

SCOPE OF SERVICE:

Intake and Assessment Centers (Emergency Shelters) (IAC) shall be designated to provide emergency and/or temporary residential services (up to 60 days) to meet the basic needs of children and youth ages ten (10) to twenty-one (21). Intake and Assessment Centers are short-term solutions for children and youth entering care until permanency may be achieved. No child shall remain in an Intake and Assessment Center for more than sixty (60) calendar days unless there are exceptional circumstances and the MDCPS Deputy Commissioner of Well-Being and Safety has granted express written approval and documented the need for the extension.

MDCPS LICENSURE REQUIREMENTS:

All Offerors offering placement services under the Traditional and/or Therapeutic Group Home Contract will require a current license(s) by MDCPS. All Offerors shall meet all requirements contained in Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies (Licensing Standards). The Licensing Standards can be accessed online at <https://www.mdcps.ms.gov/mdcps-policy>. Offerors must acknowledge acceptance and compliance with licensing standards by signing the Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies (Licensing Standards). If the Offeror is not yet licensed by MDCPS, proof of application may be submitted in conjunction with the response to this Request for Qualifications. If a contract is awarded, the Offeror must be fully licensed by MDCPS within one hundred twenty (120) days of the award date, or the contract will be subject to immediate termination. No children will be placed with the Offeror under this contract until the Offeror is fully licensed. If an Offeror offers multiple placement service types, they will be expected to meet all licensing standards for each of the placement types as outlined in the Licensing Requirements.

HISTORY OF THE AGENCY

1. The Division of Family and Children's Services (DFCS) was designated by the Mississippi Legislature as the licensing authority for the Department of Human Services on July 1, 2000.
2. In March 2004, the Olivia Y. lawsuit was filed against Mississippi, MDHS, and DFCS. This case alleged that Mississippi's foster care system was failing to adequately protect and provide services to children in its custody. The Olivia Y. lawsuit is still ongoing, and the Mississippi Department of Child Protection Services (MDCPS) is now the defendant. As this litigation is ongoing, these licensure standards may be impacted.

3. On May 13, 2016, the legislature created MDCPS, and authorized MDCPS to carry out various duties and responsibilities of DFCS including the licensing of family foster homes, child-caring agencies, and child-placing agencies.
4. On July 1, 2023, MDCPS became a standalone agency. The Mississippi legislature has declared that MDCPS shall be the licensing authority for foster family homes, child-caring agencies, and child-placing agencies.

OVERALL INTAKE AND ASSESSMENT REQUIREMENTS:

- A. Partner Provider must meet or exceed all standards prescribed within these and other applicable policies to receive and maintain licensure (*full Congregate Care and Child Placing Agencies Standards attached*).
- B. Partner Provider must be licensed by MDCPS to receive a referral of any child/ren in MDCPS custody.
- C. Partner Provider must be licensed by MDCPS to receive a referral of any child/ren in MDCPS custody.
- D. For children who stay more than three (3) days, the Intake and Assessment Centers must cooperate with MDCPS in assessing the needs of the child. A plan based on the child's needs must include the specific services to be provided by the Intake and Assessment Center and other resources required to meet the needs of the child.
- E. Partner Provider must describe its ability to establish and maintain a trauma-informed care environment to include trauma specific training for employees, youth and volunteers.
- F. Partner Provider's ability to ensure that each youth receives a comprehensive initial assessment and individual service plan to be performed by a fully licensed mental health professional within 14 days of admission.
- G. Partner Provider's ability to ensure that each youth receives an Initial Safety/Risk Assessment within 24 hours of admission.
- H. Partner Provider shall submit a written monthly summary for each child that describes any progress and/or lack thereof according to Individual Service Plan and Risk Assessment. The monthly summary shall also include any updates regarding medical appointments, medication, education, therapy, overall functioning within current setting and identified plans for anticipated discharge. All monthly summaries shall be submitted by the 5th day of each month to the

MDCPS Therapeutic Placement Unit at TherapeuticPlacement@mdcps.ms.gov as well as to the identified MDCPS Specialist.

- I. Partner Provider must describe its geographic service capacity, population age range and gender population.
- J. The maximum bed capacity of each Intake and Assessment Center is: Twelve (12) beds per home.
- K. When Intake and Assessment Center is offered as one part of the program of a childcare facility, a separate cottage or wing of a dormitory must be used exclusively for shelter care. Ongoing contact with the children in other group care is prohibited.
- L. Staffing ratio requirements for each IAC is: One (1) direct care staff member per every six (6) youth.
- M. The provider must have at least one full-time (1) social worker or comparable professional for every twelve (12) children that are in care. (i.e.; one (1) social worker for one (1) to twelve (12) children; two (2) full-time social workers for thirteen (13) to twenty-four (24) children).
- N. MDCPS will conduct bi-annual performance based congregate care scorecard reviews for all congregate care settings excluding (see attached).

