STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

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Therapeutic Foster Care (TFC) Resource Guide and Toolkit

Purpose

This Resource Guide and Toolkit provides a description of Therapeutic Foster Care (TFC), information about roles and responsibilities, and the process to deliver TFC in Iowa.

Resource parents, Iowa Department of Health and Human Services staff, case managers, contracted services providers, and other interested persons may use this guide.

This guide and toolkit are products of the Iowa Department of Health and Human Services. Comments and suggestions can be addressed by using the link in the Contact Us section of this document.

Program Overview

All youth who enter foster care deserve specialized attention and services to meet their needs. Some youth who enter foster care experience challenges related to a combination of traumatic childhood experiences, lower cognitive functioning, developmental delays, and serious struggles with emotional and behavioral control.

While we believe all youth belong with their family, at times it may not be possible or safe to serve the youth in a typical family or family like setting. TFC is intended to expand the opportunities for these youth to safely reside and receive treatment in a family setting until they can return to their family or other permanent family.

If a relative or fictive kin can care for the youth and meet their needs, TFC is not appropriate, and the focus should be on working toward the kin placement and what supports or services are needed for that placement.

Youth in TFC receive daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents, referred to as TFC resource parents. The environment is highly structured, so the youth is safe and supported in a community setting. TFC resource parent(s) and the team around the youth share goals to stabilize the youth's mental/behavioral health issues, facilitate timely and successful transition into permanent placements (e.g., reunification, adoption, etc.), and to achieve individualized goals and outcomes described in a comprehensive care plan.

TFC is intended to be a therapeutic, short-term setting. It is not intended to replace or emulate a permanency setting such as the youth's family or guardianship or adoption options for those seeking permanency. This is not an emergency placement. The service is expected to last no more than six months and may be extended to facilitate stable placement. In addition, pre-services of up to 30 days and post-discharge supports for the youth and family may occur as needed after the youth leaves the TFC resource home.

TFC resource parent(s) receive support and supervision from private foster care agencies, including at least twice a month (when one contact is face-to-face). They also have access to a peer support group, 24-hour crisis line, and all the training below:

- Learning how to build positive relationships with parents and families
- Understanding the commitment, it takes to ensure the well-being of youth placed in your care
- Learning the importance of keeping close connections between youth and their families

- Understanding trauma and the response to trauma
- Understanding behavioral problems, a youth may experience
- Understanding the child welfare and foster care systems

There are to be no more than two therapeutic youth placed in a TFC resource home at any time. The TFC home environment will be evaluated, and limitations or exclusions may be applied at the sole discretion of HHS. For example, a home may not be approved for TFC if there are other adults, youth, or pets in the home that could pose a risk or distraction, making the environment not ideal for care and treatment.

Program Description Flier/TFC Process Map

Program descriptions are below and in PDF format in the appendix:

Program Design	
Program Element	**Description**
Population Served	Youth in state custody who ▪ Meet criteria for co-occurring mental health diagnosis, SED/Behavioral Health, or autism; ▪ Not able to be in a typical foster family home; ▪ Age 8-13 (must start the service at age 12); and ▪ Adjudicated Child in Need of Assistance and custody with HHS (CINA) (In child welfare system).
Program Description	Youth in TFC receive daily care, guidance, and modeling from specialized, highly trained, and skilled TFC resource parents. TFC families receive support and supervision from private foster care agencies with the purpose of stabilizing and/or improving a youth's mental/behavioral health issues, facilitating youth'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. While these descriptions are common to family foster care, it should be noted a TFC resource parent has more training and experience; there is more alignment of services and service planning with Iowa Medicaid and its managed care partners, MHDS, education and others; the number of youth in the home is lower; and the payment rates are higher; and the payment methodologies are different than standard foster care. Placement of youth is staggered, meaning a youth should be in the home for 60 days before another youth enters.
Referral Source	Youth are referred by their assigned Social Work Case Manager (SWCM). Service Area Manager (SAM) or designee approval must be given prior to a referral to Recruitment Retention Training and Support (RRTS) for a request for a TFC placement. Others who serve the youth and believe this is a fitting service, should contact the SWCM.

Program Design	
Program Element	**Description**
Length of Service	TFC is intended to be a therapeutic, short-term setting. It is not intended to replace or emulate a permanency setting such as the youth's family or guardianship or adoption options for those seeking permanency. This is not an emergency placement. The service is expected to last six months (maybe extended to facilitate stable placement). In addition, pre-services of up to 30 days and post-discharge supports for the youth and family may occur as needed after the youth leaves the TFC resource home.
Other Household Safety and Care Considerations	There are to be no more than two therapeutic foster youth placed in the home at any time. The TFC home environment will be evaluated, and limitations or exclusions may be applied at the sole discretion of HHS. For example, a home may not be approved for TFC if there are other adults, youth, or pets in the home that could pose a risk or distraction, making the environment not ideal for care and treatment. ▪ The youth's family cultural beliefs and needs should be valued. ▪ The youth's parents retain decision making authority unless it has removed by the court. It should be noted the Reasonable and Prudent Parent Standard does permit a TFC resource parent to make day to day decisions to support a child's participation in social, cultural, or developmental activities (school trips, sleepovers). ▪ Placement close to home is a priority. ▪ School placement stability is a priority. ▪ The ability for the youth to have separate rooms is expected of the TFC resource home, however, this will be handled on a case-by-case basis.
TFC Family Selection Process	Invitation to participate, the engagement, and the licensing process is initiated and completed by RRTS. SWCMs and other HHS personnel may recommend individuals to RRTS for consideration. RRTS identifies prospective TFC resource homes and confers with Iowa HHS Service Area Leadership regarding approval as a TFC resource home. HHS has final decision-making authority. RRTS proceeds with the licensing process if the TFC is new. RRTS supports the TFC family to be oriented to TFC and to meet training requirements.

