

CONTRACT DECLARATIONS AND EXECUTION

Procurement Type/Number	Contract #
Contract #ACFS 24-002	FWBP-CPS-24-002

Title of Contract
Recruitment, Retention, Training, and Support (RRTS)

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: Stacy Anthony 1240 26th Ave CT SW Cedar Rapids, IA 52404 Phone: (515) 310-1862 E-Mail: santhon@dhs.state.ia.us
Agency Contract Manager (hereafter "Contract Manager") /Address ("Notice Address"): Nancy Swanson 1305 E Walnut Des Moines, IA 50319-0114 Phone: 515-281-6379 E-Mail: nswanso@dhs.state.ia.us	Agency Contract Owner (hereafter "Contract Owner") / Address: Janee Harvey 1305 E Walnut Des Moines, IA 50319-0114 E-Mail: Jharvey1@dhs.state.ia.us

Contractor: (hereafter "Contractor")	
Legal Name: Four Oaks Family and Children's Services	Contractor's Principal Address: 5400 Kirkwood Blvd, SW Cedar Rapids, IA 52404
Tax ID #: 420998726	Organized under the laws of: Iowa
Contractor's Contract Manager Name/Address ("Notice Address"): Jennifer Royer 5400 Kirkwood Blvd, SW Cedar Rapids, IA 52404 Phone: (319) 784-2361 E-Mail: jroyer@fouroaks.org	Contractor's Billing Contact Name/Address: Steve Schuring 5400 Kirkwood Blvd SW Cedar Rapids, IA 52404 Phone: (319) 364-0259 E-Mail: sschuring@fouroaks.org



Notice of Future Address Change: It is anticipated the main offices of the Department of Health and Human Services will be moving to the Lucas State Office Building at 321 E. 12th Street, in Des Moines, Iowa, within the next year. The Agency will share the date of this change of address with contractors at a later date.

Contract Information	
Start Date: 07/01/23	End Date of Base Term of Contract: 06/30/25
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: No	ISPO Number: ISPO-24-04
Contract Include Sharing SSA Data? No	DoIT Number: N/A

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, Four Oaks Family and Children's Services	Agency, Iowa Department of Human Services
Signature of Authorized Representative: 	Signature of Authorized Representative:  <small>Kelly Garcia (Mar 21, 2023 22:06 CDT)</small>
Printed Name: Mary Beth O'Neill	Printed Name: Kelly Garcia
Title: President/CEO	Title: Director
Date: 3/17/2023	Date: Mar 21, 2023

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 3.4, 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.

[Per Iowa Code § 8F.3(2), certification shall be signed by: 1) An officer AND director; OR 2) Two directors; OR 3) The sole proprietor of the Contractor, whichever is applicable]

Contractor, by:	Contractor, by:
Signature of Authorized Representative: 	Signature of Authorized Representative: 
Printed Name: Mary Beth O'Neill	Printed Name: Lydia L. Brown
Title: President & CEO	Title: Board Chairperson
Date: 3/20/2023	Date: 3/20/23

SECTION 1: SPECIAL TERMS

1.1 Special Terms Definitions.

Definitions in this section correspond with capitalized terms in the Contract

“Accepted Placement Match” means that a family found and recommended by the Contractor upon a referral from the Agency or Juvenile Court Services is considered to be “accepted” if the Agency or Juvenile Court Services agrees to place the Child with the recommended family.

“Administrative Costs” means costs that may include, but are not limited to, such categories as: salary and fringe benefits for administrators and support staff; rent and lease payments; 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. Excluded are mileage reimbursement and costs related to background checks.

“Adoption Respite” means an interval of temporary rest from parenting for Adoptive Families.

“Adoptive Family(ies)” means an approved person or persons who have a Child placed in their home who is legally adopted and entitled to the same benefits as a Child born into the family.

“Agency” means the Iowa Department of Health and Human Services (HHS).

“Available for Matching” means a licensed foster family who is not licensed for a specific child, who is not only providing respite, who has not been on hold continuously for the previous six months, and who has accepted a child in the previous calendar year.

“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.

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

“Caseworker” means the Contractor staff depending on their specialized role that completes Foster Care or Adoptive Family home studies, guides Resource Families through licensing and approval, participates in the matching process to help make the best match possible, identifies additional family training needs, ensures completion of training, and supports the Family from initial assessment and throughout the Placement of a Child in the home.

“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” means the process and procedures used by the federal agency of Health and Human Services to monitor and evaluate each state Child Welfare agency in order to promote achievement of safety, Permanency, and well-being for Children that come to the attention of the Child Welfare system and improve the quality of state Child Welfare services.

“Child Care Institution” means a private childcare institution, or a public child care institution which accommodates no more than twenty-five Children and is licensed by the licensing authority responsible for licensing or approval of institutions of this type as meeting the standards established for such licensing. This definition must not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of Children who are determined to be delinquent.

“Child-Placing Agency” means an agency organized within the state of Iowa for the purpose of

receiving Children for Placement, supervision, or both in private family homes for Foster Care; or for adoption; or the Placement, supervision, or both of Children who are sixteen (16) years of age and older living in approved supervised apartment living Placements.

“Clinically-Trained Staff” means a person with a master’s (or other advanced) degree in social work, psychology, or a related behavioral science and who are licensed in the state of Iowa to practice in their respective field. This may include, but is not limited to, a licensed medical doctor or licensed Doctor of Osteopathic Medicine, licensed independent social workers, licensed advanced registered nurse practitioners, licensed psychologists, licensed marriage and family therapists, and licensed mental health counselors.

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

“Concurrent Planning” means the integrated practice of working towards reunification, while simultaneously planning for adoption or guardianship should reunification not succeed. When reunification is no longer an option, Resource Families play a critical role in providing Permanency through adoption or actively assisting the Child and another family in the transition towards adoption or guardianship.

“Contract Manager” means the Agency staff assigned to policy and protocol development, implementation, and interpretation as it relates to the Contract.

“Contract Owner” means the Agency administrative official who has the authority to make decisions related to the Contract on behalf of the Agency.

“Contractor” means the organization that has executed a Contract with the Agency to provide recruitment, retention, Resource Family licensing and Adoptive Family approvals, support to Resource Family(ies), Post-Adoptive Family(ies) and Subsidized Guardianship families, training, and to match Children in need of care to Resource Families. This term refers to the organization that is named as the responsible party in the Contract and whose authorized representative has signed the Contract.

“Corrective Action Plan” means a written agreement between a Resource Family and the Agency to address non-compliance with licensing rules by specifying the conditions that must be corrected and the time frame for completion.

“Crisis Intervention, Stabilization, and Reunification (CISR) Services” means the Contract that previously included discrete separate contracts for Foster Group Care Services (FGCS), Child Welfare Emergency Services (CWES), and Supervised Apartment Living (SAL).

“Critical Incident” means a situation involving a Child that results in one of the following:

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

“Cultural Competence/Responsiveness” 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.

“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.

“Disproportionate Representation” means that a particular racial or ethnic group has a higher, or lower, incidence or percentage of involvement in the various levels of the Child Welfare system in a defined area than the racial or ethnic group’s percentage of the total population in the defined area.

“Emergency Foster Care” means a Foster Care placement in which the timeframe of placement does not exceed 48 hours.

“Family Interaction” means maintaining relationships with siblings, parents, family, and other individuals and to reduce the sense of abandonment and loss which Children experience at Placement.

“Family Centered Services” or “FCS” means the primary Agency purchased interventions, services, and supports to strengthen and preserve connections between Children and their Family.

“Fictive Kin” means an adult person who is not a Relative of a Child but who has an emotionally significant relationship with the Child or the Child’s family.

“Foster care” means the provision of parental nurturing, including but not limited to the furnishing of food, lodging, training, education, supervision, treatment, or other care, to a Child on a full-time basis by a person, including a Relative or Fictive Kin of the Child, and where the Child is under the Placement, care, or supervision of the department, Juvenile Court Services or tribes with whom the department entered into agreements, pursuant to court order, or according to voluntary placement, but not including a guardian of the Child.

“Family Foster Care” means the 24-hour care and supervision of a Child provided by a licensed foster family. Care includes the provision of food, lodging, clothing, shelter, support, ordinary transportation, recreation, and training which is appropriate for the Child’s age and intellectual and physical capacity. It also includes working with the Child’s birth parents, contributing to the creation and updating of the Child’s life book and personal history, and assisting the Child in maintaining cultural and ethnic connections.

“Foster Family(ies)” means licensed substitute care furnished on a 24-hour a day basis to an eligible Child, in a licensed foster home by a person other than the Child’s parent or guardian. Licensed Family Foster Care shall include, but is not limited to, the provision of food, lodging, training, education, supervision, and health care.

“Foster Family Home” means a home in which an individual person or persons or married couple wishes to provide or is providing, for a period exceeding 24 consecutive hours, board, room, and care for a Child in a single-family living unit.

“Foster Family Respite Care” means an interval of temporary rest from parenting for Foster Families.

“Foster Group Care Services” means the provision of Foster Care provided in facilities licensed as either a community or comprehensive residential facility. A community residential facility provides care for Children who are considered unable to live in a family situation due to social, emotional, or physical disabilities but are capable of interacting in a community environment with a minimum amount of supervision. A comprehensive residential facility provides care and treatment for Children who are unable to live in a family situation due to social, emotional, or physical disabilities and who require varying degrees of supervision as indicated in the individual treatment plan.

“General Recruitment” means strategic recruitment activities designed to attract prospective Resource Family(ies) who can provide stable, safe, and nurturing homes to Children in Foster and/or adoptive care. The focus is on drawing in a wide variety of families who have an interest in and capacity for fostering and/or adopting.

“Interstate Compact on the Placement of Children” or “ICPC” means a uniform law that has been enacted in all 50 states, the District of Columbia, and the U.S. Virgin Islands. The ICPC establishes a Contract among the states and jurisdictions that ensures orderly procedures for the interstate Placement and post Placement supervision of Children and fixes responsibilities for those involved in placing the Child.

“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.

“Kinship Care” means the care of a Child by a Relative or suitable person, providing full-time nurturing and protection of Children by Relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship or family-like bond with the Child (often referred to as “Fictive Kin”).

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

“Packet(s)” means the collection of items and forms that the Contractor submits to the Agency upon the completion of initial or renewal foster home licensing and adoption approval activities. A Packet is complete when all required items and forms are included in the Packet that the Contractor submits to the Agency.

“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 Foster Care resides.

“Post-Adoption Services” means services provided to families who have adopted a Child or Children who are eligible for the Agency’s adoption subsidy program.

“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”.

“Pre-Adoptive Family” means an approved person or persons who have a Child under the guardianship of the Agency placed for adoption in their home, but the adoption has not been finalized.

“Quality Assurance” means the procedures established and activities undertaken by Contractors to ensure that these services are delivered in accordance with requirements established by the Recruitment, Retention, Training, and Support Contract.

“Relative” means an individual related to a Child within the fourth degree of consanguinity of affinity, by marriage, or through adoption. Relative includes the parent of a sibling of the Child if the sibling’s parent’s parental rights were not previously terminated in relation to the Child.

“Relative Home Study” means the written report that must be completed when the Agency is exploring the Child’s Placement with a non-custodial parent or another relative of the identified Child. The format for the Home Study is the Relative Home Study Format, RC-0078.

“Resource Family(ies)” means, for the purposes of this Contract, encompasses all individuals who are licensed to provide Foster Family care, are approved to adopt, or are dually licensed and approved.

“Resource Family Home Study” means the initial written report and the annual update containing documentation of the family’s compliance with Iowa Administrative Code 441- Chapter 113, Licensing and Regulation of Foster Family Homes and/or Iowa Administrative Code 441-Chapter 200, Adoption Services. The written report contains an assessment of the family’s ability to provide Foster Care or adoption and a licensing or approval recommendation.

“Service Area” means the grouping of the 99 counties in the State into defined geographic areas for improved, localized administration of programs. See the Service Area map in Attachment A.

