

CONTRACT DECLARATIONS AND EXECUTION

Procurement Type/Number	Contract #
RFP # ACFS-24-001	FWBP-CPS-24-004

Title of Contract
Crisis Intervention, Stabilization, and Reunification Services – Supervised Apartment Living

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: Andrew Jacobs (Change Name to Fit Contractor) Iowa Department of Health and Human Services 2309 Euclid Avenue Des Moines, Iowa 50310-5703 o. 515-310-1268
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. 12 th 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: Ellipsis, Inc.	Contractor’s Principal Address: 7225 NW 58th St PO Box 39 Johnston, IA 50131
Tax ID #: 420680439	Organized under the laws of: Iowa

Contractor’s Contract Manager Name/Address (“Notice Address”): Chris Koeplin 7225 NW 58th St PO Box 39 Johnston, IA 50131 o. 515-243-3459 chris.koeplin@ellipsisiowa.org	Contractor’s Billing Contact Name/Address: Brad Mellencamp 7225 NW 58th St PO Box 39 Johnston, IA 50131 o. 515-243-3459 brad.mellencamp@ellipsisiowa.org
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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: ISPO-24-03
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 #: HQNAFD1ECWD7 The Name of the Pass-Through Entity: Iowa Department of Health and Human Services (HHS)	
CFDA #: 93.658	Federal Awarding Agency Name:
Grant Name: Foster Care Program	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, Ellipsis Inc.		Agency, Iowa Department of Health and Human Services	
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name: Christine Koeplin		Printed Name: Kelly Garcia	
Title: Executive Director		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 aged 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" 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/or 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,” for online reporting purposes, means 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,
- 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/Q RTP” 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/Q RTP, 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” or **“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” or **“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 RFP, 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” and related **“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 Supervised Apartment Living Services (SAL) as a part of the Child Welfare Crisis Intervention, Stabilization, and Reunification Services (CISR) continuum of care. SAL is the least restrictive Foster Care Placement in the Child welfare service array for Children who do not have a Placement in a home and are gaining independence as they approach young adulthood. SAL was designed for the Child who has the ability and desire to live relatively independently with supports in a community with less supervision than is provided in a Family Foster Care or FGCS/QRTP setting. SAL Contractors promote Children’s ongoing education and provide guidance to Children to help them develop skills needed for daily living such as developing monthly budgets and paying their bills, shopping for their food,

preparing their own meals, doing their own laundry and cleaning, and engaging with the community. SAL services are offered in either a cluster or scattered settings, depending on the Child's level of independence. To be eligible for Placement in SAL cluster setting, the Child must be at least age 16 ½ years of age. To be eligible for Placement in SAL scattered-site setting, the Child must be at least 17 years of age and have successfully lived in a SAL cluster site. Exceptions to policy are considered by HHS in order to ensure the least-restrictive, most appropriate setting for the Child.

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 SAL services that:

- Provide SAL services to eligible Children who have the competence and desire to live with increasing independence in the community with supports.
- Provide assessment, guidance, and support for a Child to develop life skills to address chores and household duties, budgeting, job searching, job interviewing, and attainment of important personal documents (e.g., driver's license or Social Security Card).
- Promote school attendance and ensure the Child is working towards the attainment of a high school diploma or high-school equivalency diploma. Contractors are expected to support the Child's enrollment in the Child's school of origin and to assist the Child with post-secondary planning including vocational and collegiate aspirations.
- Develop an individualized Transition plan for each Child and assist the Child, from the time of SAL admission, to prepare for Transition out of the program and into adulthood.
- Accept all referrals and provide contracted services on a No Reject, No Eject basis.
- Maintain all required licensures, certifications, or approvals.

- Ensure Youth live in a safe environment.
- Assist Youth in developing and maintaining informal supports, family connections, and community connections.

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:

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

- Develop strong linkages with other Child welfare and juvenile justice service providers; and
- 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 Reserved

1.3.5 Supervised Apartment Living Scope of Work

The Contractor shall provide Supervised Apartment Living (SAL) services as follows:

1.3.5.1 SAL Overview

SAL Foster Care is the least restrictive Placement in the Child welfare service array. SAL is designed for Children who have the capacity and desire to live relatively independently in a community with less supervision than is provided in a family Foster Care or FGCS setting and who are presently unable to live with Family. SAL offers a community-based living environment with the benefit of a degree of direct supervision, 24-hour support, and Life Skills Training.

SAL Foster Care is provided using evidence informed practices, including a framework of Positive Youth Development (Attachment I). The result is client driven, individualized services for Youth that ensure that basic needs—physical and psychological health, food and shelter, safety, and other needs—are met, both in the short term, then when the Youth leave the program, they are connected to resources and have the confidence to make decisions, achieve their dreams, and get help when they need it. The SAL provider using the Youth Development Framework will:

- a) Create a safe environment for Youth, both physically and emotionally
- b) Treat Youth with respect and involve them in decision making around service delivery
- c) Involve Youth in programmatic decision making and offer other leadership opportunities
- d) Establish and maintain clear, developmentally appropriate boundaries and guidance
- e) Engage Youth in community life and ensure they have opportunities to make real contributions (volunteering, jobs, arts, culture)
- f) Ensure opportunities for Youth to develop positive, supportive relationships with adults and peers
- g) Encourage and support Youth to build new skills
- h) Develop and test new knowledge and practical skills
- i) Offer awards or honors so Youth experience success
- j) Help Youth overcome mistakes
- k) Facilitate supportive Youth-adult relationships and partnerships

The Contractor shall utilize real life learning opportunities within the structured SAL community in order to help the Child develop life skills needed for successful Transition to adulthood. Children in the SAL program are expected to learn new skills, practice them in the program, and demonstrate competency. Examples include:

- a) Attend school and/or work
- b) Prepare their own budgets
- c) Pay their own bills
- d) Shop for their own food
- e) Prepare their own meals
- f) Do their own laundry and cleaning
- g) Use public transportation, and
- h) Interact in social and community groups

The goal of SAL is for a Child to move to Self-Sufficiency while developing interdependence with their community and the systems that supports the Child's completion of education, development of life skills, and preparation to move into adulthood. SAL Contractors shall guide the Child to develop skills and abilities to address responsibilities for day-to-day tasks and monitor whether this guidance has been effective or if additional needs exist. These goals are reflected in the SAL Performance Measures.