Program Design	
Program Element	**Description**
TFC Family Qualifications	▪ Meets foster care licensing requirements outlined in Chapter 113. ▪ Are 25 or older. ▪ TFC caregivers need to be responsive to emergent needs 24/7 and will likely have a higher need for external support. ▪ TFC caregivers employed outside the home need to be responsive to the child's needs 24/7. (Must have child care/back up child care, transportation, etc. and be able to respond to youth illness, emergencies, or other needs of the youth while working). ▪ Have a minimum of 2 years' experience working with youth or have at least two years education in the fields including human services, early childhood/secondary education, or nursing field(s) or other HHS approved education. One year of education may substitute for one year of experience. ▪ Be the owner or primary renter on the property where the TFC resource home is situated. A one-year lease is expected, minimum. ▪ Pass/certification in additional training/education expected to be a TFC Family. ▪ Training includes additional training as stated in the TFC Resource Parent Agreement, which may include: • Trauma Informed Care • Certified in First Aid/ CPR • Approved crisis support and verbal de-escalation training • Training/consultation specific to the youth's individualized mental/developmental health, and medical health care needs • Other training as directed by HHS. ▪ DOT approved motor vehicle/driving record screens. ▪ Be a legal resident of the United States.

Program Design	
Program Element	**Description**
Youth and Family Commitment to Treatment	
Expected Youth Outcomes	Remain in a TFC/Family Home Setting to receive therapeutic care as needed and addressed in the case plan. ▪ Permanency is the goal. ▪ Receives quality education meeting the needs of the youth: • Attends regularly • Passing grades • Receives educational supports and services necessary to achieve educational success; includes IEP or 504 Accommodations planning and supports • Moves to the next grade level ▪ Without law enforcement contact beyond custody processes: • Goal is that youth is not court involved beyond custody processes • This means police are not called for crisis situations; the youth's individualized, comprehensive service and support plan has good crisis planning ▪ The goal is that there are strong services and supports in place; provider staff and TFC families are trained to support and manage situations; bio families are learning/gaining skills; and there is access to crisis services to assist diffuse/de-escalate situations when less intensive approaches have not resulted in de-escalation.

Program Design	
Program Element	**Description**
RRTS Responsibilities	To TFC Families and the team around the youth: ▪ Recruit TFC Families. ▪ Assures TFC families/homes meet foster care licensure standards. ▪ Assures TFC families meet standards to be a Therapeutic Foster Care family. ▪ Oversee/monitor the TFC Families as the would other Resource Parents. • Responds to calls or emails timely, to support to the TFC Family. • Provides periodic visits per contract requirements. ▪ Provide/coordinate training for TFC resource parents, considering the core and additional requirements. ▪ Participates as a coordinated care team member to understand and support the youth and family of origin. ▪ Develop, staff, and implement at support group for Therapeutic Resource Parents, including: • Group meetings and/or social activities at least monthly. • Encourage TFC resource parents to get to know one another and be there for peer-to-peer support. ▪ Assist arranging respite services, including supporting a network for making respite connections. To TFC Youth, the goal is: ▪ Placement of youth in own community. • No more than 20 miles between TFC resource family and parent or identified family unless it would result in a different district. ▪ Youth attends own school (preferred) or school in parent or identified families home district. • TFC resource home within the youth's own school district. ▪ No more than 1 to 2 TFC youth in the home; exceptions for sibling groups within reasonable limits.
Funding and Payment Methodology	
Reimbursement	Daily reimbursement is expected to be a per youth $50 unfilled/$150 filled bed. (Unfilled daily payment will start when the first placement is matched with the home and the filled bed payment will start the day the youth is placed in the TFC home). There may be up to two youth placed in TFC at a time. The TFC family will receive a set monthly stipend, so they have financial stability to continue operating and be available for placements. Foster care payments are not taxed, but the licensed provider should consult a tax professional.

Program Design	
Program Element	**Description**
Funding	**Type/source:** Medicaid, ACFS, child welfare, etc. are all potential funding sources. See TFC Visual. **Method/Process:** The TFC resource parent will receive a set amount per day, regardless of the number of youth (0, 1, 2) and regardless of the level of care of the youth. They will be paid for the youth in the home by the HHS approved online payment system (FACS). They are paid for unfilled beds at the end of the quarter, via RRTS contract.
Quality Assurance	Contract monitoring is handled by the Division of Family Well-being and Protection. The RRTS provider will monitor TFC Resource Parent training and licensing requirements. RRTS will monitor respite utilization.

Eligible Population

To be eligible for placement services, the person must be living in the state of Iowa. Persons living in Iowa for a temporary purpose are considered to be "living in Iowa," unless the purpose is vacation. Youth are considered residents of Iowa when they are under the jurisdiction of an Iowa juvenile court and are placed in another state. SWCM's begin the referral process outlined below. A screening tool is used to identify appropriate youth referrals, in the appendix of this document. Others who serve the youth and believe this is a fitting service, should contact the SWCM and request this service. A Child in Need of Assistance (CINA) court order is required. Eligible youth in state custody who:

- Meet criteria for co-occurring mental health diagnosis, SED/Behavioral Health, or autism;
- Not able to be served in a non-specialized family foster home;
- Age 8-13 (must start the service at age 12); and
- Adjudicated Child in Need of Assistance (CINA) (In child welfare system).
- Custody of the youth placed with HHS in family foster care.
- Parent or an identified family will participate in the program with the expectation the child will exit therapeutic foster care to permanency in their home.