“Service Area Recruitment Plan” means the strategic plan for increasing a Service Area’s pool of Foster and Adoptive Families that can meet the needs of Children entering or in need of Placement.

“Service Contract Specialist” means the Agency Worker assigned to provide review and oversight of a Contractor for an Agency Contract.

“Solution Focused Meeting” or “SFM” means a gathering of Family members, friends, formal and informal supports, with the assistance of the 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 SBC milestone the family is in at the time. SBC engagement and relapse prevention strategies will be utilized in the facilitation of the meeting.

“Specialized Caseworker Model” means the integrated approach to Foster Family licensing/Adoptive Family approval, training, matching, support, and developing families who are licensed Foster Families or dually licensed and approved to adopt by utilizing the four categories of work outlined by the Agency.

“Specific-Child Recruitment (Adoption)” means strategic outreach activities designed to attract prospective or currently licensed/approved Resource Families that can meet the needs of the specific Child in need of adoptive Placement.

“Stability” means the extent to which the Child’s current Placement is determined to be free from the risk of an unplanned disruption, or a move not directly related to the achievement of the Child’s Permanency goal, in the foreseeable future.

“Subsidized Guardianship” means providing financial assistance to caregivers who agree to be the legal guardian for a youth who is in Family Foster Care, under Iowa Code Chapter 232. Guardianship is a safe alternative to adoption, providing permanency for the Youth without requiring formal termination of parental rights.

“Targeted Recruitment” means strategic recruitment activities designed to attract prospective or currently licensed Resource Families who can provide stable, safe, and nurturing homes to Children in need of Foster and/or adoptive care. Targeted Recruitment is built from an analysis of the demographics and characteristics of the Children in Placement, and an analysis of the demographics and characteristics of families in a particular region.

“Youth Centered Meeting (YCM)” means a transition-planning meeting held for Youth age 14 or older who are in out-of-home Placement. The purpose of the meeting is to assist the Youth in the development of a plan that provides a smooth transition from out-of-home care into the community. The meeting is Youth-driven, where Youth have a voice in identifying team members, personalized goals, and the supports/resources needed for them to be successful.

“Youth Centered Planning Meeting (YCPM)” means the JCS model for a formal transition/reentry planning meeting that is Youth driven and co-led by the Youth and a JCS approved YCPM facilitator. The meeting model and its components, which address eight transition domains, has been developed specifically to address the needs of Youth ages 14-18 involved in the juvenile justice system.

“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.

1.2 Contract Purpose.

The parties have entered into this Contract for resource Family recruitment, retention, Training, and Support (RRTS) services. The Agency is seeking to develop a comprehensive, connected approach to recruiting, retaining, training, and supporting Resource Families. Additionally, these services shall be provided in a geographically specific way to begin moving Children back to their communities of origin to preserve connections of Youth to their families, home communities, schools, and community-based supports as well as achieve better outcomes for Resource Families. Through this Contract, the Contractor shall provide the following services statewide as defined in the Scope of Work:

1. Provide services to recruit and retain Resource Families that are available to be successfully matched with Children who need out-of-home care with a licensed Foster Family or an approved Adoptive Family, including support throughout the Foster Family licensing, re-licensing, adoption approval process, post Subsidized Guardianship and adoption processes.
2. Coordinate with and recruit non-licensed caregivers including Relatives to become licensed Foster Families. (1.3.4.2 and 1.3.4.)
3. Provide training required for Foster Families to receive and maintain their foster home license, and trainings for adoptive parents, Kin, and Fictive Kin caregivers. (1.3.6.2 and 1.3.6.3)
4. Match Children who are placed into care with a Resource Family that has the skills, training, and ability to meet the Children's needs. (1.3.8)
5. Develop and administer a support program for Resource Families as described in this Contract ensuring that each Resource Family has a caseworker to contact for all services provided to Resource Families in this Contract. (1.3.9.1 and 1.3.9.2)
6. Develop specialized services to increase statewide capacity to serve teens and those transitioning to adulthood. (1.3.4)
7. Maintain a connection to post Subsidized Guardianship and post adopt families, including outreach, supports and services. (1.3.4.3)
- 8.

1.3 Scope of Work.

1.3.1 Statewide Coverage

In order to encourage the movement of Children back to their communities of origin (where feasible) to preserve connections of Youth to their families, home communities, schools, spiritual connections, and community-based supports, as well as achieve better outcomes for Resource Families, the Contractor shall:

- a) Ensure services are available in all Iowa Counties.
- b) Seamlessly transition services for Youth who move from one community to another.
- c) Achieve better outcomes for Resource Families.

1.3.2 Collaboration and Consultation

In order to achieve the desired outcomes of safety, Permanency, and well-being for Children, the Contractor shall collaborate with the Agency, Juvenile Court Services, other Child Welfare service contractors, and stakeholders. Strong collaboration will strengthen services, identify gaps, or needs, promote best practice, and avoid service duplication. The Contractor shall collaborate by working and participating in local, Service Area, and statewide committees, workgroups, and planning groups. The Contractor shall collaborate with entities such as, but not limited to, the following:

- a) Any contractor performing the services listed in this Scope of Work
- b) Safety Plan and Family Centered Services FCS contractors
- c) Crisis Intervention, Stabilization, and Reunification Services (CISR) contractors
- d) State and local initiatives such as the Breakthrough Series Collaborative and Minority, Youth, and Family Initiatives
- e) Achieving Maximum Potential (AMP) and After Care Contractor
- f) Parent Partners
- g) Providers of mental health and substance abuse services, and

- h) Churches and faith-based community organizations
- i) Five Points Technology Group

1.3.3 Specialized Caseworker Model

The Contractor shall use a Specialized Caseworker Model which positions the Contractor to select and train staff to roles that meet the individual's interest and ability, and allows staff to be accessible, specially trained, and dedicated where they are needed the most—working directly with the family. The Specialized Caseworker Model will have four distinct program components:

- a) Recruitment and Retention, Inquiry, and Training
- b) Licensing
- c) Support
- d) Centralized Statewide Matching

The Agency understands there may be challenges and limitations in rural areas to have dedicated staff for each distinct program component. At a minimum, under this model, the Contractor shall ensure that the families served have a Caseworker available and responsive to them and not distracted with other deadlines.

Caseworkers shall maintain familiarity with each Resource Family's history of fostering and know the needs, ages, and behaviors of Children with which they have had success. Caseworkers shall understand each family's current situations and judge their ability to parent another Child given their immediate circumstances.

1.3.4 Recruitment and Retention

The Contractor shall have a sufficient pool of Resource Families available to meet the behavioral, emotional, medical, educational, developmental, spiritual, and cultural needs of Children who need out-of-home care. In order to maintain this sufficient pool of Resource Families and meet Children's needs, the Contractor shall enact and operate effective recruitment and retention programs.

Effective care of Children necessitates a pool of Resource Families diverse in geographic location, training, capacity, strengths, ability, skills, race, religion, and ethnicity. To ensure the best possible match between a Resource Family and a Child, and not just an available match, a Contractor shall have a large and diverse enough pool of Resource Families to ensure a Child in need of out-of-home care is matched to a Resource Family that is best able to meet the Child's needs. Contractor shall ensure the following: A sufficient number of Resource Families who are ready, able, and willing to accept a Child who is matched into their home including specified targeted populations of children such as teens, sibling groups, non-white Children, Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Youth, delinquent Youth, and Children with medical, behavioral, and mental health needs. Capacity shall be determined by the number of Resource Families who are Available for Matching, not by the number of licensed families who are either licensed for a specific Child, who are only available to provide respite, or who have not been willing to have a Child placed in their home for one calendar year. This includes, but is not limited to, Resource Families that will reflect the following:

- a) The race, ethnicity, and culture of Children in our State. The Contractor shall ensure the provision of effective, equitable, understandable, and respectful supports and services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy, and other communication needs. This shall be measured utilizing the Culturally and Linguistically Appropriate Service Standards adopted by the Agency (Attachment B).
- b) Honor, respect, and work to develop, enhance, and maintain a foster Child's connections to their parents and extended family by mentoring birth parents and supporting ongoing contact between the Child and the Child's family including attending Solution Focused Meetings (SFM) or Youth Transition Decision-Making (YTDM) meetings, Youth Centered Meetings (YCM), Youth Centered Planning Meetings (YCPM), and meeting at the request of the Child's family.
- c) Maintain sibling connections when siblings are in separate Placement settings.
- d) Collaborate with service providers working with the family.
- e) Flexible and available to take Children in care to medical appointments, therapy appointments, and visitation with parents and family whenever possible.
- f) Keep Children in their home schools and close to their family and community.

- g) Have the capacity, strengths, ability, and skills to parent:
 - i. Teens
 - ii. Sibling groups, especially sibling groups of three or more
 - iii. Children who express trauma through behaviors
 - iv. Children who have extensive behavioral issues
 - v. Children who have experienced significant grief and loss
 - vi. Youth involved in the Juvenile Justice system (delinquent behaviors)
 - vii. Children who have extensive medical needs or developmental delays
 - viii. Children who have numerous medical or therapeutic appointments
 - ix. Children who have frequent family visits, and
 - x. Children who are LGBTQ

1.3.4.1 Characteristics and Capabilities of Selected Families

Resource Families shall not simply be available and willing to participate in the program but actively engaged and eager to help Children. Resource Families shall, at minimum, have the following characteristics and capabilities:

- a) Strong desire to protect, support, and encourage Children.
- b) Ability to unconditionally accept Children's emotional needs upon Placement.
- c) Ability, experience, and skills to effectively raise and care for Children.
- d) Willingness to work with Children's birth families including frequent family visits, including when this will lead to Placement of the Child with a member of their birth family.
- e) Ability to support a Child's education, spiritual, health, and development of life skills.
- f) Desire to support innovation and continued change and improvement.

1.3.4.2 Recruitment and Retention Plans

In order to create and maintain a sufficient pool of Resource Families, the Contractor shall develop, implement and collaborate with each individual Service Area and adhere to all specific recruitment and retention plans for Resource Families to ensure appropriate capacity and coverage for all counties in each Service Area.

The Contractor's work plans, and recruitment and retention plans shall require Service Area Manager (SAM) and Contract Manager review and approval at their inception and during any amendments or changes. The Contractor shall create a standardize plan template that will receive final approval from the Agency. Plans shall be provided to the Contract Manager and Service Area Manager no later than September 30th and annually 30 days after receiving baseline data following the initial year.

1.3.4.2.1 Recruitment Plans

Annually, the Contractor shall develop, implement, and adhere to Agency-Approved recruitment plans that shall:

- a) Be an individual plan specific to each Service Area, addressing each individual Service Area's specific needs, populations, geography, and other characteristics.
- b) Be developed to specifically recruit families eager to participate in the program, help Children, and meet Agency goals.
- c) Be developed in collaboration with the Agency Service Area leadership to include input from Resource Families, CISR providers, FCS providers, and others as determined by the team.
- d) Be based on Service Area data that incorporates, but is not limited to:
 - i. Overall capacity of Resource Families Available for Matching
 - ii. Targeted populations such as teens, sibling groups, children of color Children, LGBTQ Youth, delinquent Youth, and Children with medical, behavioral, and mental health needs
 - iii. Removal and Placement trends in order to identify and prepare for peak referral times during the year
 - iv. Geographic locations of Resource Families to keep Children in their home schools and close to their family and community, and
 - v. Other data determined to be relevant in the Service Area.
- e) Be based on recruitment strategies that have evidence of success, including:

- i. Balancing general media or mass marketing with person-to-person activities
 - ii. Engaging successful Resource Families in promoting Foster Care to a wider audience, through use of larger scale media or General Recruitment activities
 - iii. Having a consistent level of activities both general and localized across the Service Area, and
 - iv. Using panels consisting of Resource Families, Youth in care, and Youth looking for a permanent home to present in community outreach efforts.
- f) Incorporate Child-specific Targeted Recruitment capabilities (example, medically fragile Child).
 - g) Include strategies for the recruitment of a Resource Family for a specific Child in need of a permanent home through adoption.
 - h) Provide strategies to build connections with Children who need an Adoptive Family.
 - i) Engage a network of strong local leaders, including business leaders, faith leaders, and community leaders to disseminate information within their communities.
 - j) Incorporate quarterly reviews of data and strategies to determine success.
 - k) Include recruitment bonuses, in an amount approved by the Agency, to Foster Families who recruit another family that becomes licensed for general matching.
 - l) Collaborate on recruitment activities with other agencies and projects, such as AdoptUsKids, and Wendy's Wonderful Kids.
 - m) Include the development of partnership with faith-based organizations in all parts of the State.
 - n) Consider and include strategies for future innovation and continued improvement throughout the recruitment process.
 - o) Include a collaboration process with CISR contractors, PMIC facilities, the State Training School, and the Agency to identify Children who wish to transition to the care of a positive, supporting adult already present in their life. This positive, supporting adult must be willing to pursue licensure or accept custody of the Child and be able to teach and cultivate individual life skills. The Contractor shall facilitate the transition for the Child and guide the positive, supporting adult through the licensure process.
 - p) Require Agency review and approval at the plan's inception and during any amendments or changes.

