighborhood, community, family, friends, culture and faith are preserved in the foster care placement.
- Efforts (including services, visits, family interactions, etc.) are made to promote or maintain a strong emotionally supportive relationship between a child in foster care and the child's parents, unless it is not appropriate to do so based on the child's safety or permanency goal.

> **Health and Education**

- Medical information is shared with foster parents prior to or at the time of placement. Foster parents are given copies of the child's health records.
- Foster parents are given copies of the child's educational records.

> **Permanency and Stability**

- Efforts are made to develop an alliance between the birth family, foster family, resource family, or adoptive family, extended family members, the agency and the child/youth as the vehicle to achieve timely permanence.
- The social worker respectfully engages the family and child/youth in a candid discussion about the impact of foster care on children, permanency options, and the possible outcomes of not following through with the case plan.
- Services and supports are provided to maintain a child's placement and to reduce the risk of disruption. Placement changes for a child occur only for reasons directly related to helping the child achieve the goals in his or her case plan.
- When reunification is the permanency goal, efforts are made to return the child safely to his/her home within 12 months of removal
- Families whose children are reunited receive ongoing supports that enable them to safely sustain their children in their home.
- Concurrent planning begins when an out-of-home placement is initiated.
- Reasonable efforts are made to place children who are legally free for adoption with a permanent adoptive family and to finalize the adoption within 24 months of the most recent entry into foster care.
- A child's permanency goal is "another planned permanent living arrangement" other than adoption, guardianship or return to family only after the other more permanent goals have been considered and appropriately ruled out for this child.
- Services provided to a child in foster care are consistent with and promote achievement of the stated permanency goal on a timely basis.

> **Transition for Older Youth**

- Children age 14 and older have a written plan that includes services and supports to help the youth live safely and function successfully independent of agency services.

> **Standards Related to Cultural Competence**

- Services provided to children and families respect their cultural, ethnic, and religious heritage.

> **Standards Related to Transition and Case Closure**

- Safety and risk is assessed prior to transitions and case closure.
- Cases are closed when the goals related to safety, risk, and permanency have been achieved.
- Services and supports are in place to assure the child and family a smooth, timely, and successful transition when changes occur.

- ♦ Families whose children are reunited receive transitional supports that enable them to safely sustain their children in their home.

- ♦ Families are connected with informal supports to assist them to function independent of outside supervision upon case closure.

MODEL OF PRACTICE RELATED TO PROGRAM & ORGANIZATIONAL CAPACITY

The following standards apply to program and organizational capacity, including required resources, organizational and staffing capacity, and the level of collaboration and public/private partnerships that are essential to realize outcomes.

Agency Management and Leadership

- > Managers at the state and local level work together to focus on the continuous improvement of programs, services and staff to achieve DHS's vision and mission, meet the needs of the children and families served, and produce positive outcomes.

- > Staff are seen as capable and committed professionals and management and supervisory systems and actions focus on promoting the ongoing growth and development of staff.

- > Managers and supervisors provide leadership and support to achieve effective and efficient internal and community collaboration to strengthen and improve services for children and families.

- > Managers and supervisors provide leadership and support to identify and mobilize the strengths staff and programs to effectively and efficiently meet the needs of children and families.

- > Managers and supervisors provide leadership and support to create, affirm and sustain an organizational culture and structure that supports a strength-based family-centered model of practice.

- > Managers and supervisors provide honest, fair and clear leadership for their staff and provided opportunities for honest and direct feedback from staff.

- > Services are accessible to families and children in all jurisdictions within the state.

Policies and Standards

- > DHS developed and implemented standards to ensure that children and families are provided quality services that protect the safety and health of the children. Standards related to frontline practice are incorporated in agency manuals for staff.
- > Policies and standards are congruent and support a strength-based family-centered model of practice.

Staff Qualifications, Training and Workload

- > DHS sets standards for public and private agency staff that are reasonably in accord with recommended national standards.
- > Staff have workloads at a level that permit practice consistent with the model of practice, and that are reasonably in accord with recommended national standards.
- > DHS has an overall training plan. Staff receives initial and ongoing training to address the skills and knowledge needed to carry out their duties related to safety, permanency, and well-being.

- > DHS provides training for current or prospective foster parents, adoptive parents, and staff of licensed agencies that addresses the skills and knowledge they need.

