



**\*\*\*AMENDMENT #2 TO RFP # 2014-100-02\*\*\***

*Changes have been made to the document as originally issued. Please see the changes to Section 3.0.*

### **3.0 MODERATE RESIDENTIAL CARE SERVICE PROGRAMS**

Moderate Residential Services are provided in a congregate care setting, and includes room, board and an array of services for a child with moderate emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school and/or community setting in other than a residential environment. Moderate placement services are limited to children whose needs cannot be met in their own home, traditional foster home, basic residential care, or children who have reached their treatment goals in a more restrictive setting and are ready to be "stepped down". All children that are placed in a moderate residential setting require 24-hour awake staff for proper supervision to prevent/respond to the following behaviors which include but are not limited to: fighting at night, inability to sleep and wandering around, attempting sexual contact with other residents, attempted runaway patterns, etc.

Children eligible for this program must have a Diagnostic & Statistical Manual; Fifth Edition (DSM-V) diagnosed mental illness from a psychological evaluation conducted within the past 24 months. An assessment of the child's behavior by the Multi-dimensional Assessment Tool (MAT) indicating that the child needs placement in this type of program must be completed prior to placement. The program can take the child into pre-placement awaiting the results of the MAT assessment. Children may also have substance abuse needs or have had substance abuse needs and have successfully completed an Alcohol and Drug Treatment Program. Children may be delinquent, chronic runaways, display manipulative behaviors, have difficulty maintaining self-control, display poor self-esteem, have difficulty in securing and maintaining close relationships with others, be truant from school and have difficulty in accepting authority. Children with a history of sexual offenses are eligible if they have successfully completed a sex offender treatment program and/or have been deemed not to pose a serious risk by a recognized sex offender treatment professional.

Children that are in this type program typically have: (1) need of clinical treatment to be able to function in school, home or the community because of multiple problems; (2) not responded successfully to less intensive treatment and/or have been denied admission or discharged from various less restrictive placements because of emotional and behavioral disruption; and/or (3) behavior that is not well controlled without constant adult supervision or use of psychotropic medication. Children that receive psychotropic medication should be monitored and maintained on the lowest dosage of medication. Selected vendors must follow the Federal Psychotropic Drug protocol in regards to the appropriate use and monitoring of psychotropic medications. DHR staff will provide diligent and thoughtful oversight of medical care, particularly in regard to the use of psychotropic medication.

Vendors will be expected to comply with the policy document from DHR which describes the Federal government mandates regarding the monitoring of psychotropic medications for children in foster care. ~~Attached to this RFP is the policy to implement a comprehensive treatment policy and protocols to include a trauma-based assessment tool for children entering foster care and the treatment protocols including guidance on informed consent, minimum and maximum dosage guidelines, prior approval protocols, use of PRN medications, notification regarding medication dosage changes, and required medication testing and monitoring. Please see the Administration of Children Families memorandum dated 4/12/2012.~~

The Oversight of Psychotropic Medication for Children in Foster Care; Title IV-B Health Care Oversight & Coordination Plan (<http://www.acf.hhs.gov/sites/default/files/cb/im1203.pdf>) that is mandated by the Federal government. The policy must be used to implement a comprehensive treatment policy and protocols to include a trauma-based assessment tool for children entering foster care and the treatment protocols including guidance on informed consent, minimum and maximum dosage guidelines, prior approval protocols, use of PRN medications, notification regarding medication dosage changes, and required medication testing and monitoring.