For the benefit of the youth, the goal is:

- Placement of youth in own community.
- No more than 20 miles between TFC resource home and the youth' family unless it would result in a different district.
- Youth attends own school (preferred) or school in the youth's family/permanency family's home district.
- TFC home within the youth's own school district.

Court Order

TFC cannot be court ordered as it is foster care level of care and is not more or less restrictive than typical foster care. Youth must be adjudicated as CINA and involved with Child Welfare Case Management (See eligibility requirements).

Therapeutic Foster Care is foster care. It is not a separate level of care. Placement in foster family care requires a court order. Placement in "foster family" should be in the court order. The Iowa Department of Health and Human Services determines which placement setting, including the variety of family foster care options, where the youth will reside.

Selecting High Quality Resource Parents

Criteria:

- The family should have at least one caregiver who does not work outside of the home or have significant commitments to activities outside of the home, so they are readily available to care for youth placed in their home, able to adapt to sudden changes in schedule (such as a youth's suspension from school), and able to transport youth to necessary appointments such as therapy or medication management.
- The family should have no infants or especially vulnerable youth who cannot verbally communicate with their parent.
- The family shall have no more than three children of their own living in the home. These children should not have significant needs or challenges of their own.
- Previous experience working with or caring for youth with Serious Emotional Disturbance diagnosis and challenging behaviors.

And/or

- Educational experience that provides a high level of insight and knowledge about working with or caring for youth with Serious Emotional Disturbance diagnosis.
- Families who have demonstrated a commitment to maintaining placement stability even in the face of very challenging behaviors, or families who voice a willingness to remain committed to a youth for a period of at least 6 months even when faced with very challenging behaviors.
- Families who will partner and communicate effectively with parents or identified family and professional members of the youth's care team.
- Families willing to obtain additional training and attend peer support activities with other TFC providers.

Training Requirements

Training requirements are based on whether or not TFC candidates are currently licensed or if they need to go through the initial licensing process.

1. TFC candidates who are unlicensed at the time of recruitment, in addition to completing all training requirements for licensure will complete 6 of the seven (7) Core Teen topics and will also complete Verbal Crisis De-Escalation before they are approved to provide TFC.
2. TFC candidates who are currently licensed at the time of recruitment who completed pre-service training will take NTDC topics as follows: Trauma Related Behaviors, Parenting a Youth with Sexual Trauma, and Trauma Informed Parenting. These TFC candidates will also take Core Teen topics 4) Nurturing a Youth's Cultural, Racial, Ethnic Needs, 5) Understanding and Managing Youth's Challenging Behaviors PART 1 and 6) Understanding and Managing Youth's Challenging Behaviors Part 2.

The TFC home environment will be evaluated, and limitations or exclusions may be applied at the sole discretion of HHS. For example, a home may not be approved for TFC if there are other adults, youth, or

pets in the home that could pose a risk or distraction, making the environment not ideal for care and treatment.

- The youth's family cultural beliefs and needs should be valued.
- The youth's parents retain decision making authority unless it has removed by the court.
- Placement close to home is a priority.
- School placement stability is a priority.

Each youth is presumed to need their own room and this ability to separate the youth is expected of the TFC home.

Roles and Responsibilities

The following documents were created to outline the roles of those involved in TFC to facilitate a cohesive team environment. The primary role is provided, and a full description is in the Appendix of this document.

The following document outlines the role and responsibilities of the Youth's Parent or Guardian.

Primary Role

The parent/guardian:

- Retains decision making authority unless it has been modified by the court. Note: Reasonable and Prudent Parent standards permit resource parents to make day-to-day decisions about school trips, social activities, and cultural events, for example, so the youth does not miss out while waiting for a form to be signed.

The parent and/or identified family:

- Is an important team member and part of all service planning discussions.
- Contributes need to know information for the referral to the TFC resource parent and other team members, including signing releases for needed information.
- Participates in pre-placement services to meet and inform the TFC resource parent(s) and other team members about their youth and family.
- Invites/introduces other family members or friends who have or could support the youth and reunification efforts.
- Participates in in-person meetings, including those at the resource parent's home or the parent's home, which are necessary for positive engagement, cohesive case planning, sharing of ideas and strategies, and building trust.
- Participates in scheduled interaction opportunities with their youth.
- Practices treatment strategies identified in service planning (for example, the parent may adapt the way of supporting and correcting the youth's behavior).
- Participates in post TFC services to use all proven strategies and lessons to ensure the best care of their youth.

Comm. 681 outlines the role of the Parent or Guardian.

Comm. 684 outlines the role and responsibilities of the TFC Recruitment, Retention, Training and Support Worker (RRTS) Provider.

Comm. 685 outlines the role and responsibilities of the Social Work Case Manager.

Comm. 686 outlines the role and responsibilities of the Therapeutic Case Manager.

Comm. 687 outlines the role and responsibilities of the TFC Resource Parent.

Making a Referral

Comm. 013 contains the Therapeutic Foster Care Flowchart.

Youth are referred by their assigned Social Work Case Manager (SWCM).

1. The **Social Work Case Manager (SWCM)** staffs a potential TFC case with a **Social Work Supervisor (SWS)** to ensure the child and family meets placement criteria.
2. If approved, **SWCM** completes 470-5764, *Preplacement Screening for Therapeutic Foster Care* Form.

SWS forwards form to the **Service Area Manager (SAM)** or designee for approval.