1.3.4.2.2 Retention Plans

Annually, the contractor shall develop, implement, and adhere to, Agency approved retention plans shall be developed to retain the strongest Resource Families who have shown their eagerness to participate in the program, help Children, and meet Agency goals. Activities include, but are not limited to, all of the following:

- a) Be Service Area specific, addressing the Service Area's specific needs, populations, geography, and other characteristics.
- b) Include the organization of community events in collaboration with Agency staff.
- c) Organize "meet and greet" events where Resource Families and Agency staff can meet each other at a frequency determined by the Agency.
- d) Maintain an Advisory Group, that includes Resource Families, the Agency, and the Contractor, to jointly address concerns or issues that involve Resource Families.
- e) Develop and maintain a structure of mentoring by pairing experienced Resource Families with newly licensed/approved Resource Families.
- f) Focus on increasing the capacity of Resource Families Available for Matching.
- g) Collaborate on retention activities with other agencies and projects, such as AdoptUsKids, and Wendy's Wonderful Kids.
- h) Consider and include strategies for future innovation and continued improvement in retaining as many stable and capable Resource Families as possible.

1.3.4.3 Recruitment of Kinship Caregivers

The Contractor shall connect Kinship Caregivers to the formal licensed foster care process. When a Child becomes eligible for the Kinship Caregiver payment, HHS or Kinship Navigator through the FCS Contract will make a referral to the RRTS Contractor. This referral date shall be the inquiry date in the Agency online system.

- a) Upon receiving the Child Welfare Services Referral Face Sheet - 470-5150 from HHS or a referral from Kinship Navigator through the FCS Contract, the Contractor shall contact the Kinship Caregiver by phone within five business days to schedule an informational face-to-face meeting or video call. The Contractor shall complete the informational meeting within 15 business days of referral.
- b) The Contractor shall discuss the following with the Kinship Caregiver:
 - i. Overview of foster care licensing process that includes the process and sequence of events to become a Resource Family
 - ii. Child abuse, criminal history, and sexual offender record checks
 - iii. Possible pre-service training requirements
 - iv. Timeframes
 - v. References
 - vi. The elements of a home study
 - vii. The role of the Contractor
 - viii. Benefits and supports of becoming licensed:
 - a. Respite
 - b. Childcare assistance
 - c. Increased monthly financial support
 - d. Resource Families will receive supervision and guidance for Children placed in their home.
- c) The Contractor shall schedule the Kinship Caregiver for an orientation beginning the formal foster care licensure process once the Kinship Caregiver commits to licensing process.
- d) The Contractor shall follow up with the Kinship Caregiver within thirty calendar days from the day the Kinship Caregiver expresses they are not interested in becoming a Resource Family. The Contractor shall re-evaluate with the Kinship Caregiver their desire to become licensed.
- e) The Contractor shall coordinate with the Kinship Specialist in the transition from the Kinship Navigator Program to the formal licensing process.

1.3.5 Inquiry

The Contractor shall respond to all inquiries from potential kinship or foster caregivers requesting information regarding how they can become a Resource Family. This includes, but is not limited to, information about the steps to becoming a Foster Parent; information about adopting a Child publicly or privately; supports and services available for the Kinship Caregiver or Resource Family, including financial; services and orientating classes offered; and the licensing process.

The Contractor shall be accessible to meet the needs of those seeking more information by providing accessibility, including but not limited to:

1. A toll-free information telephone line, with voicemail capability
2. Email
3. Website with a "contact us" option

Inquiries shall be able to be submitted 24 hours a day and seven days a week. Inquiries shall be responded to within one Business Day. The Contractor shall maintain a record of all inquiries in the Agency online system, including the date of inquiry, the date of response, and the category of inquiry.

1.3.6 Training

The Contractor shall provide orientation to introduce prospective Resource Families to Foster Care and adoption, pre-service training to prepare Resource Families and to complete initial licensure or adoption approval, and in-service training to help Resource Families continually improve their ability to nurture and support a Child's needs while in care and to meet foster home licensing requirements. The Contractor shall ensure training is developed and delivered in alignment with policies intended to keep every Child safe from abuse. All training curricula shall be approved by the Agency and shall meet the following requirements:

- a. Available across the State to allow equitable access to all Foster Families.
- b. Available to unlicensed kin and Fictive Kin caregivers and Adoptive Families, as well as Resource Families.
- c. Updated to align with practice or policy changes.

- d. Incorporate the voice and experience of Resource Families and Youth with lived experience in Iowa's foster care system.
- e. Utilize multimedia training techniques including but not limited to Webinars, videos, and web-based training.
- f. Refrain from charging any fees or collecting any sums from Resource Families in relation to work performed pursuant to training with the exception of First Aid and CPR. The Contractor shall not charge trainees for attending any regular area trainings.
- g. In person and virtual options shall be offered, as approved by the Agency.
- h. Provide trainings that align with and support the Agency's goals for the safety, Permanency, and well-being of Children placed in a Foster Family Home.
- i. Training shall include, but not be limited to, discussion on the following topics:
 - i. Ensuring the safety, Permanency, and well-being of each Child
 - ii. Helping the Child to return to the Child's family of origin or other family placement
 - iii. The value and the Resource Parent's role in Family Interaction
 - iv. Connecting to, engaging with, and supporting services for the Child and family

1.3.6.1 Orientation

The Contractor shall provide in-person or virtual orientation sessions for prospective Resource Families that include, but are not limited to, information, training, and resources regarding the process of licensing/approval, the Children who need out-of-home care, the importance of Family Interaction and working with birth parents, and the need to keep Children connected to family, friends, and communities. The Contractor shall do all of the following:

- a. Provide prospective Resource Families information on the policies and procedures of the Foster Care and Adoption programs and include the following:
 - i. Processes and procedures for Placement and termination of Placement:
 - ii. Medical assistance program information
 - iii. Foster Family reimbursement information Subsidized Guardianship, and adoption subsidy information if applicable
 - iv. Child abuse law and child abuse investigation procedures; and
 - v. Necessary confidentiality procedures and standards
- b. Explain the Kinship Caregiver Program, as appropriate
- c. Explain the process of foster home licensing and adoption approval
- d. Discuss importance of reunification of the foster Child with the Child's family of origin, and working with birth families
- e. Discuss the unique challenges and circumstances of Kin/Fictive Kin placements and licensure
- f. Explain the difference and unconditional nature of Foster Care, guardianship, and adoption
- g. Explain special needs adoption and provide information about Children waiting for adoption
- h. Counsel out families who do not support the mission of the Agency, who are unwilling to support reunification, or who do not have the skills, abilities, or desire to care for special needs Children early in the process.

1.3.6.2 Pre-Service Training

The Contractor shall provide training for prospective Resource Family applicants in accordance with the Agency's current foster home licensing, adoption approval, and pre-service training standards. Pre-service training shall be done in a way that allows for mutual selection of families to proceed through the licensing/approval process.

Specifically, the Contractor shall:

- a. Train all prospective Resource Families, including kin and Fictive Kin, using a nationally established curriculum that is at least 30 hours in length and approved by the Agency.
- b. Use specific strategies, for example, utilizing virtual methods approved by the Agency, to provide pre-service training for families.
- c. Tailor pre-service training to meet the needs of kin/fictive kin and general foster care applicants by utilizing specific trainings for both groups.
- d. Provide training at sufficient frequency so families are able to begin training within 60 days of completing orientation at a location within 60 miles of the family's home.

- e. Prior to licensure, the Contractor shall directly provide training to prospective Resource Families, or provide linkages to established training on:
 - i. Universal Precautions
 - ii. Medication Management
 - iii. Reasonable and prudent parent standard training
 - iv. Mandatory Reporter of Child Abuse training
 - v. First Aid and CPR
 - (1) The Contractor may charge a fee of no more than \$50 per person to directly provide First Aid and CPR training.
 - vi. "The Human Need for Belonging" by Amelia Franck Meyer
- f. Notify the Agency when Resource Families withdraw from the licensing process.
- g. Ensure throughout pre-service training that families are not disengaged but actively participating in the program, eager to help Children, and willing to meet Agency goals.

1.3.6.3 In-Service Training

The Contractor shall provide in-service trainings for Resource Families on relevant topics and administer Agency-approved trainings consistently throughout the year, at no cost to the family. The Contractor shall provide and/or connect Resource Families to trainings at a frequency so that licensed Foster Families can receive their required six hours of in-service training each year. The Contractor's duties in respect to training include, but are not limited to, the specific duties outlined below. The Contractor shall:

- a. Provide and connect Resource Families to trainings that align with and support the Agency's goals for the safety, Permanency, and well-being of Children placed in a Foster Family Home.
 - i. Use specific strategies to provide in-service training for families in rural areas.
- b. Develop and provide in-service trainings designed to increase the knowledge and skill level of Resource Families. The Contractor shall provide trainings that meet the following goals:
 - i. Teaching Resource Families behavioral strategies related to helping Children work through trauma, grief and loss, and attachment disruption
 - ii. Focus on strategies to work with birth parents
 - iii. Providing critical information about Child development
 - iv. Informing and instructing Resource Families in LGBTQ affirming parenting
 - v. Provide parenting strategies to affect a sense of normalcy for Children
 - vi. Preparing Resource Families for mentoring the Child's parents in their parenting of their Children to support reunification
 - vii. Helping Resource Families understand behavioral and mental health services the child may be receiving, including the medications the Child is taking, dosing, precautions, and side effects
 - viii. Providing parenting strategies to be able to work with the behavioral and mental health needs as well as the emotionally expressed behaviors of the foster Child in addition to helping maintain Placement Stability.
 - ix. Providing Resource Families with an understanding of mental health diagnoses in infancy, childhood, or adolescence for example, ADHD, PTSD, and other anxiety disorders.
 - x. Meets or exceeds national standards, as approved by the Agency.
 - xi. Develop an Adoption specific training preparing Resource Families for the transition from temporary placement to permanent Adoption.
 - xii. Helping Resource Families understand the unique needs of Youth who are involved in the Juvenile Justice System.

The Contractor may charge a fee of no more than \$50 per person to directly provide First Aid and CPR training.

Provide one \$100 training stipend to each Foster Family per foster home license year on or after the date that the initial license is issued to each Foster Family. For a two-year Foster Family Home license, the second year's \$100 stipend shall be provided to the Foster Family after completion of each foster parent's six hours of in-service training in the first year of the two-year license cycle.

1.3.7 Foster Home Licensing and Adoptive Home Approval

Part of the Contractor's responsibility in recruiting and retaining Resource Families is to ensure the Foster Families complete the initial licensure and re-licensure requirements, and adoptive homes complete the approval requirements. Throughout this section, the term "licensure" applies to Foster Families and the term "approval" to adoptive homes. To ensure timely and sufficient licensing and approval, the Contractor shall conduct activities including record checking, home studies and initial licensing, and renewal home studies and relicensing. In all of these processes, the Contractor shall conduct thorough Quality Assurance activities to ensure appropriate standards are met. Throughout the initial licensure, re-licensure, and initial approval processes the Contractor shall ensure appropriate staff are assigned to families to guide them through the process in a timely and supportive fashion.