A successful SAL program ensures staff are trained to understand the developmental needs of transitioning Youth. Additionally, staff training in Positive Youth Development is expected to instill confidence in the staff to assist this population. Finally, staff training in Motivational Interviewing (Attachment J) is expected for any staff working directly with SAL Youth. Motivational Interviewing

(MI) is an evidence-based counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.

SAL Contractors shall promote a Child's participation in Aftercare services once the Child has exited SAL services.

SAL Contractors shall monitor whether services and interventions have been effective or if additional needs exist. If additional needs exist, SAL Contractors shall adjust programming for that Youth to help the Child achieve positive outcomes and ensure a healthy transition to adulthood, including connecting that Youth with services and supports they will need when they exit the program. SAL Contractors shall promote a Child's participation in Aftercare services once the Child has exited SAL services, if applicable.

The Contractor may select to provide one or both categories of SAL settings. These two categories of settings are:

- SAL cluster sites that allow a maximum of six Children to be placed in the same building (such as apartments located in one building or private housing). Contractor staff must be on-site and available to the Children at any time more than one Child is present. A Contractor may split a cluster site into more than one facility, as long as those facilities collectively provide the total number of cluster beds listed in Attachment A. Gender specific cluster sites are not permissible. The Contractor shall meet the following requirements for SAL cluster settings:
 - a) Ensure staff is on-site, present, and available to Children at any time when more than one Child is present in this type of setting. A SAL cluster setting is defined as having a maximum of up to six (6) Children supervised by the Contractor who are placed in the same building. The Contractor must provide the number of cluster beds listed in Attachment A in each cluster site(s) within the contracted Service Area. The Contractor may split a cluster site into more than one (1) facility as long as those facilities collectively contain the number of beds listed in Attachment A.
 - b) Serve both male and female Youth in all cluster sites in accordance with the needs of the Service Area.
 - c) Utilize real life learning opportunities within the structured community in order to help the Youth develop life skills needed for successful Transition to adulthood.
 - d) Within one (1) hour, accept all referrals that are made when there is a vacancy in the program and arrange with the Referral Worker to have the Child placed within 48 hours. Contractors shall accept referrals and provide contracted services on a No Reject, No Eject basis.
- SAL scattered sites (e.g., an individual Youth's apartment unit) must provide access to SAL Contractor staff 24 hours a day, seven days a week. The Contractor shall have the capability to serve the number of Children in scattered sites as listed in Attachment A on an as needed basis. The Contractor shall meet the following requirements for SAL scattered-site settings:
 - a) Scattered sites shall be in the same Service Area, or within two contiguous Iowa counties as the contracted cluster site.
 - b) Assist the Child to locate a living arrangement that meets the requirements of the SAL program.
 - c) Participate with the Referring Worker, the Child, and the Child's Positive Support System in making a team decision when it is appropriate or necessary to move a Child from a SAL cluster setting to an SAL scattered-site setting and vice versa.
 - d) Partner in their services and offers a host of activities to help the Child build confidence, skills, and be prepared.

1.3.5.2 Program Administration

The Contractor shall provide services for each Child served in the SAL Foster Care program to meet the specific needs of the Child as follows:

1.3.5.2.1 Regulations and Policies

In providing SAL services, the Contractor shall meet the requirements of all applicable State and federal laws and regulations. Additional development of policies by the Contractor may be required. The Contractors shall:

- a) Meet the licensure and regulation requirements in 441 Iowa Admin. Code Ch. 108 and all applicable State and federal laws and regulations as well as all applicable certification, or approval statuses. Contractors shall indicate where they are in the process and verification must be provided to the Agency prior to contract execution.
- b) 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. Confidentiality; and
 - iv. Staff training.
- c) Develop and implement written plans for the Contractor's response to disasters and other emergencies that are consistent with State, federal, and local guidelines.
- d) Develop an internal continuous Quality Assurance process using data analysis, process and practice modification, supervision, and other methods to ensure the quality of services provided.
- e) Collaborate with the Agency to review and make recommendations regarding implementation of Evidence-Based Practices, beginning in the first year of the Contract or at the point-in-time specified by the Agency.
- f) Participate in the Agency's annual Child welfare services Contractors' meeting if one is held.
- g) Utilize encrypted email for any electronic communication regarding a Child and/or a Child's family.
- h) Accept referrals and provide contracted services on a No Reject, No Eject basis.

1.3.5.2.2 Delivery of SAL services

Throughout the delivery of SAL services, the Contractor shall support each Child's development of necessary skills, tools, and abilities to attain Self-Sufficiency while ensuring the safety, Permanency, and well-being of the Child. The Contractor shall:

- a) Collaborate with the Agency to explore and select safe settings, where the Child is able to experience relative independence, learn life skills, and help put the Child on a successful path to adulthood.
- b) Visit each Child's SAL Placement prior to the Child moving in and on a twice per week minimum basis during the initial months and then once per week on-going to confirm 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:
 - i. Complies with applicable State and local zoning, fire, sanitary, and safety regulations;
 - ii. Provides reasonably convenient access to schools, places of employment, community resources, and services and supports required by the Child; and
 - iii. Is reasonably priced to fit within the Child's budget.
- c) Provide ongoing supervision of the Child including, but not limited to:
 - i. Guidance, oversight, and behavior monitoring to ensure that the Child's living arrangement is maintained in a safe condition.

- ii. Ensuring the following:
 - 1) The Child has immediate access to their living arrangement 24/7;
 - 2) The Child can access SAL staff in the event of an emergency 24/7;
 - 3) The Child has access to a functioning telephone;
 - 4) There is an operating smoke alarm on each level of occupancy;
 - 5) The Child receives necessary health care;
 - 6) The Child receives appropriate and sufficient services and supports that meet individual needs; and
 - 7) The Child is complying with Service Plan requirements.
- d) 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.
- e) Provide for the Child's participation 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 (BHIS);
 - iv. Educational or vocational services;
 - v. Other community-based services; and
 - vi. Food assistance, if applicable.
- f) Utilize the Agency's Treatment Outcome Package (TOP). Follow all Agency TOP instructions including adherence to the timeframes contained therein.
- g) Design SAL programs with varying levels of structure that can be applied as a Child's need for supervision changes (for example, demonstrated by a Child's increased level of responsibility and Self-Sufficiency). The programming design as well as the setting, to the extent feasible, should change as a result, focusing on the Child acquiring and building life skills that allow the Child better access to the community.

