Health and
Human Services

October 17, 2025

GENERAL LETTER NO. 18-C2-12

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Family Well-Being and Protection

SUBJECT: Employees' Manual, Title 18, Chapter C(2), **Case Management**, Contents 1-4, pages 19, 25-43, and 71-120, revised.

Summary

This chapter is revised to add information on the Sobriety, Treatment, ,and Recovery Teams (START) program, include updated Iowa Code Section 223.102A, subsection 2 around Family Interactions continuing regardless of a parent's failure to comply with the requirements of a court order, and add information on HF644 which allows for HHS as custodian to delegate consent for emergency and routine medical care to licensed and approved foster and kinship caregivers.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 18-C(2), and destroy them:

Page	**Date**
Contents 1-4	December 13, 2024
19, 25-43, 71-120	December 13, 2024

Additional Information

Refer questions about this general letter to your program manager.

321 E. 12th Street, Des Moines, IA 50319-0114

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If the father's identity is not identified by the CPW, the SWCM is expected to make an effort at least **once every 3 months** to inquire about the identity of the father by asking the mother/other family members, checking ICAR records and birth certificates. If the father's identity is known, however his location is unknown, the SWCM is expected to make a **monthly** effort to locate the father.

There should be a **monthly** effort or attempt made by the SWCM ongoing throughout the life of the case to contact the non-resident father. The Department's expectation is monthly face to face whenever possible. However, in situations where monthly face to face is not possible (such as out of state parent, parent refuses to meet face to face, incarcerated father who is not allowed to have face to face contacts, etc.) efforts need to be made by the SWCM through other means (phone, video, letter).

If the father has been contacted but has refused/declined to be involved in their child's case, efforts should be made ongoing at least once **every 3 months** by the SWCM to contact the father to see if circumstances have changed and he now wants to participate. The results of these efforts need to be documented in case notes using the **Concerted Efforts** header checkbox.

They should also be documented in either the case plan or court report so that the efforts are shared with court partners. The SWCM will need to discuss these situations with their supervisor to see if the "No Worker-Parent Visit Flag" should be utilized. This will require an ongoing review with the supervisor regarding use of the "No Worker-Parent Visit Flag."

If the worker is unable to determine the identity or location of the father, activate the "No Worker-Parent Visit Flag." If the worker is unable to contact the father after his identity and location are known, consult with the supervisor about activating the "No Worker-Parent Visit Flag." All of the above efforts and results must be documented by the SWCM in case notes (use **Concerted Efforts** header checkbox) and in either the case plan or court report.

The following are some general topics to engage the father in discussion:

- Information regarding the allegations,
- What they see as needs/services for their child,
- What they see as their own needs/services,
- How they can be involved in the case and services,
- Case planning (including what the parent's goals are).
- If they have family and/or fictive kin to utilize as supports.

Drug Testing

Drug testing is the process by which a sample of hair, sweat, oral fluid or urine is obtained from a donor's body and through laboratory analysis the sample is chemically analyzed to determine the presence of certain legal or illegal substances.

In child welfare, drug testing results are used in an effort to identify or eliminate substance abuse as a possible contributing factor or risk in a child abuse assessment or in a child welfare service case. When you need to order a drug test for either a parent/caretaker, refer to the Department Drug Testing Practice, Policy, & Protocols.

Drug testing results can only determine if a drug or its metabolite is present at or above an established concentration cutoff level. Drug testing results cannot be used to predict a parent/caretaker's behavioral patterns and/or ability to parent effectively nor indicate the existence nor the absence of a substance abuse disorder. As such, drug testing results should not be relied on as the sole measure in determining issues of safety and risk but rather as one component of the accumulated information that needs to be considered during a child abuse assessment or an ongoing child welfare service case.

Sobriety, Treatment and Recovery Teams (START)

What is START?

Sobriety Treatment and Recovery Teams (START) is a specialized child welfare service delivery model that has been shown, when implemented with fidelity, to improve outcomes for children and families affected by both parental substance use and child maltreatment. The model uses a variety of strategies to promote collaboration, and systems change within and between child welfare agencies, substance use and mental health treatment providers, the judicial system, and other family-serving entities.

START is currently available in Woodbury, Clinton and Scott counties. HHS is working to embed this evidence-based approach to child welfare service delivery into Iowa's Prevention Services Plan, which will allow the agency to sustain and expand this model to other parents of the state in the near future.

Eligibility Criteria

Referrals accepted to be served as START cases must meet all of the following:

1. Parental substance use is the primary child welfare safety concern.
2. At least one child in the home is between zero and five years of age.
3. The parent and/or family does not have an ongoing case at time of accepted intake.
4. The intake was accepted for assessment and the family will be referred for ongoing services.

Referral Process

CPWs in the pilot sites should refer all families who meet START eligibility criteria to their Social Work Supervisor within 14 calendar days of receiving the initial referral from Centralized Intake. Social Work Supervisors will notify the START Supervisor in each pilot region about potentially eligible families. The START Supervisor will review all referrals and enroll families who meet eligibility according to capacity. START Supervisors will also track data regarding all families referred, including those who are not enrolled.

Referring to Community Service Providers

Child maltreatment is rooted in a variety of personal and environmental factors. Referral and linkage to community providers may be necessary when family members have specific needs that may require the involvement of specialists with expertise in the presenting issue or challenge (i.e. trauma, substance use disorder, mental health, etc.). Community collaboration is essential.

Multidisciplinary Teams

In each county or multicounty area in which more than 50 child abuse cases are received annually, the Department shall establish a multidisciplinary team, as defined in section Iowa Code 235A.13, subsection 8. Upon the Department's request, these teams may be used as an advisory group to assist the department in conducting child abuse assessments and throughout case management services offered through the Department.

Multidisciplinary Teams (MDT)s function as an advisory and consultation group to aide in resolving issues related to a case during the assessment process and throughout the Department's service case. MDT's include individuals with knowledge and expertise in various fields (identified by law) who come together, at the Department's request, for the purpose of assisting the child protection worker, social work case manager, and their supervisor in the assessment and disposition of a child abuse assessment as well as diagnosis, coordination of services and possible referral information to meet the needs of the specific child and their family.

The team may be consulted for the purpose of assisting the Department in a child abuse assessment as well as throughout case management services offered through the Department.

Some examples of cases that may benefit from a MDT meeting include but are not limited to: cases with children who have significant medical/behavioral needs; cases that involve multiple complex issues (domestic violence, substance use, mental health, etc). Cases to be presented are selected by the Department and can be presented to the team in the way determined most efficient for the worker seeking consultation.

The Department shall consider the recommendation by the team pertaining to an assessment case and case management service case but shall not, in any way, be bound by the recommendation.

MDT members participate voluntarily and are approved by the Department. Each individual member who participates in an MDT, must agree to the terms of the contract that is captured on form **470-2328, Multidisciplinary Team (MDT) Agreement**.

RC-0131, Multidisciplinary Team Practice Guide is available to provide additional information regarding the implementation and operation of an MDT.

Social Work Administrators (SWA) oversee all MDTs operating within their service area and are responsible for assuring MDT agreements remain current. Agreements expire annually on July 1 and must be renewed annually on or before July 1 of each year.

Assessing Child Safety and Risk

The Department is responsible for assuring the safety of children that are brought to our attention as this is our mission. Our work is done in partnership with the medical community, schools, law enforcement, county attorneys, the courts, and the community in general.

Conduct safety and risk assessments on every family. These assessments are critical in making decisions about placement and appropriate services. Thorough and accurate assessment of danger and risk throughout the life of the case is key in assuring the safety of children. “Danger” and “Risk” are often used interchangeably. However, these two terms actually represent very different elements. Danger is the imminent threat of serious harm. It signals a need for **immediate** action, including supervisor consultation. Risk is the likelihood of future involvement with child protection. All families have risk. Identifying risk factors assists in determining the focus of the change process and concerns that may impact interventions.

Safety Assessment and Planning

The Department formally evaluates child safety with a *Safety Assessment*, form 470-4132. The Safety Assessment provides criteria to describe a child’s current situation and identify any current danger indicators that exists.

The Safety Assessment provides a structured process to make a safety decision for children receiving Department services. The safety decision identifies the child as either safe, safe with a plan (requiring a safety plan), or unsafe (requiring a removal).

Assessing safety is an ongoing process that is relevant throughout the life of the case. The SWCM must complete a formal safety assessment using form **470-4132, Safety Assessment** with supervisory consultation and approval at the following critical junctures:

- Before the decision to recommend unsupervised interaction or visitation
- Before the decision to recommend reunification
- Before the decision to recommend closure of family-centered or Department service cases
- Whenever circumstances suggest the child is in an unsafe situation

Identify any current danger indicators and consider the factors influencing child vulnerability as well as the caretaker's protective capacities and available safety interventions to assess the child's safety.

Factors Influencing Child Vulnerability

Indicate whether any factors influencing the child's vulnerability are present. Consider these vulnerabilities when reviewing current danger indicators. Vulnerability issues provide a context for assessing the impact of the dangers. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe or that a safety intervention is required. "Child vulnerability" refers to the child's susceptibility to suffer abuse or neglect based on the child's age, size, mobility, physical or mental health, social and emotional state, cognitive development, and the availability of readily accessible supports.

Age, medical condition, mental and physical maturity, and functioning level of the child: Infants and toddlers are most at risk for severe injuries and death at the hands of a caretaker because of their physical vulnerability, their inability to communicate verbally, and their potential of isolation from others. Even minor bruising to infants, such as grab marks on upper arms, should result in swift action to safeguard the infant.

As children reach school age, they may be able to communicate verbally but continue to be physically vulnerable. A child who is not an infant or toddler may remain extremely vulnerable because of a medical condition, lack of mental or physical maturity, or the child's level of functioning.

- Does the age of the child make them more vulnerable? The younger the child, the more vulnerable—Children are at highest risk from birth to age five.
- Is the child healthy?
- Does the child demonstrate resiliency?
- Does the child have physical or mental health problems? How serious are they?

- Does the child show signs of developmental delay? How serious is the delay? Who diagnosed the delay?
- What is the child's ability to communicate?
- Does the child exhibit behaviors that are typical for the child's age? Are the child's behaviors unusual for the community or culture that the child comes from?

  Certain developmental behaviors that are normal increase the child's vulnerability if the parent is unable or unwilling to provide an appropriate response. Examples:

  - A 2-year-old says no to the mother,
  - A child wets the bed at age 4 and the doctor states nothing is wrong,
  - A 14-year-old defies parental rule on curfew.
  - Does the child exhibit behaviors that are challenging, such as bullying, biting, etc.
  - Does the child take risks that put them in danger (such as running away, engaging in unprotected sex, etc.)? What is the caregivers' response?
  - Does the child abuse drugs or alcohol?
  - What are the child's strengths (cognitive, motor, social emotional skills)? Are there specific talents the child is interested in or exhibits?
  - Potential sources of information include:
    - Search of previous and current Department records
    - Hospital records
    - Interview with the referent, parents, teachers, doctors, family members
    - Interview the child
    - Consultation with public health nurse or developmental psychologist
    - Police records, probation records

Access of the person allegedly responsible for the abuse to the child: Consider the frequency, severity, and type of abuse. Include any implicit or explicit coercive behavior by the person allegedly responsible. Also consider:

- Any prior abuse history of the person allegedly responsible.
- Indications or history that the caretaker (if other than the person responsible) would allow the person allegedly responsible for abuse to have access to the child.

Current Danger Indicators

Identify the behaviors or conditions that describe a child being in imminent danger of serious harm. Consider the vulnerability of all children in the home when identifying these danger indicators.

While the safety assessment provides specific danger indicators, not every conceivable danger indicator can be anticipated. Therefore, workers may indicate other circumstances that create danger.

Safety Response – Protective Capacities and Safety Interventions

"Protective capacities" are specific actions and/or activities that the caregiver has taken that directly address the danger indicator and are observed behaviors that have been demonstrated in the past and can be directly incorporated into the safety plan.

It is important to note that any protective action taken by the child may be incorporated as part of a safety plan but must not be the sole basis for the plan. It is never a child's responsibility to keep themself safe.

Keep in mind that any single intervention may be insufficient to mitigate the danger indicators, but a combination of interventions may provide adequate safety.

Also keep in mind that the safety intervention is not the family case plan. It is not intended to solve the household's problems or provide long-term answers. A safety plan permits a child to remain home and avoid removal as long as the safety interventions mitigate the danger.

Protectiveness of the parent or caretaker who is not responsible for the abuse: Determine both the willingness and ability of a caretaker not responsible for the abuse to protect the child.

Situations where a parent expresses belief in the child's report of an injury or condition and is supportive to the child result in less concern than situations involving parents who offer excuses for the behavior of the person allegedly responsible for the abuse.

In situations of domestic violence, the non-abusing parent or caretaker may be willing but unable to protect the child. See Domestic Violence.

Attitude of the person allegedly responsible for the abuse regarding its occurrence**:** Determine whether the caretaker accepts responsibility for the abuse, demonstrates remorse, and requests or accepts suggested services.

Caretakers who project blame, reject suggested services, and defend their right to their behavior pose greater danger and likelihood of repeated injuries than caretakers who acknowledge responsibility and indicate a desire to modify behavior.

Current resources services and supports: Consider if there are current resources, services, and supports available to the family that can meet the family's needs and increase protection for the child. Document services and supports that have been provided to the family but have failed to prevent the child from being abused or re-abused.

If services are initiated right away (such as Family Preservation Services), then the risk to the children in the household may be diminished. Conversely, if caretakers refuse needed services or supports despite protective concerns, the risk to the children is higher.

Assessing parental or caregiver capacities allows you to systematically consider the strengths of the parents or caregivers, and how they might mitigate safety and risk factors. Below are three categories of characteristics, with some questions to consider when assessing them.

Behavior Characteristics

"Behavior characteristics" are specific action, activity and performance that is consistent with and results in parenting and protective vigilance." Questions to consider include:

- Does the caregiver have the physical capacity and energy to care for the child? If the caregiver has a disability (e.g., blindness, deafness, paraplegia, chronic illness), how has the caregiver addressed the disability in parenting the child?
- Has the caregiver acknowledged and acted on getting the needed supports to effectively parent and protect the child?
- Does the caregiver demonstrate activities that indicate putting aside one's own needs in favor of the child's needs?
- Does the caregiver demonstrate adaptability in a changing environment or during a crisis?
- Does the caregiver demonstrate appropriate assertiveness and responsiveness to the child?
- Does the caregiver demonstrate actions to protect the child?
- Does the caregiver demonstrate impulse control?
- Does the caregiver have a history of protecting the child given any threats to safety of the child?