MDCPS CONTINUUM OF CARE:

- A. Partner Provider must agree to be an active participant in the MDCPS Continuum of Care:
 - o The MDCPS Continuum of Care (CoC) serves as a network of partnering agencies that work collectively to ensure that children are protected and are provided with a wide range of family centered services that meet their needs at any level of involvement with the child protection system. Ultimately, the CoC network of partner providers spans the entire spectrum of child protection services to include prevention services, medical and legal supports, licensed foster homes and residential treatment settings.
 - o When out of home placements have been deemed in the best interest of the child, the CoC ensures that children and youth are provided with quality therapeutic foster homes that are safe, licensed, child and family centered and trauma informed. Moreover, the CoC-purpose is

to establish and maintain a robust statewide partnership consisting of organizations that serve children and youth in foster care that are committed to significantly decreasing overall placement disruptions, reducing congregate care placements and achieving permanency.

- o As a part of the Continuum of Care, each partnering agency commits to its designated service role (according to contract) within the CoC and is required to engage in evidenced based practices that promote physical and psychological safety, shared parenting, a culture of trauma awareness, and actively collaborate with MDCPS regarding youth admissions and discharge transitions. In addition, CoC members agree to work diligently to ensure that youth are not denied admission and/or discharge based upon agreed contract criteria. Ultimately, CoC members actively coordinate with MDCPS and other members of the CoC regarding referrals, admissions, discharges, placement transitions and aftercare recommendations/services.
- o The Continuum of Care statewide partnership is comprised of dedicated organizations that serve children and youth in the following settings:
 - Intake and Assessment Center/Emergency Shelter
 - Traditional Group Home
 - Therapeutic Group Home
 - Qualified Residential Treatment Program (QRTP)
 - Supervised Independent Living
 - Teen Maternity Home
 - Specialized Group Care for Minor Victims of Human (Sex) Trafficking (SGC)
 - **Traditional Foster Care*
 - **Therapeutic Foster Care*
 - **Adoption*
 - o **Serves as the least restrictive environment and a priority goal for permanency.*

TRAINING REQUIREMENTS:

- A. Partner Provider must agree to implement the following training courses for all employees and volunteers.

1. Trust-Based Relational Intervention (TBRI) -

- Trust Based Relational Intervention® (TBRI®) is an evidence-based parenting and intervention model designed for children who have experienced relationship-based traumas developed by Dr. Karyn Purvis and Dr. David Cross at the Karyn Purvis Institute of Child Development (KPICD) at Texas Christian University (TCU). TBRI has been built on a solid foundation of neuropsychological theory and research, tempered by humanitarian principles.

2. Crisis Prevention and Intervention (CPI) –

- CPI training utilizes an evidence-based non-violent crisis intervention/verbal de-escalation model that prepares your staff to prevent and de-escalate medium to high-risk behavior using both a trauma-informed approach to restrictive and non-restrictive methods.
- B. Partner Provider must describe its ability to establish and maintain a trauma-informed care environment to include trauma specific training for employees, youth and volunteers.

ADMISSION REQUIREMENTS:

- A. The Partner Provider must have a clearly defined written policy and procedure regarding admissions. All denials for admissions must be based upon the clinical justifications of a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).
- B. The Partner Provider must have a written admission policy or procedures outlining the admissions process to include capacity to provide support to MDCPS in locating appropriate homes for youth placement twenty-four (24) hours – seven days per week to include holidays and weekends; to include provider’s 24 hour on-call process for emergency admissions.
- C. The Partner Provider must describe its history and current capacity to serve youth in foster care that have experienced complex trauma often manifested by high-risk behaviors such as elopements, verbal outbursts, physical intimidation and/or aggression, self-harm histories, poor school attendance/grades, etc. This description must also include any outcomes of current utilization of evidenced-based intervention models.

- D. Partner Provider must describe its plan to adequately inform foster parents of the potential characteristics and behavior manifestations of youth who have experienced complex trauma.
- E. Partner Provider's must describe its ability to ensure that each youth receives a comprehensive mental health assessment to be performed by a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist) within 30 days of admission.
- F. Partner Provider's ability to ensure that each youth receives an Initial Safety/Risk Assessment within 24 hours of admission.
- G. Denials for admission based upon past behaviors not involving acts of physical violence and/or acts of sexual aggression shall be considered a violation of contract agreement.
- H. The Partner Provider must provide written justification for the denial of admission within 24 hours, and it will be reviewed to determine if the reasons meet the terms of MDCPS's policy and agreed upon contract. Written justification may be provided by the provider's licensed clinician and/or licensed medical professional (psychiatrist/psychiatric nurse practitioner).