1.3.5.2.3 Budgeting

Assist each Child to develop a budget based upon Child's monthly SAL Stipend from the Agency and other income. The Contractor shall:

- a) Assist the Child to open a savings account in the Child's name that is only accessible with a signature from both the Child and the Contractor's staff designee.
- b) Assign a staff member to hold the duties and obligations of a fiduciary to the Child, including ensuring the Contractor and staff member receive no financial benefit from the Child's finances.
- c) If needed, receive the monthly SAL Stipend on the Child's behalf.
- d) Develop a budget with the Child using the budget format and instructions provided by the Agency. In cluster, as a part of the Child's budget plan, the Contractor shall specifically outline how no more than 30% of the Child's monthly stipend is being used by the Contractor for rent and/or living expenses. In scattered, if the Contractor owns the scattered site, no more than 30% of the Child's monthly stipend may go to the Contractor for rent and/or living expenses. If the Contractor does not own the scattered site facility, the Contractor shall not use any of the Child's SAL Stipend. For both cluster and scattered sites, the Agency maintains the right to reject any expenditure that the Agency does not consider rent and/or living expenses.
- e) Assure each Child has access to their SAL Stipend and, if needed, their SAL Start-Up Allowance, for the Child's personal use.
- f) Provide assistance to the Child to help make monthly deposits into the Child's savings account. The amount to be deposited will be specified in Child's budget.

- g) Reconcile and update the budget monthly with each Child.
- h) Maintain monthly documentation regarding the Child's budget and make the documentation available to the Agency and Referral Worker upon request. Maintain a detailed record of all financial transactions including all deposits and withdrawals.
- i) Assist the Child to gain full access to the Child's savings account when the Child exits SAL.

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

Contractors shall maintain a system of individual service documentation and files/records for each Child referred and maintain these notes and files/records in an organized and confidential fashion. See link to current Documents for SAL at:

<https://hhs.iowa.gov/Child-welfare-systems/implementation-information>

Specifically, 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. This Service Plan shall include references to the Positive Youth Development and Motivational Interviewing framework utilized with the Youth.
 - ii. Complete a Service Planning Conference for each Child within five (5) Business Days of a Child's admission and utilize the information gathered at this conference to develop the individualized Service Plan.
 - iii. Make sure the Caseworker is an active participant in the development and directing of the Service Plan.
 - iv. Develop the Service Plan, that is Youth centered with input from the Child, the Referring Worker, the Child's Family, and the Child's permanency team, 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 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 and the Child's parents or guardians, in the timeframe required by the Agency (within fifteen (15) Business Days of the date of admission).
 - viii. 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 send to the Referring Worker in the timeframe required by Agency (ninety (90) days following the date of admission, and every ninety (90) days thereafter throughout the episode of service).
- c) Complete a discharge summary utilizing the Agency's approved discharge summary report form for each Child in the timeframe required by Agency (within ten (10) Business Days of the Child's discharge date).
- d) Make sure supporting documentation for services billing purposes and service provision pursuant to 441 Iowa Admin. Code Ch. §108.10(238); 441 Iowa Admin.

Code Ch. §202.9(238) and according to SAL Required Services supports the provision of Child welfare services. Documentation shall be done, at a minimum, on a weekly basis and include, but not be limited to, the following detail:

- i. Date(s) of each face-to-face and other contact with the Child;
- ii. A summary of each contact including service provision provided and the Child's reaction to service provision;
- iii. A description of ongoing supervision of the Child (including but not limited to guidance, oversight, and behavior monitoring) and the Child's reaction to supervision;
- iv. The Contractor's response in addressing the Child's needs including expectations, assignment, or activities to be accomplished by the next contact.
- v. A summary of the Child's involvement in services and activities to achieve self-sufficiency; and
- vi. Observation of the Child's Supervised Apartment Living situation to ensure 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.

1.3.5.3 One Caseworker Model

The Contractor shall provide one Caseworker for each Child and Child's Positive Support System while the Child is in SAL. 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 person 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. Each Child's Caseworker shall help identify life skill needs and help the Child to receive the necessary training to gain identified life skills. The Caseworker is the key person in the coordination of service to assist the Child in gaining Self-Sufficiency and preparing for adulthood. Any major information, ranging from transfer of service to Clinical results, shall be communicated to the Child and Family through the Caseworker. The Caseworker shall be assigned before and be present at the 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.

1.3.5.4 Individual Child Development and Life Skills

The Contractor shall provide services to assist Child development and life skills learning. SAL Foster Care is provided using evidence informed practices, including a framework of Positive Youth Development. The result is client driven, individualized services for Youth that ensure that basic needs—physical and psychological health, food and shelter, safety, and other needs—are met.

When a Child enters SAL services, the Contractor shall review the life skills section of the Child's Case Permanency Plan if it is available and the Agency's Pre-Placement Screening for SAL Foster Care form for each Child referred to the program to determine how the Contractor's program can best meet the needs of the Child. The Contractor shall:

- a) 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.
- b) 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 CLSA shall be provided to the Child. The Contractor shall follow any instructions in the data entry portal related to the completion of the CLSA.