1.3.7.1 Licensing, Approval and Renewal Packets

The Contractor shall provide the completed Resource Family initial home studies described in Section 1.3.7.2 and Renewal home studies described in Section 1.3.7.3 and other licensing and approval information, including record and background checks as described in Section 1.3.7.4, to the Agency in an Agency approved Packet. The Contractor shall:

- a. Track the dates Packets are due.
- b. Perform a review to ensure completeness of each Foster Care/adoption initial and Renewal Packet before submitting the Packet to the Agency based on the approved Agency Check Lists.
- c. Track the date of notification by the Agency of missing items and forms from the Agency approved checklist, what the missing items are, and the date the Packet was received.
- d. Ensure the Agency receives Initial Packets within 100 days of the date the applicant began pre-service training, or 90 days of the date the waiver of pre-service training is received by the Contractor from the Agency.
- e. Ensure the Agency receives the complete Renewal Packets within 45 days of expiration of the license or approval
- f. Inform the Agency and submit the withdrawal verification, including the withdrawal form, when a Resource Family withdraws from the licensing process that contains all known information about the family and details of the circumstances of the withdrawal within 30 days.
- g. Ensure the timeliness of each Packet, which will be evaluated by the Agency on a quarterly basis. Failing to meet these standards 90% of the time may result in a Corrective Action Plan per Section 1.3.15.4.

1.3.7.2 Initial Home Studies

The Contractor shall complete Resource Family initial home studies and document the process with a written report containing an assessment of the family's ability to provide Foster Care and/or to adopt. The Contractor shall provide a licensing or approval recommendation in compliance with Iowa Administrative Code. In order to ensure a Resource Family is appropriate to be licensed or approved and to ensure the required information is included such that an informed decision regarding approval can be made, complete studies shall be submitted to the Agency as stated in Section 1.3.7.1. The Contractor shall include the completed studies in the Agency approved Licensing and Approval Packet as described in Section 1.3.7.1. Specifically, the Contractor shall:

- a. Complete the written home study for Foster and Adoptive Family applicants using the Agency approved Home Study format, Form 470-5436. The written home study shall reflect Agency approved pre-service principles, meet licensing and approval requirements outlined in Iowa Administrative Code 441-108, Licensing and Regulation of Child-Placing Agencies, Iowa Administrative Code 441-113 Licensing and Regulation of Foster Family Homes, and Iowa Administrative Code 441-200 Adoption Services. Describe evidence-based practices and assessment tools utilized.
- b. Conduct a minimum of three (3) visits as part of the initial home study process and shall document these visits in the home study format. Two of these visits shall be in-home, one will be unannounced, and one visit may be done outside the home.
- c. Perform Quality Assurance reviews to ensure that home studies comply with Iowa Administrative Code 441- 108, Licensing and Regulation of Child Placing Agencies, and Iowa Administrative Code 441-113 Licensing and Regulation of Foster Family Homes, and Iowa Administrative Code 441-200 Adoption Services and include your outcomes in your Annual Report

- d. Ensure all designated staff providing these services are sufficiently trained and supervised and meet relevant Iowa Administrative Code Chapter 108 requirements.

1.3.7.3 Renewal Home Studies

The Contractor shall complete Resource Family renewal home studies as an update to documentation of the family's compliance with Iowa Administrative Code required for license or approval renewal. In order to ensure a family is fully licensed or approved with no gaps in renewal periods, and to fully review information regarding changes in the home, Placement experiences, strengths and concerns, complete renewal Packets as described in Section 1.3.7.1 shall be submitted to the Agency within 45 days of expiration of the license or approval. Specifically, the Contractor shall:

- a. Complete the renewal process for foster parent applicants and adoptive parent applicants as required by Iowa Administrative Code 441-108, Iowa Administrative Code 441-113, and Iowa Administrative Code 441-200.
- b. Develop an annual training plan in collaboration with the Resource Family based on the skills, strengths, and needs of the family. The plan shall be reviewed monthly and revised as needed during the licensing or approval year. Assist the Resource Family in identifying specific trainings that meet the needs of the population of children they serve. The plan shall be included in the renewal Packet.
- c. Conduct unannounced licensing visits annually between day 90 and day 210 of each licensed year in accordance with Iowa Administrative Code 441-108 and Iowa Administrative Code 441-113. Unannounced visits shall not be completed in conjunction with foster home licensing renewals or adoption approval updates.
- d. Include documentation of contacts and visits to the Resource Family home in the renewal home study. Findings and observations of the visit shall be documented and provided to the Agency when the update is submitted.
- e. Ensure the renewal home studies use the Agency approved Home Study format, Form 470-5436 and shall:
 - i. Review in-service trainings completed by the Resource Family and describe how they are implementing the skills learned based upon the training
 - ii. Document concerns that were identified since the last update and how those concerns were addressed
 - iii. Ensure conversations regarding recommendations occur between the Contractor and Agency in order to align prior to renewal home study submittal.
 - iv. Document successes and challenges of Children placed in each home.

1.3.7.4 Record and Background Checks

The Contractor shall conduct record and background checks in accordance with state and federal policy and include them in the Agency approved Licensing, Approval and Renewal Packet from Section 1.3.7.1. The Contractor shall conduct record and background checks in accordance with state and federal policy for a successor guardian named in and Agency Subsidized Guardianship agreement. The Contractor shall have a secure location for the storage of these results. These record and background checks shall include, but not be limited to:

- a. Background checks required by Iowa Code, the Adam Walsh Child Protection and Safety Act of 2006 (PL 109-248) and the Child Abuse Prevention and Treatment Reauthorization Act of 2010 (P.L. 111-320).
- b. Iowa criminal, Child and dependent adult abuse, and sex offender registry checks prior to a prospective Foster and/or Adoptive Family's enrollment in the Agency's approved training for each adult and Child aged 14 years and older residing in the home.
- c. Fingerprint-based checks of the National Crime Information Database for each adult applicant. The Contractor shall conduct fingerprint-based checks of any other adults residing in the home of the prospective Resource Family home for initial applications.
- d. Out-of-state Child and dependent adult abuse checks for all prospective foster and/or adoptive parents and any other adult living in the home in any state where the person lived during the previous five years.

1.3.7.5 Additional Updates

In addition to performing annual renewals/updates, the Contractor shall complete an update of the home study and licensing/adoption approval materials when an event occurs that alters the original study. Such events include, but are not limited to:

- a. Move to a new home
- b. Adoption of Children
- c. Structural changes to the home (i.e., Room, egress window additions, or swimming pool)
- d. Addition of other household members

The Contractor shall complete record checks on all new household members that have resided in the home over 30 days (excluding foster Children) age 14 and older.

1.3.7.6 Relative Home Studies

The Contractor shall complete Relative Home Studies for families referred by the Agency, following an Agency approved template. Specifically, the Contractor shall:

- a. Complete relative studies referred by the Agency using the Agency approved template.
- b. Complete Relative Home Studies within twenty (20) Business Days of receipt of the referral from the Agency, and completion of record checks and evaluations by the Agency.
- c. Provide relatives with information regarding the option to become a licensed Foster Family Home.

1.3.7.7 ICPC Licensed Foster Family and Adoptive Home Studies

The Contractor shall complete ICPC (Interstate Compact for Placement of Children) referrals for licensed Foster Family and adoptive care including foster and adoptive home study requests using the Agency approved template and within all required timeframes. Specifically, the Contractor shall:

- a. Complete both an initial and final home study that includes a written summary and recommendation.
- b. Complete all licensing and adoptive approval activities and compile all foster and adoptive documents in accordance with the Agency approved template.
- c. Complete an initial home study within sixty (60) calendar days of the Contractor receiving the referral in accordance with the federal requirement.
- d. Submit the completed Foster Family or Adoptive Family home study to the Agency.

1.3.7.8 ICPC Relative Home Studies

The Contractor shall complete ICPC referrals for unlicensed relatives including unlicensed Relative Home Studies using the Agency approved template and within all required timeframes. Specifically, the Contractor shall:

- a. Complete a home study that includes a written summary and recommendation.
- b. Complete all activities and compile all documents in accordance with the Agency approved template.
- c. Submit the completed home study within sixty (60) calendar days of the Contractor receiving the completed referral Packet from the Agency.

1.3.8 Matching

The Contractor shall have a sufficient pool of Resource Families so Children that are placed into care are matched to a family that has the skills, training, and ability to meet their needs in order to ensure Children achieve safety, Stability, and are protected from abuse. To improve Placement Stability for Children, the Contractor shall recommend Resource Families that are the best possible match for the Child and not just an available Resource Family.

The Contractor shall develop a Centralized Statewide Matching System which emphasizes clear communication with the Agency. The Contractor shall leverage the Caseworker's familiarity with their Resource Families' history of fostering, past successes, current situations, and immediate circumstances to suggest better Placement matches. The Resource Family's Caseworker shall work with Contractor matching staff to match the best home to each Child.

The Contractor shall:

- a) Develop, implement, and operationalize a Centralized Statewide Matching System with a single point of referral statewide.

- b) Develop, implement, and maintain a matching referral system available 24 hours a day seven days a week, including holidays.
- c) Accept any referral from the Agency or from Juvenile Court Services for a Child in need of a Foster Family Home.
- d) Have a process for working across all Service Areas to coordinate matching outside the Child's Service Area when needed.
- e) Develop a communication structure for updates to Agency or Juvenile Court Services placing staff on progress/barriers to finding a home based on the urgency of the Placement need.
- f) Establish, implement, and maintain a structured communication process for sharing information about Foster and Adoptive Families between the Contractor's Caseworkers and the Contractor's matching personnel with the goal of enhancing the matching process.
- g) Assist as requested by the Agency in identifying approved Adoptive Families to Children in need of a permanent family.
- h) Coordinate with all out of home care providers in discharge planning for Children coming out of congregate care to plan for Placement in a Resource Family home.
- i) Ensure timeframes to complete a match are met, subject to Agency approval. The Agency will determine timeframes within a range of two hours to 45 days, on a Child-by-Child basis.
- j) Assess the ability of the Resource Family, including skill level and resources, when making a match, with careful consideration of the sometimes significant physical, social, behavioral, and/or mental health or disability needs of the Child
- k) Categorize Resource Family homes as Relative/Fictive Kin, respite only, licensed for a specific Child, or on hold when determining capacity.
- l) Use creative mechanisms other than phone calls to reach Resource Families, including emails, and texting without compromising confidentiality.
- m) Maintain real time information in the Agency's online system about the capacity and availability of Resource Families as well as communicating with the Agency about real time information for Children coming into care.
- n) Build relationships with congregate care providers to allow potential Resource Families to meet Children.
- o) Provide assistance in finding Adoptive Families for Children who enter Foster Care through the Safe Haven law.
- p) Provide assistance in finding Adoptive Families when a Child's Foster Family is not adopting but the Child is stable in the foster home. Strategies include:
 - i. Participation in Agency Concurrent Planning staffing's
 - ii. Partnering with Agency adoption staff
 - iii. Coordination with Wendy's Wonderful Kids
 - iv. Providing home studies of potential families to Agency for selection, and
 - v. Coordination and input from post-adoption support staff.

1.3.8.1 Placement Criteria

The Contractor shall identify one or more Resource Family homes that have been matched to a Child when a referral is received from the Agency or Juvenile Court Services. Contractor shall work to best match a home to a Child using Placement criteria that may be based on, but not limited to, the following considerations:

- a) Keep Children close to their parents, family members, and school.
- b) Keep siblings together - Siblings who cannot be placed together shall be in close proximity to each other. The Contractor shall collaborate with the Agency or Juvenile Court Services and any other service provider to develop a plan for the siblings to maintain contact with each other.
- c) Seek and incorporate input and advise parent or Child, when appropriate, regarding the best match and Placement for a Child.
- d) Ensure the Resource Family has the strengths and skills required to meet the specific needs of a Child including mental health, behavioral health, or physical health needs.
- e) Ensure the needs of Children currently in the Resource Family home will be considered when matching another Child with the Resource Family. Contact Agency workers who have Children in the resource home for input before matching another Child for non-emergency referrals.
- f) Consider the desires of the Child when making a Match.
- g) Request and facilitate hard-to-place staffing's with the Agency and or JCS any other appropriate professionals in order to meet contractual matching timelines.