4. The **SAM** then sends the signed form to the **SWCM** for the case file. The Service Area Manager (SAM) or Social Work Administrator (SWA) approval must be given in writing prior to a referral to Recruitment Retention Training and Support (RRTS) for a request for a TFC placement.
5. **SWCM** gains verbal consent from parent/identified family to participate in the TFC program.
6. **SWCM** completes 470-5508, *Family Foster Care Referral* Form and sends to RRTS provider with Preplacement Screening for TFC form at foster-adopt@fouroaks.org. **SWCM** copies **TFC Case Management** at abowlin@dhs.state.ia.us to inform a referral is being made to RRTS.

Locating a home

1. **RRTS** activates TFC Match Search Protocol to identify and match the child and TFC resource home. Communication between RRTS and **SWCM** follows TFC Match Search Protocol.
2. **RRTS TFC Specialist** and **SWCM, with Service Area Leadership support,** consider available TFC resource home options and select the home that best meets the treatment needs of the child and identified family.
3. **SWCM** emails **TFC Case Manager** of match, and **TFC Case Manager** schedules Person-Centered Service Planning Meeting (PCSP Meeting).
4. **RRTS TFC Specialist** initiates reserve bed payment ($50/day) for first-time TFC Resource Parents.

Pre-Services Coordination and Planning

TFC is an intentionally planful foster care treatment setting. Effective use of this service requires preparation 30 days prior to the intended placement. All team members are to be identified early, so they can discuss the needs of the youth and family, resources available, and transition steps. The youth's medical, psychiatric, and psychological needs shall be assessed before placement is recommended. This examination identifies the youth's health needs including emotional trauma associated with their abuse and removal from the home. SWCMs engage medical and mental health professionals during this screening to gather information to

determine the youth's treatment plan. The Family Case Plan must contain the most recent information available about the youth's health records.

Team members, minimally, need to use the month prior to placement to:

1. **SWCM** emails **TFC Case Manager** of match, and **TFC Case Manager** schedules Person-Centered Service Planning Meeting (PCSP Meeting).
2. **RRTS TFC Specialist** initiates reserve bed payment ($50/day) for first-time TFC Resource Parents.
3. **TFC Case Manager** contacts Foundation 2 to engage crisis supports, discuss crisis plan, and coordinate services as appropriate.
4. **TFC Case Manager** convenes a Person-Centered Service Plan (PCSP) meeting with **SWCM**, parent or identified family, child, TFC Resource Parent, **RRTS Support Caseworker**, Foundation 2 and others identified, to develop the Person-Centered Service Plan (PCSP), including a crisis plan. A service plan is created by the TFC Case Manager with the youth and family in the 30 days prior to placement. The plan is reviewed at least every 30 days and revised as needed. A transition plan for exiting TFC is part of the service plan from the first plan or as soon as possible thereafter.
5. All required releases of information will be completed. The Inter-disciplinary Team Member's Agreement and the Service Plan must be signed by all parties. Assigned Targeted Case Management worker will meet with the parent/guardian, SWCM and preferably the youth face to face.
6. **RRTS TFC Specialist** will contact **SWCM** to coordinate pre-placement visitation with TFC resource home and information sharing, as appropriate. **SWCM** notifies the education point of contact at the school district or AEA responsible for the child's education, to ensure educational stability in accordance with Employee Manual Chapter 18-C(2).
7. **TFC Case Manager** makes referrals as identified in PCSP, such as health counseling, Behavioral Health Intervention Services (BHIS), mental health and disability services, medication prescriber, short-term crisis service and other medical referrals. makes referrals as identified in PCSP, such as health counseling, Behavioral Health Intervention Services (BHIS), mental health and disability services, medication prescriber, short-term crisis service and other medical referrals.
8. **RRTS Support Caseworker** identifies and assists to schedule TFC Resource Parent training to meet the specific needs of the child.

Placement

Prior to the day of placement, team members will have met and understand their roles and responsibilities. The first day the youth is placed in the TFC home is dedicated to supporting the youth to transition from the previous environment. Consider all the following:

- Has there been a transition discussion between the youth's previous placement and the TFC home regarding recommended daily routine, scheduled appointments, medications/prescriptions, food dislikes/likes or allergies, youth's coping skills and behavior triggers?
- Is the parent connected and/or informed about the transition?
- Does the youth know and trust the person transporting?
- Has the youth been informed how and when communication with family, including parents and siblings, will occur?

- Has the parent been informed there will be a "comfort call" upon placement in the TFC home?
- Does the youth have clothing, hygiene supplies and other personal belongings?
- Is there a plan for health care and education?
- When and where will services occur for the youth?
- Is there a plan for transitioning out of the TFC home?

1. **SWCM** and **TFC Case Manager** coordinate transition and transportation to the TFC resource home, at a date identified in the PCSP Meeting and in accordance with the court order. Transportation of the youth from current environment to the TFC family home will need to be established. Preference is for TFC parent and parent/guardian to transport child to TFC home together. The **SWCM** requests a motion for court ordered placement to family foster care, if not already ordered.
2. **SWCM** completes FACS system entries needed for foster care placement ($150/day). **RRTS TFC Specialist** initiates second reserve bed payment ($50/day) for first-time TFC Resource Parents. SWCM also completes 470-0716, *Foster Family Placement Contract* with the TFC Resource Parents.
3. **SWCM** schedules meeting with the TFC Resource Parent and child within five business days of placement. The **TFC Case Manager** and child's parent or identified family should also be present, if possible.

   The **SWCM** will:

   a. Engage the **TFC Resource Parent**, parent or identified family in establishing communication and relationship-building through role clarification to recognize the important role each person has in life of the child.

   b. Answer questions the child or others present have.