Cognitive Characteristics

"Cognitive characteristics" are the specific intellect, knowledge, understanding and perception that contributes to protective vigilance." Questions to consider include:

- Is the caregiver oriented to time, place, and space? (Reality orientation)
- Does the caregiver have an accurate perception of the child? Does the caregiver view the child in an "integrated" manner (i.e., seeing strengths and weaknesses) or see the child as "all good" or "all bad."
- Does the caregiver have the ability to recognize the child's developmental needs or whether the child has "special needs"?
- Does the caregiver accurately process the external world stimuli, or is perception distorted (e.g., a battered woman who believes she deserves to be beaten because of something she has done).
- Does the caregiver understand the role of caregiver is to provide protection to the child?
- Does the caregiver have the intellectual ability to understand what is needed to raise and protect a child?
- Does the caregiver accurately assess potential threats to the child?

Emotional Characteristics

"Emotional characteristics" are specific feelings, attitudes and identification with the child and motivation that result in parenting and protective vigilance" (Action for Child Protection, 2004).

Questions to consider include:

- Does the caregiver have an emotional bond to the child? Is there a reciprocal connectedness between the caregiver and the child? Is there a positive connection to the child?
- Does the caregiver love the child? Does the caregiver have empathy for the child when the child is hurt or afraid?
- Does the caregiver have the ability to be flexible under stress? Can the caregiver manage adversity?
- Does the caregiver have the ability to control emotions? If emotionally overwhelmed, does the caregiver reach out to others or expect the child to meet the caregiver's emotional needs?

- Does the caregiver consistently meet the caregiver's own emotional needs via other adults, services?

Actions Speak Louder Than Words

When assessing the protective capacity of the caregiver, *actions speak louder than words*. A statement by the caregiver that the caregiver has the capacity or will to protect should be respected, but observations of this capacity are very important, as they may have serious consequences for the child.

When talking with the caregiver, it is important to include questions and observations that support an assessment of behavioral, cognitive, and emotional functioning. Suggested questions and observations include:

- A history of behavioral responses to crises is a good indicator of what may likely happen. Does the caregiver "lose control?" Does the caregiver take action to solve the crisis? Does the caregiver believe crises are to be avoided at all costs, and cannot problem solve when in the middle of a crisis, even with supports?
- Watch for caregiver's reactions during a crisis. This often-spontaneous behavior will provide insight into how a caregiver feels, thinks, and acts when threatened. Does the caregiver become immobile to the point of inaction (failure to protect)? Does the caregiver move to protect the caregiver rather than the child? Does the caregiver actively blame the child for the crisis?
- Recognition of caregiver anger or "righteous indignation" at first is appropriate and natural. How a caregiver acts beyond the anger is the important key. Once the initial shock and emotional reaction subsides, does the caregiver blame everyone else for the "interference?" Can the caregiver recognize the protective and safety issues?
- What are the dynamics of the relationship of multiple caregivers? Does the relationship involve domestic violence? What is the nature and length of the domestic violence? What efforts have been made by the victim to protect the child? Does the victim align with the batterer?
- Does the caregiver actively engage in a plan to protect the child from further harm? Is the plan workable? Does the plan have action steps that the caregiver has made?
- Does the caregiver demonstrate actions that are consistent with verbal intent or is it contradictory?

Detailed interviewing and information gatherings from other sources is critical for an accurate assessment of safety. Suggestions for additional activities include:

- What do others say about the caregiver’s parenting, ability to protect, and the history of protecting the child?
- What is the documented history that indicates the caregiver’s actions in protecting the child?

Assessing Environmental Protective Capacities

While the assessment of the caregiver’s protective capacities is critical, an assessment of environmental capacities may also mitigate the safety concerns and risk of harm to a child. Categories of environmental protective capacities, with questions and considerations that may be considered when assessing them, include:

- Formal family and kinship relationships that contribute to the protection of the child: What are the formal kinships within a family? (grandparents, aunts, uncles, siblings, stepparents and their families, half-siblings, family and kin defined by the tribe, gay partners raising children, etc.)
- Informal family and kinship relationships: What are the informal relationships? (family friends, godparents, tribal connections, “pseudo” relatives (kin), mentors, divorced stepparent who maintains parental relationship with the child, etc.)
- Formal agency supports: What are the agencies that have been or currently involved with the family (drug treatment, children’s hospital, nonprofit agencies, food banks, schools, employment training, parenting classes, domestic violence programs, etc.)?

Previous agency involvement may have been seen as beneficial and can be called upon again.

- Informal community supports: What are the community supports that may or may not be readily apparent (local parent support groups, informal mentors, neighbors, neighborhood organizations, babysitting clubs, library reading times, etc.)?
- Financial supports:
- Employment, unemployment, disability, retirement benefits
- Family Investment Program, general relief, SSI
- Scholarships, grants

- Spiritual, congregational, or ministerial supports:
- Churches, ministries, prayer groups, synagogues, temples, mosques
- Spiritual leaders within a faith
- Native American tribe: Is the family a member of a tribe locally, or elsewhere? Are there tribal agencies that can provide services? (elders within a tribe, tribal chairpersons, liaisons to the tribes, Indian health agencies, tribal social services, etc.)
- Concrete needs being met such as food, clothing, shelter (low income housing, food banks, clothing stores, emergency shelters, subsidized housing)

*Information adapted from ***Critical Thinking in Child Welfare Assessment*** training curriculum from Berkeley.

Complete a safety assessment face-to-face with family participation. regarding the immediate safety of the child or children.

The *Safety Assessment* provides a list of behaviors or conditions that describe a child being in imminent danger of harm. Use the **RC-0104, Safety Assessment Guidance** to complete the safety assessment and determine if there are current danger indicators.

Document this assessment on form **470-4132, Safety Assessment** by indicating the date the safety assessment was completed as well as the factors influencing child vulnerability, current danger indicators, any protective capacities and safety intervention taken, and the safety decision.

- When danger indicators are identified, immediate action must be taken to address the danger of harm by implementing a *Safety Plan* or removing the child.
- A child is considered "safe" when the evaluation of all available information lead to the conclusion that the child is not in imminent danger of serious harm.

Describe the current factors influencing child vulnerability (conditions resulting in a child being more vulnerable to danger).

Describe any current danger indicators you identified (behaviors or conditions that describe a child being in imminent danger of serious harm).

Describe the caretaker's protective capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators.

Make a safety decision of one of the following statuses and document it on form **470-4132, Safety Assessment**:

- **Safe:** No danger indicators identified; do not complete a safety plan at this time. Based on currently available information, no children are likely in imminent danger of serious harm, and no safety interventions are needed at this time.

  Continuously assess for situational changes that affect child safety, consult with your supervisor as needed, and take whatever actions the situation requires if the child's situation deteriorates to safe with a plan or unsafe.

- **Safe with a plan:** One or more danger indicators are present; safety plan required. Safety interventions have been initiated as identified and agreed upon by all necessary parties in the written safety plan. Removal will not be sought as long as the safety interventions mitigate the danger.

  The controlling safety interventions may include the parent arranging informal temporary care of the child. Develop a *Safety Plan* jointly with the family. Consider reasonable efforts to prevent removal of the child or active efforts to prevent removal of an Indian child. See Safety Plan and Removal, and see 18-C(5), Indian Child Welfare Act (ICWA): Removing an Indian Child From Their Home as applicable. Provide the family and identified participants in the plan with a copy of the safety plan.

  The reasonable or active efforts options should include the consideration of:

  - Obtaining support from the non-custodial father or mother and his or her relatives (kin).
  - Obtaining support from other family resources, neighbors, the tribe, or individuals in the community.
  - Obtaining support from community agencies or services.
  - Having the alleged perpetrator leave the home. Having the non-abusing caregiver move to a safe environment with the child.
  - Family's agreed-upon participation in Family Preservation Services.

    When any of these reasonable or active efforts are used to protect the child, a safety plan must be completed reflecting the conditions and agreement by the parents as well as any individuals directly involved with implementing or monitoring the safety plan. The safety plan is a specific, formal, concrete strategy for initiating safety interventions which mitigate the specific danger identified in the safety assessment. The safety plan is employed immediately to identify actions needed right now to keep the child safe.

  The safety plan must:

  - Identify who will participate to assure safety of the child,

- Identify who will monitor the safety plan, and
- Identify the duration of the safety plan.
- Document the actions taken or services initiated to address each identified current danger indicator.
- Address how behaviors, conditions, and circumstances associated with the current danger indicators will be controlled.
- A safety plan is designed to manage the foreseeable dangers in the least restrictive manner. The implementation of the safety interventions offsets the need to take more restrictive actions at this time. Failure to follow the safety interventions or a change in circumstances may result in the need to take more formal actions to ensure child safety in the future.

- **Unsafe:** One or more danger indicators are present, and removal is the only protecting intervention possible for one or more children.

  Without removal, one or more children will likely be in danger of immediate or serious harm. The child will be placed in custody because safety interventions do not adequately ensure the child's safety.

  Removal must be sanctioned by court order or voluntary agreement for foster care placement. You are required to take immediate steps to remove the child from imminent danger of serious harm.

  Consider making a referral to family preservation services and utilizing a Child Safety Conference (CSC) to avert out-of-home placement and stabilize the situation whenever possible. If that is not possible, pursue voluntary or court-ordered removal. Refer the information to the county attorney if a CINA adjudication, removal order, or other court action is necessary to protect the child. Consider having the child live with the non-resident father or mother, if appropriate, and then consider placing the child with kin or fictive kin prior to placing the child in non-relative foster care.

The worker shall complete form **470-4132, Safety Assessment** to document these evaluations.

Update the *Safety Plan* as needed.

If a child safety conference is convened, the safety plan should be reviewed and discussed to ensure that:

- Realistic and effective strategies are identified that will decrease or eliminate the risks to the child's safety, well-being, and permanency.
- Specific informal and formal safety response alternatives are identified.
- Specific steps that family members, providers, SWCM, and others will take to protect the children or other vulnerable family members are identified.

NOTE: If indications are that the child cannot be safely maintained at home, see Assessing Need for Placement.

Until all manageable risks of harm in the case are addressed, always review the safety plan during the life of the case and update it as necessary. Ensure that safety planning addresses:

- Any immediate issues
- Predictable future risks
- Manageable risks of harm
- The vulnerability of the child
- The severity and imminence of risks
- The protective capabilities of the family

Safety Plan vs. Case Plan

A safety plan is:

- A **specific, formal, concrete strategy** for initiating safety interventions which mitigate the specific danger identified in the safety assessment.
- Employed immediately to identify actions needed right now to keep the child safe.
- Designed to manage the foreseeable danger in the least restrictive manner.

Safety and safety plans are about immediate issues, while risk and case plans are about conditions that may require treatment or intervention, but do not pose an immediate danger of serious harm or maltreatment.

Safety Plan	Case Plan
Purpose is to control immediate danger of serious harm or maltreatment	Purpose is to change behaviors and conditions
Limited to foreseeable danger threats	Can address a wide range of family needs
Implemented immediately upon identifying foreseeable dangers	Put in place after thorough assessment
Activities are concentrated and intensive	Activities can be spread out over time
Must have immediate effect	Has long-term effects achieved over time
Providers role and responsibilities are exact and focused on the threats	Provider's role and responsibility vary according to family needs

Crisis Planning

Crisis planning is different from safety planning, although there may be overlaps. The crisis plan addresses what could go wrong with the strategies in the case plan and identifies a contingency plan. The safety plan addresses the immediate threats and identifies a strategy for controlling them.

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?” In order to identify and predict contingencies:

1. Identify with the child 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.
2. 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.
3. Ensure that the crisis plan is incorporated into the family case plan.

Assessing Risk

The purpose of the risk assessment is to identify risk factors within the family as well as being used to decide:

- The need for further intervention, and
- The focus of services to the family.

Risk refers to the probability or likelihood that a child will suffer maltreatment in the future. The identification of risks helps determine the focus of the change process and issues that will affect successful intervention.

Risk is assessed during intake in terms of the type and severity of the risk with respect to the allegations. The child protection worker completes form 470-4133, *Family Risk Assessment* before the child protective assessment is completed. When applicable, review the initial safety plan the child protective worker developed with the family. Modify the safety plan as needed, based upon subsequent transitions and family progress.

The SWCM completes the form **470-4134, Family Risk Reassessment** during the following junctures:

- Case permanency planning reviews and
- Before case closure.

The scoring on the risk reassessment reflects changes in family functioning and provides a framework to identify critical factors that indicate changes in a child’s risk of maltreatment. A score of moderate or high risk indicates a need to initiate or continue services. A score of low risk during the life of the case indicates that safe case closure needs to be considered and coordinated in the near future. Document information from the Family Risk Reassessment in the comment section of the most applicable domain in the case permanency plan and incorporate the results into the case planning process.

Family Case Plan

The Family Case Plan is the Department's key tool throughout the life of the case for gathering and organizing information gained through contacts and observations. It serves to provide a comprehensive view of the child and family by helping document conditions and concerns that led the family to become involved in the child welfare system as well as to help determine and document the most appropriate services and supports needed to assure and promote child safety, permanency, and well-being. The Family Case Plan also documents compliance with state and federal laws and regulations. The Department SWCM assigned to the child and family is responsible for preparing the case plan.

The initial family case plan must be completed and filed within 25 calendar days and the comprehensive family case plan must be completed and filed within 90 calendar days from the date the Department opens a child welfare service case or the date the child enters foster care, whichever occurs first. (IAC 441 Chapter 130.7(3)a(2)). The family case plan must be reviewed and updated:

- 180 calendar days from the start of service,
- 365 calendar days from the start of service,
- At a minimum, every six months thereafter while a case remains open, or
- More frequently if there are significant changes or if required by the court.

Preparing for Case Planning

Engaging the family is essential to a successful case planning process. The SWCM should engage the family in a collaborative manner regarding decisions around outcomes, goals, and tasks. In addition to active family engagement, preparation activities should include the following:

1. A review of all available intake and assessment materials to familiarize yourself with the family's strengths, needs, and current situation. Review the State of Iowa form 470-5562, CPW to SWCM Transfer Packet Face Sheet, This form has links to, but is not limited to, the following forms:
   - **Child Protective Services Assessment Summary, form 470-3240**
   - **CINA Services Assessment Summary, form 470-4135**
   - **Safety Assessment, form 470-4132**
   - **Safety Plan, form 470-4461**
   - **Family Risk Assessment, form 470-4133**
   - **Family Functioning Domain Criteria, form 470-4138**
   - Any previous Department service records

   Check the applicable boxes for each one you have reviewed and uploaded into JARVIS.