- c) Provide the results of all CLSA to the Child and to the Referring Worker within ten (10) days of completion.
- d) 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.
- e) Facilitate a Youth Transition Decision Making (YTDM) meeting or Youth Centered Planning Meeting (YCP) 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 90 days prior to the Youth's 18th birthday.
- f) 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.
- g) Facilitate the completion of assessments and individual plans, working with the Referring Worker, and facilitating the Child's connections with their Positive Support System.
- h) Offer each Child the opportunity to learn and practice leadership skills.
- i) Explain house rules with each Child, including identification of natural and programmatic consequences.
- j) Offer the opportunity for adult mentors for every Child, increasing the Child's informal support system when possible. This may include identifying mentors in the Child's relative and kin group.
- k) Involve each Youth in real life skills lessons on campus and in the community (when applicable).
- l) Honor Youth with awards or other recognition to help them experience success. Provide opportunities for them to recognize others, in the program and in the community.
- m) Ensure Children are active participants in identifying other skills, plans, and community connections not captured in the Casey Life Skills Assessment.
- n) Support the creation of a Child-driven, effective life skills component of the Service Plan to help each Child develop skills identified through assessment.
- o) Utilize a Life Skills Training curriculum, per the guidance provided by the Agency, for each Child served and demonstrate effective practices used in their administration of the Child's plan. The Agency shall reserve the right to approve the curriculum provided by the Contractor.
- p) Continually assist the Child in achieving life skills including, but not limited to, budgeting, job searching and interviews, completion of a rental agreement, chores, and household duties, and educational or employment planning. This work also includes facilitating a Child's access to important documents such as a Social Security card, birth certificate, and driver's license or permit, as appropriate.

1.3.5.5 Family and Community Connections

The Contractor shall assist the Child in developing and maintaining relationships with the Child's Family and community. Throughout the provision of care, the Contractor shall actively ensure that the Child stays connected to the Child's kin, culture, spirituality, and community as documented in the Child's Case Permanency Plan/Juvenile Court Services Plan. Community connections are essential to the Child's success while living in a SAL setting and as the Child moves towards Self-Sufficiency and adulthood. 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) Follow the Standards of Family Interaction (see Attachment K) when a Child has a Family Interaction Plan and coordinate the Child's Family Interaction plan with the Service Plan.
- b) Ensure the Family and Community Connection section of each Child's initial Service Plan includes a comprehensive plan for Family and Community Connections that is unique and

- suiting to each Child's needs. Each subsequent Service Plan and Progress Report shall report on the outcomes of this plan.
- c) The Family and Community Connection plan shall include, but not be limited to:
 - i. Identification of the persons (e.g., parents, guardian, other family members, and others in the Child's Positive Support System) with whom the Child will maintain contact during care.
 - ii. The methods the Contractor will use to facilitate meaningful contact (e.g., how face-to-face visits can be achieved, access to phones, use of internet video, or comparable means).
 - iii. The frequency of contacts that will occur with each of the person's identified.
 - d) During development of the plan, visitation limitations imposed by JCS, a Court order, the Agency, or the distance between the Child's SAL placement and the location of the Child's parents or other, shall be considered.
 - e) 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 to facilitate contacts.
 - f) Ensure Child engagement within the community on a regular basis including, but not limited to, school attendance, employment (if appropriate), and participation in Organized Community Activities
 - g) Participate in Solution Focused Meetings or Youth Centered Planning Meetings (YCPM) when invited.
 - h) Support each Child's engagement with the Child's Positive Support System and assist the Child to maintain or secure connections with the Child's Family members and/or other persons important in the Child's life. If the Child lacks a Positive Support System, the Contractor shall work with the Child and Referring Worker to create a Positive Support System by various means, including review of persons that could be or are engaged in the Child's life.
 - i) 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.
 - j) Assist the Child with identifying other positive informal supports. Document in Agency approved format (Discovering Connections Tool, Attachment J). 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.

1.3.5.6 Crisis Intervention and Stabilization

Contractors 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.
- 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 SAL;
 - iii. Submit this plan to the Service Contract Specialist and the Agency's program manager within 30 days of Contract implementation and by July 31st annually for approval; and
 - iv. 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
 - ii. Consider appropriate staffing patterns and competencies, Child trauma, treatment needs, and other elements needed to appropriately de-escalate and manage a Child's behavior.

1.3.5.7 Transition Planning

The Contractor shall initiate Transition Planning when a Child enters SAL and incorporate Transition Planning in the Child's Service Plan to ensure successful Transition to adulthood. The Contractor shall:

- a) Align services with the Agency Transition Planning and Services, as described in HHS employee manual [18-C\(2\), Case Management \(iowa.gov\)](#)
- b) Incorporate Transition Planning, including the Youth Transition Decision Making (YTDM) process utilized by HHS, or the Youth Centered Planning Meeting process utilized by JCS, if applicable, into the Service Plan.
- c) Identify informal support network including family connection plan (SAL discharge plan).
- d) Ensure transportation for each Child including connecting them to resources such as vehicles/bicycles, gas card, bus passes, and other relevant important resources to facilitate transportation to/for Family visits, treatment services, jobs, and school. The Contractor shall ensure that transportation is not a barrier that prevents Child and Family engagement, treatment services, jobs, or school.
- e) Help a Child Transitioning out of SAL to secure all appropriate records such as, but not limited to, birth certificates, Social Security cards, green card/visa, and education records.
- f) Make referrals to help meet a Child's needs after Transition for various support services. These referrals may include, but are not limited to:
 - i. AmeriCorps or other career and education programs;
 - ii. Aftercare;
 - iii. Healthcare services;
 - iv. Vocational Rehabilitation/Disability supports; and
 - v. Other government and private services.
- g) Plan for Clinical and/or other support staff to be in place prior to the Child's exit from the program to ensure continuity of Clinical and support services as the Child exits.

1.3.5.8 Education & Career Planning

Completion of education and planning for post-secondary education or vocation is essential to a Child's success at the time of Transition into adulthood. In addition to life skill development, education and career planning/attainment are areas requiring significant attention from the Contractor. The Contractor shall place great emphasis on school attendance and ensure the Child is attending school and attaining a high school diploma or working toward a high school equivalency diploma. The Contractor shall:

- a) Provide and thoroughly train an Education Specialist who is responsible for coordinating educational needs with a Child's Caseworker to support education activities including, but not limited to:
 - i. School records, with quarterly updates provided to the Service Plan Update/discharge to include transferring/accumulating credits, attendance, and goals
 - ii. Addressing special education recommendations
 - iii. Transportation