Clinical Supervision and Mentoring

- > Staff has access to clinical supervision, coaching and mentoring from supervisors.

Service Array

- > The state and service areas have in place an array of services that assess the strengths and needs of children and families, address the needs of families and children to create a safe home environment, enable children to remain safely with their parents when reasonable, help children in foster and adoptive placements achieve permanency, and help youth in foster care to prepare them for independent living and to make the transition to adulthood.

- > The state and service areas develop community-based services for families that come to the attention of the child welfare system and are assessed at moderate risk of abuse, and work with the community to identify and develop community referral options for other families that seek services.
- > Services can be individualized to meet the unique needs of children and families.
- > Services are culturally responsive to the community's

children and families.

Child Welfare Information System

- The statewide information system can readily identify the status, demographic characteristics, location, and goals for placement of every child who is (or within immediately preceding months, has been) in foster care.
- Information is accessible to frontline staff, supervisors, managers and administrators on a timely basis to facilitate doing their work.
- The information system serves as an efficient and effective tool to help frontline staff manage their cases and supports their work.

Agency Coordination with the Community

- Staff at the state and local level engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies.
- Staff at the state and local level annually review progress and services delivered in consultation with community representatives.
- Staff at the state and local level work in partnership with services or benefits/programs serving the same population
  – including public health, mental health, substance abuse, domestic violence, education, medical services, food assistance, and financial and work supports to ensure effective and efficient coordination of programs and services to achieve positive outcomes for children and families.
- Staff at the state and local level work in partnership with community-based providers and agencies to use organizational and community cultural strengths to develop more responsive services and supports to the community's children and families.

Quality Assurance

- There is an identified quality assurance system that evaluates the quality of services and how well practice aligns with standards, identifies strengths and needs, and provides relevant reports.
- There is a process in place for continual quality improvement that uses quality assurance information to identify and implement improvement in policies, training, clinical supervision, and collaboration across systems as well as case practice.

Attachment L
Discovering Connections

Discovering Connections

Every youth deserves a strong social network to nurture, guide, and support their healthy development. Youth who have permanent connections with supportive adults and friends have better outcomes. It is our responsibility to assist youth in discovering and fostering these important relationships. This exercise offers a menu of questions to help youth in out-of-home placement identify and explore meaningful relationships in their lives.

Purpose: Identify potential family and other positive adult connections for youth in care.

Guiding Principles and Best Practice

Self-determination

Youth decide which connections are recorded in this exercise.

Trauma-informed

The tool should be used to guide a thoughtful conversation, using good interviewing skills when the youth is physically safe. Watch for signs that indicate a pause, reflection, or even ending the conversation is needed.

Strengths-based

All people have strengths and, if named by youth, should be given the opportunity to fill a role in the youth's life. Families and friends can provide love and caring in a way that no formal helping system can.

Using the Tool

- Pick a setting that promotes conversation and openness and matches the youth's interests. For example, take a walk outside, do an art project, etc.
- Be honest about the purpose of the questions and with whom the information will be shared. For example, *"I care about you and want you to have relationships with people that are important to you. I'd like us to work together to identify these people. I can't promise that we'll be able to reach every person or that they will be available, but it's definitely worth a try."*
- Not all questions need to be asked, or asked exactly as written. Strive to make this a conversation.
- Record as much information as possible about people the youth identifies and ensure that the youth is okay with these people being contacted.
- Give specific details about the next steps in the process. Do not over-promise but be sure the next steps are reached. i.e., *"We will do their best to connect with these people."*
- Be sure to thank the youth for their willingness to share.
- If youth are unable to name anyone, have a conversation about opportunities to build new relationships and connections while acknowledging the youth's resilience in the absence of these connections.

Discovery Questions

Activities and Events

Tell me about how you spent holidays, birthdays, and special occasions. Who were the family members or friends you enjoyed being around or were kind to you?

Tell me about activities you've been involved in at school, church, or in your neighborhood. Who was there? Who did you connect with? Who made you feel important or listened to you?

Support

Who are the three people in your life you've had the best relationship with?

Who could you call right now that would listen to you, give you advice or help you with a problem?

Who would you'd like to reach out to right now? Anyone you'd like to stay in touch with?

Safety

Who looked out for you or cared about what happened to you or made you feel safe?