2. Collateral contacts as needed for additional information, clarification, or updates of information.
3. Consideration of the impact of cultural factors on case planning:
   - Determine if a language barrier exists and take steps to bridge it when necessary.
   - Consider how the family sees itself in relationship to culture, support networks, and community.
   - Determine whether a child has Mexican citizenship and involve the Mexican Consulate when appropriate.
   - Determine whether child has Indian heritage and involve the child's tribe

Completing the Case Plan

Complete the case plan documentation using the **Family Case Plan form 470-3453** or **470-3453(S)**:

- *Part A, Face Sheet*, provides identifying information regarding statistical, historical, and service summary, and placement information regarding the child and the family. This is automatically completed from data on the LIFE OF THE CASE – CASE HISTORY screen.
- *Part B, Family Plan*, provides a description of the assessment of the child and a comprehensive assessment of the family strengths and needs and concerns using the family functioning domains:
  - Child well-being
  - Parental capabilities
  - Family safety
  - Family interactions
  - Home environment
- Part C, Child Placement Plan, includes:
  - Information mandated by state and federal laws regarding a child placed in an out-of-home placement.
  - The permanency goal and concurrent goals which must be completed whether or not the child is placed.
  - The health and education status of the child. For a child in placement, this section must contain the most recent information available regarding the physical and mental health, and education records of the child. This information includes medications, vision and hearing records.
  - Transitional planning information for all foster children who are 14 years of age or older.

Case Plan Goals, Services, and Strategies

1. Using the Family Case Plan form, establish case plan goals in collaboration with the family. For each prioritized family functioning domain, develop and document specific goals to be achieved to ensure safety, well-being, and permanency.
2. Evaluate the need for services to meet the assessed needs of the family and child. For children in placement, evaluate the stability of the child's placement. Remember that planning for the safety of the child should be of paramount concern in every step of case planning.
3. Identify both formal and informal services and strategies that will assist the family in meeting the identified goals and:
    - Build upon the family's strengths.
    - Address the issues and needs of the family.
    - Manage identified risks.
    - Support the achievement of the case plan goals.
    - Provide for positive case outcomes.
4. For each goal, identify and document the action steps and responsibilities necessary to implement the services and strategies. The action steps should clearly identify:
    - Who is responsible for each step,
    - The time frame for initiating and completing the action, and
    - The criteria for measuring goal progress and achievement.
5. When services are not available, document the lack of availability in the case plan.

Selecting Services

Choose one or more service based on an assessment of the child's and family's needs. 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 child at risk.

1. Review the service descriptions to determine which ones may be helpful to meet the family's needs:
    - Family Centered Services
    - Drug testing
    - Legal services for achieving permanency
    - Supervision services provided by a SWCM (with supervisory approval)

    NOTE: Children whose cases are managed by juvenile court officers are **not** eligible for family-centered services from the Department. These children's service needs must be met through other programs.
2. Ask the child and family, use supervisory consultation, and use input from other

involved parties to assess services that may be appropriate for the child and family. Build services around the family's existing strengths.

Obtaining Supervisory Approval for Family-Centered Services

1. Review service needs, choices, and duration with your supervisor when you are recommending family-centered services. Obtain supervisory approval for purchasing these services for a specific number of monthly units.
2. Include approved family-centered services in the proposed case permanency plan (Part C. Child Placement Plan of form **470-3453, Family Case Plan**). Identify which children and other family members will be involved in receiving family-centered services.

Documenting Family Participation in Case Plan Development

1. Review the plan and the process that led to the development of the plan with the family and others involved in the plan.
2. Review in detail the identified goals and action steps.
3. Make any needed modifications to the plan that are appropriate and acceptable.
4. Affirm development of the plan by the participants:
   - Document participation in the development of the case plan on the "Signature and Notifications" page.
   - If the family was not part of the development of the case plan, document the reason in this section.

Reviewing the Case Plan

Review and evaluate the case plan when:

- There is a significant change in concerns, risk factors, or strategies.
- At a minimum of every six months.
- Before any judicial or administrative review.
- When the family team has determined significant progress has occurred on the case plan goals.

Use the case plan review section to document:

- Progress and barriers to achieving the permanency goal.
- Achievement of desired results and case plan action steps.
- Whether the child continues to be at "imminent risk of removal" from home.
- If family-centered services were not provided and why.
- If the permanency goal is changed.
- When the case is ready to close.

2. Make every reasonable effort to support the mother's continued breastfeeding for the child if determined appropriate by choosing a placement resource that is accessible to the mother and is amenable to this degree of family involvement.
3. Document the assessment and efforts in the child's case plan and case notes.

Out-of-Area Placement

Placements outside the service area shall be made only when:

- There is no appropriate placement within the service area;
- The placement is necessary to facilitate reunification of the child and parents; or
- An out-of-area placement is closer to where the child lives than an in-area placement offering the same services.

If placement outside the service area is necessary or is in the best interest of the child:

- Seek the approval of the placing and receiving service area managers according to your service area protocol.
- If appropriate, seek court approval of transfer of the responsibility for supervision, planning, and visitation.

Family Interaction

The philosophy of family interaction is a fundamental way of thinking about how children removed from the home continue to have meaningful interactions with the people who care about them in the least traumatic way possible. Family interaction is not an event, but a process. It should take place in the least restrictive, most homelike setting that allows for natural interaction while appropriately meeting the child's needs for safety. Every opportunity for family interaction needs to be considered including doctor visits, school activities, meetings, and other functions in which the family would have participated if the child was in the home. Family interaction should nurture and enhance reunification to promote progress toward achieving permanency for the child. Interactions provide the opportunity for families to:

- Maintain the parent, child, and sibling relationships, and other relationships,
- Learn, practice, and demonstrate new behaviors, parenting skills, and patterns of interactions,
- Enhance well-being,
- Help family members work through issues and connect to resources, and
- Document progress toward reunification goals.

Utilize **Comm. 649, Family Interaction Planning Tool** to help determine the Department's recommendation for the Family Interaction Plan on the supervision level, interaction location and interaction frequency and length.

Provide a written form **470-5148, Family Interaction Plan** tailored to meet the safety needs of the family to assure family interaction begins as soon as possible after a child's removal from parental custody. Interaction planning with siblings should be considered when applicable. Creative planning should not only support face-to-face time, but also other methods of contact such as calls, letters, texting, emails, and other electronic methods of communication. Family interactions are most "natural" when supported by those who have an existing relationship with the child such as extended family members.

Family Interaction Plans must **never** be used as a threat or form of discipline to the child or to control or punish the parent(s). Per Iowa Code, Section 232.102A, subsection 2, Family Interactions shall continue regardless of a parent's failure to comply with the requirements of a court order or the department, unless a court finds that substantial evidence exists that the family interactions, whether supervised or unsupervised, would pose a serious risk of physical or emotional harm to the child.

There are occasions when a child's physical and emotional safety cannot be ensured through professionally supervised interactions. At these times, it may be necessary to suspend interactions while individual work occurs with the parent and/or child to address behaviors and experiences that have resulted in the child not being physically and/or emotionally safe during supervised interactions. When this occurs, HHS will need to seek a court order to suspend interactions with a finding that reasonable efforts continue to be made toward reunification. Interactions must continue until a court order is obtained.

When making a recommendation to the court that interactions be suspended, the HHS worker will need to include at least one of the following:

1. Description of any behaviors of the parent which have placed the child at serious risk of physical or emotional harm;
2. A letter from a medical provider or therapist describing how the parent's behaviors cause harm to the child;
3. Medical records indicating past harm and/or the parent's history of failure to meet the child's serious medical needs;
4. Mental health records indicating past emotional harm to the child, and/or
5. Testimony or an affidavit from the SWCM, provider, or others with specific descriptions of observed events, conduct, behaviors, etc.

As often as possible, obtain documentation from a mental health or medical professional of specific behaviors, regressions, mental health or medical symptoms, and/or diagnosis in a child that can be **linked** to the parent's ongoing behavior during interactions.

Be sure to include specific information about the expected behavioral change a parent must make for interactions to resume. If the HHS worker has met with the provider and/or family and developed a specific plan, include the plan in the request to the court as additional evidence of reasonable efforts.

Family Interaction Plans should guide family interactions that encourage a progressive increase in parent's responsibility and are premised on case plan goals as well as on an assessment of family functioning and safety concerns for the child.

As the SWCM, you are responsible to ensure that parents have meaningful contact with their child and a Family Interaction Plan is developed and revised with input from the family's team. In addition, you are responsible for:

- Abiding by the **Comm. 435, Family Interaction Standards**
- Arranging interactions to support the parent-child relationship and reduce the sense of abandonment which children experience at placement,
- Working with the child and parent to help resolve setbacks in the family interaction plan

Authority for Placement

The Department does not have legal authority to remove children from their homes. Removal must be accomplished using a voluntary placement agreement or through a physician, law enforcement, or a judicial determination that remaining in the home is contrary to the welfare of the child or that placement is in the best interest of the child.

The Department shall provide out-of-home services only to children for whom the Department has legal responsibility for placement and care. The Department shall pay for foster care only as authorized by Iowa law.

Obtain the necessary approvals for the placement. This may include:

- Parents or guardian approval through a voluntary placement agreement.
- Juvenile court order.
- Interstate Compact approval for a placement outside Iowa. See Out-of-State Placement.
- Tribal approval, for a Native American child with tribal affiliation. See Placement of a Child with American Indian Heritage.
- Certification of the need for care and managed care organization approval for a Medicaid-funded PMIC placement.
- Voluntary placement agreement with the child if aged 18 or older.

Voluntary Placement for Children Under Age 18

The Department has responsibility for the placement and care of a child under the age of 18 when it has agreed to provide foster care services for the child based on a signed agreement between the

Department and the child's custodial parents or guardians. A voluntary placement agreement for a child under age 18 shall terminate 90 days after the effective date of the agreement.

A voluntary placement agreement shall not be used to place a child outside Iowa and shall not be signed with parents or guardians who reside outside Iowa. A voluntary placement agreement shall terminate if the child's parents or guardians move outside Iowa after the placement.

If the parents or guardians agree to voluntary placement as an alternative to an ex parte order, then the placement agreement can be used for foster care placement if the child:

- Is determined to be at imminent risk of harm and
- Cannot be kept safe through any means other than removal from the home.

1. Do not recommend an out-of-home placement until an assessment determines that reasonable efforts have been made to prevent placement.
2. When a child must be out of the home for fewer than 20 days, help the family find relatives or friends who can assume temporary responsibility for the child as an alternative to out-of-home placement.
3. Offer voluntary foster care placement services only with the approval of the service area manager or designee. A voluntary placement may be made if the child would otherwise be removed by a court order and both of the parents or guardians sign the placement agreement. (IAC 441—202.3(4)
4. Use form **470-0715** or **470-0715(S)**, **Voluntary Foster Care Placement Agreement** to record the agreement. Both of the parents or guardians must sign the agreement. If signatures cannot be obtained, obtain an ex parte order.
5. Terminate the voluntary placement agreement if the child moves outside Iowa after the placement. When a voluntary placement agreement is terminated, send a copy of the Notice of Decision to the foster care provider.

Ex Parte Court Order for Temporary Custody

The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has issued an ex parte order giving the Department temporary custody of the child.

Follow local procedures for requesting the juvenile court to issue an ex parte order for the removal of a child.

1. Gather information to support all of the following:
   - The child's immediate removal is necessary to avoid imminent danger to the child's life or health;
   - There is not enough time to file a petition and hold a hearing concerning temporary removal under Iowa Code section 232.95;
   - The child cannot either:
     - Be returned to the place where the child was residing **or**
     - Be placed with the parent who does not have physical care of the child; **and**
   - One of the following applies:
     - The person responsible for the care of the child is absent, or though present, was asked and refused to consent to the removal of the child and was informed of the intent to apply for an order to remove the child; **or**
     - There is reasonable cause to believe that a request for consent would further endanger the child; **or**
     - There is reasonable cause to believe that a request for consent will cause the parent, guardian, or legal custodian to take flight with the child.
2. Unless the juvenile court has designated this responsibility to another:
   - Make every reasonable effort to inform the parent or other person legally responsible for the child's care.
   - Follow up with any inquiries that may aid the court in disposing of the application.
3. Within five working days of the removal order, the person designated by the court shall prepare and file a written report with the court that includes documentation of:
   - Conferences held.
   - Efforts to inform the parents or other person legally responsible for the child's care of the application.
   - Any inquiries made to aid the court in disposing of the application.
   - All information communicated to the court.

Voluntary Placement for Youth Aged 18 or Older

For a youth age 18, 19 or 20 extended voluntary foster care is permissible when the department or Juvenile Court Services (JCS) has agreed to provide foster care services for the youth on the basis of a signed Voluntary Placement Agreement between the department/JCS and the youth or the youth's court-appointed guardian. Extended foster care is limited to licensed family foster care or Supervised Apartment Living.

Regardless of the age of the youth, an individual who reached age 18 as an adjudicated delinquent minor receives case management and supervision from JCS, whereas those adjudicated Child in Need of Assistance (CINA) is supervised by the department.

The process for considering extended foster care is in this section, including the process for youth voluntarily remaining in care and the process whereby youth apply to return to care after having exiting care at age 18 or older.

If the youth has an open service case, the caseworker should make referrals for extended foster care, if appropriate.

Prior to considering whether a youth should remain in foster care past age 18 or be permitted to return to foster care, discuss all options with the youth. Consider the following:

- Consider whether the Iowa Aftercare Services Program (aftercare) can meet the youth's transition needs. Aftercare is a statewide service which provides life skills services and financial support statewide to eligible youth ages 18 to 23 who have aged out of foster care or other court-ordered placements.
- Determine if it is likely the youth will need or be eligible for services or other support from the adult services system, including residential institutions or community residential programs funded through mental health regions or Supplemental Security Income (known as Social Security or SSI), if applicable.
- Determine if the youth's needs can be met with help from the Mental Health Regions. Mental Health Regions are Iowa's community-based, person-centered mental health and disability services system, which provides locally delivered services that are regionally managed within statewide standards. Local access to mental health and disability services for adults and children with severe emotional disturbances are provided by established mental health and disability services regions to residents of Iowa.

If adult disability services, Aftercare, or a comparable program is available and can meet the youth's needs, a voluntary placement in extended foster care is not necessary or appropriate.

The amount of money the youth will receive from a program is not a sufficient determinant of the best service for the youth.

Be advised for those who are going to rent an apartment, a rental agreement is considered valid if there is either an oral or written agreement to exchange rent for residing in a dwelling unit. According to Iowa law, (Uniform Residential Landlord and Tenant Law Ch. 562A) this relationship comes with rights and responsibilities for tenants, such rights include repair requests, to reside in habitable property, the right to due process before an eviction and more.