- iv. School supplies
 - v. Arrange academic testing
 - vi. Ensure transcripts are complete and core courses are taken
 - vii. Coach and ensure eligible Children to complete ACT, SAT, ASVAB, and secondary education planning; and assist with connection to any other career or education programs (college, technical, military, and career planning)
 - viii. Assist a Child with college planning if the Child desires to attend college. This may include assistance scheduling campus visits, completing college applications, and assistance with financial aid and scholarship applications; and
 - ix. Maintain a working relationship with education points of contact (POC) in Child welfare and in local education districts, in order to ensure Youth served have access to appropriate education. Ensure staff are informed of and active in ESSA policies and practices.
- b) Develop an education and career-planning component of the Child's Service Plan.
 - c) Arrange for and ensure each school-aged Child attends an educational or vocational program in accordance with all applicable State, federal, and local laws.
 - d) Confirm that the Child attends post-secondary education on a full-time basis (based upon the educational institution's definition of full-time) if the Child has obtained their high school diploma or high school equivalency, and they choose to pursue post-secondary education rather than employment.
 - e) Confirm that the Child is employed at least an average of 80 hours per month or participating in a work training program leading to said employment if a Child is no longer attending school.
 - f) Permit a Child to work part-time, as long as the Child is able to do so without compromising the Child's education.
 - g) Prevent a Child that is attending school from having to work in order to meet their maintenance needs based upon the Child's budget, services, and supports.
 - h) Monitor and address educational progress and needs.
 - i) Provide access to supplemental educational support such as tutoring and school-based conferences as needed.
 - j) Explore alternatives to learning, like online courses and other options that might be available. The Contractor may use on-line curriculums and reporting to ensure school progress.
 - k) Assist in facilitating transportation as necessary to attend school, secure and maintain employment, or to participate in other activities.
 - l) Coordinate or provide transportation each school day to each Child to enable attendance at their school of origin (which is the school they attended prior to the Placement) unless the following conditions exist:
 - i. School is more than 45 miles from facility; or
 - ii. School is not in the Child's academic, emotional, or social best interest. For example, if a Child has special needs or diagnoses that would limit travel.
 - m) Provide Youth aging out of care their school records, including transcripts and diplomas, or the means to obtain those records, at time of discharge.

1.3.5.9 Physical Health

Children may or may not have received needed health and medical services prior to entry into SAL. In order to follow the Agency's goal of providing for a Child's well-being, the Contractor is responsible for ensuring the Child receives necessary medical services. The Contractor shall also teach the Child to begin assuming responsibility for managing their own physical health so that at Transition the Child is able to schedule and attend medical appointments and manage any prescribed medications. The Contractor shall:

- a) Arrange for the Child to receive necessary medical, dental, and vision care.
- b) Confirm that the current Service Plan provides for appropriate and sufficient services and supports to meet the individual needs of a Child.

- c) 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.
- d) At intake, 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 scheduled 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.
- e) Arrange for 24-hour emergency medical and dental health care.
- f) Coordinate appropriate medical care appointments, treatment needs, and medication management for all Children.
- g) Communicate emerging and relevant medical issues to the Referring Worker.
- h) Coordinate with prevention or service-based organization to 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.

1.3.5.10 Mental and Behavioral Health and Clinical Supports

Each Child's mental and behavioral health needs are a key component of a Child's safety and well-being goals. As Self-Sufficiency is key for each Child in SAL, the Contractor shall assist the Child in gaining the skills necessary to manage the Child's mental health needs including how to schedule and attend mental health appointments and how to manage mental health medications. The Contractor shall:

- a) Coordinate or provide mental, behavioral, and Clinical supports and arrange for required mental and behavioral health appointments, including coordinating for any necessary consent with the Agency or JCS as needed.
- b) Assess and communicate concerns pertaining to mental and behavioral health to the Referring Worker.
- c) Follow any treatment instructions developed by the Child's mental and/or behavioral health providers.
- d) Incorporate and 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.
- e) Be aware of mental health needs and ensure mental health assessments are referred to an appropriate practitioner, as needed. This includes ensuring the medical intake screening is completed as it affects dosage, medication type, and other mental health needs.
- f) Coordinate treatment with Integrated Health Homes.
- g) At intake, communicate with the Child's Referring Worker regarding the need for substance abuse evaluation and, if necessary, coordinate with a substance abuse professional and the Child's Family. Further, if behaviors emerge during the Placement indicating a need for substance abuse evaluation, coordinate with a substance abuse professional.
- h) 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
- i) Teach a Child how to self-manage medication and how to identify (and report as needed) possible side effects.

- j) Provide relevant medical history to mental and behavioral health providers and ensure new information is maintained in the Contractor's file for the Child and shared with the Referring Worker.
- k) Provide relevant information to Youth aging out of care at time of discharge.
- l) Develop training and competencies for staff to complete these mental and behavioral health duties and ensure staff have received these trainings and competencies.

1.3.5.11 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 and submit to the Agency for review and approval within 30 days after the Contract's start date.
- b) Incorporate any changes 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 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, Child Welfare Model of Practice, JCS's Model of Practice, and Family-Centered Model of Practice;
 - ii. Life Skills;
 - iii. Crisis Interventions and Stabilizations including Trauma-Informed Care, de-escalation techniques, and policies and procedures regarding Critical Incidents;
 - iv. Mandt or comparable training for appropriate physical restraints to ensure safety;
 - v. Mental and Behavioral Health support, as appropriate to the staff person's role;
 - vi. Culturally and Linguistically Appropriate Service Standards (CLASS);
 - vii. Domestic Violence prevention and support;
 - viii. Human trafficking identification, intervention, and prevention; and
 - ix. Transition Planning, including the Life Skills Assessment tool.
- g) Incorporate the use of training information provided on the Agency's "Transitioning to Adulthood" web page at: <https://hhs.iowa.gov/transitioning-to-adulthood>
- h) Provide annual training plan update 30 days after the annual renewal.

1.3.5.12 Contractor Reports and Data

The Contractor shall provide the Agency with data, reports, and information to determine areas of strength and areas to improve in all aspects of SAL. 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 SAL services. Reports shall also continually and proactively inform and improve SAL service delivery. See "Annual Innovation and Improvement Report: 470-5654 under "Documents for SAL" 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 SAL services 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. The 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 SAL Contractors standardized report templates or procedures prior to the implementation of Contracts.

1.3.5.12.1 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 Contractor shall follow its operating procedures regarding developments, and they shall be reported to the Referring Worker and parents or guardian immediately after an elopement is confirmed.

1.3.5.12.2 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. 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 to capture in real time a roster of Children in care, by name, date of birth, and other data required by the Care Match system.