Who cared for you when your parents could not? Places you slept or ate when needed? Neighbors or teachers?

Belonging

Who visits or calls you?

Who would you choose to live with? Relative? Friend? Former foster family?


People that help me feel safe
People and places I belong
Me
People who support me

My Connections

My Name_____ **Age**_____

Date_____

Name	Relationship	Contact Information

Attachment M
IRC Handout

IPRC Principles

- Ideally all youth should live in a stable and nurturing family environment.
- Out of home placement is only one part of a continuum of care and should be a short-term, high quality intervention
- Agencies who serve youth should collaborate to provide the youth and his/her family the services, resources, and supports needed.
- Services should be individualized and coordinated across systems

IPRC Purpose

The purpose of the IPRC is to create a coordinated and integrated approach to treatment of juveniles. To accomplish this, the committee uses a multi-faceted approach that includes reviewing all referrals to the Specialized Delinquency Beds program to confirm they meet entry criteria, ensuring appropriate programming is available, exploring treatment alternatives, initiating a seamless transition for youth, staffing problematic cases, identifying youths that cross systems, and generating solutions for cases that do not qualify for placement in the Specialized Delinquency Bed program.

The review process begins with the JCO providing an overview of pertinent case facts, which typically includes the following:

01 Bio-psycho-social summary.

02 Placement history and possible placement options

03 Chronological outline of events that includes previous charges (type and circumstances) and the youth's runaway history

04 Criminogenic risk and needs and desired response

05 Community safety and the safety of the youth

06 Youth's strengths and needs

07 Medication and health needs/issues

08 Plan for transition

09 Family history and involvement

10 Treatment interventions attempted and results

11 Upcoming court dates

IPRC

Structure & Governance

Structure

The IPRC is structured with representation from four agencies – Juvenile Court Services (JCS), the Department of Human Services (DHS), Four Oaks, and Family Resources. All eight JCS districts are represented by the Director of JCS, four Chief Juvenile Court Officers, and six JCO Supervisors. In addition, two additional JCOs, one from Linn County and one from Scott County serve on the IPRC.

Governance

A Chief Juvenile Court Officer (CJCO) is responsible for leading the IPRC and coordinating the review of cases. All members of the committee have an equal voice and role in reviewing referred cases.

First time presenters are introduced to the process prior to presenting. During this introduction, JCOs are informed that the IPRC does not prescribe what recommendations should be made to the court regarding the youth. This is the responsibility of the JCO.

Referral and Meeting Process

The IPRC meets weekly. JCOs who have a case to be reviewed are required to staff the case with their supervisor and have his/her CJCO approve the referral prior to submitting it to the IPRC. The referral form and supporting documentation, which can include court reports, criminal charges, psychological assessments, mental health evaluations, discharge reports, etc., must be emailed to the committee's CJCO the week prior to the meeting. It is standard practice for the JCOs supervisor to also attend the meeting.

Following the JCOs presentation of the case, the IPRC members have an opportunity to ask questions related to the case to help determine if the referral is appropriate for the program. Questions frequently asked include:

- How would things be different if the youth is placed in the Specialized Delinquency Bed program?
- Does the Specialized Delinquency Bed program have the treatment options necessary to address the youth's key issues?
- What services in the Specialized Delinquency Bed program could be utilized to treat the youth?
- Can the JCO establish a need for a controlled and structured environment?
- What is the plan for transition?
- Are there other less restrictive placements that could meet the youth's needs?
- What Aftercare services will the youth require?
- Are there any gang affiliations or co-conspirators the program needs to be aware of?

Referrals are approved by a majority vote of IPRC members. Generally, IPRC committee members will notify the JCO if the referral has been accepted immediately following his/her presentation of the case. However, in certain situations where additional review or discussion is required, notification of acceptance may be delayed up to five (5) business days.

Referrals for open beds will be accepted in the order they are received.