- h) Evaluate each match to determine if it was successful and report findings to the Agency as requested.

A successful match first and foremost is a match that optimizes the overall safety, Permanency, and well-being of a Child. Though following the Placement criteria listed above will help lead to matches that meet these goals, it is ultimately the responsibility of the Contractor to communicate with the Agency, Resource Families, and Children to make a successful match.

Iowa HHS will be initiating Therapeutic Foster Care Pilot Program to the continuum of services offered in Iowa. The Contractor shall be required to contribute to the planning, developing and implementation of the project. The overarching goal of this service is to provide a more intensive level of care for a child with more acute needs than a traditional resource home setting. Children in Therapeutic Foster Care (TFC) receive daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. TFC families receive support and supervision with the purpose of stabilizing a child's mental/behavioral health issues, facilitating children's timely and successful transition into permanent placements (e.g., reunification, adoption, or independent living), and achieving individualized goals and outcomes based upon a comprehensive, multifocal care plan.

1.3.9 Support

The Contractor shall provide support to Resource Families which leads to better outcomes for Children and Resource Families, including ensuring every Child is safe from abuse. Effective support will include staying connected, through phone, email, and regular face to face visits with Resource Families throughout a Child's placement. Individualized plans for the Child and for training to the Resource Families are among the organizational strategies intended to be family driven, specific, and facilitate beneficial supports for the Child(ren) and Resource Families. The Contractor shall have a firm grasp on what strategies are and are not working for the Resource Family and all Children in their care. The Contractor shall use this information to continually and proactively inform and improve the RRTS process, working to recruit families with successful characteristics, preemptively identify families in need, and increase the effectiveness of training.

The Specialized Caseworker Model ensures a single person will be available and responsive for each Resource Family, so they know support is there when there is a need for someone to assist with problem-solving, connect to additional resources, or to better understand the Child Welfare system. A single support Caseworker shall be the consistent point of contact for each Resource Family's concerns, questions, and other support needs.

The Contractor shall have an intentional and adaptive process to educate Resource Families about the supports available to them. Resource families will receive support from the Contractor when they are licensed or are kin/Fictive Kin on a path to licensure. Additionally, a family who adopts or assumes guardianship of a Child will receive support as well. Support is intended to be tailored to the needs and desires of the family and the Child and will be delivered in a method which appeals to the Resource Family.

The support process shall address the Service Area's specific needs, populations, geography, and other characteristics.

The Contractor shall:

- a. Develop an individualized training plan with each Resource Family based on the skills, strengths, needs, and ages of Children placed in the home and the behaviors of Children placed in the home.
- b. Review the individualized training plan monthly with each Resource Family and clearly documented in the Agency approved progress note form 470-5438.

1.3.9.1 Foster Care and Pre-Adoption Support

The Contractor shall provide on-going, proactive support to all Resource Families that provide Foster Family Care and pre-adoption services to strengthen Placements, prevent disruptions, and support the achievement of Permanency goals for the Children in their care. For the Contractor, support shall include but not be limited to:

- a) Making contact at the following intervals to gather information about the Child, the Placement, and the family. Caseworkers shall discuss the Resource Family's successes, challenges, stressors, concerns, training needs, and any other relevant information to enhance the Family's ability to care for a Child in out-of-home

Placement. Contact with Resource Families each month shall occur at the following intervals, with no greater than a 5% error rate:

- i. Holding complete and purposeful face-to-face contact every month for a minimum of 45 minutes in length and phone contact each month for a minimum of 15 minutes in length with each Resource Family and their assigned Caseworker when a Child is in the home. Virtual visitation can be utilized every other month and be counted towards the monthly face-to-face visit. The unannounced licensing visit shall count as one face-to-face visit. At least one face-to-face visit each quarter shall include some or all of the Children placed in the home to observe, coach, and mentor the Resource Family.
 - ii. Holding complete and purposeful face-to-face contact on a bi-monthly basis for a minimum of 45 minutes in length and virtual or phone contact each month for a minimum of 15 minutes in length in between with each licensed Resource Family and their assigned support Caseworker when a Child is not in the home. This includes discussion of issues, training, and the barriers preventing the Resource Family being matched to a Child.
 - iii. Visiting each Resource Family home and having face-to-face contact with each Resource Family and their assigned Caseworker within five (5) calendar days of a Child being placed in the home. This visit may count as one of the required monthly face-to-face visits and shall be a minimum of 45 minutes in length.
 - iv. Holding complete and purposeful face-to-face contact with approved Resource Families (Adopt only) on a bi-monthly basis for a minimum of 45 minutes in length. This session shall be used to discuss opportunities to take placement of Children and sibling groups currently available for adoption. During months with no face-to-face contact there will be a phone contact for a minimum of 15 minutes in length.
 - v. Participation in an “icebreaker” meeting led by HHS that will be held between birth parents and Foster Parents. This meeting will be focused on the Child and held shortly after a Child is placed in out-of-home care. This meeting should provide an opportunity for the Foster Family and the Child’s parents to meet each other and to share information about the needs of the Child. It serves as a starting point for establishing communication and building a relationship.
 - a. This icebreaker meeting should occur within five (5) calendar days of placement, when appropriate. (This meeting may count as the required five (5) – day calendar visit following placement if held in the Resource Family home)
 - b. The Contractor shall encourage ongoing meetings and communication between the birth family and Foster Family to maintain the relationship and keep the lines of communication open.
- b) Providing a well-documented narrative of the content of each face-to-face visit to the Agency or Juvenile Court placing worker and the Agency licensing worker uploaded to the Agency online system within five (5) Business Days after the contact.
 - c) Monitoring and discussing with Resource Families the reasons they have declined Children who fit within the Resource Families’ identified profile.
 - d) Identifying Resource Family needs and assisting the family in resolving those needs.
 - e) Attending SFM, YCM, YCPM and/or YTDM meetings at Agency or Child’s family’s request.
 - f) Developing a plan to support a Resource Family when there are violations of licensing rules, or a Corrective Action Plans (CAP) is needed.
 - g) Monitoring the Resource Family’s progress in completing the terms of the CAP.
 - h) Resolving conflicts with the Agency, service providers, birth families, or other members of the Child’s team.
 - i) Developing and adhering to a structured process such as Stability staffing’s or other meetings as needed to manage Stability, mitigate risk of disruption, and keep Children stable in their Resource Family homes. The Contractor shall have a strategic plan to avoid Placement disruptions whenever possible.
 - j) Communicating with all Agency/JCS staff who have Children placed in the Resource Family home to address any concerns related to the care of any Child in the home.
 - k) Developing a communication strategy for ongoing and frequent contact with Agency/JCS staff who have Children placed in the Resource Family home.

- l) Providing crisis response and assistance to Foster/Pre-Adoptive Families struggling with severe child behaviors or other urgent challenges caring for the children in their care. This may include engaging clinical or specialists inside the organization or referring the family to outside providers.
- m) Monitoring and reporting of Critical Incidents. Assisting the Resource Family to resolve any issues that came from the Critical Incident.
- n) Providing a contact list of respite care providers, including in-home respite care providers and/or assisting the Resource Families in contacting the respite care providers
- o) Assisting Resource Families with the transition of teens into adulthood.
- p) Discussing Children's involvement with the Iowa Foster Care Youth Council when the Child is of the appropriate age and a Foster Care Youth Council is geographically available.
- q) Assisting Resource Families who are caring for parenting Youth in care.
- r) Assisting Resource Families with the transition of Children to Permanency through reunification.
- s) Partnering, coordinating, and collaborating with Agency Placement and adoption staff, and other members of the Child's team to strengthen the Placement and prevent disruptions.
- t) Providing services in a culturally competent manner.
- u) Connecting newly licensed or approved families with experienced Foster/Adoptive Families to act as mentors. This is a voluntary process for the families.
- v) Counseling out Resource families who cannot fulfill the mission of the Agency early in the process.
- w) Coordinating and collaborating with FCS and any other service providers to transition Foster Families from Foster Care to adoption.
- x) Providing information to Resource families regarding the adoption and Foster Care and guardianship.
- y) Providing training support and assisting in developing new support groups as needed.
- z) Ensuring Resource Families understand prescription medications that may be prescribed to Children in their care, including dosing, precautions, and side effects.
- aa) Collaborating with the Agency and other service providers in developing the plan for Children who are leaving higher levels of care, or who have experienced multiple moves to assist in matching these Children to Resource Families.
- bb) Developing and maintaining a website. The website shall, at a minimum, provide resource and contact information such as: Agency policy, training schedules, location of support groups, matching information, and newsletters.
- cc) Implement and maintain a toll-free crisis, telephone line for Resource Families. This phone line will be staffed by a professionally trained staff 24 hours a day, seven days a week, including holidays.

1.3.9.2 Post-Adoption Subsidized Guardianship Support

The contractor shall provide supportive services to adoption and Subsidized Guardianship families by offering individual and group supports and referrals to community-based resources when needed. Eligible families must have current adoption special needs, adoption future needs or Subsidized Guardianship agreements with the Agency. Supports are to prevent adoption and Subsidized Guardianship disruption and/or dissolution to families. The Contractor shall ensure post-adoption and Subsidized Guardianship support is easily and readily accessible. The Contractor shall also provide training, respite services, and limited financial supports to eligible families. The Contractor shall ensure post-adoption and Subsidized Guardianship support shall always promote the best outcomes for the Child and adoptive family.

The Contractor Shall:

- a) Establish relationships with eligible families including but not limited to the following:
 - i. Provide information about the existence of post-adoption Subsidized Guardianship support at the time permanency is established;
 - ii. Connect with the families by phone between 4 (four) and 6 (six) months after permanency is established to remind the caregivers that post-adoption and Subsidized Guardianship supports exist;
 - iii. Provide information on the adoption support group;
 - iv. Ensure families are receiving the quarterly newsletter with articles, community-based resources, and information on how to contact the Contractor for post-adoption and Subsidized Guardianship support in the event the family needs additional resources or supports;
 - v. Have enrolled in Medicaid-funded services, such as having a primary care physician; and