1.3.5.12.3 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 SAL; 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.

1.3.5.12.4 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 SAL. These reports shall include information on how the Contractor has incorporated Positive Youth Development and Motivational Interviewing into SAL service-provision. 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.

1.3.5.12.5 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.

1.3.5.13 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 Bureau of Contract Support's identified personnel 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.

1.3.5.14 Staffing

The Contractor shall meet all staff qualifications as defined in 441 Iowa Admin. Code 441 Ch. 108. 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 continually reinforce at all times, the Agency's Model of Practice, JCS's Model of Practice, EPICS-I, and Guiding Principles.
- c) Take all steps necessary to ensure implementation of the One Caseworker Model.
- d) Ensure Contractor staffing ratios are adjusted to meet the population considerations of the Children.
- e) Ensure each staff member serving the Caseworker role shall serve no more than fifteen (15) Children at one time and shall have limited other duties.
- f) Have staff fully dedicated to the contract – full time supervisors, Caseworkers, and other staff.
- g) Implement policies to encourage staff retention.
- h) Train staff to develop Cultural Competency skills.
- i) Provide Clinical supervisory support.
- j) Staff working directly with SAL Youth shall be trained and certified in Motivational Interviewing or working towards training and certification.

1.3.5.14.1 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.

1.3.5.14.2 Caseworker Supervisors

The Contractor shall employ supervisors who oversee the work of Caseworkers as well as coordinate SAL services. The Caseworker Supervisor shall be trained and certified in Motivational Interviewing or working towards training and certification. A supervisor shall have a bachelor's degree that meets the requirements in 441 Iowa Administrative Code rule 108.4(3). The experience shall be in the area of Child welfare services.

1.3.5.14.3 Caseworkers

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

Caseworker shall be trained and certified in Motivational Interviewing or working towards training and certification.

- a) Caseworkers shall meet the education requirements in 441 Iowa Admin Code rule 108.4(3).
- b) Caseworkers shall serve no more than fifteen (15) Children at one time and shall have limited other duties.

1.3.5.14.4 Education Specialist

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

- a) Special education and other education or school behavior plans;
- b) Transportation to and from school;
- c) Acquisition of school supplies for Children;
- d) Retention in Children's school of origin unless not in best interest of a Child;
- e) Arrangement of relevant academic testing;
- f) College, Technical, Military, and career planning;
- g) Completion of high school diploma or High-School Equivalency; and
- h) Completion of transcripts and needed core classes.

1.3.5.15 Reserved

1.3.5.16 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 SAL services and outcomes.

The performance measures and targets included are the performance expectations and shall be measured and earned separately by Contract.

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

Determination of whether a Contractor has met a performance measure will be made at the sole discretion of the Agency. The Agency may re-evaluate performance measures at the end of the initial two-year contract period.

The following 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.

1.3.5.16.1 Performance Measure 1 – Stability

In accordance with the Agency's stability and Permanency goals and recognizing the importance of a Child's completion of education and acquisition of life skills prior to aging out of Child welfare programming, the Contractor shall promote Children's retention in SAL Placement. A Child shall not experience an unplanned discharge from SAL services during Placement and the Contractor shall support a Child to remain in SAL to age 18, or older as permitted by law and regulations, or discharge to their Family, a Family-Like Setting, or Positive Support System Placement.

Gold Standard (payment of an additional 5.0% of the measurement period invoiced amount) - Greater than or equal to 70% of Children Transitioning out of SAL in a six-month measurement period are Transitioning at age 18, or older as permitted by law and regulations, or discharging to their Family, a Family-Like Setting, or Positive Support System Placement. This will be calculated for each six-month measurement period.

Silver Standard (payment of an additional 2.5% of the measurement period invoiced amount) - Greater than or equal to 60% and less than 70% of Children Transitioning out of SAL in a six-month measurement period are Transitioning at age 18, or older as permitted by law and regulations or discharging to their Family, a Family-Like Setting, or Positive Support System Placement. This will be calculated for each six-month measurement period.

1.3.5.16.2 Performance Measure 2 – Aftercare Engagement

The Contractor shall continue to communicate with the Child after Transition by encouraging the Child's participation in Aftercare. When eligible, each Child is expected to participate in Aftercare and the Contractor's responsibility is to advocate for the Child's participation in Aftercare to promote the Child's success in early adulthood. If a Youth transitions from SAL to Aftercare and continues to engage for 3 months, Contractor will receive payment of \$100.00.

1.3.5.16.3 Performance Measure 3 – Life Skills Attainment

In accordance with the Agency's well-being goals and recognizing the importance of a Child's completion of education and acquisition of life skills prior to aging out of Child welfare programming, the Contractor shall promote Children's life skills attainment. The Contractor shall track Children's performance on their pre-Placement and discharge Casey Life Skills Assessments to obtain a measurement of Children's acquisition of life skills during their stay in SAL. Contractors shall report using the Agency's online reporting system.

For each Youth discharged in the measurement period that has shown improvement in their Casey Life Skills Assessment from pre-Placement to discharge from SAL, the Contractor will receive payment of \$100.00. This will be calculated for each six-month measurement period.

1.3.5.16.4 Performance Measure 4 – Increase in Positive Informal Supports (no payment incentive)

In accordance with the Agency's well-being goals and recognizing the importance of a Child's positive informal support network prior to aging out of Child welfare programming, the Contractor shall promote Children's increased positive informal supports. The Contractor shall track Children's performance on the Agency approved Discovery Tool (Attachment J) monthly. The Child's Discovery Tool upon entry into the SAL program and their Discovery Tool on their last month in SAL will be reviewed to obtain a measurement of Children's acquisition of positive informal supports during their stay in SAL. Contractors shall report using the Agency's online reporting system.

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 HHS and JCS Leadership, Contractors across Child welfare core contracts, and other HHS 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 1.3.5.14 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

The Agency anticipates that to the greatest extent possible there will be a continuation of the existing services from the time the Successful Contractor(s) are awarded for RFP AFCS-24-001-until the beginning of the new Contract, expected to start on July 1, 2023. 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; and
- 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. Contractors will be contracted for a specified number of Guaranteed Payment Beds for Cluster Sites and/or Scattered Sites determined by the Agency as outlined in Attachment A. Within each State fiscal year, the Agency will pay the Contractor as follows:

Cluster Sites: The Contractor shall receive a guaranteed per diem payment per Cluster Site bed determined by the Agency. The fixed rate will be paid based on the total number of Cluster Site Guaranteed Payment Beds under Contract, regardless of whether they are occupied. The per diem fixed rate for Cluster Site Guaranteed Payment Bed shall be \$170.00.

