SCOPE OF SERVICE:

Supervised Independent Living (SIL) is a licensed or approved setting in which young adults in foster care can reside in the least restrictive, non-traditional environment while continuing to receive casework and supportive services that promote independence and will help them become self-sufficient. The program should encompass a balance between independence and dependence. Young adults in the program should not require 24-hour supervision but have scheduled and unscheduled intermittent check-ins.

Youth (ages 18-21) currently in foster care that has been assessed and determined to be ready for living independently with supportive services provided by the approved Partner Provider. Supportive services shall be provided by the program Partner Provider.

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.

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. Any vendor offering therapeutic group home services must also obtain certification by the Mississippi Department of Mental Health (DMH). DMH Operational Standards may be accessed online at www.dmh.ms.gov.

OVERALL SIL HOME REQUIREMENTS:

A. Partner Provider must meet or exceed all standards prescribed within these and other applicable policies to receive and maintain licensure *(see full Congregate Care and Child Placing Agencies Standards)*.

B. Partner Provider must be licensed by MDCPS to receive a referral of any child/ren in MDCPS custody. Therapeutic Partner Providers must also be certified by the Mississippi Department of Mental Health as a therapeutic provider for therapeutic group homes, intellectual and developmental disabilities and supervised independent living.

C. Partner Provider must be licensed by MDCPS to receive a referral of any child/ren in MDCPS custody.

D. MDCPS will provide referrals to the selected provider(s) for appropriate youth within the target population. Referrals will include all pertinent information needed to assess and maintain participation in the Supervised Independent Living Program.

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. MDCPS will conduct bi-annual performance based congregate care scorecard reviews for all congregate care settings excluding (see attached).

K. The Partner Provider shall ensure that case management services are provided to youth according to the identified needs of youth.

L. The Partner Provider shall establish a Participant Handbook to be provided to residents that includes participant expectations.

M. The Partner Provider shall provide to participants a monthly, monetary stipend in the amount of $500.00 per month.

N. Supportive Services shall include but not be limited to:

1. Savings and financial education
2. Post-secondary education resources and information
3. Job skill and job training resources
4. Transportation and transportation plans
5. Support navigating medical coverage and assessing any needed health care
6. Life skills (cleaning, shopping, cooking, etc.)
7. Resource linkage

B. Discharge Requirements

1. The youth has appropriate resources to transition to full independence or has been released from custody.

2. Discharges should be discussed with the multidisciplinary support team before discharge. In situations where immediate discharge seems most appropriate MDCPS Youth's specialist must be notified. (See Discharge Policy - Rule 6.7)

MDCPS COLLABORATION/INVOLVEMENT

A. The program shall be monitored by the MDCPS Congregate Care Department and will be reviewed according to the MDCPS Congregate Care review schedule. In addition, MDCPS specialists will conduct monthly visits with program participants and documents the young adult's:

1. Access to community resources and services;

2. Progress in achieving Transition Plan goals, to include supervised independent living (SIL) placement and personal goals (any barriers to achieving transition should be documented);

3. Adequacy of furnishings (such as necessary furniture, cooking utensils and lines);

4. Ability to make responsible decisions;

5. Use of available funds;

6. Services provided by the SIL Partner Provider; and

7. Review of disaster and safety plans.

PHYSICAL REQUIREMENTS

A. Approved placement settings

1. Single room occupancy in approved non-college dorm setting; or

2. Apartment setting; or

3. Shared house setting (on or off residential campus) shall include on-site management; or

4. Occupancy in a college dormitory paired with case management and supportive services provided by an approved agency.

B. Interior and exterior housing conditions must be acceptable and include private or semi- private bedrooms.

C. Initial and annual safety inspection in conjunction with other required Congregate Care reviews.

HANDBOOK FOR SUPERVISED INDEPENDENT LIVING

A. At a minimum, the Community Living Handbook must address the following:

1. A person-friendly, person-first definition and description of the community living services being provided to include rules, expectations, privileges, etc.;

2. The philosophy, purpose and overall goals of the service/program.

3. A description of how the independent living program service addresses the following items, to include but not limited to:

a. Visitation guidelines (applying to family, significant others, friends and other visitors) that are appropriate to Supervised Independent Living services;

i. Person's right to define their family and support systems for visitation purposes unless clinically/socially contraindicated.

ii. All actions regarding visitors (restrictions, defining individual and family support systems, etc.) must be documented in the person's record

iii. Any restrictions on visitors must be reviewed whenever there is an identified need or request by the person to change any of the restrictions;

iv. Visitation rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's state rights; and

v. To the greatest extent possible, people should have visitors of their choosing at any time.

b. Partner Provider shall support youth's daily private communication (phone, mail, email, etc.) without hindrance unless clinically contraindicated:
   i. Any restrictions on private telephone use must be reviewed daily;
   ii. All actions regarding restrictions on outside communication must be documented in the person's record; and,

   iii. Communication rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's stated rights.

c. Dating

d. Off-site activities

e. Household tasks

f. Curfew

g. Respecting the rights of other people's privacy, safety, health and choices.

4. Policy regarding the search of the person's room, person and/or possessions, to include but not limited to;

   a. Circumstances in which a search may occur;

   b. Employees designated to authorize searches;

   c. Documentation of searches; and

   d. Consequences of discovery of prohibited items.

5. Policy regarding screening for prohibited/illegal substances, to include but not limited to:

   a. Circumstances in which screens may occur;

b. Employees designated to authorize screening;

c. Documentation of screening;

d. Consequences of positive screening of prohibited substances;

e. Consequences of refusing to submit to a screening; and

f. Process for people to confidentially report the use of prohibited substances prior to being screened.

MDCPS CONTINUUM OF CARE:

A. Partner Provider must agree to be an active participant in the MDCPS Continuum of Care:

- 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.
- 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.
- 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.

- 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*
        - **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 mode 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. Youth will turn 18 while in MDCPS custody participating in a high school, GED/HiSET, or post-secondary program.

B. Partner Provider must ensure that youth remains in compliance with attendance policy established by high school, GED/HiSET, or post-secondary program. Young adults who are unable to do one of the above requirements because of a medical condition may also be eligible for services and support. Supportive services shall be provided by the program Partner Provider.

C. Youth shall be employed or actively seeking employment unless otherwise prevented by disability or full-time school attendance.

D. The Partner Provider must have a clearly defined written policy and procedure regarding admissions. All denials for admission must be based upon the clinical justifications of a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).

E. 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.

F. 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.

G. 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.

H. 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.

I. Partner Provider's ability to ensure that each youth receives an Initial Safety/Risk Assessment within 24 hours of admission.

J. 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.

K. 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. The Partner Provider is encouraged to interview any child via in person/remote within a reasonable timeframe to assist youth with a comfortable transition and pre-welcome (with the exception of emergency placements).

D. 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.

E. 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.

F. 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.

G. 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 of the agreed upon date of discharge indicated.

H. 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.

I. 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.

J. 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.

K. 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.

L. 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