- vi. Remind the family about the website and contact number in the event services are needed in the future.
- b) Annually, the Contractor shall develop, implement, and adhere to an Agency approved outreach plan that shall include, but not be limited to;
 - i. Information on the process for ensuring all adoptive parents and guardians are made aware of post-adoption and Subsidized Guardianship supports;
 - ii. Number of staff involved in providing outreach to eligible families, number of staff providing case management for families and average caseload;
 - iii. Number of support groups held the previous contract year, including the number of people who attended, number of newsletters sent, and the number of adoptive parents and guardians who were successfully reached on the phone within 4 (four) to 6 (six) months post-permanency. The contractor shall utilize a list of families eligible for post-adoption and Subsidized Guardianship support provided by the Agency. Documents attached to the plan, for Agency review and approval, shall contain the following at a minimum:
 - a. Written information provided to adoptive and subsidized guardianship families explaining the benefits of post adoption and Subsidized Guardianship services
 - b. Written information provided to community referral entities outlining post-adoption and Subsidized Guardianship support programs. Community referral entities to be provided information include but are not limited to:
 - 1. Child Welfare system partner representatives
 - 2. Public and Private Schools/Educational Facilities
 - 3. Mental health facilities/clinics
 - 4. Hospitals and medical clinics
 - 5. Faith organizations
 - iv. The outreach plans shall be written and provided to the Agency within the first 30 days of each contract year for approval by the Agency.
- c) Develop, implement, and adhere to a centralized statewide referral and information system with electronic and phone access for referral, questions and problem solving. The referral system shall be accessible and able to accept referrals 24 hours a day, 7 days a week.
- d) Referrals and requests for information for post-adoption and Subsidized Guardianship support services shall be received from any interested person involved with the post-adoption and Subsidized Guardianship family/Youth. The Contractor shall provide initial responses shall be within two (2) business days of referral.
- e) Make contact with the referred family within two (2) business days after receipt of a referral. In the event the Contractor is unable to make contact due to the referred family being unavailable, the Contractor shall document at least three attempts to contact the family and the reason contact was not made. Secure and document the family's commitment or lack of willingness to participating in services. All documentation shall be completed in the Agency online system.
- f) Provide a resource packet to adoption and Subsidized Guardianship families who have accepted services. The packet contents shall describe local supports and services and shall include, minimally, the eligibility and how to access Medicaid and Waiver services for families needing mental health, emotional and behavioral support for Children in the home.
- g) Prior to the implementation of post-adoption or Subsidized Guardianship support services for a family, contact Agency or family and verify eligibility of the special needs, future needs, or Subsidized Guardianship agreement for support services. Document if the family is eligible for services based on having an adoption subsidy (special needs and future needs) or Subsidized Guardianship agreement.
- h) Services available to post-adoption and Subsidized Guardianship families shall include but not be limited to:
 - i. For families who choose to participate in case management services via post-adoption or Subsidized Guardianship support, an in-person meeting to transition services from ongoing RRTS foster care pre-adoptive support to post-adopt/Subsidized Guardianship support services shall occur. The goal of the meeting is to introduce the post adopt/guardianship staff to the family and ensure a smooth transition to services. Contractor shall document the family's willingness to participate in the Agency approved online system.
 - ii. If an adoption/Subsidized Guardianship family chooses not to engage in post-adoption/ Subsidized Guardianship support services, family shall be made aware of the option to participate in offered support groups, trainings and community supports. The option to reach-out to the contractor in the

future for referrals or post-adoption/Subsidized Guardianship support services shall be provided to families who choose not to participate.

- iii. For the intensive case management service, the focus of home visits shall include some or all the following (a-h). Intensive Case management is anticipated to be up to six (6) home visits lasting at least 45 minutes over a 6-week period, per year/per child.
 - a. Behavior problem-solving
 - b. Service planning using the form described in section 1.3.9.2(h) below.
 - c. Verbal and written information about post-adoption and Subsidized Guardianship services
 - d. Verbal and written information about community services, including Medicaid, Waiver Services, food assistance, workforce opportunities, mental and behavioral health supports and other as needed by the family.
 - e. Stress management and problem solving.
 - f. Parenting skill development including trauma informed parenting techniques when appropriate.
 - g. Monitoring of safety in the home.
 - h. Providing information on the role of the schools in providing appropriate education and resources including as determined by a child's IEP.
- i) Develop, implement, and adhere to an Agency approved service plan for support to families. Minimally, the plan shall include:
 - i. Services offered
 - ii. Services accepted
 - iii. Family and individual goals
 - iv. Action Steps of the service provider and family members
 - v. Timeline for completion
 - vi. Planned length of service
- j) Provide opportunities for adoption specific trainings for any family in the state who has adopted. This should include both public and private adoptions. Trainings offered are selected based on recommendations from the Agency and Families surveyed. At least one adoption specific training shall be offered each month of the contract year for the duration of the contract. Trainings may be in person or virtual and must be accessible by families across the state.
- k) Develop and maintain an Agency approved website presence, describing specific support offered by the Contractor as well as other supports, training, and services which may be of benefit to the adoptive or Subsidized Guardianship family. Update immediately when programs and services change.
- l) Plan, organize and facilitate no less than monthly support group meetings for all public and private adoptive and Subsidized Guardianship Families, including but not limited to, those receiving direct post-adoption or Subsidized Guardianship support services. Support groups shall be available in each of the five Agency Service Areas. Support groups should include, but not be limited to, on-line formats.
- m) Administer a stability grant program. Inform, provide, and track grants up to \$100 per family each state fiscal year for eligible adoption and guardianship families to access specialized items or services for Children in their care. These funds shall be used for special items not paid for through the adoption or Subsidized Guardianship program such as weighed blankets, sensory items, equine and canine therapy, or emergency items needed for crisis stabilization within the adoption or guardianship home.
- n) Interface with community agencies and supports with or on behalf of the family.

1.3.9.3 Adoption Respite Program Administration

The Adoption Respite program provides a temporary relief for Iowa adoptive parents of Children who are eligible for adoption subsidy. The Contractor shall administer the Adoption Respite program as agreed upon with the Agency, including but not limited to the following services:

- a) Provide assistance to subsidized Adoptive Families in Iowa by offering options for respite providers including possible Resource Families who would be interested in providing the respite care.
- b) Track up to 10 days of Adoption Respite for eligible Iowa Agency adoption homes each fiscal year (July 1 to June 30) at \$20 a day.

- c) Provide payment to the Adoption Respite provider with allocated funds after receipt of a signed Adoption Respite Invoice. The Contractor shall ensure both the Adoption Respite provider and the adoptive parent sign the Invoice before payment is issued.

1.3.9.4 Support in Finding Adoptive Families for Waiting Children

The Contractor shall support the Agency in finding Adoptive Families for waiting Children. Specifically, the Contractor shall:

- a) Register Children with adoption as a Permanency goal on the national exchange located on the AdoptUsKids website, www.adoptuskids.org, in accordance with the Agency's rules, Iowa Administrative Code 441-203.
- b) Provide waiting Adoptive Families with AdoptUsKids registration information and facilitate information sharing between Adoptive Families and the Agency's Placement workers.
- c) Maintain a toll-free telephone number that provides information and referral information to Adoptive Families regarding waiting Children.
- d) Update the exchange information within three (3) Business Days of receiving the information from the Agency.
- e) Implement an Agency approved mechanism to share Adoptive Family profile information with Agency adoption staff searching for an Adoptive Family for a Child.
- f) Provide yearly training and/informational session to Agency Placement Staff on how to access Adoption Exchange Information

1.3.9.5 Protocols

Any protocol signed by both the Agency and the Contractor shall be enforceable under this Contract. Any changes to the Code of Iowa or Iowa Administrative Code requirements during the Contract period shall take precedence over language in this Contract.

1.3.10 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 RRTS services. Reports and data shall not only include directly quantifiable data but will also include active, meaningful reporting on communication with Resource Families throughout the provision of services. Reports shall also continually and proactively inform and improve the RRTS process, working to recruit families with successful characteristics, preemptively identify families in need, and increase the effectiveness of training and support

Reports shall be provided to the Service Area Manager (SAM), 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. Contractors shall use encrypted email in any correspondence containing confidential information.

The Agency may request at any time, with appropriate notice, ad hoc reports and/or meetings with the Contractor. These reports and/or meetings may occur in person, over the phone, or electronically at the Agency's discretion.

1.3.10.1 Critical Incident Data and Reports

The Contractor shall utilize the Agency's online reporting system to report all Critical Incidents with Twenty-four (24) hours of occurrence. This doesn't replace the need for immediate notification for Critical Incidents to the Agency by the Contractor.

1.3.10.2 Placement Data and Reports

Every two weeks the Contractor shall submit a report that shall indicate names, age, sex, race/ethnicity, special needs, and criteria specified by the Agency for each Child for whom the Contractor has been unable to find a Resource Family within the required timeframes. The Contractor shall include a brief narrative explaining issues and possible solutions to find Placement.

1.3.10.3 Monthly Data and Reports

The Contractor shall submit monthly data and reports in an Agency approved formats. Specifically, these data and reports shall include the following:

1.3.10.3.1 Monthly Data

The Contractor shall submit monthly reports documenting data on current and prospective Foster and Adoptive Families in an Agency approved format. These reports shall be submitted by the 20th of the following month.

1.3.10.3.2 Monthly Contact Data

The Contractor shall submit monthly report documenting all Resource Families and contacts made by the Contractor in an Agency approved format. These reports shall be submitted by the 20th of the following month.

1.3.10.4 Monthly Post-Adoption Services Data and Reports

The Contractor shall provide detailed monthly reports to the Agency for Post-Adoption Services containing the following data by the 20th of the following month:

- a) Service Area and County Name
- b) Support Date
- c) Family Name
- d) Type of contact
- e) Duration of Contact
- f) Number of Children in the home served
- g) Service provided
- h) Detailed report documenting the total cost of the program for the year, month by month, and
- i) Other items as determined by the Agency

1.3.10.5 Quarterly Data Summaries and Reports

The Contractor shall submit quarterly data summaries and reports by the 20th of the month following the end of the quarter in an Agency approved format.

1.3.10.6 Quarterly Staffing Report

The Contractor shall provide an annual staffing report in an Agency approved format by the 15th of the month following 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 (FTEs)
- e) Salaries and benefits, and
- f) Other items as determined by the Agency

1.3.10.7 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 all RRTS services. 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. See "Annual Innovation and Improvement Report: 470-5654 under "Documents for RRTS" for an example of this documentation: <https://dhs.iowa.gov/child-welfare-systems/implementation-information>

1.3.10.8 Annual Combined Cost Report

Complete and submit an Agency-developed Combined Cost Report annually to the Bureau of Service Contract Support identified personnel within 90 days after the end of the Contractor's fiscal year.

1.3.11 Staffing

The Contractor shall meet all staff qualifications as defined in Iowa Administrative Code 441-108, Licensing and Regulation of Child-Placing Agencies. In addition, the Contractor shall meet the following criteria and requirements related to staffing:

- a) Develop, implement, and adhere to an Agency approved plan for recruiting, training, and support of staff.
- b) Ensure staff shall have a strong desire to participate in the program, support, encourage, and help Children, and meet Agency goals.
- c) Ensure staff shall be trained in, and follow at all times, Family First Blueprint for Iowa's Future Child Welfare System (Attachment C), the Culturally and Linguistically Appropriate Service Standards (Attachment B), and the HHS Child Welfare Model of Practice (Attachment D)
- d) Take all steps necessary to ensure implementation of the Specialized Caseworker Model to include Inquiry, Training and Recruitment and Retention; Licensing; Support; and Centralized Statewide Matching.
- e) Ensure Contractor staffing ratios are based upon geographic and population considerations
- f) Ensure each staff member serving in the Specialized Support Caseworker role shall serve no more than thirty (30) licensed Foster Families, Adoptive Families, Dually Licensed Families and Kin and Fictive Kin placements, at one time and shall have limited other duties.
- g) Ensure that staff member serving in the intensive Post Adopt Specialized Caseworker role shall serve no more than thirty-five (35) Adoptive families and shall have limited other duties.
- h) Have staff fully dedicated to the Contract, including but not limited to, – full time supervisors, Caseworkers, trainers, and other staff;
- i) Implement policies to encourage staff retention.
- j) Train staff in the skills needed to assess a Resource Family's in the following:
 - a. cultural responsiveness
 - b. adoption and subsidized guardianship
 - c. completion by all adoption/Subsidized Guardianship staff/supervisors of the National Adoption Competency Mental Health Training Initiative (NTI)
- k) Train staff and support ongoing training to maintain a workforce with an accurate understanding of the adoption subsidy, Subsidized Guardianship and supports available through subsidy.

The staffing positions listed below are required positions. The Contractor may also hire staff in other positions, as needed, to best provide RRTS services.

1.3.11.1 Program Director

The Contractor shall maintain a Program Director dedicated to services performed pursuant to this Contract to execute specific administrative duties as defined in the organization's by-laws and policy manual. The Program Director shall have a minimum of a bachelor's degree in Social Work, Mental Health Counseling, Family Therapy, Sociology, Psychology, related area of human services, business or public administration, and a minimum of two years of experience in a social services agency. A master's degree in any of these fields is preferred.

1.3.11.2 Supervisors

The Contractor shall maintain Supervisors who oversee the work of Caseworkers and Trainers as well as coordinate recruitment, retention, matching, training, and support services throughout the program. The role of Supervisors is to supervise, though in limited situations Supervisors may temporarily take on Caseworker responsibilities.