Scattered Sites: The Contractor shall receive guaranteed per diem payment per Scattered Site determined by the Agency. The fixed rate will be paid based on the total number of Scattered Sites under Contract, regardless of whether they are occupied. The per diem fixed rate for Scattered Sites shall be \$35.00.

Contractors shall submit monthly Invoices reflecting actual utilization of Cluster Site beds and/or Scattered Sites. The Agency will pay the Contractor on a monthly basis. Monthly payments will be made based only on actual bed day utilization. Note that no payments will be made for the day in which a Child is discharged from the bed. Movement of a Child from a cluster Guaranteed Payment Bed to a scattered Non-Guaranteed Payment Bed (or vice versa) is not considered a discharge.

Payment for the Cluster Site Beds and Scattered Sites included in the Contract will be reconciled at the end of each quarter.

At the end of each payment quarter, if the total actual utilization paid or Invoiced is less than the total Guaranteed payment for that quarter, the Contractor shall submit an approved, completed Invoice to the Service Contract Specialist for the balance due up to the guaranteed payment amount that quarter. If the total actual utilization paid or Invoiced is equal to the total guaranteed payment for that quarter, the

guaranteed payment will have been met and no additional payment will be made. The Service Contract Specialist will verify the totals submitted and approve final payment.

The Service Contract Specialist will verify the totals submitted and approve final payment.

Payment will be contingent on the Agency's timely receipt of service reports detailing expenses, services provided, and the number of Children served. The Contractor shall submit an Invoice with the maintenance and service portions of the payments separated. 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 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. Performance measure incentive payments will be made semi-annually 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 1.3.5.16

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.

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	\$2 Million
	Product/Completed Operations Aggregate	\$1 Million
	Personal Injury	\$1 Million
	Each Occurrence	\$1 Million
Excess Liability, Umbrella Form	Each Occurrence	\$1 Million
	Aggregate	\$1 Million
Workers' Compensation and Employer Liability	As required by Iowa law	As Required by Iowa law
Property Damage	Each Occurrence	\$1 Million
	Aggregate	\$1 Million
Professional Liability	Each Occurrence	\$2 Million
	Aggregate	\$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 I– Positive Youth Development (PYD)

Attachment J– Motivational Interviewing

Attachment K – HHS Child Welfare Model of Practice

Attachment L – Discovering Connections

Attachment A
Beds Allocations & Coverage Area

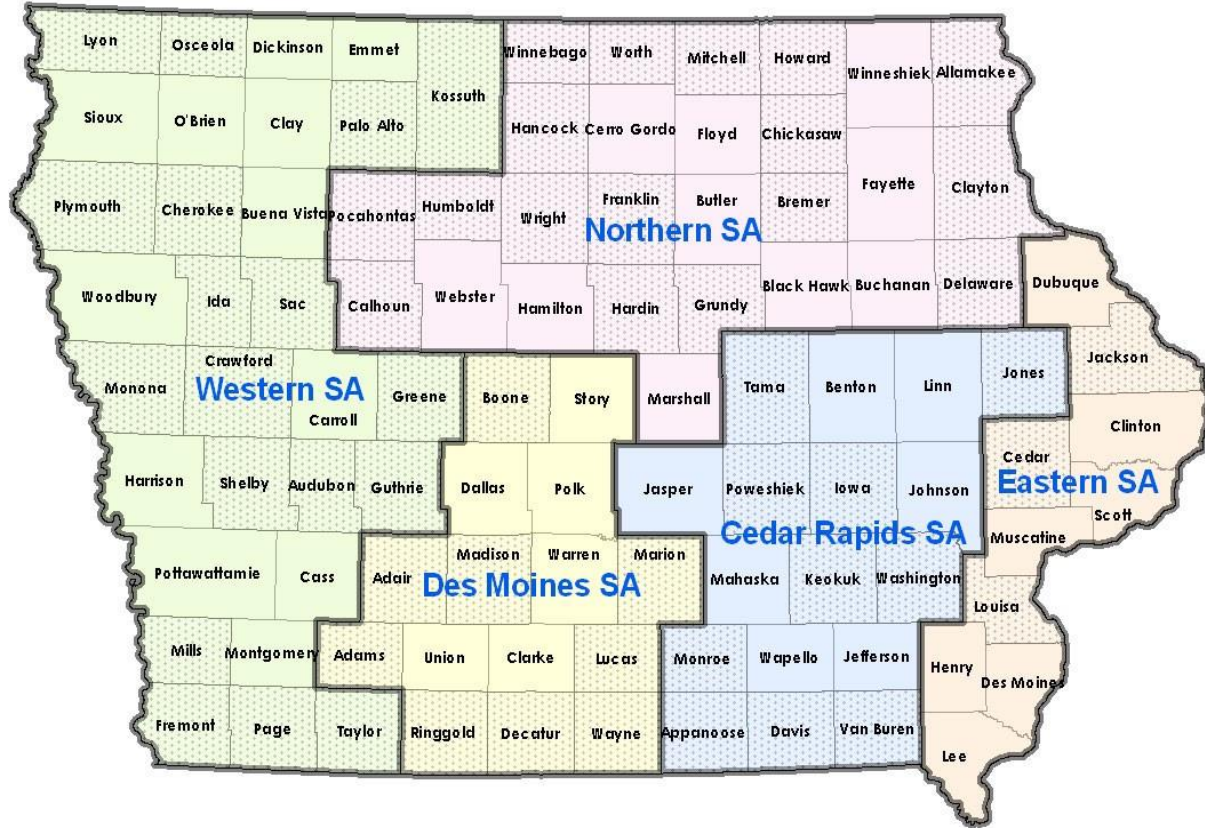
Attachment B
Service Map

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 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



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 4th St, 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

Attachment C





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.
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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.