Specialized Delinquency Bed Program Entrance Criteria

- IQ above 75
- Minimum age of 14
- Youth exhibiting behavior necessitating a higher level of treatment
- Two or less rehabilitative placements related to delinquent behavior within the past 12 months
- Serious mental health disorder is NOT the primary diagnosis
- Moderate or high risk to recidivate on the Iowa Delinquency Assessment
- Scores high in two or more of the following domains: aggression, negative peer association, attitudes/beliefs
- Presents a significant community safety risk
- Primary need is not substance use i.e. there has been no recommendation for inpatient treatment.
- ACES may be identified but criminogenic risk and need appear to be the greatest influence for delinquencies

Youth who have one or more of the following are not appropriate for the program:

- IQ below 75
- 2 criteria checked on the Serious Emotional Disturbance (SED) checklist
- Diagnosis of Autism Spectrum Disorder

of a Multi-disciplinary Team Approach

Utilizing a MDT approach to staffing referrals has multiple benefits as shown below.

1. The shared information improves the transition process both to and from placement.
2. Cases that do not qualify for placement can be staffed to generate ideas for placement.
3. The information sharing process ensures the IPRC has the most up-to-date information on treatment facilities across the State.
4. Paperwork requirements can be reviewed with the JCO to ensure the program has all of the required information prior to placement, which facilitates proactive planning.
5. Promotes a shared responsibility for the well-being of the youth.
6. Identifies gaps in Iowa treatment programs

Attachment N
Specialized Delinquency Beds Training Narrative

JUVENILE COURT SERVICES

SPECIALIZED DELINQUENCY BEDS FACILITY TRAINING PLAN

I. Staff training

A. Core Correctional Practices (Providers have agreed to voluntarily work with a third party vendor to secure training for EPICS-I Practices).
   i. Quality interpersonal relationships
   ii. Effective reinforcement
   iii. Effective disapproval
   iv. Effective use of authority
   v. Cognitive restructuring
   vi. Anti-criminal modeling
   vii. Structured learning and skill building
   viii. Problem solving

B. Evidenced Based Practices
   i. Criminogenic Needs – Risk factors that are highly correlated with recidivism.
   ii. Principles of Effective Intervention – The four principles widely researched and demonstrated effectiveness in reducing recidivism.
   iii. Risk Principle Elements – Tells us "who" to target; target those program participants with higher probability of recidivism; provide most intensive intervention to higher risk program participants; and, intensive intervention for lower risk program participants may increase recidivism.
   iv. Need Principle Elements – Tells us "what" to target; interventions and programs should target criminogenic needs that include both static and dynamic risk factors; criminogenic needs can be dynamic or changeable.
      a. Primary: 1) Criminal history 2) Antisocial attitudes, values, beliefs 3) Antisocial peer associations 4) Antisocial personality
      b. Secondary: 1) Education/employment 2) Family 3) Substance use/abuse 4) Leisure/recreation

v. Responsivity Principle Elements – Focuses on "how" to target the criminogenic needs of higher risk participants.
    a. General responsivity
        1. Structured social learning programs
        2. Cognitive behavioral programs
    b. Specific responsivity
        1. Know the participants' attributes that limit and/or facilitate their learning style
        2. Create an optimal environment conducive to learning
        3. Barriers include, but not limited to, lack of motivation, anxiety, different forms of learning abilities, language, transportation, gender, and culture

vi. Fidelity Principle Elements – Focuses on "how well" programs properly and effectively incorporate the risk, need, and responsivity principles; measures how closely programs align to the program design; and, can be measured and monitored during group facilitation, individual interactions, and in case planning.

C. Gender specific approaches
D. Providing LGBTQ services/supports
E. MI
F. Mental illness – Mental Health First Aid
G. Client/Family engagement
H. Trauma-informed practice
I. Diversity, Cultural and Linguistic Appropriate Services
J. Human trafficking
A. Crisis Intervention and Stabilization
B. Transition Planning
C. Appropriate physical restraint
D. TOP
E. EPICS-I (Providers have agreed to voluntarily work with a third party vendor to secure training for EPICS-I Practices).
F. ACES
G. Evidence based Therapeutic Interventions – e.g., CBT, DBT, EMDR, ART, Substance Abuse/Relapse Prevention, TruThought

Attachment O
Specialized Delinquency Juvenile Female Program

FEMALE RECOVERY, EMPOWERMENT, STRENGTH & HEALING (FRESH) START PROGRAM

Specialized Delinquency Juvenile Female Program

Juvenile Court Services

April 3, 2023

PROGRAM PURPOSE/GOAL

Provide high quality rehabilitative treatment services in a residential setting that are female responsive, trauma informed, and culturally inclusive to high-risk delinquent girls in order to reduce the risk factors associated with recidivism and prevent future out of home placements.