Eligible Youth: The potentially eligible youth must meet all the following:

- Upon reaching age 18, the youth was in court ordered foster care or in an institution listed in section 218.1.
- After reaching eighteen years of age, the person has either:
  - Remained continuously and voluntarily in family foster care or in a supervised apartment living arrangement, in this state, or
  - Voluntarily applied to return to SAL or licensed family foster care.
- Is at imminent risk of becoming homeless or failing to graduate from high school or to obtain a general education development diploma.
- Has demonstrated a willingness to participate in case planning and to complete the responsibilities prescribed in the person's case permanency plan.
- The department/JCS has made an application for the person for adult services, if it is likely the youth will need or be eligible for services or other support from the adult services system.

Appropriate Program: The service must be appropriate based on all the following criteria:

- The services are in the youth's best interest.
- Funding is available for the services.
- An appropriate alternative service is unavailable.
- The youth, HHS/JCS, and the provider are in agreement the placement is appropriate.
- The placement is approved by the Service Area Manager or designee.

Additional information: Key aspects of extended foster care are as follows:

- The youth, the provider, and the HHS/JCS needs to agree with the plan or extended care cannot be approved.
- Family Centered Services may be indicated, to focus on permanency.
- Medicaid eligibility comes with extended care.
- Voluntary placement means court is not involved in extended care.
- The case plan should describe work or school expectations. Federal guidance suggests 80 hours a month combined, minimum. A 30 day grace period is permissible, for a youth who recommits to the program and has a plan to get on track.

Example when voluntary foster care is not appropriate: The youth is high functioning in family foster care with a job and a high school diploma. They are eligible for Aftercare with PAL if their foster care case closes. The team is thinking they should remain in foster care and the main reason is that the foster care payment is higher than what the youth would get in Aftercare with PAL. They also want the youth to be able to continue to reside in the foster parent's home. This youth appears ready for adulthood and would benefit from the support of Aftercare.

Decision: The foster care case should close and the youth should be referred to Aftercare, because it appears the youth's needs can be met and the higher SAL stipend is not a sufficient reason for the youth to remain in foster care. The Aftercare payment can be used to pay the foster parent rent, if remaining in the home is desired.

Example when voluntary foster care is appropriate: The youth is in cluster site SAL upon reaching age 18 and their college dorm is not immediately ready. The youth is very anxious about moving to college and it seems like a move from SAL to a temporary residence until the dorm is ready would be disruptive and could foil the transition plan. The youth has asked to remain in SAL until the dorm is ready and there is no other place for the youth to stay over the summer.

Decision: Remaining in SAL makes sense to ease the transition. It would also be permissible for a youth to remain with a foster family until a dorm is ready, particularly if it is someone with whom they have an existing relationship. In these situations, the foster parent may opt to give some of the maintenance payment to the youth or save some for the youth, at their option.

Procedures for Supervised Apartment Living and family foster care:

For youth who desire to continue in extended foster care: After discussing with the youth and others as appropriate, the case manager (SWCM or JCO) will evaluate the appropriateness of the youth remaining in family foster care or SAL.

The case manager will follow procedures when considering extended foster care for a youth:

1. The case manager will confirm the youth, upon reaching age 18, was in foster care or a placement defined in Iowa Code 218.1.
2. A Social Work Administrator or designee must approve extension of foster care.
3. The case manager (SWCM or JCO) will evaluate the appropriateness of the youth remaining in family foster care or SAL.
4. If the youth is approved for extended care, the case manager will make the formal referrals and attempt to secure and appropriate placement, if necessary.

5. The case manager will ensure a Voluntary Placement Agreement Form 470-0715 is signed by the youth and department representatives.
6. The caseworker will ensure entry of the placement into the child welfare information system according to service area protocol.
7. Alternatively, if extended services is not appropriate or extended foster care is permitted, the case manager will discuss the decision with the youth and will refer the youth to appropriate services or supports.
8. When the voluntary placement is of a youth who is aged 18 or older and who has a court-ordered guardian, the Voluntary Foster Care Placement Agreement, Form 470-0715, shall be completed and signed by the guardian and the local office where the guardian resides. Voluntary Foster Care Placement Agreements shall not be signed with guardians who reside outside Iowa. Voluntary Foster Care Placement Agreements shall terminate if the youth's guardian moves outside Iowa after the placement.
9. Documentation:
   - Provide a copy of the Voluntary Placement Agreement to the provider and the youth and keep a copy in the case record.
   - Document work or school requirements for participation in the Transition Planning Section of the case permanency plan.

For youth who desire to return to extended foster care: Youth who desire to return to foster care should contact their local HHS office to apply to return to foster care. The application process will be facilitated by the TPS in the Service Area where the youth aged out of foster care. A TPS map can be found here: TPS_Map.pdf (iowa.gov). The steps are as follows:

1. The youth may request an application through any local HHS office.
2. The TPS can be contacted to confirm the youth, upon reaching age 18, was in foster care or a placement defined in Iowa Code 218.1.
3. If applicable, the youth will need to complete form **470-5761, Application for Extended Foster Care Services** to the best of their ability.
4. A Social Work Administrator or designee must approve extension of foster care.
5. TPS will receive and review the application, then contact a supervisor or other authorized official to coordinate assignment of a case manager, if applicable.
6. After reviewing the application and discussing with the youth and others as appropriate, the case manager will evaluate the appropriateness of the youth remaining in family foster care or SAL, using the appropriate program and eligible youth criteria above.

7. If the child is approved for extended foster care, the case manager will make the formal referrals and attempt to secure and appropriate placement.
8. If there is an appropriate placement match, the case manager will ensure a **Voluntary Foster Care Placement Agreement, form 470-0715** is signed by the youth and department officials.
9. Open the case in the child welfare information system according to service area protocol.
10. Alternatively, if the child is not appropriate to continue in extended services or is otherwise not permitted to return to extended care, the case manager will discuss the decision with the youth. A written *Notice of Decision*, using form 470-0745 or 470-0745(s) will be provided to the youth and a copy will be retained in the case file. Moreover, the case manager will refer the youth to appropriate services or supports.
11. When the voluntary placement is of a youth who is aged 18 or older and who has a court-ordered guardian, the *Voluntary Foster Care Placement Agreement*, form 470-0715, shall be completed and signed by the guardian and the local office where the guardian resides. *Voluntary Foster Care Placement Agreements* shall not be signed with guardians who reside outside Iowa.
12. Documentation:
    - Store the **Application for Extended Foster Care Services and Voluntary Placement Agreement** in the case record, as applicable. Provide a copy of the **Voluntary Placement Agreement** to the provider and the youth.
    - Document work or school requirements for participation in the Transition Planning Section of the Case Permanency Plan.
    - A written **Notice of Decision**, using form 470-0745 or 470-0745(S) will be provided to the youth and a copy will be retained in the case file.

Also required for Supervised Apartment Living:

1. When considering a placement in Supervised Apartment Living, complete form **470-4063, Preplacement Screening for Supervised Apartment Living Foster Care** to evaluate whether the youth meets the placement-specific eligibility requirements.
2. Use form **470-3186, Request for Approval of Supervised Apartment Living Foster Care Placement** for a youth placed in Supervised Apartment Living.

Considerations and procedure for termination of voluntary foster care:

1. Terminate the voluntary foster care services for a youth age 18 or older with timely and adequate notice and appropriate procedures as outlined in Closing Placement Services when one or more of the following exist:
    - The youth no longer meets the definition of child in Iowa Code 234.1.

- The youth is incarcerated or otherwise under the supervision of adult corrections.
- The youth no longer needs services or desires to exit.
- The youth moves to an address outside of Iowa.
- The youth fails to participate in case planning and to fulfill responsibilities as defined in the case permanency plan.
- A more appropriate placement option is available, including but not limited to those provided by the adult disability system; or
- The Voluntary Placement Agreement is terminated.

2. When services are denied or terminated, issue form **470-0602, Notice of Decision: Services** allowing timely notice. Send a notice of decision to the youth and a copy of the Notice of Decision to the foster care provider. If the discontinued services are the only services covered by the case plan, close the case.

Court-Ordered Supervision

The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has ordered the Department to provide supervision of the child and the child's placement.

Transfer of Legal Custody to Department

The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has transferred legal custody to the Department.

The juvenile court may transfer legal custody to the Department through a temporary removal hearing in the child in need of assistance (CINA) process or a shelter care hearing under the delinquency procedures.

The juvenile court may transfer legal custody to the Department after disposition is authorized for children adjudicated delinquent and for children adjudicated child in need of assistance.

The Department's responsibilities as custodian are defined as follows:

- To maintain or transfer to another the physical possession of the child.
- To protect, train, and discipline the child.
- To provide food, clothing, housing, and medical care.
- To consent to emergency medical care, including surgery.
- To sign a release of medical information to a health professional.

The SWCM normally exercises the rights and responsibilities of the custodian.

The residual parental rights retained by the child's parents make it imperative that they be involved in all major planning and medical decisions affecting the child.

Transfer of Guardianship to Department

The court may assign guardianship to the Department after the child is adjudicated to be a child in need of assistance, when the child's parents:

- Are uninvolved,
- Are not available or are available, and
- There is no termination of parental rights, and
- After termination of parental rights.

The guardian is to:

- Have a permanent self-sustaining relationship with the child,
- Make important decisions that have a permanent effect on the life and development of that child, and
- Promote the general welfare of that child.

The Department's responsibilities as guardian are defined as follows:

- To consent to marriage, enlistment in the armed forces of the United States, or medical, psychiatric, or surgical treatment.
- To serve as guardian ad litem, unless the interests of the guardian conflict with the interests of the child or another person has been appointed guardian ad litem.
- To serve as custodian, unless another person has been appointed custodian.
- To make periodic visitations if the guardian does not have physical possession or custody of the child.
- To consent to adoption and to make any other decision that the parents could have made when the parent-child relationship existed.
- To make other decisions involving protection, education, and care and control of the child.

The service area manager (SAM), or a designee, exercises the rights and responsibilities of the guardian. The service area manager, social work administrator, and social work supervisor are designated by the director to sign consents and releases.

Foster Care Placement

Federal rule 45 CFR1355.34(c)(1) requires that the Department's information system readily identify the status, demographic characteristics, location, and goals for placement for every child in foster care.

To ensure compliance as well as to ensure that the most recent information is available should an emergent need arise, entries shall be completed in FACS within three business days from:

- the date the child initially enters foster care, and
- the date of any foster care placement changes.

Family Foster Care

If the child cannot be placed with kin or fictive kin, the next least restrictive placement, family foster care, shall be used for a child unless the child has specialized needs that cannot be provided in a family setting.

Determine eligibility for family foster care as follows:

- Determine if the child meets the requirements for age.
- If a youth is 18 or older, contact your service area manager or designee to request approval for payment of family foster care for a child aged 18 or 19. Explain in writing how the child meets all of the following criteria:
  - The child does not have an intellectual disability.
  - The child is at imminent risk of:
    - Becoming homeless (meaning a less restrictive placement is not available), or
    - Failing to graduate from high school or obtain a general equivalency diploma.
  - The placement is in the child's best interest.
  - Funds are available in the service area's allocation.

When the service area manager or designee has approved payment for foster care, funds that may be necessary to provide payment for the time period of the exception, not to exceed the current fiscal year, are considered encumbered and no longer available.

Document the child's eligibility for approval in the case record along with the written approval. Obtain the signed voluntary placement agreement for a child aged 18 or older.

Do not delay or deny the placement of a child into foster care due to race, color, or national origin of the foster parent or the child.

If possible, choose a placement within the child's own neighborhood or community to promote:

- Parental contact with the child and participation in reunification efforts
- Sibling contact
- Support from the child's community
- Stability of the child's education (see Assurances of Educational Stability)

If the child was previously in placement and a kin or fictive kin placement is not an option, consider placing the child back into the same placement setting.

Additional Assessments Required

More in-depth assessments are required when a child goes into out-of-home placement. These assessments are:

Social History

With the exception of emergency care, complete a social history on each child before a Department recommendation for out-of-home placement.

- For voluntary emergency placements, complete the social history before a decision is made to extend the placement beyond 30 days.
- For court-ordered emergency placements, complete a social history before the disposition hearing.

Before the dispositional hearing on a CINA case, the juvenile court will order the completion of a social history report that:

- Explores the family's background and the strengths and needs and
- Contains the Department a formal recommendations for the child's level of care, permanency goal, and services to the family.

Use form **470-3615, Social History** to gather information for the court-ordered social history report.

Health Assessment

The child's medical, psychiatric, and psychological needs shall be assessed before placement is recommended.

A child shall have a physical examination with a medical professional before entering foster care or within 14 days of placement into foster care. This examination identifies the child's health needs including emotional trauma associated with their abuse and removal from the home. SWCMs engage medical professionals during this screening to gather information to determine the child's treatment plan.

The SWCM shall notify the foster parent, kin caregiver, and parent/guardian of any medical appointments required or scheduled in consultation with the Department.

The child's case permanency plan must contain the most recent information available about the child's health records.

1. Secure health information from the appropriate medical professional. Form 470-0580, *Physical Record,* may be used in addition to other sources of medical or health information. If possible, submit the form to the child's primary care provider for completion.

2. A physician, an advanced registered nurse practitioner, or a physician assistance working under a physician's supervision shall:

   - Complete a preliminary screening for dental and mental health needs.
   - Refer the child to a dentist or mental health professional as needed.
   - See **8-M, Care for Kids (EPSDT)** for Medicaid procedures for screening and follow-up treatment.

3. If the physical record does not have immunization information attached:

   - Get this information from the child's family or from the school where the child is enrolled in at the time of placement; or
   - Access the Iowa Department of Public Health's Immunization registry to obtain the child's immunization information; or
   - If no other source is available and the child was a Medicaid member before placement, ask your supervisor to check Iowa Medicaid Electronic Record System (IMERS) for information.

   Access to IMERS for purposes of meeting the Department's responsibilities for the health of children in foster care is restricted to SWCMs and supervisors who have an approved *Iowa Medicaid Electronic Record System Security Request*. Supervisors may obtain this form from the Service Help Desk.

   Do not print IMERS information to put in the case file. This increases the risk of inadvertent disclosure and violation of state law and the federal Health Insurance Portability and Accountability Act (HIPAA).

4. Assess a child's strengths and needs relating to mental health as part of your assessment of child well-being. You may use the *Pediatric Symptom Checklist* to determine whether a child needs a behavioral health evaluation. Access the checklist on the Department Intranet in the Results-Based Practice folder on the Field Service Staff page.