09/2022

- 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
- Rehabilitate or habilitate the 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 approach 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 I
Positive Youth Development (PYD)

Link to Positive Youth Development (PYD) resources:

<https://youth.gov/youth-topics/positive-youth-development>

Attachment J Motivational Interviewing

Understanding Motivational Interviewing

Summary

Motivational Interviewing (MI) is often recommended as an evidence-based approach to behavior change. However, definitions of MI vary widely, including out of date and inaccurate understandings. This document provides a brief summary of what MI is, what is isn't and where to go next if you are interested in learning more about this approach.

What is Motivational Interviewing?

“MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.” (Miller & Rollnick, 2013, p. 29)

The most current version of MI is described in detail in Miller and Rollnick (2013) *Motivational Interviewing: Helping people to change* (3rd edition). Key qualities include:

- MI is a **guiding** style of communication, that sits between **following** (good listening) and **directing** (giving information and advice).
- MI is designed to **empower** people to change by drawing out their own meaning, importance and capacity for change.
- MI is based on a **respectful** and **curious** way of being with people that facilitates the natural process of change and honors client autonomy.

It is important to note that MI requires the clinician to engage with the client as an equal partner and refrain from unsolicited advice, confronting, instructing, directing, or warning. It is not a way to “get people to change” or a set of techniques to impose on the conversation. MI takes time, practice and requires self-awareness and discipline from the clinician. (Miller & Rollnick, 2009)

While the principles and skills of MI are useful in a wide range of conversations, MI is particularly useful to help people examine their situation and options when any of the following are present:

- **Ambivalence is high** and people are stuck in mixed feelings about change
- **Confidence is low** and people doubt their abilities to change
- **Desire is low** and people are uncertain about whether they want to make a change
- **Importance is low** and the benefits of change and disadvantages of the current situation are unclear.

Core elements of Motivational Interviewing

- MI is practiced with an underlying **spirit** or way of being with people:
 - **Partnership.** MI is a collaborative process. The MI practitioner is an expert in helping people change; people are the experts of their own lives.
 - **Evocation.** People have within themselves resources and skills needed for change. MI draws out the person's priorities, values, and wisdom to explore reasons for change and support success.
 - **Acceptance.** The MI practitioner takes a nonjudgmental stance, seeks to understand the person's perspectives and experiences, expresses empathy, highlights strengths, and respects a person's right to make informed choices about changing or not changing.
 - **Compassion.** The MI practitioner actively promotes and prioritizes clients' welfare and wellbeing in a selfless manner.

- MI has **core skills** of OARS, attending to the language of change and the artful exchange of information:
 - **Open questions** draw out and explore the person's experiences, perspectives, and ideas. Evocative questions guide the client to reflect on how change may be meaningful or possible. Information is often offered within a structure of open questions (Elicit-ProvideElicit) that first explores what the person already knows, then seeks permission to offer what the practitioner knows and then explores the person's response.
 - **Affirmation** of strengths, efforts, and past successes help to build the person's hope and confidence in their ability to change.
 - **Reflections** are based on careful listening and trying to understand what the person is saying, by repeating, rephrasing or offering a deeper guess about what the person is trying to communicate. This is a foundational skill of MI and how we express empathy.
 - **Summarizing** ensures shared understanding and reinforces key points made by the client.
 - **Attending to the language of change** identifies what is being said against change (sustain talk) and in favor of change (change talk) and, where appropriate, encouraging a movement away from sustain talk toward change talk.
 - **Exchange of information** respects that both the clinician and client have expertise. Sharing information is considered a two way street and needs to be responsive to what the client is saying.

- MI has four fundamental **processes**. These processes describe the "flow" of the conversation although we may move back and forth among processes as needed:
 - **Engaging:** This is the foundation of MI. The goal is to establish a productive working relationship through careful listening to understand and accurately reflect the person's experience and perspective while affirming strengths and supporting autonomy.
 - **Focusing:** In this process an agenda is negotiated that draws on both the client and practitioner expertise to agree on a shared purpose, which gives the clinician permission to move into a directional conversation about change.
 - **Evoking:** In this process the clinician gently explores and helps the person to build their own "why" of change through eliciting the client's ideas and motivations. Ambivalence is normalized, explored without judgement and, as a result, may be resolved. This process requires skillful attention to the person's talk about change.
 - **Planning:** Planning explores the "how" of change where the MI practitioner supports the person to consolidate commitment to change and develop a plan based on the person's own insights and expertise. This process is optional and may not be required, but if it is the timing and readiness of the client for planning is important.

MI is framed as a method of communication rather than an intervention, sometimes used on its own or combined with other treatment approaches. There are a number of benefits of learning MI amongst other approaches to helping conversations:

- MI has been applied across a broad range of settings (e.g. health, corrections, human services, education), populations (e.g. age, ethnicity, religion, sexuality and gender identities), languages, treatment format (e.g. individual, group, telemedicine) and presenting concerns (e.g. health, fitness, nutrition, risky sex, treatment adherence, medication adherence, substance use, mental health, illegal behaviors, gambling, parenting).
- MI compares well to other evidence-based approaches in formal research studies.
- MI is compatible with the values of many disciplines and evidence-based approaches.
- Although the full framework is a complex skill set that require time and practice, the principles of MI have intuitive or “common sense” appeal and core elements of MI can be readily applied in practice as the clinician learns the approach.
- MI has observable practice behaviors that allow clinicians to receive clear and objective feedback from a trainer, consultant or supervisor.

Further questions

- What are some ways MI could be helpful in your work?
- What are some reasons you might want to learn more about MI?
- What might be a next step or two? If you are interested in learning more about MI, you might consider reading the next document in the series: Learning Motivational Interviewing or the core text by Miller and Rollnick (2013).

References

- Miller, W.R. & T.B. Moyers (2017) Motivational Interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology*, 85(8), 757-766
- Miller, W.R. & Rollnick, S. (2013) *Motivational Interviewing: Helping people to change* (3rd Edition). Guilford Press.
- Miller & Rollnick (2017) Ten things MI is not Miller, W.R. & Rollnick, S. (2009) Ten things that MI is not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140.

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 PRACTICE¹

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.

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.

During the child abuse assessment, the social worker also 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

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?



My Connections

My Name _____ Age _____
Date _____

Name	Relationship	Contact Information