BACKGROUND

Characteristics of Juvenile Justice Involved Females

General

- Complex trauma history, which can include sexual abuse/assault, physical abuse, and/or exposure to other violent crimes.
- History of long-term involvement in the juvenile justice and/or child welfare system
- Early on-set of puberty or perceived maturity, particularly for Black females
- Family instability and criminality

Iowa Specific[1]

- Predominate race is White, but Black girls are substantially over-represented (41% of this group when they only comprise 3.5% of the general population of 10–17-year-olds)
- Existing service history, although almost no use of PMIC
- Charge types in order of prevalence - Violent, Property, Public
- Order and Drug
- Detention holds (both number and duration) well above average
- Not concentrated in any one area of the state
- Majority have first contact with the JJ system at age 13 or younger
- Multiple complaints although for most the highest charge in their initial complaint was a simple misdemeanor or below; eventually all had higher offense severity charges
- Top charge sub-types - Assault, Theft, Public Order and Vandalism

[1] Trends derived from Iowa data. Reports can be found: https://humanrights.iowa.gov/cjjp/females-andjuvenile-justice/high-risk-girls-deep-end

- Run risk – primarily due to history of running, conflict with parent/caregiver, fleeing consequences or anticipated consequences of behaviors
- On run predominantly with similar age or older peers and more likely to be taken into custody for running away than a boy
- More likely to be held in detention for a misdemeanor than a boy

PROGRAM CRITERIA & STRUCTURE

Use of Assessment Tools

- Iowa Delinquency Assessment (IDA)
- Treatment Outcome Package (TOP)
- Massachusetts Youth Screening Instrument (MAYSI-2)
- Qualified Residential Treatment Program (QRTP) Clinical Assessment
- Adverse Childhood Experiences (ACES)*
- Human Trafficking Screening (such as, Iowa High Risk Victim Identification Tool)

Program Duration

- 120-180 days plus aftercare services

Facility Structure

- Mechanical secure and/or staff secure
- Single and double occupancy bedrooms
- Access to outdoor space
- Semi-private family/caregiver visiting area
- Therapy/professional spaces
- Safe room – calming room designed to reduce anxiety, facilitate quiet time, and self-regulation
- Indoor multifunctional space (i.e., open space for arts, crafts, and indoor recreation)
- A “homelike environment” that de-emphasizes the institutional character of the setting

Program Components

The structure of the program should reflect but not be limited to the three components described below. These components are designed to be integrated into a comprehensive treatment approach. The treatment approach should be healing centered, strength based, and focus on positive behavior strategies.

1. *Component 1: Admission and Assessment*
   A. Pre-admission outreach to girls and family that includes providing a program handbook, information and psychoeducation on the treatment process, local community resources, and directions/parking information.
   B. Orientation should include a tour, introductions to staff, and a "welcome basket" with coping tools and culturally appropriate personal care items
   C. Access to standardized assessments
      - Trauma
      - Psychiatric, psychological, and/or mental health evaluations
   D. Ongoing engagement with the youth's permanency team

2. *Component 2: Evidence Based Practices & Treatment Approaches*
   A. Female-Responsive Approach - an approach that intentionally allows gender identity and development to affect and guide all aspects of program design and service delivery. It extends beyond simply targeting adolescent girls as an audience. It must meet the standard of being specific to the female experience and free from sexism. In order to be effective with girls who are involved with the juvenile justice system, a female responsive approach must reflect an understanding of female development, the specific issues, expectations and challenges of contemporary adolescent females and how they affect juvenile justice involvement and treatment.[2]

   B. Use of curricula that is female and culturally responsive and targets criminogenic risk/need, such as

      Female Responsive Curricula
      - Dare to be Queen[3]
      - Girls Moving On[4]
      - Becoming Who I Want to Be: A Good Lives Workbook for Young Women[5]
      - Girl's Circle: Pass to the Future[6]

[2] https://humanrights.iowa.gov/cjjp/components-female-responsive-approach
[3] Dare to Be Queen: A Wholistic & Comprehensive Curriculum for Girls by Mischa P. Green | Goodreads
[4] Girls...Moving On™- Brochure (orbispartners.com)
[5] Becoming Who I Want to Be / Young Women | Safer Society Press
[6] Girls Circle Model (onecirclefoundation.org)