5. When indicated, use appropriate psychological testing administered by qualified professionals to help determine the child's level of intellectual functioning, to assess the nature and severity of mental health disorders, and to identify or assess the nature of learning difficulties.

6. When religious or personal beliefs of the parents prohibit the completion of a physical or necessary medical care, either:
   - Find assistance for the family to care for the child at home, or
   - Request a court order to obtain necessary medical care for the child.
7. When a child is medically diagnosed as HIV-positive, having AIDS, or is identified as being at high risk of HIV infection, place the child after the parents have signed form **470-3225** or **470-3225(S)**, **Authorization to Release HIV-Related Information.** It may be necessary to seek court action if the parent or guardian does not sign the forms.

   Inform the foster care provider of the diagnosis and have the provider sign form **470-3227, Receipt of HIV-Related Information**.

   The need for HIV testing is predominately a medical decision. Therefore, when a child is at high risk of being HIV-positive such as one or both parents being HIV-positive or having AIDS, seek guidance from the child's physician as well as from your supervisor, social work administrator, and service area manager.

Releasing a Foster Child's Social Security Number When the Department is Guardian

The Department may release the social security number to the foster parents when the Department is the guardian. However, the foster parent will need to get a signed release of information from the Department to allow them to give that social security number to their tax preparer for income tax purposes only.

Releasing a Foster Child's Social Security Number When the Department is Not Guardian

The foster child's parents retain their right to authorize or not authorize the release of their child's social security number to foster parents. Some of the foster child's parents may be claiming their child on their income taxes.

If asked by a foster parent, the SWCM should facilitate a conversation between the foster parent and the parents to obtain the appropriate release of information. If the foster parent is comfortable pursuing the discussion directly, the SWCM should ensure the foster parent is aware the parents have the right not to sign the requested release.

Assurances of Educational Stability

Children placed in foster care face challenges to successfully completing their education. Ensuring educational stability for every child in care promotes positive learning experiences, reduces school disengagement, and reduces interrupted progress. The Every Student Succeeds Act (2015)(ESSA) in coordination with the Fostering Connections to Success and Increasing Adoptions Act of 2008, provides educational stability protections for the time students are in foster care. The laws provide that when students in foster care change living placements, they remain in the school they have been attending unless a determination is made that a school move is in their best interest. If this is determined, the student shall be immediately enrolled and records transferred.

"Foster care" means the provision of parental nurturing, including but not limited to the furnishing of food, lodging, training, education, supervision, treatment, or other care, to a child on a full-time basis by a person, including an adult relative or fictive kin of the child, and where the child is under the placement, care, or supervision of the Department, juvenile court services, or tribes with whom the Department has entered into an agreement pursuant to a court order or voluntary placement agreement, but not including a guardian of the child.

Through the efforts described in this section, the SWCM ensures collaboration between the family, the local school district, Area Education Agency (AEA), providers, and others dedicated to the educational success of the children.

In order for the SWCM and the local school district or AEA to communicate about the education needs of the child, the Uninterrupted Scholars Act provides that personnel of a state agency responsible for a child in foster care, who have the right to access the child's case permanency plan, also have access to personally identifiable information in student records without the need for parental consent. This means the SWCM can access and redisclose school records of a child in foster care. The SWCM can only do so to the extent necessary to address the child's educational needs, according to the law.

Each HHS Service Area has one or more ESSA points of contact (HHS POC). The HHS POC is a resource and support to the SWCM when collaborating and problem-solving with the point of contact at the school district (education POC). Each school district has an education POC to facilitate the ESSA process and solve problems with educators in school districts.

The following ESSA compliance steps should be completed by SWCMs when a child enters foster care or changes placement:

- Notify the education POC at the child's school of origin that the child is entering an initial foster care placement or is changing foster care placement as soon as you are aware of the location of the placement. Notification should be on the same business day the placement resource is identified. For after- hours placement, notification should be on the next business day.
- In accordance with the federal law, presume it is in the best interest of the child to remain in the school of origin. The SWCM is required to work with the education POC at the school of origin to ensure school stability unless it is determined remaining in the school of origin is not in the child's best interest.

- Hold a best interest determination meeting (BID meeting) with the education POC to make the best interest determination regarding school placement. It is the SWCM's responsibility to initiate a Best Interest Determination discussion with the school of origin by contacting the education POC as soon as possible when a foster care entry or change in placement is imminent.

  In the BID, answer these questions: Is it safe and appropriate for the child to remain in the school of origin? Can the school meet the child's needs? Are there additional supports and services that could help the child be successful at the school? Does the child have an IEP or should the child be evaluated for one? Solicit input of other team members, including the child as appropriate.

- It is not appropriate to change schools due to lack of transportation from the foster care setting. If it is determined the child should remain in the school of origin, and transportation is needed from the foster care placement to the school, collaborate with the education POC to establish the most cost-effective means of transportation available. The district where the school of origin is located is responsible for arranging and providing transportation. A transportation contract is in place between DHS and the Iowa Department of Education, which permits the district to be reimbursed for some costs.

- Regardless of the selection of school setting, communicate education plans with the foster care provider, which may include the foster parent or an education specialist or caseworker at Shelter, QRTP, or Supervised Apartment Living. Ensure residential service providers are aware of the education plan as soon as possible, particularly for a child who may need on-campus schooling.

- If it is determined the school of origin is not in the child's best interest, work with the education POC to ensure an appropriate school setting is selected and the child is immediately enrolled.

- Ensure records are transferred from the school of origin within five days of enrollment, if applicable.

An overview of ESSA can be located at ESSA Guidance. The ESSA Best Interest Determination guidance document provides details about this requirement, including steps to follow when the school of origin and DHS do not agree on school placement.

To locate the most up to date list of school Points of Contact, see the "How To Access ESSA POC's in Your School District", also in the ESSA Guidance.

Multiple documents about foster care and education may be found on the Department of Education website: https://educateiowa.gov/pk-12/learner-supports/education-children-foster-care

The SWCM should document all the following assurances in the case file:

- There was an evaluation of the appropriateness of the child’s education setting, including evaluation of the proximity of the educational setting to the setting in which the child was enrolled at time of placement. Evaluation of the setting requires collaboration with the child’s parents, caretaker, education professionals, or others to ensure the children are and can continue to be successful in their current setting.
- The Department coordinated with the appropriate local school district or AEA to identify how the child could remain in the educational setting in which the child was enrolled at time of placement. A child should remain in the school they were enrolled in at time of placement unless it is determined it is not in their best interest. Lack of transportation shall not be a barrier to a child remaining in the school the child was attending when they entered foster care.
- If the child changed their education setting, an assurance they were immediately enrolled in an appropriate setting and educational records were transferred to the new school.

The SWCM is also responsible for notifying the foster parent or kin caregiver of any meetings known to the Department relating to the Individualized Education Program (IEP) of a child in their care.

Clothing Allowance

When in the judgment of the social work case manager or child protection worker, clothing is needed by a child who has been placed in foster care, an allowance may be authorized to purchase clothing. For these purposes, foster care includes children placed out of home by court order or voluntary placement agreement (VPA) in licensed foster care, Qualified Residential Treatment Program (QRTP), shelter, or Supervised Apartment Living (SAL).

Since the child’s parents are primarily responsible for the cost of the child’s care, first approach the parents to supply the needed clothing. If clothing is not available from the child’s family, explore the child’s financial resources, including the child’s escrow account, if any. If no resources exist, a clothing allowance can be authorized.

As a case is transitioned from the child protection worker to the social work case manager, the social worker case manager should communicate with the child protection worker and others to ensure need for clothing has been assessed and clothing is purchased, with payments resolved using the process descried in this section.

Maximum amounts are $500 per year for a child through age 12 and $750 per year for a child age 13 and older. The clothing allowance may be provided in addition to the maintenance payment. The maximum amount is reset annually based on the date the episode of foster care began. Placement changes while in foster care do not reset the maximum amounts.

The social work case manager should consider the clothing needs of a child entering foster care and evaluate and authorize additional clothing allowance when the child needs clothing to replace lost clothing or because of growth or weight change. The social work case manager should only approve what is needed at the time in case the child may need additional items at a later point. Clothing purchased with the clothing allowance goes with the child when their placement changes.

When clothing is purchased by a foster care provider, the provider is expected to submit receipts to the social work case manager within 30 days of purchase for auditing purposes, using Form 470-1952.

The social work case manager obtains the provider's signature and submits the form to the worker's supervisor. The supervisor checks the receipts against the clothing items listed and the cost of the items, the total, tax, and total costs for accuracy before approving and signing the form. Document this determination in the case record. Generate reimbursement through the FACS system Special Issuance List (SPIL) screen. See manual chapters 18D(1-4) for program specific information.

Promoting Placement Stability

Placement stability is the maintenance of continuity in a child's living situation in terms of the adults they live with and the ability of a child to grow up with their siblings. Children do better when they have stable relationships with loving caregivers who are able to meet their needs.

The more stability a child has, the more likely it is that the child will be able to develop enduring relationships with adults who care about them. It also enables a child to establish a stronger and more varied network of social support to help meet emotional as well as more concrete needs such as a job search or locating housing.

A child removed from the family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. If, for the reasons of child protection, psychiatric treatment, or juvenile justice service, a child is in a temporary setting or unstable situation, then prompt and active measures must be taken to restore the child to a stable situation. (Source: Foster, Ray, *Quality Service Review*, Human Systems and Outcomes, Inc., April 2000.)

Evaluate the quality of the child's continuing relationship with family members or other meaningful persons periodically. Determine whether the child requires help to work through any conflicts or changes in these relationships.

Children with individual behavioral issues and physical and mental health challenges have been linked to greater placement instability. Specialized behavioral health supports and services should be available to children and their caregivers throughout the placement process.

Stress situations may cause the child to need special help. These include:

- Loss due to separation (including termination of the placement)
- Medical care
- Hospitalization
- Other unavoidable disturbing experiences
- Changes in the plan for use of foster care services
- School or social problems

Give special attention to minimizing changes affecting the relationship of the child and significant adults. These include changes in frequency of contact with the SWCM, transfer of the SWCM, vacations of SWCMs or foster parents, or the child's departure from foster care.

Such changes reactivate in the child fears of separation and change. They may lead to emotional upset or disturbances in behavior that may harm relationships with the foster family, school, friends, and birth family. With adequate preparation for changes and clarification of the reasons for it, the child will be better able to respond appropriately.

Negative impact of placement increases with multiple placements. Changing homes because of placement disruption compounds the sense of loss children face each time they end relationships with their caregivers. Placement disruptions can increase stress related responses. You are responsible for minimizing multiple placements.

The failure of a placement is the failure of the service delivery system to meet the needs of the child, not the failure of the child.

The individualized case permanency plan shall identify whether a child is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Minimize placement breakdown by:

- Adequately assessing the emotional, physical, and behavioral needs of the child.
- Matching the child needs with the resource family's or facility's abilities.
- Preparing the child and family for the placement.
- Assisting children with feelings about living apart from families.
- Providing adequate support to the child, family, and resource caregivers.
- Scheduling regular meetings with the child's foster family.

- Maintaining family connections by allowing interactions early and often.
- Developing crisis plans that address predictable behaviors or patterns of behavior that threaten or destabilize the placement.
- Recognizing relationship stress early and responding to resolve problems.

The SWCM is responsible for notifying the foster parent or kin caregiver of any inappropriate meetings relating to the case permanency plan of a child in their care.

Coordination of Contracted Services with Placement Setting

FCS contractors are expected to communicate with the child’s placement setting in order to coordinate responsibilities and case service planning.

The SWCM should ensure and direct the FCS contractor regarding coordination with the placement setting. Areas in which to direct this coordination include, but are not limited to:

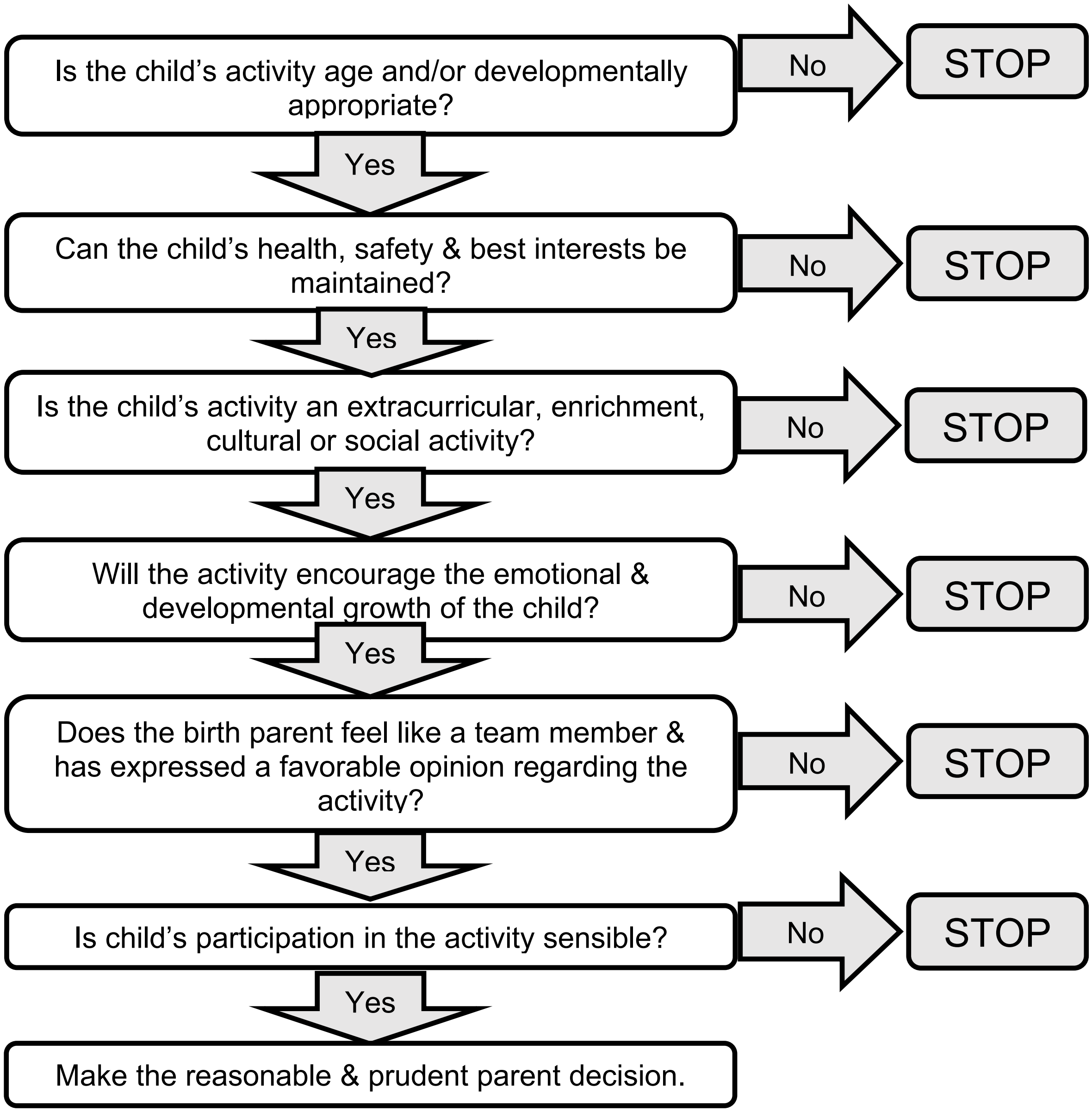
- Planning for participation by the child and the placement staff in family focused meetings.
- Planning for children’s attendance in court hearings.
- Planning and transportation arrangements for parent-child and sibling interactions and visits.
- Case crisis responses to situations that develop while the child is participating in family interactions.
- Collaborative planning around reunification activities and the timetable for returning the child home or moving toward another permanency option.
- Coordination with the foster care RRTS contractor to ensure supports are provided to the resource family so that they are able to support the permanency goal.