   The **TFC Case Manager** will lead brief review of services and expectations, including but not limited to the following:

   a. Family interaction
   b. Education/school matters
   c. Respite care
   d. Crisis services
   e. Therapeutic and psychiatric services
   f. Answer questions the child or others present have.

Comm. 683 contains the Pre-Placement Coordination Plan.

Treatment coordination

The Therapeutic Case manager (TCM) and SWCM will coordinate monitoring of health care needs. It is critical and federally mandated to monitor any health and mental health care needs of a youth to ensure these needs are being met. When children are in therapeutic foster care settings, the TCM supports the TFC resource parents and the youth with the daily implementation of the youth's treatment plan.

The TCM helps facilitate the ongoing engagement of the youth's family with whom the child may be reunified.[1] They provide oversight and monitoring of ongoing services; monitor the youth's progress towards goals in the care plan; work with the youth's team to modify goals and services; and coordinate new services as needed. Therapeutic case managers work with the TFC parent(s), the youth, the youth's parent(s) and family members, service providers, schools, and other agencies to coordinate services from multiple providers and funding streams into an integrated plan of care. These services are provided to the youth while in the TFC home and remain in place upon the youth's reunification with their parent(s) and family.

The TCM also assures necessary medical/mental/behavioral health; health supports; social; educational; and other services follow the youth regardless of custody status.

Monitoring health and mental health care is an ongoing process throughout the foster care placement. At each foster care monthly visit, the SWCM should ask for updates regarding any dental, medical, or mental health appointments as well as any recommendations or follow up resulting from these appointments. This information shall be communicated to the team as needed.

TFC Crisis supports

The TFC Case Manager will complete an assessment for every youth in TFC. The purpose of this assessment is to get a self-reported picture of the whole-person health so that they can be connected with any other resources the member may need to improve their overall wellbeing.

Program Problem Solving

Youth Safety Plan vs. Case Plan

Safety plans address immediate danger to a youth while case plans address conditions that may require treatment or intervention, but do not pose an immediate danger of serious harm or maltreatment.

A Safety Plan form 470-4461 is a temporary plan created with the family to address present or impending danger focused on what needs to happen to assure the youth's safety.

A Case Plan is developed with the family to address a wide range of family needs after a thorough needs assessment. The purpose is to change behaviors and conditions over time with the goal of having a long-term, sustainable effect. The provider's role and responsibility in a case plan will vary according to the family's needs.

Crisis Planning

Crisis planning is different from safety planning, although there may be overlaps. A crisis plan addresses what could go wrong with the strategies in the case plan and identifies a contingency plan. Crisis planning answers the questions: "What actions or response would be required if some part of the plan breaks down and a crisis occurs?" and "What could go wrong?"

[1] State Practices in Treatment/Therapeutic Foster Care, U.S. Department of Human Services, Office of the Assistant Secretary for Planning and Evaluation. April 2018

To identify and predict contingencies:

- Identify with the youth and family team what their "worst case scenario" might be.
- Identify major things that could go wrong with the family. Explore examples of what happened in the past before a crisis occurred. This provides precedents to look for when it is about to occur again.
- Help the family team brainstorm about what they may do to prevent a possible crisis. List action steps to prevent or respond to a crisis that may develop, including contingency responses and who will do what.
- Ensure that the crisis plan is incorporated into the Family Case Plan.

The crisis plan should be created if possible **prior** to the youth's placement in TFC based upon their and the TFC's family's unique set of circumstances, support system and environment. The TFC team should all be involved in assisting with the creation of the crisis plan. As crisis arises the TCM should be the first point of contact for crisis situations relating to the youth's behaviors/mental health in the TFC home. However, there should be no wrong point of communication during a crisis, with any team member assisting and helping make the appropriate direct connections to assist the family and youth.

Following a crisis situation, the crisis plan should be reviewed by the team at the earliest opportunity and changes made if necessary to further support the TFC provider and youth.

Crisis Services:

Foundation 2 has created a crisis service, uniquely available to TFC resource parents, the youth, and their family. The service is described below:

- A distinct 24/7 phone/chat/text line, like the 988/YLI system, to provide a listening ear, advice, and referrals.
- The youth in a TFC would be pre-entered into the system so the crisis respondents would already have information about the home in the CareLogic EHR/Documentation system. This would include the address of the residence, name of TFC resource parent(s) and phone number(s) attached to that home. This facilitates communication and helps build a relationship of support.
- Regular communication with the TFC Case Manager for each caller. This includes sharing the note of what occurred on the phone call as well as any other services they received (mobile crisis, CSCBS, etc.).
- Mobile crisis outreach and other services is offered during the call if the family met the criteria for that service (i.e.: voluntary, appropriate situation)
- Training is provided to the parents in the homes around de-escalation, suicide screening, safety planning and "what to expect when you call."

Length of Service

TFC is intended to be a therapeutic, short-term setting. It is not intended to replace or emulate a permanency setting such as the youth's family or guardianship or adoption options for those seeking permanency. This is not an emergency placement. The service is expected to last no more than six months.

Stays may be extended to facilitate stable placement. In addition, pre-services of up to 30 days and post-discharge supports for the youth and family may occur as needed after the youth leaves the TFC home.

Child Welfare Contracted Services

The TFC program is intentionally comprehensive. The goal is to recommend family-centered child welfare services that are comprehensive and intensive enough to promote change and remedy identified factors that place the youth at risk. The intent is to build services around the youth's needs and the family's existing strengths.

The SWCM may identify any of the following child welfare services to support youth and their families in TFC:

- Solution Focused Casework via Family Center Services

  Comm. 680 outlines the interface between TFC and the Family Center Service Provider (FCS).