- Voices: A Program of Self-Discovery and Empowerment for Girls[7]
- Yes, You Can: A Guide to Empowerment Groups[8]
- TIER Trauma Informed Effective Reinforcement System[9]
- Female Responsive Cognitive Behavior Therapy (CBT)

Criminogenic Risk/Need Focused Curricula

- Effective Practices in Community Supervision - Influencers (EPICS I)[10]
- Trauma Affect Regulation Guide to Education and Therapy (TARGET)
- Thinking for a Change (T4C)
- Dialectical Behavior Therapy (DBT)

C. Use of evidence-based interaction tools, such as Motivational Interviewing (MI).
D. Individual service plans developed and managed with JCO, youth, and family input with goals and objectives that target specific criminogenic factors
E. Based on Feminist Pathways theory (trauma and victimization) and Relational theory (address relationships in the context of services)
F. Use of assessments
G. Establish therapeutic/helping alliance and collaborative relationships
H. Use of somatic techniques like EMDR, meditation, breathwork and movement to release tension and trauma from the body, as a compliment to treatment heavily focused on the mind.
I. Create healthy social connections and relationship supports
J. Safety
K. Empowerment
L. Comprehensive (family, school, community)
M. Use of evidence-based interventions, such as Eye Movement Desensitization Reprocessing (EMDR), that target full spectrum of co-occurring disorders
N. Programming should address physical, sexual, and relationships
O. Skill building with focus on personal respect
P. Recognize within girl differences/distinguish between subgroups
Q. Opportunities to apply/practice life skills

[7] Voices: A Program of Self-Discovery and Empowerment for Girls: Second Edition (stephaniecovington.com)
[8] Yes You Can: A Guide to Empowerment Groups - Kasl, Charlotte, Ph.D.: 9780964452008 - AbeBooks
[9] Webinar: A Trauma-Informed Effective Reinforcement System for Girls | National Institute of Corrections (nicic.gov)
[10] https://cech.uc.edu/content/dam/refresh/cech-62/ucci/overviews/epics-i-overview.pdf

R. Individual and family needs identified and addressed to include but not limited to the following:
   - Non-traditional clinical hours on evenings and weekends to meet the needs of families
   - Weekly family therapy sessions
   - Weekly individual, group, and family therapy
   - Parent support group
   - Outpatient substance abuse treatment, as needed
   - On-site rigorous accredited educational program that includes special education services for youth and supports the transfer of work/credits to other school settings upon discharge.
   - Technology access that allows for family visitation and treatment via videoconferencing
   - Linkage to home community supports, particularly within Black girls' cultural community
   - Recreational and other extracurricular activities
   - Access to books and periodicals
   - Technology access for educational purposes

3. Component 3: Transition and Reentry
   A. Youth and family centered transition planning and Aftercare Supports managed in concert with the JCO, permanency team and other community partners
   B. Use of the YCPM model to direct transition/re-entry planning.
   C. Structure that allows for transition to a "step down" program
   D. One case worker model

Qualified Residential Treatment Program (QRTP) Requirements

Providers must meet all QRTP requirements.[11]

Staffing

1. Day/evening ratio of 1:3 (staff to females). Overnight ratio 2:9
2. Initial and ongoing plan for
   a. staff retention

[11] https://hhs.iowa.gov/sites/default/files/Comm538%20FF%20QRTP.pdf

b. training
c. hiring of staff reflective of population being served

3. Required staff
   A. Licensed clinical staff (LMFT, LISW, or LMSW)
   B. Licensed nursing staff (LPN or RN)
   C. Supervisor
   D. Caseworker
   E. Education Specialist
   F. Family Support/Reentry worker
   G. Access to psychiatrist and Board-Certified Behavior Analyst
   H. Certified teachers

Staff Training

1. Core Correctional Practices[12]
2. Criminogenic Needs/Risk Factors and Risk, Need, Responsivity (RNR) principles[13]
3. Female responsive approach
4. Sexual orientation, gender identity, and expression affirming approach (SOGIE)
5. Motivational Interviewing (MI)
6. Children's Mental Health First Aid
7. Authentic client and family engagement
8. Trauma-informed and healing centered engagement
9. Culturally inclusive and linguistically appropriate service delivery
10. Diversity, equity, and inclusion
11. Implicit bias
12. Human trafficking
13. Crisis Intervention and Stabilization
14. Transition Planning
15. Effective verbal and physical des-escalation techniques and safe, trauma informed restraint practices
16. Treatment Outcome Package (TOP)
17. Effective Practices in Community Supervision for Influencers (EPICS-I)[14]
18. Adverse Childhood Experiences (ACEs)*