Reasonable and Prudent Parent Standard for Foster Children

Foster parents and child-care institutions caring for children placed out of the home are able to apply the Reasonable And Prudent Parent Standard for the foster child to participate in age-appropriate and developmentally appropriate activities. Discuss with the foster child, their parents, or caretakers, what activities would be the most interesting and appropriate. Then work to make those activities possible for the foster child. While the child’s parents or caretakers may disagree with the foster parents’ decision, after they have considered their input, the decision rests with the foster parent. Document this discussion in the case narrative.

Child-care institutions are required to have an on-site official authorized to apply the reasonable and prudent parent standard to decisions involving the participation of the foster child in age-appropriate or developmentally appropriate activities.

Check with the facility to know who makes such decisions and discuss with that person their intentions for the foster child to participate in age-appropriate and developmentally appropriate activities.



The above diagram is intended only as a basic guide for making a reasonable & prudent parent decision by the caregiver per Public Law 113-183, Preventing Sex Trafficking & Strengthening Families Act. The caregiver should obtain the details of the activity, and explain to the child the expectations they have for them to participate in the activity.

Monitoring Health and Mental Health Care for Children in a Foster Care Placement

It is critical and federally mandated to monitor any health and mental health care needs of a foster child to ensure these needs are being met. Each foster child should be assessed by a clinician for their mental health needs and preferably a Pediatrician for their health care needs. SWCMs monitor any needs identified in these screenings through collateral contacts with providers, foster parents or QRTP staff, biological parents, and Department contractors. Most health care providers have electronic medical records. A foster care provider may ask for a "summary of the visit" or discharge/referral form at the end of a health care visit. If a health care provider does not have electronic medical records, the foster care provider should give the health care professional form *470-0580, Physical Record* to complete. SWCMs should review this and any other documentation regarding the child's health or mental health.

House File 644 allows for HHS as custodian to delegate consent for emergency and routine medical care to licensed and approved foster and kinship caregivers. The SWCM shall verify that HHS has custody of the child, complete **Form 470-0172 Consent for Routine and Emergency Medical Care** and provide to the foster parent or kin caregiver. HHS shall notify the foster parent, and the parents or guardians of a child, if the Department delegates the Department's right to consent to emergency medical care and routine medical care. Routine medical care includes wellness care (ie. physical examination, diagnostic laboratory test, or medical visit for a minor illness). It does not include the administration of a vaccine. Biological parents that retain guardianship retain the ability to make decisions about vaccinations (and the right not to vaccinate) for their children until guardianship is moved to another person. Emergency medical care includes a life threatening or serious illness or injury that requires immediate medical attention.

Best practice includes the foster parents involving parents and guardians in decision making and medical appointments as much as possible. The delegation of consent is to ensure there are no delays in a child's routine and emergency medical care, not to circumvent involving the parent or guardian when at all possible.

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.

The SWCM should document this information in the child's Face to Face and Contact Notes. All medical and mental health information should be included in any court report narrative, case narrative, and in the Case Permanency Plan.

Communication with Managed Care Organizations (MCOs)

MCOs are required to complete a Health Risk Assessment (HRA) on every child in placement. Foster 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. The HRA is completed within 90 days of enrollment with the MCO, on an annual basis, and when there is a change in health status for members. The purpose of this assessment is to get a self-reported picture of the member's whole-person health so that they can be connected with case management services if appropriate, in addition to any other resources the member may need to improve their heath and overall wellbeing. The assessment takes approximately 10 minutes to complete.

Consenting to Medications

If the Department is the custodian of the child in a foster care placement, the SWCM should contact the child's parents or guardian to inform them of the medication recommendation. The best practice is to invite the child's parents or guardian to the child'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.

If the child's parents or guardian do not attend the evaluation or medical appointment, contact them and discuss the medication recommendation to obtain their consent. Foster care group care providers need to also discuss medication recommendations with the child's parents or guardian before the prescribed medication is obtained and given to the child.

When the Department is the guardian of the child in a foster care placement, the SWCM should discuss with their supervisor if they should consent to the recommended medication before the caregiver fills the medication prescription and administers it to the child.

Monitoring Medications

The SWCM needs to inquire of the caretaker at each visit as to over-the-counter and prescribed medications that have been administered to the child, including any negative reactions (side effects) to the medication by the child or if the medication is helping the child. Any medications, prescribed or over-the-counter, administered need to be documented in the case permanency plan, court report narrative, and the case narrative. Document the medication prescribed for the child, what the medication is prescribed for (e.g. diagnosis), and the dosage. Also document any new medication prescribed or if a medication changed.

In addition, the SWCM should ensure that a child is seen regularly by the prescribing physician or mental health professional to monitor the effectiveness of any medication, to assess any side effects, to monitor any health implications, to assess any needed medication changes, and to determine if the medication is still necessary or if other treatment options are more appropriate.

Ask the child if they have an understanding why they are taking medication and if they have any concerns about the medication. If there are concerns, you must advocate on the child's behalf to have the medications reviewed and explore alternatives to medication.

Addition information regarding medications maybe found at:
http://www.nlm.nih.gov/medlineplus/druginformation.html

Monitoring Psychotropic Medication

Ensuring the appropriate use of psychotropic medication for children in foster care requires vigilant monitoring and oversight. Psychotropic medications are used to treat emotional and behavioral health symptoms and disorders. They primarily act on the central nervous system where they affect brain function, resulting in changes in perception, mood, consciousness, cognition, and behavior. Most children in foster care never need psychotropic medications.

While they are traumatized by abuse and may show negative behaviors or signs of emotional stress, these are normal reactions to what they have been through. All children act out at different stages of their lives and most children will gradually heal in an appropriate environment and with consistent interventions.

However, the use of psychotropic medication in the foster care population is higher than in the general population. While some children may benefit from medication to treat certain mental health diagnoses, these medications may be harmful if used inappropriately. Medications do not treat trauma which is often triggering the emotions and behaviors.

Working with a qualified mental health professional regarding trauma-informed mental health services is best practice for addressing concerns without the inappropriate use of psychotropic medication.

Part of monitoring psychotropic medication involves being aware of "red flag" prescribing practices. These are practices that do not follow the recommended FDA guidelines for prescribing psychotropic medications to children. Red flag practices for prescribing psychotropic medications include:

- Prescribing multiple medications at the same time;
- Prescribing multiple medications before a trying a single medication;
- Prescribing to children under the age of 6; and/or
- Prescribing a dosage that exceeds recommendations.

The Department monitors the red flag practices of prescribing to children under the age of six and prescribing multiple medications at the same time through a quarterly report. This report is sent out to the social work administrators to distribute to the applicable supervisors and then to the SWCM. SWCM follow up to receiving information that a foster child on their caseload is in the report includes:

- Verifying that the report accurately reflects the psychotropic medications the child is taking;
- Verifying that appropriate and sufficient mental and behavioral health services were provided to the child before medication was prescribed;
- Verifying that other treatment options are being explored; and
- Verifying that physical and mental health monitoring is occurring as recommended for the medication prescribed.

The SWCM should then update the case file with current information and document all corresponding case management activities related to medication monitoring in the Face to Face and Contact Notes. A copy of the quarterly medication report should be placed in the child's file.

Response to Unauthorized Absence from Placement

Legal reference: Iowa Code Chapter 694 and Sections 232.2(11), 232.19, 232.158 (Article V), 232.171 (Article IV), 233.1, and 709A.1

Take immediate action to locate a child under the Department's care or supervision when there is an unauthorized absence from placement by contacting the appropriate authorities. For the purpose of these procedures, "unauthorized absence" means any unplanned absence due to:

- Actions taken by the child (e.g. a run away),
- Actions of others (e.g. abduction), or
- The lack of attention or supervision by the caretaker.

1. Any foster care placement where a child has run away or has been abducted requires the placement provider to immediately notify the Department by telephone and e-mail regarding the missing child.

2. Obtain as much information as possible about the circumstances surrounding a child's absence.
3. Make an immediate and reasonable initial effort to locate the child. At a minimum, contact the school, parents, relatives, friends, and other contacts or locations identified as likely places the child may be.
4. Identify and contact any other individuals who the child may have contacted for assistance while on the run. Encourage them to help locate the child or return the child to foster care.
5. Immediately contact law enforcement and provide the child' name, date of birth, height, weight, sex, ethnicity, race, hair color, and eye color and any other unique identifiers such as eyeglasses and braces. Inform law enforcement when the child went missing and what clothing the child had on.
6. Contact the child's parents and inform them the child is missing or abducted. Gather any information from the parents that may be helpful in the search for the child.
7. Search diligently and regularly for the child at places the child has frequently known to go to.
8. Notify the juvenile court.
9. Report immediately, and in no case later than 24 hours, after receiving information regarding missing or abducted children or youth to law enforcement for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation and also report to the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or http://www.missingkids.org.
10. The Agency is responsible for maintaining regular communication with law enforcement agencies and the National Center for Missing and Exploited Children (NCMEC) in efforts to provide a safe recovery of a missing or abducted child or youth. At a minimum, maintain weekly contact with law enforcement agencies and NCMEC until the child or youth is located.
11. Where reasonably possible, the Agency shall provide:
    - A photo of the missing or abducted child or youth; and
    - Endangerment information, such as the child's or youth's pregnancy status, prescription medications, suicidal tendencies, vulnerability to being sex trafficked, and other health or risk factors.
12. If the child is located, make arrangements for the child's return to the placement.

    You may negotiate with a runaway child as to when the child is willing to return. The safety and well-being of the child should be the first consideration in the negotiation. The agreed-upon return time should always be within 48 hours of the contact.

    If a parent sabotages attempts to pick up a runaway child, notify law enforcement.

Notify the parent or caretaker as soon as possible when the child is found unless there a reason to believe this may further endanger the child.

13. Identify the factors that contributed to the child or youth being absent from the foster home and determine what the child's or youth's experiences were while absent, including screening the child to determine if the child is a possible victim of sex trafficking. To the extent possible respond to those factors in the current and subsequent placements.

14. Screen all located youth for possible sex trafficking. See Screening All Located Children for Possible Sex Trafficking for more information.

15. Identify, and to the extent possible, respond to the primary factors that contributed to the child or youth being absent from foster care. Document the responses to these factors in case notes. Provide a description of how these responses will be incorporated and integrated into the current placement and how it is believed that they will positively affect the current and any subsequent placement.

16. If there is evidence the child is in another state, request that local law enforcement contact law enforcement in the other state about searching for the child. If needed, contact the Iowa Missing Person Information Clearinghouse at 1-800-346-5507 for assistance.

17. If there is reason to suspect that the life or well-being of the child may be in jeopardy:

    - Immediately request the local law enforcement agency to enlist the aid of the Iowa Division of Criminal Investigation or direct the guardian to do so.

    - Determine if a protective service alert should be issued, follow procedures described in 18-B(1).

    - Be aware of what information is needed to issue an AMBER alert, in the event that local law enforcement determines that an AMBER alert should be issued.

        - An AMBER alert is used only when the child has been abducted and in danger.
        - An AMBER alert is not used for a runaway unless the child is known to have been abducted and the child's life is in danger.

18. Notify the court and the guardian ad litem, as needed, in writing within two working days (or within the court's preferred time limit if one has been established) when there is reason to believe that parents or others have:

    - Failed to divulge or concealed facts known to them about the whereabouts of the child,
    - Aided and abetted the unauthorized absence of the child, or
    - Contributed to the delinquency of the child.

19. When the child is found in Iowa:

    - Follow orders described in a court issued pick-up.

- Notify the court and make plans for the child to be returned to placement.
- Notify the law enforcement agency where the initial report was made that the child was found and returned and,
- Notify parents and the service area office and caregiver (as applicable).

20. When the child is found in another state:
    - Contact the Department Interstate Compact Unit immediately for assistance. The Interstate Compact Unit will assume responsibility for the necessary communication to affect the return of the child.
    - Request the use of the Iowa System Terminal to transmit a “hold” request for the return of the child to the Iowa Department of Human Services.
    - If the other state has any questions about releasing the child, contact the appropriate Iowa law enforcement agency. Begin with local police and report to the sheriff or state police as needed.
    - If Department workers travel out of state is required, follow Department procedures in **18-D(5), The Interstate Compact On Juveniles: Procedures for Return of Runaways, Escapees, or Absconders** with the assistance of and coordination with the Interstate Compact Unit.
21. When a child remains on the run for a long period of time:
    - Contact law enforcement on an ongoing basis about what is being done to locate the missing juvenile.
    - Contact parents and others involved regularly to see if they have more information about the child’s whereabouts or activities.
    - Discuss with the Iowa Department of Public Safety the need for posting photographs of missing persons to state and national Internet sites.
    - If posting is determined necessary or beneficial and a picture of the missing child is available, contact the Iowa Missing Person Information Clearinghouse at 1-800-346-5507 to get it published on:
        - The Iowa Department of Public Safety website at http://www.dps.state.ia.us/DCI/fieldoperations/mpic.shtml and
        - The National Center for Missing and Exploited Children website at http://www.missingkids.org
    - Consider other resources that may be helpful in locating and returning children:
        - **Home Free** is a program in which Greyhound Bus Lines provides free one-way transportation between any two points in the continental United States (excluding Alaska) for runaway children returning home. This is done in conjunction with the National Runaway Switchboard (NRS).

To receive a free ride home, children between the ages of 12 and 18 may call the NRS at 1-800-RUNAWAY or call a local social service agency, shelter, or law enforcement. All of these services can make necessary travel arrangements with Greyhound.