- Family Interactions provided by Family Center Service Provider Agencies

  The purpose of the parental visitation is to continue to build the bond between the child and the parent or caretaker. This is a key component and enables the growth of the child in TFC to be recognized and validated by the parent and family. The frequency and quality of the visit between the SWCM and the parents should be of sufficient frequency and length to address the safety, permanency, and well-being of the child and to promote achievement of the case goals

- Parent Partners

  Parent Partners have previously been involved with the Department due to child protection issues. They have since experienced successful reunification or resolution around termination of their parental rights. They are role models, mentors, resources, and support to the parent that has a child removed They collaborate with SWCMs, counselors, attorneys, and providers to meet the needs of families, assist in policy and program development, change perceptions in communities, and facilitate trainings and learning opportunities.

- Child Care

  Child care should be a rarely used option while children are in Therapeutic Foster Care.

  In the event it is necessary, the child care provider should have the skills and abilities to meet the child's needs in a way that is consistent with the child's treatment plan. The need and usage of child care should be discussed with the treatment team and approved by the SWCM. It may be appropriate to engage the child in a child care setting closer to discharge in the event that will be a similar environment at discharge.

  For child care, the need must be clearly identified and documented in the Family Case Plan as to why the foster parents cannot care for the child. Child care cannot be provided as a convenience for foster parents. A foster parent may be eligible to receive child care reimbursement if they are working or attending school.

  If child care is recommended by a physician or therapist to assist in the development of social emotional and communication skills and the foster parent does not meet the qualification for child care reimbursement due to not working or attending school, an exception to policy can be requested. Documentation from the physician or therapist would need to be included with the request.

Reimbursement to foster parents for child care expenses is limited to the rates allowed in Child Care Assistance policy. Follow procedures in 13-G, Establishing Payment Rate, to determine the payment rate for child care. If the child care provider charges above the state approved CCA rate, foster parents would be required to pay the difference.

Documentation of Services Completed by the TFC Resource Parent

The *Therapeutic Foster Care Daily Log*, 470-5766 is completed by the TFC resource parent to document the daily events that occur. The TFC resource parent will tie the daily activities/events to the youth's treatment goals.

The TFC resource parent will submit the daily logs to the TFC Case Manager in weekly increments. The TFC Case Manager will review to monitor and communicate progress towards treatment goals.

Case Review and Monitoring

Monitoring progress is the practice of measuring changes in behavior and conditions, not measuring service attendance or compliance. Determining the extent and nature of progress is central to child protective services. Monitoring change should begin at service implantation and continue throughout the life of the case until the family level and individual level outcomes have been achieved. Each contact with the youth and family should focus on assessing the progress being made to achieve the established outcomes, goals, and tasks as well as to reassess safety.

Case Monitoring Strategies

- Maintain frequent email and phone communication with all child welfare service contractors involved with the family.
- Participate in face-to-face meetings between the family and contractors during the initial period and throughout life of the case (LOC).
- Share information and perceptions concerning the case with contractors. Discuss any historical information on prior services the family received, specific approaches that work most effectively with the youth and family, any current court action or expectations, and any other significant case issues.
- Review documentation and reports submitted by child welfare service contractors.
- Use the periodic team meetings (typically every 45 days) to monitor and adjust services, outcomes and goals, and action plans.

Information Security and Appropriate Sharing of Information

People have a right to privacy. People have the right to be informed about the storage of personal information about themselves and to control the collection, use, and dissemination of that information.

There is a need to balance the right of privacy with the need of government to gather information and to deliver appropriate services and supports.

"Personally identifiable information" means information about or pertaining the subject of a record which identifies the subject, and which is contained in a record system. The incidental mention of another

person's name in a subject's record (e.g., as employer, landlord, or reference) does not constitute personally identifiable information.

"Protected health information" means information that contains a subject's medical information, including past, present, or future treatment and payment information. Protected health information is a composite of multiple fields that grouped together give detailed accumulative information about a subject's health. The following areas of health-care-processing file information constitute protected health information when joined together in an accessible record:

- Information that identifies the subject.
- Medical information describing the subject's condition, treatment, or health care.
- Health care provider information. Identifying information associated with any information from the other two categories constitutes protected health information. When the information that identifies the subject is present in the record, any information that ties health care data to the subject's identity constitutes protected health information.

When gathering information needed to deliver services and retaining data, gather and keep only that information which is necessary to discharge the program duties. Limit collection of information, particularly personally identifiable information on clients, to that data necessary to administer and manage the program authorized by law. Data that is not needed should not be requested. Exercise judgment and caution regarding which material is included and how the material is presented to avoid harming the client. At times you will take notes that may become part of the case record, during an interview or during a contact with a third party, for example.

The TFC Program, including all divisions involved in the service shall:

- Establish procedures for safeguarding information.
- Develop a procedure to indicate who is allowed to view confidential records.
- Take precautions for the security of records that contain confidential information.
- Remedy all situations that might allow for inadvertent disclosure of confidential information caused by poor facilities or improper office practices.

Include the following office rules and procedures in the training of new employees:

- Always make efforts to maintain a client's privacy in offices where confidential information is discussed.
- Do not discuss confidential information with unauthorized people or in places where unauthorized people might possibly overhear. Unauthorized people include family members and friends of staff.
- Do not leave confidential records out on a desk or on a display screen when not being used or where people unauthorized to see the materials may enter the office.
- Assign access codes only to people needing access to the computer terminal. No one shall use another person's access code without permission from the service area manager, regional administrator, or facility administrator.
- Keep records containing any confidential information in a secure room, in a locked file cabinet or other similar container when not in use. Keep the keys to these locked containers secured.
- Maintain a list of staff who have keys to the office for after-hour access. Review the list annually to: • Determine whether the same people still need after-hour access. • Ensure that the people still have control of the keys and haven't misplaced them.