DISCHARGE REQUIREMENTS:

- A. The Partner Provider must have and follow written policies and procedures for discharge that include coordinating child and family team meetings targeting the preservation of placement in advance of discharge. Providers shall also submit a discharge summary to MDCPS at least 14 days in advance of discharge (within 7 days in the event of emergency discharge). All discharges must be based upon the clinical justifications of a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).
- B. The Partner Provider must have a clearly defined written policy and procedure regarding discharges from a facility. All discharges must be based upon the clinical justifications of a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).

- C. If a youth is sent to a higher level of care such as acute care and is ready to be released, the provider must re-admit the youth provided:
1. The youth continues to meet the provider criteria;
 2. The acute care facility recommends return to the provider and returning to the provider is in the best interest of the youth; and
 3. While the youth is in a higher level of care, the provider shall continue to receive board payments for up to fourteen (14) days as a placement holder. If the provider does not allow the youth to return, such board payments shall be forfeited.
- D. The youth may not be released from the provider's care until suitable placement is obtained unless the youth presents as an immediate danger to self or others or other safety issues are present. If the youth does not present as an immediate danger, the provider must establish a written safety plan and safety contract with the youth. Examples of immediate danger may include:
- Refusal to relinquish access to a weapon.
 - Repeated acts of physical violence toward others.
 - Active suicidal and/or homicidal attempts that cannot be managed safely.
- E. The provider's therapeutic program is expected to establish a safety plan to address the needs of the youth while awaiting discharge. Reasons for all denials and discharges must be sent to the MDCPS Coordinated Care Department's email address at Therapeutic.Placement@mdcps.ms.gov.
- F. The provider must provide written justification for the denial of discharge, and it will be reviewed to determine if the reasons meet the terms of MDCPS's policy. Written justification may be provided by the provider's licensed clinician and/or licensed medical professional (psychiatrist/psychiatric nurse practitioner). When the discharge request is approved, the Provider will receive a Discharge Memo from the Coordinated Care Department within five (5) business days with agreed upon date of discharge indicated.

- G. The Partner Provider may not discharge youth prematurely without providing MDCPS with 14 calendar days' notice, in writing by a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist). The provider shall assist with ensuring appropriate assessments and/or evaluations are completed to determine the level of care needed for the youth.
- H. The Partner Provider shall provide MDCPS with a comprehensive discharge plan to include clinical recommendations. The Partner Provider shall also work, collaboratively, with MDCPS in securing appropriate aftercare services and/or placement.
- I. The provider must maintain the youth under close supervision according to the mutually developed and agreed upon safety plan until an appropriate placement is found and the transfer is complete - unless the safety and well-being of the youth are compromised.
- J. A youth who is sent to a detention center may be dismissed from the Partner Provider if there are charges that result in the youth being sent to the training school, there is incarceration, a need for acute care, or the youth continues to be a danger to self or others.
- This dismissal must be justified by court order or via a written recommendation of a psychiatrist, psychiatric nurse practitioner, licensed psychologist or other licensed clinical staff.
 - The provider must assist MDCPS with placing the youth in an acute care facility, a congregate care treatment center, or other appropriate placement by making placement recommendations when appropriate.
- K. A youth may not be discharged due to challenging behaviors. Challenging behaviors are defined as, but not limited to, fighting, non-compliant or defiant behavior, verbal altercations and/or minor property destruction.

MDCPS CHILD WELFARE INFORMATION SYSTEM:

A. MDCPS will be implementing a new and improved Child Welfare Information System (“Pathways”) in 2025. Therefore, the Provider Partner must agree to interface with the MDCPS Child Welfare Information System (CWIS) for data sharing purposes upon implementation:

- MDCPS will have several options for sharing data once the system is live. This document should help Providers determine what is the appropriate and best way to exchange data between our agencies.
- One of the driving factors for interfacing with Contributing Child Welfare Agencies (CWCA) is our obligation for CCWIS compliance with our Federal Partners. To be compliant, Providers that utilize their own management system must interface with Pathways through a 2-way integrated data exchange. CCWIS compliance prohibits double entry of data between systems. Providers that fall into this category would need to interface with an Integrated Data Exchange.
- **Integrated Data Exchange Interface**
 1. Provider uses their own Management System
 2. Provides a significant amount of services for MDCPS.
 3. Provides MDCPS with substantial data across multiple cases.
 4. MDCPS will provide onboarding services at no cost.
 5. Providers are responsible for interface costs from the Vendor’s Management System.
- Providers that do not have their own Management Systems can be provided with User Access to the new system to input their relevant data directly into the system. This is possible due to single entry of data and keeps MDCPS CCWIS compliant.
- **Pathways User**
 1. Provides little to moderate services to MDCPS.
 2. Provides little or moderate data across multiple cases.
 3. MDCPS will provide onboarding services at no cost.
 4. Providers have no cost for this option.
- Whether a Provider has their own Management System or not, all Providers will have access to the Provider Portal. This web portal will allow access to relevant case data from Pathways, give Providers the ability to manage their accounts, and submit invoices directly to the Pathways system. The Portal is designed as a support tool for Providers but is not conducive to managing significant support

services or substantial data across multiple Cases. Providers with their own Management System will not want to double entry of data through the portal.

- **Provider Portal – Web-Portal**

1. All Providers will have access to the browser-based Provider Portal
2. Related Case data can be accessed through the Provider Portal
3. Upload relevant Case documents.
4. Receive notifications.
5. Submit Invoices

B. Provider must describe its practices and policy regarding the quality of its data – to include:

1. Accuracy
2. Timeliness
3. Completeness
4. Accessibility
5. Relevance

FY 2025 PARTNER PROVIDER BI-ANNUAL SCORECARD

CONGREGATE CARE/CHILD PLACING AGENCIES

The MDCPS Congregate Care Partner Provider Scorecard is based on nineteen (19) performance measures. A Partner Provider's performance is ranked by quartiles that include Safety, Permanency and Well-Being. Each metric within the quartiles is expected to be at 100%. Any metric determined to be below 80% will require a corrective action plan. A total score will be established by adding all quartile metrics (Safety, Permanency, Well-Being) together and dividing them by 19.

Two (2) or more scores below 70% within the SAFETY quartile will result in a meeting between the Partner Provider's Chief Executive Officer and MDCPS to develop a feasible plan for improvement. Repeated deficiencies within a six-month timeframe may result in further plans for improvement to include loss of contract.

Ultimately, congregate care Partner Providers' scorecard performance has implications for contract renewal.

FY 2025 PARTNER PROVIDER BI-ANNUAL SCORECARD CONGREGATE CARE/CHILD PLACING AGENCIES		
	Facility Name:	
	Date:	
	MDCPS Reviewer Name/Title	
Overall Assessment Period Data		
1	Total # of youth placed in setting	
2	Placement utilization rate (based upon beds used within assessment period)	
3	Total # of child records reviewed	
4	Total # of staff records reviewed	
5	Total # of correction action plans implemented	
6	Total # of corrective action plan responses submitted within the required timeframe (10 days)	

7	Total # of substantiated maltreatment incidents	
Performance Indicator by Incidence		
1	Total # of serious incident reports	
2	Total # of unplanned discharges	
3	Total # of youth elopements	
4	Total # of medication mismanagement episodes by staff	
SAFETY		
1	% of staff/foster parents with compliant background checks (100%)	
2	% of days when staffing ratio was maintained (100%)	
3	% of staff/foster parents meeting training requirements (100%)	
4	% of youth who did NOT experience maltreatment by staff/foster parent (100%)	
5	% of Serious Incident Reports submitted within required timeframe (100%)	
6	% of youth receiving an initial risk assessment within required timeframe (100%)	
PERMANENCY		
7	% of youth with an initial Individual Service Plan – to include readmissions – completed within required timeframe (100%)	
8	% of youth discharged with required discharge notice (100%)	
9	% of youth engaged in sibling/family visitations (100%)	
10	% of ISP's containing services provided to youth - including progress/lack thereof (100%)	
11	% of Family Team Meeting that included youth and MDCPS Specialist (100%)	
12	% of required visitations by Partner Provider with foster child/ren and foster parents (100%)	
13	% of foster homes licensed within 120 days (100%)	
WELL-BEING		
14	% of youth receiving independent living skills opportunities (100%)	
15	% of youth that received a comprehensive medical exam (100%)	
16	% of youth with current dental exams (100%)	
17	% of youth with current vision exam (100%)	
18	% of youth that received a comprehensive initial mental health assessment within 14 days of placement – to include readmissions (100%)	
19	% of youth that received weekly individual therapy (100%)	
TOTAL OVERALL SCORE:		