- **Let's Find Them** is a program in which Greyhound Bus Lines offers free transportation for missing and exploited children being reunited with their families. Transportation is limited to the continental United States (excluding Alaska) and to the routes of Greyhound Lines only.

  Free transportation to bring abducted children back home on Greyhound is available under this program. Contact the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or visit http://www.missingkids.org/.

- The **National Runaway Switchboard** (NRS) provides assistance to social service agencies and law enforcement officials in determining needs and assistance with out-of-state-placement.

  This is an additional resource for Department workers but it must not be used in place of the required involvement with the Interstate Compact Unit. Contact the NRS at 1/800/RUNAWAY or at http://www.nrscrisisline.org/

Screening All Located Children for Possible Sex Trafficking

Screen all located children for possible sex trafficking as follows. Ask the child:

- How long were you on the run? (The longer a child is exposed to the streets the more likely the child or youth is to fall victim to commercial sexual exploitation and human trafficking.)
- Where have you been staying? (The more places the child has been and the distance the child has traveled may be an indicator that the child is a potential victim.)
- Who has helped you and provided for you during your absence? (A reluctance or fear to identify who the child was with may be an indicator that the child is a potential victim of sex trafficking.)
- Were you threatened, abused or assaulted during your absence? (Look for physical and emotional signs.)

Permanency Timelines and Case Actions After Placement

Iowa Law requires that permanency be achieved in six months for children ages three or under and within 12 months for children ages four or older. Timelines are measured by the distance between these two dates:

"Entry into foster care" is defined as the date of a child's removal from the child's normal place of residence and placement in a substitute care setting under the care and placement responsibility of the Department. A child is considered to have entered foster care if the child has been in substitute care for 24 hours or more.

"Discharge from foster care" is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the Department. If a child returns home on a court ordered trial home visit, the child is not considered discharged from foster care unless:

- The court ordered trial home visit is longer than six months, and
- There is no court order extending the trial home visit beyond six months.

Permanency timelines are established by judicial review. Document permanency planning in the case permanency plan, or by obtaining a copy of the court order. Follow these timelines (based on Adoption Safe Families Act) for children in foster care who are not likely to be reunified with their family.

Reunification

Concerted efforts must be made to reunify the child safely with the parents or primary caregiver. Reunification must occur at the earliest possible time or within 12 months of the child entering foster care.

A goal of "reunification" is defined as a plan for the child to be discharged from foster care to his or her parents or primary caretaker. Justification for the delay in permanency beyond 12 months must be documented in the case permanency plan.

After the team decides that it is safe for reunification to occur (supported by safety/risk assessments), a Reunification Staffing should be scheduled by the SWCM, inviting all key decision makers including family. This process should not be held up based on schedules alone, consider if only a couple members can't make it to have them join by phone, give feedback before the meeting, etc.

This meeting, in best practice, should be facilitated and co-facilitated jointly with the HHS SWCM and FCS provider. The staffing is to help develop a clear plan for reunification and to identify support activities for the parents and key team members. The Reunification

Staffing does not need to be an extra meeting and can take place during a Family Focused Meeting. See **Comm. 650, Reunification Staffing Guide**.

A Reunification Follow-up Staffing should occur 30-45 days after reunification (consider scheduling this meeting at the end of the Reunification Staffing). The SWCM should schedule the staffing and invite all key decision makers including family to further support the family and address any unanticipated concerns or barriers. The team can identify all parts of the original plan that are working well, identify any obstacles and problem solve to come up with solutions to these issues and barriers. See **Comm. 651, Reunification Follow-Up Staffing Guide**.

Permanent Placement with a Guardian or Kin/Fictive Kin

If reunification is not appropriate, concerted efforts must be made to permanently place the child with a guardian or kin/fictive kin within 12 months of the child entering foster care.

A goal of "guardianship" is defined as a plan for the child to be discharged from foster care to a legally established custody arrangement that is intended to be permanent.

A goal of "permanent placement with kin or fictive kin" is defined as a plan for the child to be discharged from foster care to the permanent care of a relative or suitable other than from the one whose home the child was removed.

Adoption

ASFA requires the Department to seek termination of parental rights and adoption when:

- A court of competent jurisdiction has determined that the child is an abandoned child, or
- The child's parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act, including:
  - Committed murder of another child of the parent;
  - Committed voluntary manslaughter of another child of the parent;
  - Aided or abetted, attempted, conspired, or solicited to commit such a murder or a voluntary manslaughter; or
  - Committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.
- A child has been in foster care for 15 of 22 months.

Concerted efforts must be made to achieve the goal of adoption at the earliest possible time or within 24 months of the child's entry into foster care. In order to meet this time limit, concurrent planning is necessary in most cases.

If particular circumstances warrant a delay in adoption of the child, document the circumstances in the case permanency plan. These circumstances must be beyond the control of the Department or the courts. Examples:

1. There is evidence that the Department has made concerted efforts to find an adoptive home for a child with special needs, but the appropriate family has not yet been found.
2. A pre-adoptive placement has disrupted despite concerted efforts on the part of the Department to support it.

Another Planned Permanent Living Arrangement

"Another planned permanent living arrangement" (APPLA) means that the child, even though remaining in foster care, is in a "permanent" living arrangement with a foster parent or relative caregiver and that there is a commitment on the part of all parties involved that the child remain in that placement until the child reaches the age of majority.

The APPLA goal refers to a situation in which the Department maintains care and placement responsibilities for and supervision of the child, and places the child in a setting in which the child is expected to remain until adulthood, such as with:

- Foster parents who have made a commitment to care for the child permanently,
- Relative caregivers who have made a commitment to care for the child permanently, or
- A long-term care facility (for example, for a child with developmental disabilities who requires long-term residential care services).

Document your efforts to ensure that a child who does not have a goal of reunification, adoption, or guardianship, has long-term stability until the child reaches adulthood.

Formal steps must be completed to make this arrangement permanent. A formal agreement would include a signed agreement or a court order that are part of the case file. Examples of "permanent" living arrangements include situations where:

- Foster parents have made a formal commitment to care for the child until adulthood.
- The child is with relatives who plan to care for the child until adulthood.
- The child is in a long-term care facility to meet special needs and will be transferred to an adult facility at the appropriate time.

- The child is an older adolescent in a stable group home and both the group home directors and the child have agreed that it will be the child's placement until adulthood.
- The child is in a provider-supervised transitional living.

Compelling Reasons

The term "compelling reasons" is used in two different provisions in ASFA:

- The Department may determine it has a compelling reason not to file a termination petition when the child has been in care for 15 of the last 22 months.
- The court may determine at a permanency hearing that there is a compelling reason that reunification, adoption, guardianship, and relative or suitable other placements are not in the child's best interests. If the court makes such a finding, it may order another planned permanent living arrangement for the child.

Compelling reasons not to provide a child with the highest level of permanency available must be convincing. A compelling reason must be supported with very strong, case-specific facts, and evidence which includes justification for the decision and reasons why all other more permanent options for a child are not reasonable, appropriate or possible.

The SWCM and the family team determine compelling reasons after consultation with the guardian ad litem of the child or the child's attorney. If the guardian ad litem or attorney supports the plan, the reasons must be reviewed and approved in a permanency staffing. You must document the compelling reasons and the date of the staffing in the case permanency plan.

Compelling reasons not to file a termination petition must be considered on a case-by-case basis in relation to the individual circumstances of the child and family. The state may not identify a specific category of children who are excluded from one or more permanency options. For example, the Department cannot categorically exclude delinquents from being considered for adoption.

Supervised Apartment Living

SAL is a type of foster care placement in which the living arrangement provides eligible youth between 16½ and 19 years of age with an environment where they can experience living in the community with less supervision than that provided by a foster family or FGCS setting. Services and supports are aimed at preparing them for self-sufficiency and children in SAL may live in either:

1. A cluster setting (where up to six children may share the same building) with contractor staff on-site (present and available to the children) any time more than one child is present; or,

2. A scattered-site setting (e.g., their own apartment unit) with access to contractor staff 24 hours a day, seven days a week. SASL is sometimes referred to as “independent living.”

The Department’s goal is to keep a child in their home whenever possible. When out of home placement is necessary, the placement is not intended to be a permanent solution, and the child’s safety, permanency, and well-being are essential. Department of Human Services’ and SAL contractor staff is responsible for promoting each child’s relationships with family members and other persons in the child’s positive support system. Children shall be protected in the least restrictive setting necessary, and the Department and its partners are obligated to provide a nurturing environment where children can thrive, and through SAL prepare themselves for their transition to young adulthood. SAL services may only be provided by Department workers or contractors for this service.

Additional information regarding SAL services and related policies, procedures, and practice guidance can be found in Manual Chapter **18-D(4), Supervised Apartment Living Services**.

Counting 15 of 22 Months in Foster Care

When a child has been in foster care under the responsibility of the state for 15 of the most recent 22 months, the Department shall initiate the process to file a petition to terminate parental rights. The petition must be filed by the end of the child’s fifteenth month in foster care.

To meet this deadline, permanency planning is required at 12 months. If a child is in foster care for 15 months continuously or for 15 of the last 22 months, follow local protocols for initiating a petition to terminate parental rights unless:

- The child is placed with a relative or suitable other, or
- There is a compelling reason that it is not in the best interest of the child, or
- The Department has not provided services identified in the case permanency plan necessary for the safe return of the child, and the court grants a limited extension.

To calculate “15 of 22 months,” begin counting from the date the child was removed from the home. Use a cumulative method of calculation when a child goes in and out of foster care during the 22-month period.

Do not include court ordered trial home visits or runaway episodes in calculating 15 months in foster care.

Grounds of Termination of Parental Rights

Moving forward with a termination of parental rights is not an action initiated by the Department to punish the parent. It is the Department's responsibility to provide the child with a long-term, stable, and responsible caregiver when a parent cannot fulfill that role.

The focus of the termination of parental rights is not on the parents, but rather on the best interest of the child to ensure the child's safety, well-being, and permanency. Lack of a permanent home is damaging to children and therefore the goal is to achieve permanency for children in a timely fashion.

In cases in which there are compelling reasons not to file a termination of parental rights petition, the Department must demonstrate a very strong and specific set of justifications for not moving forward with a termination of parental rights.

If the court determines that the birth family cannot care for the child or the child cannot safely return home, the court may involuntarily terminate the parents' rights and place the child under the guardianship of the Department. The law defines the specific situations when freeing the child for adoption is appropriate. The primary consideration is the best interests of the child.

Transition Planning and Services

Legal reference: Iowa Code Section 232.2(f) Juvenile Justice and 235.7; 441 IAC 202.18(2) Foster Care Services, Local Transition Committees; 441 IAC 202.11(7) Foster Care Transition Services

Transition planning services are to ensure a teenage youth in foster care is prepared for adulthood, when the time comes. Regardless of how long they remain in the supervision of the department, the youth will need skills and relationships necessary for successful adulthood. This means the case manager should plan as if any teen in foster care could age out of foster care, and ensure there is a youth centered planning team around the child, that life skills have been assessed and taught, that appropriate documents are attained and provided to the youth, and that necessary and appropriate adult services are in place.

Policy requires transition planning be provided by the case manager for every child age 14 and older. Transition planning is available to the youth in foster care regardless of foster care placement type, adjudication status, whether a foster care payment is made, or whether the foster care provider is licensed by the state.

The case manager is responsible for initiating the transition planning process and ensuring all the transition requirements are met. However, it is not appropriate nor effective for the worker do this alone. It is for this reason, the first step for the case manager is to work with the child and family to identify and convene a youth centered planning team for the child.

Children who exit foster care at age 16 or older to the Subsidized Guardianship Program or adoption, are eligible for an assessment of their needs as well, which may have been completed prior to exit from foster care. Also, they are eligible for transition plan development, and even services similar to those for children who age out of foster care, such as Iowa Aftercare Services and the Education and Training Voucher Program. Consult the Transition Planning Specialist in your area on behalf of the family considering these permanency options, and for those who select adoption or the Subsidized Guardianship Program for a child age 16 or older, notify them they can receive transition planning and services upon their request.

Organize a Youth Centered Planning Team

Transition planning services are done in collaboration with the youth, with persons selected by the youth, and other team members. The case manager for a teen in foster care is required by state and federal policy to convene and manage the youth centered planning team around a child.

The youth centered planning team shall be comprised of the youth's caseworker and persons selected by the youth, persons who have knowledge of services available to the youth, and any person who may reasonably be expected to be a service provider for the youth when the youth becomes an adult or to become responsible for the costs of services at that time.

The youth centered planning process, when done correctly, shows the youth that adults value their voice. It may also improve youth's willingness to make good choices and accept needed programming. The youth centered planning process is not a "one and done", rather it is an ongoing process which starts as young as age 14 and follows them to adulthood.

While youth centered planning will vary for each individual, some key elements are necessary for compliance to state and federal policy, and as well are effective casework practice:

- engaging directly with youth,
- inviting the youth to select team members,
- identifying mentors and champions for specific tasks,
- embracing social, cultural and developmental activities,
- incorporating the youth's ideas into the solution or response to the situation,
- including the youth in every conversation about supports and services,
- advocating for and teaching youth to advocate for themselves, and
- connecting the youth to needed services.

A child may be eligible for a Youth Transition Decision-Making (YTDM) meeting.

Comm. 475, Transition Information Packet (TIP) is a resource available by contacting the Transition Planning Specialist in your area, and should be provided to the youth age 16 or older preparing to enter adulthood. TIP contains information on Education, Employment, Money Management, Housing, Health and Transportation.

Ensure the Youth Completes a Life Skills Assessment

Federal policy requires a life skills assessment shall be administered to all children in foster care who are aged 14 or older, regardless of adjudication status or whether payment is made to the caregiver. In Iowa, that assessment is the Casey Life Skills Assessment (CLSA).

When a child in foster care is age 14 or older, provide form **470-5701, Casey Life Skills Assessment** to the caretaker of a child in a family setting or in a shelter and ensure the assessment is completed with the child. Repeat completion of the CLSA at the child's ages 14, 16, and 18 or more frequently as needed.

Explain the reason for the assessment to the child and caregivers and ensure the assessment is completed, kept in the case file, and utilized to inform the transition planning process. For children in QRTP or Supervised Apartment Living, the assessment will be completed by the provider and sent to the case manager within 10 days of the child's 14^{th}, 16^{th}, and 18^{th} birthdays.

The assessment is set up for the child to complete. It is designed to evaluate the child's strengths and needs in areas including, but not limited to:

- Education;
- Physical and mental health and health care coverage;
- Employment services and other workforce support;
- Housing and money management; and
- Supportive relationships.