1.3.11.3 Caseworkers

The Contractor shall maintain Caseworkers to become the one Caseworker for Resource Families, acting as the single point of contact through Foster Family licensing/Adoptive Family approval, and support through closure. Each Specialized Support Caseworker shall serve no more than thirty (30) Resource Families. Each Post Adopt Caseworker shall serve no more than thirty-five (35) Post Adopt Families.

1.3.11.4 Trainers

The Contractor shall maintain Trainers who coordinate, plan, and conduct the training of Resource Families.

1.3.11.5 Matching Caseworker

The Contractor shall maintain Matching staff who identify the Foster Family placement for all Children who are referred by HHS staff. Matching staff shall review all referral information received and shall consider factors such as family preference, cultural backgrounds, strengths and needs of the Child, caretaker's ability to meet their needs, location of their school, continued connection to their community, and other issues as identified. All Matching staff will have a minimum of one year of child welfare experience.

1.3.12 Joint Quality Improvement Activities

The Agency's Program Manager or designee and/or Service Contract Specialist, and the Contractor's Project Manager shall meet at least quarterly 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.

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 and adherence to Agency approved and required elements of their Bid Proposal.

1.3.12.1 Service Area Leadership Teams

The Contractor shall organize Service Area leadership teams. Specifically, the Contractor shall:

- a) Review strategies and use data to assess barriers to achieving Agency goals. Assess whether the recruitment, retention, training, and support process is providing the best possible service to Resource Families, Adoptive Families, and Kin and Fictive Kin placements.
- b) Assess whether the recruitment, retention, training, and support process is providing the best possible post placement service to Adoptive Families, and Subsidized Guardianship placements.
- c) Review common, collective feedback from Caseworkers regarding the successes, needs, and challenges Foster Families, Adoptive and Subsidized Guardianship Families have provided to their Caseworkers.
- d) Collaborate with other Service Area Leadership Teams to share and develop strategies to improve the provision of services.
- e) Conduct Service Area Leadership Team meetings no less frequency than quarterly.

1.3.12.2 Service Area Quality Improvement Meetings

The Agency Service Area Manager and/or designee(s) will meet monthly with the Contractor's designee(s) and a designee(s) from the Service Area Leadership Team to engage in local problem solving and efforts to improve performance within the Service Area. This local quality improvement group will jointly review performance data for the purpose of resolving issues and identifying positive trends. At each meeting, the quality improvement group will develop action steps and monitor outcomes for all areas of the Contract needing improvement in accordance with statewide protocol and the terms of the Contract. The meetings shall address licensing issues and other field level issues in a timely manner. During each quarter of the fiscal year, the group may engage in a more in-depth review including, but not limited to, such recommended activities as:

- a) Sampling Foster and Adoptive Family files for quality improvement of home study Packet content and timeliness
- b) Identifying methods for improving Resource Family support and retention
- c) Discussing strategies for Placement of Children for whom no match has been found utilizing the Late Match Report
- d) Identifying methods for making appropriate matches and providing more than one Placement option
- e) Discussing homes that have been placed on hold for a period of six months or more due to licensing or safety reasons to identify barriers for returning to matching status
- f) Discussing kin/Fictive Kin referrals and the successes and challenges identified for these homes in reaching formal licensing status
- g) Identifying methods for meeting Child and Family Service Review targets, and
- h) Identifying systemic barriers to improving performance.

1.3.12.3 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.

1.3.12.4 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.

1.3.12.5 Online System Manual

- a) The Contractor shall work in collaboration with the developer of the Agency's online system to update and maintain the user guide with the current practice.

1.3.13 Dispute Resolution Protocol for Service Provision

The Contractor shall accept all Agency referrals to the Contractor for services described in this Contract. The Contractor must understand:

- Children referred for Placement matches may have complex and multi-dimensional needs
- Range and intensity of supportive services to Resource Families may vary widely, based on needs, skills, and experience of the individual Resource Family, and needs of a Child or Children in Placement
- Recruitment needs may vary widely from Service Area to Service Area

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 be expected to provide services to the family at the level directed by the Agency or JCS while the matter is being resolved. The Contractor can communicate the basis of their belief in writing or via electronic communication 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 worker and supervisor, 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 or via electronic communication to the respective Agency Service Area Manager (SAM) 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 designee will communicate the Agency'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.

1.3.14 Transition Activities

The Agency anticipates that to the greatest extent possible there will be a continuation of services from the time the Contractor(s) is announced until the beginning of the new Contract. Prior to the implementation of the new Contract, the Contractor shall:

- a) Have sufficient staff trained to conduct scheduled training for enrolled families.
- b) Train all home study workers in licensing and approval rules within six (6) months of the effective date of this Contract.
- c) Centralized Statewide Matching will be ready for implementation on the effective date of the contract.
- d) Make contact with all Resource Families within one (1) month of the effective date of the Contract.

1.3.15 Agency Responsibilities for Monitoring, Review, and Problem Reporting

1.3.15.1 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, 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.

1.3.15.2 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.

1.3.15.3 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.

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.

1.3.15.4 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.

1.4 Performance Measures

1.4.1 Performance Measures Overview

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 and Resource Families. By meeting or exceeding the performance measures, the Contractor will show their commitment to improving RRTS services and outcomes.

The performance measures and targets included are the performance expectations. Up to an additional 10% of the Contractor's eligible fee may be earned as a performance incentive payment for meeting or exceeding performance measures. Payments for Post Adoption Support (Section 1.3.7.2) will be paid for using federal PSSF funds and are not eligible for incentive payments.

Contractors shall submit Invoices for performance incentive payments after review and approval of all applicable data and measures by the Agency Contract Manager or Service Contract Specialist.

The determination of whether a Contractor has met a performance measure will be made at the sole discretion of the Agency. The Agency may alter performance measures as it sees fit and add or extend performance measures for Contract years 3-6 as applicable. If the Contract is extended past the initial two-year period, and no adjustments have been made to performance measures, then the latest Contract year's performance measures will be extended to the next Contract year,

The following performance measures determine eligibility for performance incentive payments.

1.4.1.1 Performance Measure 1 – Stability

Children placed into a licensed Foster Family home within the quarterly reporting period will experience Stability in Placement. A Child placed into a licensed Foster Family Home when initially removed from the home will experience Stability in Placement as evidenced by remaining in the home or exiting foster care to Permanency. The Contract payment for performance will be based on the percent of Children who remain in the same licensed foster home 180 days after Placement or:

- will have exited the licensed foster home to a trial home visit working towards reunification;
- will have exited to a relative/Fictive Kin home;
- will have exited to a pre-adoptive Placement working toward Permanency;
- will have attained Permanency through adoption or guardianship; or
- will have exited the Emergency Foster Care placement within 48 hours of placement.

The percent of Children who have Stability for the first 180 days in Family Foster Care homes will be measured on a specific entry cohort. The entry cohort is Children who experience their first Placement into a Foster Family Home under this Contract. The entry cohort will be determined at the end of each measurement quarter. Performance will be evaluated 180 days after the last day of the measurement quarter. Any Child who experiences more than one licensed Foster Family Home Placement within the measurement quarter will be evaluated based upon the earliest of the licensed Foster Family Home Placements within the measurement quarter.

Example provided for clarity: The first measurement quarter of the contract is expected to be 7/1/2023-9/30/2023. The entry cohort for this measure will be all Children placed with a Resource family within the measurement quarter. For each Child, stability will be measured based on the 180-day time period starting on their entry date. Performance for this entry cohort will be evaluated after 4/1/2024 when all Children within the entry cohort have passed the six (6) month mark.

Contractor payment will be made quarterly by Service Area in the amount of \$11,206.70 when greater than or equal to 75% of Children in Family Foster Care will be stable in their first Placement for six (6) months

1.4.1.3 Performance Measure 2 – Recruitment and Retention (Increase in Families of Color)

The Contractor shall increase the net number of licensed Foster Families of color. Available for Matching, relative or Fictive Kin identified for a specific Child or Children on an annual basis. The Contractor's net increase in number of licensed Foster Families of color will be based on the number of licensed Foster Families of color Available for Matching relative or Fictive Kin identified for a specific Child or Children on July 1st at the beginning of that Contract year and the number of licensed Foster Families of color Available for Matching relative or Fictive Kin identified for a specific Child or Children on June 30th at the end of that same Contract year.

The Contract payment will be made annually by Service Area in the amount of \$112,067.00 for performance and will be based on the net increases of 5% of families of color that are currently licensed and retained during each contract year. Base will be established at the beginning of the contract.

1.4.1.4 Performance Measure 3 – Path to Licensure

The Contractor shall facilitate support for kin and Fictive Kin caregivers and contribute to the overall number of foster families. The Contractor's performance will be measured on whether the family has received a license to provide Foster Care.

The Contractor will receive \$250 for each Relative/Fictive Kin caregiver who becomes licensed within 180 calendar days from the date of the Referral from HHS or the Kinship Navigator through the FCS Contract.

1.4.1.7 Performance Measure 4 – Safe in Resource Home

Safety is maintained for Children in foster and adoptive care. Statewide data provided by the Agency shall be used to determine if Performance Measure 4 has been met. Data will include all Children in licensed Family Foster Care or pre-adoptive care at any time during the quarter.

PM4 - Ninety-nine (99) percent of Children in licensed foster family or pre-adoptive care will be safe from abuse by their foster or pre-adoptive parents.

Payment for achieving this measure is in the amount of \$56,033.50 per quarter for each contract year if the Contractor achieves this measure based on statewide data.

Data Collection:

Statewide data collected by the Agency will be used to determine if the performance standards for Performance Measure 4 has been met. Data will include all Children in licensed Family Foster Care or pre-adoptive care, as defined in Section 1.3, at any time during the quarter.

1.4.1.8 Performance Measure 5 – Adoptive and Subsidized Guardianship Families Will Receive Supportive Services (No payment incentive)

Thirty percent of the families will accept and participate in services offered during required contractor check-ins which is minimally every six months.

1.5 Contract Payment Clause.

1.5.1 Pricing and Payment Methodology.

Within each State fiscal year, the Agency will pay the Contractor the annual Contract value, (annual Contract value does not include incentive payments) paid in monthly installments consistent with the Payment Table set forth in Attachment E. Monthly installments will consist of a monthly fixed fee for a majority of the services provided under this Contract.

On an annual basis the Agency will review the Contractor's monthly expenditure reports for the current fiscal year. If the Contractor's expenses indicate they were more than 5% below the total annual installment amount, the Agency reserves the right to withhold payment from the June monthly installment. The amount that may be withheld is the amount greater than 5% of the total annual installment. At the Agency's discretion, if the difference is caused by unforeseen circumstances, the Agency may not withhold these funds.

Post-Adoption Support Payment

A separate monthly fee for Post-Adoption Subsidized Guardianship Support (Section 1.3.9.2) will be paid for by federal PSSF funds. Contractor shall track expenditures for Post-Adoption Support funded by federal PSSF funds, and Contractor shall only be reimbursed for approved expenditures up to the set monthly amount. Allowable expenses for PSSF funds include costs related to the delivery of services, planning, consultation, coordination, training, Quality Assurance measures, data collection, evaluations, and supervision related to the provision of services referenced in Section 1.3.9.2.

Administrative Costs are not allowable under PSSF for this Contract. Administrative Costs for the purposes of PSSF include payroll; personnel functions; management, maintenance and operation of space and property; data processing and computer services; accounting; budgeting; and auditing. PSSF funds are also prohibited for purchase or construction of facilities. If the annual allocation of PSSF funds are not used by the end of the fiscal year, the final monthly payment shall be reduced by the unspent balance.

Adoption Respite and Stability Payments will be separate reimbursable expenses paid by the Agency when paid by the Contractor to eligible families. Funds will be tracked by the Contractor in monthly Invoices and will be submitted to the Agency on a monthly basis for payment. These payments will be in addition to the base contract value. Adoption Respite will be reimbursed for no more than a total of \$100,000 per State Fiscal Year. Stability Payments will be reimbursed for no more than a total of \$150,000 per State Fiscal Year. Once funds are exhausted for these programs no additional funds will be available until the next SFY.