- Obtain permission before taking a case record or a medical or treatment record from the facility or office site.
- Use specialized methods of record destruction, such as shredding or burning with all confidential information.

Release of Information

Form 470-0429, *Consent to Obtain or Release Information* is designed to get the permission of the client or the client's legally authorized representative to:

- Release information about the client to a third party.
- Obtain information needed to provide service to the client. The Department uses this form to secure or release non-health-related information for purposes of determining a client's eligibility for services. See *Authorization to Obtain or Release Health Care Information*, Form 470-3951 or 470-3951(S) for information used to authorize exchange of health care information. TFC case management may also use this form.

Only the person or the person's legally authorized representative can give consent to release or obtain mental health and AIDS/HIV-related information. Only the person can give consent to release or obtain substance abuse information.

Consenting to Medications

If the Department is the custodian of the youth in a foster care placement, the SWCM should contact the youth's parents or guardian to inform them of the medication recommendation. The best practice is to invite the youth's parents or guardian to the youth's evaluation or medical appointment. This enables the parents or guardian to directly ask the prescriber any questions they may have and to discuss any concerns.

Communication with Managed Care Organizations (MCOs)

MCOs are required to complete a Health Risk Assessment (HRA) on every youth in placement. TFC resource parents and kinship caregivers do not have the authority to release the information needed for the HRA. It is the SWCM's responsibility to help facilitate the completion of the HRA by providing needed information when the MCO case manager reaches out. No release of information is required for the SWCM to provide pertinent information to the MCO case manager for the completion of this assessment.

Educational Consent

When a youth enters TFC, or changes placement, the SWCM and the school district(s) shall collaborate to determine if it is in the youth's best interest to remain in the youth's current school (called "the school of origin"), enroll in the school that serves the placement resource, or in some situations, enroll in another school. This collaboration is referred to as making a "best interest determination." The TFC resource parent does not have the authority to sign for enrollment, for IEP, or other education decisions, but they should be involved in the process. They do have the right to make "day to day" decisions about field trips and school activities, so the youth is able to participate in

social, developmental, and extra-curricular activities. See Reasonable and Prudent Parent standard below.

Consent from the parent or guardian is not required for the department to share that the youth is in TFC or to discuss the appropriate school placement. However, health, substance abuse, child protection, and HIV information may not be shared without parent or guardian consent. Encourage the parent to communicate with educators on behalf of their youth, as appropriate.

Social Security Numbers, Confidentiality, and Taxes

The Department is responsible to keep client social security numbers confidential except in specific circumstances, for a specific purpose, and only with a signed release for that purpose. When a TFC resource parent accepts placement of a youth, they sign the Foster Family Placement Contract, in which it states they agree: To hold confidential all information received from the Department and Juvenile Court Services, the youth, the youth's family, and medical personnel, consult with the social worker or juvenile court officer before any disclosure of information, and release no information to unauthorized persons.

In general, then, TFC resource parents may only use social security numbers upon the written release of the youth's parent or guardian for the specific purpose requested.

Policy Specific to Foster Parents Claiming Foster Youth as Dependents for Tax Purposes:

The Department does not give tax advice to foster parents. Generally, for example, foster parents qualify to claim youth on their income taxes if the youth resided in their home for more than 6 months of the calendar year. As noted above, this can only occur if they have a signed release from the parent or guardian allowing them to share the youth's social security number for the purpose of tax preparation.

When the Department is the Guardian

The Department may release the social security number to the TCF resource parent when HHS is the guardian. However, the TFC resource parent will need to get a letter from the Department to allow them to provide that social security number to their tax preparer for income tax purposes only.

When the Department is Not the Guardian

The youth's parents retain their right to authorize or not authorize the release of their youth's social security number to TFC resource parents. Some parents of youth may intend to claim their youth on their income taxes. The HHS caseworker should facilitate a conversation between the TFC resource parent and the parent to procure the appropriate release of information. If the TFC resource parent is comfortable pursuing the discussion directly, the worker can provide the release (Consent to Obtain and Release Information, 470-0429) to the TFC resource parent to obtain the parent's signature.

In both scenarios outlined above, the guardian has the right not to sign the requested release.

Planned Exits and Support in Transition

The therapeutic foster care pilot focuses on creating long-term stability for youth. The goal is that medical; mental/behavioral health; health support services are initiated while in the Therapeutic Resource Family setting and follow youth as the youth transition back to their family home.

Youth in the Therapeutic Foster Care pilot will have access to the full array of Medicaid state plan services, and the HCBS Waiver most appropriate to their needs. Services that are "wrapped around" a family while the youth is in the TFC Resource Family setting are intended to follow the youth to their family home as reunification with their family occurs.

Access to these services is necessary to ensure the youth and their families have ongoing sustainable therapeutic and support services to maintain long-term stabilization of behaviors and mental health.

Discharge planning needs to begin at admission to Therapeutic Foster Care Programing and should be a regular point of discussion during planning meetings. The SWCM should utilize the Reunification Staffing Process at least 30 days prior to the child's discharge to ensure that all necessary services are in place and ready to start when the child is returned their parents or identified family

A couple of keys to making sure the transition is seamless includes making sure there is an MCO case manager and if available an IHH case manager as well. In the event of the child transitioning to home, having private pay insurance, most have special needs case managers as well. The SWCM and TCM should work with the family to engage the appropriate care manager at least 45 days prior to discharge if they are not already engaged with the child.