[12] Individual Interventions | University of Cincinnati (uc.edu); https://doc.iowa.gov/sites/default/files/ad-ts06_core_correctional_practices.pdf
[13] Applying the Risk-Needs-Responsivity (RNR) Model to Juvenile Justice by Leah Brogan, Emily HaneyCaron, Amanda NeMoyer, David DeMatteo :: SSRN; https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/251809.pdf

[14] https://cech.uc.edu/content/dam/refresh/cech-62/ucci/overviews/epics-i-overview.pdf

19. Supplemental female-responsive training for male staff

OUTCOME MEASURES

Youth Measures

1. Educational advancement
2. Increase in grade level
3. Increase in credits earned
4. High school diploma or equivalent achievement
5. Increase in grades or grade point
6. Increased in standardized achievement scores
7. Improvement in the 12 TOP tool well-being measurements
8. Number of elopements
9. Number of restraints
10. Number of seclusions
11. Youth and family satisfaction surveys (treatment and outcomes)
12. Reduction of Iowa Delinquency Assessment (IDA) risk factors*
13. Improvement on standardized assessments
14. Discharge status (i.e., successful/unsuccessful)
15. Movement to a less restrictive setting
16. Lateral movement within the continuum of congregate care
17. Recidivism (Any misdemeanor or felony level offense referred to the juvenile justice system or adult corrections system or both within a 12-month period after date of discharge from services).*

*These outcomes are collected and analyzed by Juvenile Court Services

Program Measures

1. Recidivism (Any misdemeanor or felony level offense referred to the juvenile justice system or adult corrections system or both within a 12-month period after date of discharge from services).*
2. Implementation of evidence-based programs that are female, culturally and/or trauma-responsive and address criminogenic factors
3. Program Manuals for implementation and delivery updated at a minimum of every three (3) years
4. Required staff type and level
5. Staff satisfactory completion of initial and ongoing training
6. Frequency of staff contact with parent/caregiver
7. Frequency of caseworker contact with the youth
8. Frequency of youth contact with family/caregiver

9. Frequency of youth contact with siblings, if applicable
10. Frequency of youth contact with a supportive individual
11. Frequency of youth and parent/caregiver participation in treatment team meetings
12. Frequency of community partner engagement
13. Frequency of contact with the JCO
14. Number of restraints
15. Frequency of family services (i.e., Family therapy, Family BHIS, etc.)

Additional Measures

- Frequency of youth contact with other identified supports, such as attorneys, extended family, community members, family friends, coaches, mentors, etc.

REFERRAL CRITERIA and PROCESS

Criteria

INELIGIBLE	ELIGIBLE
• Mental health issues that for an adult would result in a Serious Mental Illness (SMI) diagnosis, such as schizophrenia, bipolar, major depressive disorder, and cause serious functional impairment that substantially interferes with or limits one or more major life activities.[15] • Self-injurious behavior within the last 6 months that required hospitalization • Suicidality or active suicide ideation within the last 6 months that required hospitalization • Pregnant • IQ 75 or below • Autism Spectrum disorder	• Moderate or high risk • Between the ages of 14 – 17 • Two or less rehabilitative placements related to delinquent behavior within the last 12 months. This does not include placement changes that are due to the facility/program. • Scores high in at least two of the following domains: aggression, attitudes/beliefs, relationships, and/or current living arrangements • Charges or adjudications from a placement should be excluded from decision making process. • Identified and viable permanency plan • Charge(s) must be at least an aggravated misdemeanor or higher

Process

1. Referral is sent to/reviewed by Chief JCO and/or Supervisor
2. Referral is reviewed and approved/rejected by JCS state-wide multidisciplinary committee (to be identified by JCS)
3. Provider is invited to review referral
4. No reject/eject policy upon acceptance
5. Open to girls from all judicial districts

[15] NIMH » Mental Illness (nih.gov)