Start-up Cost Payment

Contractor may invoice the Agency for start-up costs up to the value set forth in Attachment E, if any. The Contractor shall submit detailed invoices documenting the expenditure of start-up costs. The Agency reserves the right to reject part or all of Contractor's claim for start-up costs if proper justification is not provided.

Incentive Payments

At the end of each Contract quarter and year, the Agency will review the Contractor's quarterly and annual report submissions. If the Contractor's report documents show compliance with applicable performance measures as set forth in Section 1.4, the Agency will authorize the Contractor to submit an Invoice for the additional earned performance incentive(s).

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.

1.5.2 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 monthly. 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.

1.5.3 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).

1.5.4 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 and in conformance with Iowa Code 8A.514. 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.

1.5.6 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.

1.6 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
Automobile Liability (including any auto, hired autos, and non-owned autos)	Combined Single Limit	\$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

1.7 Data and Security. If this Contract involves Confidential Information, the following terms apply:

1.7.1 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, COBIT 5, CSA STAR Level 2 or greater, or ISO 27001 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.

1.7.2 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).

1.7.3 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: NIST SP 800-53, HITRUST version 9, COBIT 5, CSA STAR Level 2 or greater, or ISO 27001 prior to implementation of the system and again when the certification(s) expire.

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

1.8 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? Yes The Contractor for federal reporting purposes under this Contract is a: Subrecipient Federal Funds Include Food and Nutrition Service (FNS) funds? No DUNS #: LNAZRLY5C The Name of the Pass-Through Entity: Iowa Department of Human Services	
CFDA #: 93.556 Grant Name: Promoting Safe and Stable Families	Federal Awarding Agency Name: Department of Health and Human Services/Administration for Children and Families
CFDA #: 93.659 Grant Name: Adoption Assistance	Federal Awarding Agency Name: Department of Health and Human Services/Administration for Children and Families
CFDA #: 93.658 Grant Name: Foster Care-Title IV-E	Federal Awarding Agency Name: Department of Health and Human Services/Administration for Children and Families
CFDA #: 93.669 Grant Name: Child Abuse & Neglect State	Federal Awarding Agency Name: Department of Health and Human Services/Administration for Children and Families
CFDA #: 93.603 Grant Name: Adoption and Legal Guardianship Incentive Payments Program	Federal Awarding Agency Name: Department of Health and Human Services/Administration for Children and Families

SPECIAL CONTRACT ATTACHMENTS

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

ATTACHMENT A – DHS Service Area Map

ATTACHMENT B – Culturally and Linguistically Appropriate Service Standards

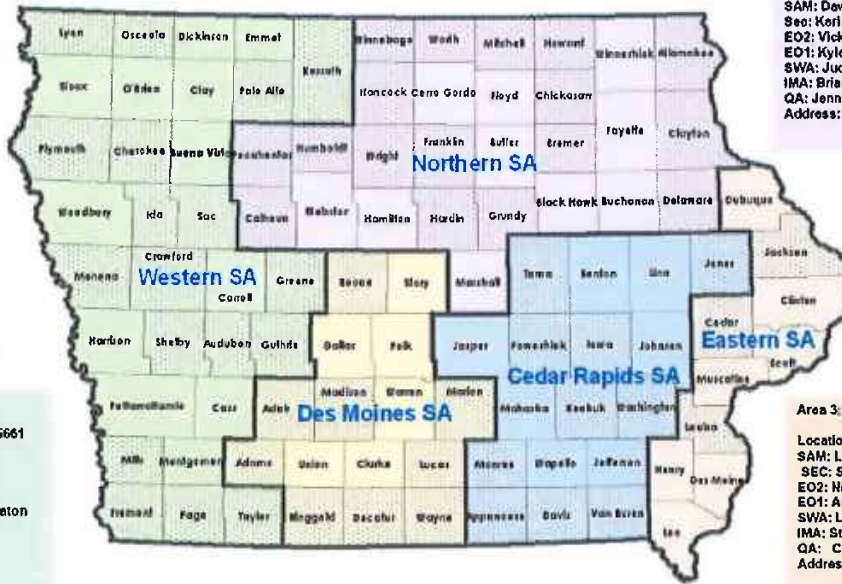
ATTACHMENT C - Families First Blueprint for Iowa’s Future Child Welfare System

ATTACHMENT D – DHS Child Welfare Model of Practice

ATTACHMENT E – Payment and Performance Measure Table

Field Operations
09/21/2021

87 Less than fulltime offices



Area 6: Centralized Service Area
 Location: Statewide
 ph 515-725-3975
 SAM: Lori Lipscomb
 SEC: Karen Kelleher
 EO2: Chris Silberhorn
 SWA: Jason Geyer
 CCA: Mike Towey
 IMCSC: Jill Cunningham
 IVE Unit: Wendy Sheatz
 Child Care Licensure: Todd Savage
 QA: Judy Lundy
 Address: Contact a member of the leadership team

Area 2: Northern Service Area
 Location: Waterloo ph 319-291-2441
 SAM: Dawn Turner
 Sec: Kerl Loy
 EO2: Vicki Hendershot
 EO1: Kyle Welander & Erin Casella
 SWA: Judy Phelps & Jason Kilby
 IMA: Brian Fegley
 QA: Jennifer McMurrin
 Address: 1407 Independence Ave. Waterloo, IA 50703

Area 1: Western Service Area
 Location: Council Bluffs ph 712-328-6661
 SAM: Tom Bouska
 SEC: Alyssa Cunningham
 EO2: Matt Madsen
 EO1: Melissa Nation & Diane Foss
 SWA: Tamm Winchester & Travis Heaton
 IMA: Brett Nation
 QA: Melissa Franks
 Address: 417 E. Kanawville Blvd. Council Bluffs, IA 51503

Area 3: Eastern Service Area
 Location: Davenport ph 563-326-8794
 SAM: Lori Frick
 SEC: Sonny Rausch Hemphill
 EO2: Nicole Uhoff
 EO1: Amy Huntington
 SWA: Lynn Bell & Liam Healy
 IMA: Stacie Gordon
 QA: Christine Farris
 Address: 600 West 4th St, 3rd Floor Davenport, IA 52801

Area 5: Des Moines Service Area
 Location: Des Moines ph 515-725-2600
 SAM: Jana Rhoads
 SEC: Jacq Minshall
 EO2: Mindy Norwood
 EO1: Robert Smith
 SWA: Tracy White & Trisha Gowin
 IMA: Sone Kaykose
 CA: Angie McCann
 Address: 2309 Euclid Ave Des Moines, IA 50310

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: Valerie Lovaglia & Paige Casteel
 IMA: Brian Meier
 QA: Helli Messer
 Address: 1240 26th Ave Court SW Cedar Rapids, IA 52404

Attachment B Culturally and Linguistically Appropriate Service Standards

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
 SERVICES

Cultural Equity Alliance

A Statewide Child Welfare System Steering Committee

Vision

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

Mission

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

Child Welfare System Definition

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

Guiding Principles

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

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

Governance, Leadership and Workforce

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

- 3) Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4) Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

- 5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all supports and services.
- 6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- 7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- 8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability

- 9) Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organizations' planning and operations.
- 10) Conduct ongoing assessments of the organization's guiding principles related activities and integrate related measures into assessment measurement and continuous quality improvement activities.
- 11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of principles on equity and outcomes and to inform service delivery.
- 12) Conduct regular assessments of community assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- 13) Partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- 14) Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- 15) Communicate the organization's progress in implementing and sustaining principles to all stakeholders, constituents, and the general public.



Family First

Blueprint for Iowa's Future Child Welfare System

“Family Connections are Always Strengthened and Preserved”

Principles and Commitments

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

5. Community-Based. The team implements service and support strategies that take place in accessible and least restrictive settings possible; and that safely promote child and family integration into home and community life.

- A. Use opportunity of involvement with families to enhance well-being and prevent maltreatment, such as addressing safe sleep and connecting families to Early ACCESS.
- B. Services, such as domestic violence, public assistance, mental health and substance abuse, are strategically embedded where family engagement and planning takes place.
- C. Connections to community of origin are important.

6. Culturally Responsive. The team demonstrates respect for, and builds on the values, preferences, beliefs, culture and identity of, the child/youth and family and their community.

- A. Intentional strategies towards recruiting, hiring, and supporting staff who reflect the culture and life experience of the population served.
- B. Family history, culture, life experiences, and ethnic identities are relevant and important to establishing a trusting and productive relationship.

7. Strengths Based. The case plan must identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family by utilizing their community and other team members.

- A. All families and communities have inherent strengths and value.
- B. Leadership will identify opportunities to match worker's strengths and skills with specific family needs.

8. Persistence and Creativity. Despite challenges, the team persists in strengthening and preserving family connections by considering possibilities outside the status quo.

- A. Treating every family as though they were our own drives practice.
- B. Have the courage to recognize when something isn't working and commit to pursuing alternative solutions.

9. Outcome Based. Goals and strategies of the system and case planning are observable, have measurable indicators of success, monitor progress in terms of these indicators, and are revised accordingly.

- A. Documentation of the team's work with a family is timely, accurate, and comprehensive.
- B. Case plan goals are measurable, concrete, behaviorally-specific, and created by the team.
- C. Contracted services are performance-based.
- D. Integrated data from Departments and external sources will be utilized by DHS leaders and service providers to inform, develop, and enhance our system of care and outcomes.

10. Universal. Practice commitments are relevant, true, and applicable for micro and macro interactions.

- A. Insisting on the value of family connections amongst staff at every level is critical to success.
- B. Gaps in the system supporting families and natural supports will be resolved through fiscal, policy, and contracting commitments.

ATTACHMENT D – 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 permanency.
- ◆ 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.

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.

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

Attachment E: Payment and Performance Measure Table
Effective July 1, 2023
State Totals

Payment Category	Contract Year 1: 7/1/2023 - 6/30/2024	Contract Year 2: 7/1/2024 - 6/30/2025
Annual Contract Value - RRTS Services (excluding Post-Adoption Support)	\$ 11,206,700.00	\$ 11,206,700.00
Monthly Contract Value - RRTS Services (excluding Post-Adoption Support)	\$ 933,891.67	\$ 933,891.67
Annual Contract Value - Post-Adoption Support	\$ 1,450,990.00	\$ 1,450,990.00
Monthly Contract Value - Post-Adoption Support	\$ 120,915.83	\$ 120,915.83
Maximum Annual Performance Measure Incentive Payment	\$ 1,120,670.00	\$ 1,120,670.00
Maximum Annual Adoption Stability Grants	\$ 150,000.00	\$ 150,000.00
Adoption Respite	\$ 100,000.00	\$ 100,000.00
Maximum Amount Allocated for Start-up Costs	\$ 250,000.00	
Yearly Maximum Totals:	\$ 14,278,360.00	\$ 14,028,360.00
2-Yr Base Term:	\$28,306,720.00	

Performance Measure Incentive Payment	Contract Year 1: 7/1/2023 - 6/30/2024	Contract Year 2: 7/1/2024 - 6/30/2025
Performance Measure 1 - Stability -Per SA (Quarterly)	\$ 11,206.70	\$ 11,206.70
Performance Measure 1 - Stability- State Total 2%	\$ 224,134.00	\$ 224,134.00
Performance Measure 2 - R&R-Per SA (Annual)	\$ 112,067.00	\$ 112,067.00
Performance Measure 2 -R&R- State total (Annual) 5%	\$ 560,335.00	\$ 560,335.00
Performance Measure 3 -Path To Licensure State total will pay for 448 families	\$ 112,067.00	\$ 112,067.00
Performance Measure 4 - Safe in Resource Home - State (Quarterly)	\$ 56,033.50	\$ 56,033.50
Performance Measure 4 -Safe in Resource Home -State Total 2%	\$ 224,134.00	\$ 224,134.00

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.