Program Outcomes and Monitoring

The primary goal of this program is to provide treatment and care for the youth in need, leading to a permanent return to family or to a family like setting. The following outcome measures have been identified to measure the effectiveness of the program and help refine processes to make TFC a long-term solution in Iowa.

Type of Measure	Measure	Data Source	Timeframe	Collected at Intake	Collected During Placement	Collected at Discharge
Youth Centric Measures	School attendance	School/Social Worker - TFC intake form	Previous Semester/ School Year	X	x	X
	Grades	School/Social Worker - TFC intake form	Previous Semester/ School Year	X	x	X
	IEP/504 plan reports	School/Social Worker - TFC intake form	Previous Semester/ School Year	X	x	X

Type of Measure	Measure	Data Source	Timeframe	Collected at Intake	Collected During Placement	Collected at Discharge
	Incidents of elopements or "running away" (eloped or running away for more than 24 hours).	Social Worker - TFC intake form	Past 12 months	X		X
	Interactions with law enforcement, Juvenile Court Services, or another criminogenic jurisdiction.	Social Worker - TFC intake form	Past 12 months	X		X
	Engagement in extra-curricular support or activity to document attachment to community and self-efficacy.	Social Worker - TFC intake form	Past 12 months	X		X
	Engagement in peer or other social support, to document the development of relational health.	Social Worker - TFC intake form	Past 12 months	X		X
Medical Centric Measures	Number of placement changes (number of placements that ended - SERL), within the State of Iowa	Social Worker - TFC intake form	Past 12 months	X		
	Number of out-of-state placements	Social Worker - TFC intake form	Lifetime	X		
	Psychiatric or behavior-based hospitalizations	Social Worker - TFC intake form	Past 12 months	X	X	X
	Youth is on a Medicaid waiver	Social Worker - TFC intake form-Medicaid	Past 12 months	X		X
	Therapeutic treatments provided?	Social Worker	Past 12 months	X		X
Pilot Program Centric Measures	Right kids engaged in the program - pilot admission criteria evaluation	Social Worker/Pilot Director		X		X
	TFC within 20 miles of the primary family.	Social Worker/Pilot Director		X		X

Type of Measure	Measure	Data Source	Timeframe	Collected at Intake	Collected During Placement	Collected at Discharge
	Student retained education setting (not required to change schools)	Social Worker/Pilot Director		X		X
	How did the youth finish the pilot program? (successful discharge to permanency location - licensed kinship/family, general foster care - adoption, or other lower level of care)	Social Worker/Pilot Director				X
	How was the youth's family/permanent placement engaged during the placement?	Social Worker/Pilot Director				X
	What benefits did the permanent family have access to for ongoing support of the youth (including Medicaid waivers/SNAP/etc.)?	Social Worker/Pilot Director				X
	Was the youth provided a place of permanency after discharge from TFC? (Home with family, kinship, or pre-adoptive foster care)	Social Worker/Pilot Director				X
	Time to exit to permeance	Social Worker/Pilot Director				X
	Days spend in TFC	Social Worker/Pilot Director				X
	Number of re-entries to TFC	Social Worker/Pilot Director				X
Qualitative Measures	Social Workers	Interviews				X
	TFC providers/parents	Interviews				X
	Youth's Family/GAL	Interviews				X
	Youth	Interviews				X

Type of Measure	Measure	Data Source	Timeframe	Collected at Intake	Collected During Placement	Collected at Discharge
	HHS Staff	Interviews				X
	RRTS	Interviews				X
Cost Considerations	**In state cost:**	Average costs for similar cohort				
	Episode of care – similar youth not in the pilot	FACS/Medicaid				X
	All costs/settings while in foster care	FACS/Medicaid				X
	Various foster home settings	FACS/Medicaid				X
	Shelter	FACS/Medicaid				X
	QRTP	FACS/Medicaid				X
	PMIC	FACS/Medicaid				X
	Inpatient hospital/MHI	FACS/Medicaid				X
	Skilled nursing	FACS/Medicaid				X
	Out of state cost:					
	QRTP	FACS/Medicaid				X
	PMIC	FACS/Medicaid				X
	Skilled nursing	Medicaid				X
	Prescription costs	Medicaid				X

Appendix

1. 470-0429, *Consent to Obtain and Release Information*
2. 470-0716, *Foster Family Placement Contract*
3. 470-3453, *Family Case Plan*, also referred to as the Case Permanency Plan is the families plan for Safety, permanency, and well-being. It is created by the SWCM, in partnership with the family and the team around the youth.
4. 470-3951 or 470-3951(S), *Authorization to Obtain or Release Health Care Information*
5. 470-5508, *Family Foster Care Referral*
6. 470-5764, *Preplacement Screening for Therapeutic Foster Care* is a tool used to identify appropriate youth and rule out those who do not require this service.
7. 470-5766, *Therapeutic Foster Care Daily Log*
8. Comm. 013 contains the Therapeutic Foster Care flowchart.
9. Comm. 680 outlines the interface between TFC and the Family Center Service Provider (FCS).
10. Comm. 681 outlines the role of the Parent or Guardian.
11. Comm. 683 contains the Pre-Placement Coordination Plan.

12. Comm. 684 outlines the role and responsibilities of the TFC Recruitment, Retention, Training and Support Worker (RRTS) Provider.
13. Comm. 685 outlines the role and responsibilities of the Social Work Case Manager.
14. Comm. 686 outlines the role and responsibilities of the Therapeutic Case Manager.
15. Comm. 687 outlines the role and responsibilities of the TFC Resource Parent.