More information about the CLSA and tools for transitioning youth is available at: http://lifeskills.casey.org/.

Use the results of the CLSA to complete an overall assessment of the child and document it in the transition plan in the Part C section of the Family Case Plan.

Complete a Written Transition Plan

The transition planning service activities of the case manager supporting the child shall be documented in the Part C of the *Family Case Plan* for every child in foster care age 14 and older. The case permanency plan must include a written plan of services, supports, activities, and referrals to programs which will assist the child in the preparation for their transition from foster care to adulthood, based upon an assessment of the child's needs.

Provide the transition plan to the child and parties to the case, at age 14 and periodically thereafter as you do the Case Permanency Plan. Review, update, and provide the transition plan to all parties at a minimum:

- Every six months (during permanency hearing by the court or other formal case permanency plan review); and
- Within the 90 days before the child reaches age 18; and
- During the 90 days immediately before the date the child is expected to leave foster care if the child remains in foster care after reaching age 18; and
- More frequently as needed.

The assessment of the child’s needs and the transition plan shall be developed with a focus on the services, other support, and actions necessary to facilitate the child’s successful entry into adulthood.

The assessment of the child’s needs and the transition plan shall be developed with a focus on the services, other support, and actions necessary to facilitate the child’s successful entry into adulthood.

If the assessment of the child’s needs indicates the child is reasonably likely to need or be eligible for services or other support from the adult service system upon reaching age eighteen, the transition plan shall provide for the child’s application for adult services. In addition, the youth centered planning team membership shall include a representative from the adult services system.

The transition plan shall be personalized at the direction of the child and shall be developed with the child present, honoring the goals and concerns of the child.

The membership of the youth centered planning team (described earlier in this section) and the meeting dates for the team shall be documented in the transition plan.

The final transition plan shall specifically identify how the need for housing will be addressed.

If the child is interested in pursuing higher education, the transition plan shall provide for the child’s participation in the college student aid commission’s program of assistance in applying for federal and state aid under section 261.2.

Assessment of the child’s needs and transition plan development are also available upon request to a child who has exited foster care at age 16 and older in order to be adopted or to enter a subsidized guardianship arrangement. Iowa Aftercare Services is typically the service provider. Contact your local Transition Planning Specialist who will assist meeting the transition needs of these individuals.

When the transition plan review is conducted within the 90 days before the child reaches age 18, include information and education about the importance of having a durable power of attorney for health care. Explain to the child that if they are ever unable to make health care decisions as an adult (at age 18 and older), a relative or spouse authorized under state law would make such decisions, unless they have completed the Durable Power of Attorney for Health Care Decisions document for Iowa. Provide the child with the option to execute such a document by giving them a copy of the document and document instructions. The Gift of Peace of Mind is helpful tool created with funding from the Iowa Department of Public Health and can be found at the following link: http://publications.iowa.gov/3378/1/GiftofPeaceofMind.pdf

If referrals are made for Aftercare Services and other service providers, document this in the case notes and in Part C of the Family Case Plan.

Other Transition Plan Requirements

Youth Rights: For a child age 14 and older, review and explain the form **470-5337, Rights of Youth in Out-of-Home Placement** to them. Then have the child sign and date the form that indicates that you have reviewed the rights with them in a way they can understand and have answered any questions they had about their rights. After this form has been signed, give the child the original rights document and provide a copy of it to all legal parties on the child's case. Document the date the document was most recently provided the child in the Case Permanency Plan.

Local Transition Committee Review: Before the child reaches age 17½, present the completed transition plan to the local transition committee for the service area as applicable to the child. The local transition committee must review and approve the transition plan. When a child enters foster care at age 17½ or older, the local transition committee shall be involved in reviewing and approving the child's transition plan within 30 days of completion.

The transition plan shall be reviewed and approved by the local transition committee for the area in which the child resides, before the child reaches age seventeen and one-half. The regional TPS is a contact for time and locations of local transition committees. The local transition committee's review and approval shall be indicated in the case permanency plan.

Necessary Documents: Follow instructions in this section to obtain certain documents for the child in foster care. When the child leaves out-of-home placement at 18 years of age or older, provide the child all of the following:

- A free copy of the child's health and education record

- An official or certified copy of the child's birth certificate (form **470-4567**). The state or county registrar shall waive the fee for the certified copy that is otherwise chargeable under Iowa law.
- The child's social security card
- A driver's license or government-issued non-operator's identification card
- Health insurance information
- Written verification of the child's foster care status using form **470-5536, Proof of Foster Care**. The letter is frequently completed by the Transition Planning Specialist, at the request of the caseworker. It may be provided to the Iowa Aftercare Services Provider as part of a referral.

The Transition Information Packet (TIP), described earlier in this section, provides instructions for accessing documents. The Transition Planning Specialist (TPS) in your area will provide a copy of the TIP book for this purpose.

Complete and Provide to the Child Annual Credit Report Checks

The practice of checking and addressing credit issues is to avoid a young person entering adulthood only to learn they have a bad credit rating report because of someone fraudulently using their name when they were a child. Misuse of their identity impacts their ability to rent an apartment and creates a high interest rate for a loan when they want to buy a car or obtain a credit card.

States are required to annually check the three credit reporting agencies for every child in foster care age 14 and older, to check if there is a credit report identifying a credit issue. The Department data system checks the three credit reporting agencies annually. This is of no cost to the child or family. The credit check will be completed for the child, automatically. The case manager of a child in foster care will be notified by email only if a credit issue has been identified.

A special credit check may be requested through your local Transition Planning Specialist if you have a concern that there may be a credit issue. If a credit issue has been identified for a child in foster care:

- Provide to the foster child any consumer credit report that exists for them while they are in foster care.
- Provide assistance to the foster child in understanding the credit report and resolving any inaccuracies in the credit report.

Obtain a Birth Certificate and Provide to the Child

To obtain a birth certificate complete the Iowa Department of Public Health(IDPH) form for Department of Human Services Use Only: Application For A Search For An Iowa Vital

Record, located on the Service Information SharePoint Birth/Death Certificates Library along with related guidance documents.

The form has four birth certificate request options to select from listed below. Check the applicable box.

- Certified “GOVERNMENT USE ONLY” copy for child in Department custody and/or guardianship (One free copy)
- Verification of birth/identity for any child involved with the Department (No fee for any copy)
- Certified copy for youth 14 or older aging out of foster care. (One free copy)

Complete the remaining information as applicable on this form and send to Iowa Department of Public Health at the address on the form.

If the child was born outside of the state of Iowa, click on the link Out of State Birth Certificate Link and fill in the required information and send it to the Service Help Desk. If you have any questions, please contact the Service Help Desk.

Some states will not release birth certificates for “supervision only” cases. If this is the issue, you must request that the Department be given court permission to sign on behalf of the child to obtain the birth certificate. All states require some kind of court order.

Assist the Child in Obtaining a Social Security Card

Replacement: A foster child probably does not have in their possession a social security card that was issued when they were a newborn. Also the child may not have been issued a social security card. You need to help them obtain a replacement social security card. First, verify with the child’s parents if a social security card was issued and if they know the child’s social security number. Second, go to the local Social Security Office to verify if they have the child in their social security records and if so, see if the social security number they have for the child matches the social security number the child’s parents gave to you.

If there is a social security record for the child, you will need to prove their identity, their age, U.S. citizenship, and provide identifying information that authorizes you to access the child’s protected information such as your state ID.

NOTE: All documents must be either originals or copies certified by the issuing agency. Photocopies or notarized copies of documents are **not** acceptable.

For proof of the child's **identity**, the following documents are acceptable if they show the child's name, identifying information of their date of birth, age, or parent's names, and preferably a recent photograph:

- State-issued non-driver's identification card;
- Adoption decree;
- U.S. passport;
- Doctor, clinic or hospital record; (such as an immunization record that is signed and dated by medical personnel)
- Religious record made before the age of 5 showing the date of birth if they were born in the United States;
- School or daycare center record; (that has the child's name and DOB on it signed and dated by school personnel) or
- School identification card.

NOTE: You cannot use a birth certificate as proof of identity as Social Security needs evidence that shows the child continues to exist beyond the date of birth.

For the child's age, if the child has a U.S. birth certificate, you must submit it. If a birth certificate does not exist, Social Security may be able to accept the child's religious record made before the age of 5 showing the date of birth if they were born in the United States; a U.S. hospital record of birth; or a U.S. passport that has not expired.

If the child was born outside of the U.S., you need to present the child's foreign birth certificate if you have one or can get a copy within 10 business days. If you cannot get it, Social Security may be able to accept the child's Certificate of Birth Abroad (FS-545), Certificate of Report of Birth (DS-1350), Consular Report of Birth Abroad (FS-240), Certificate of Naturalization, or their Passport.

U.S. citizenship of the child requires one of the following documents:

- U.S. birth certificate;
- U.S. consular report of birth abroad;
- U.S. passport (that is not expired);
- Certificate of Naturalization; or Certificate of Citizenship.

For your own identity, you must provide a document that shows your name, identifying information and photograph, such as a U.S. driver's license, State-issued non-driver's identification card (your state ID), or a U.S. passport (These documents must be current and not expired.)

You must also take a copy of the Juvenile Court Order for the child that shows the Department as the custodian or Guardian of the child.

Once the social security card is issued, inform the child to keep it in a safe place and not to carry it with them. This will help to prevent identity theft.

Never Been Issued A Social Security Number Or Card: Assist the child in completing an *Application for a Social Security Card* (Form SS-5). An in-person interview is required for anyone age 12 or older requesting an original Social Security number and card even if a parent or guardian will sign the application on the child's behalf.

You will need to prove their identity, their age, U.S. citizenship, and your own identity.

NOTE: All documents must be either **originals or copies certified** by the issuing agency. Photocopies or notarized copies of documents are **not acceptable**.

For proof of U.S. citizenship, you need a U.S. birth certificate, U.S. passport, Certificate of Naturalization or Certificate of Citizenship.

If the child is not a U.S. citizen, you need to provide one of the following: Form I-551, Permanent Resident Card (green card, includes machine-readable immigrant visa with your unexpired foreign passport); I-94, Arrival/Departure Record, with your unexpired foreign passport; or I-766, Employment Authorization Card (EAD, work permit).

For the child's age, if the child has a U.S. birth certificate, you must submit it. If a birth certificate does not exist, Social Security may be able to accept the child's religious record made before the age of 5 showing the date of birth if they were born in the United States; a U.S. hospital record of birth; or a U.S. passport that has not expired.

For the child's **identity**, the following documents are acceptable if they show the child's name, identifying information of their date of birth, age, or parent's names, and preferably a recent photograph.

- U.S. driver's license
- State-issued non-driver's identification card
- U.S. passport

If you don't have these specific documents above, you need at least two of the following:

- Adoption decree;
- Employee ID card;
- Health insurance card (not a Medicare card);
- Doctor, clinic or hospital record; (such as an immunization record that is signed and dated by medical personnel)

- Religious record made before the age of 5 showing the date of birth if they were born in the United States;
- School or daycare center record; (that has the child's name and DOB on it signed and dated by school personnel) or
- School identification card.

NOTE: You cannot use a birth certificate as proof of identity as Social Security needs evidence that shows the child continues to exist beyond the date of birth.

Obtain for the Child a State Identification Card or Driver's License

To obtain a driver's permit, driver's license or government-issued non-operator's identification card, work with the child and parent/guardian to go to the Iowa Department of Transportation office (IDOT) or assist the child to call 1-800-532-1121.

Initiate discussions with the child and the child's team about the child's desire to drive. If the child is interested, identify people who can assist the child to practice driving, accessing a license, and even attaining a car and insurance if applicable.

Iowa Aftercare Services Program (Aftercare)

Aftercare is a network of private agencies, which provide case management services and limited financial supports statewide to youth nearing the age of 18 and up to the day they turn 23, as these services end at age 23. These services are to assist youth formerly in foster care successfully transitioning from foster care into adulthood.

The ultimate goal of the program is for participants to achieve self-sufficiency by recognizing and accepting their personal responsibility as they transition to adulthood.

Participants in the Iowa Aftercare Services Program work with a self-sufficiency advocate (SSA) to develop a self-sufficiency plan, a budget, and a relationship map. A life skills assessment is used to identify the youth's needs in areas of housing, health, relationships, education, life skills, and employment. The SSA delivers case management services and financial assistance through face-to-face sessions at least twice a month.

In addition to case management services, there are financial supports for the participant, depending upon eligibility:

- Up to $300 a quarter vendor payments; or
- Up to $600 a month for the Preparation for Adult Living (PAL) stipend; or
- Rent subsidy up to $450 per month.

Eligibility: To be eligible for aftercare, a youth must leave foster care (defined as foster family care, group care, shelter care, pre-adoptive care, unlicensed relative/suitable other care, or PMIC care), the state training school, or a court-ordered Iowa Detention Center either on or after age 17.5. Alternatively, they may have been adopted from foster care or entered a subsidized guardianship placement from foster care on or after their 16^{th} birthday. To receive aftercare services, a youth must be an Iowa resident, and at least 18 years old, but less than 23 years of age.

Making a referral to the Iowa Aftercare Services Program: Using form 470-5717, refer a potentially eligible youth to start pre- aftercare services in the year before they reach age 18, typically around age 17 and a half. These pre-aftercare services include up to 10 meetings with the self-sufficiency advocate for relationship building and planning.

The aftercare program coordinator will ask the youth to complete form **470-4491, Consent to Obtain and Release Information for Aftercare/PAL Eligibility** when the youth reaches age 18, for their consent to participate.

If referrals are made for Aftercare Services and other service providers, document this in the case notes and in Part C of the Family Case Plan.

For more information about network services, go to the following website: http://www.iowaaftercare.org, or contact aftercare service providers at 1-800-443-8336.

A referral can be made by going to the aftercare website and completing the form **470-4491, Consent to Obtain and Release Information for Aftercare/PAL Eligibility**. You will obtain the youth's signature on it and make the referral at approximately the youth's age 17 and one half.

College Grants and Scholarships

Assist children in foster care applying for college, a vocational school, technology school or other post-secondary education program. The department has an obligation to help children in foster care explore these opportunities for higher education and other vocational training options, including how to utilize state and federal resources available for them.

The Department contracts with the Iowa College Student Aid Commission (Iowa College Aid) to administer the Education and Training Voucher (ETV) Program funds. They administer funds to schools and provide guidance and support to the Department around timelines for completion of college applications and the Federal Application for Federal Student Aid (FAFSA). The FAFSA results are used by the college to calculate how much financial aid each student may receive. A FAFSA needs to be completed by every child applying for assistance prior to exit from foster care. Find information about the FAFSA and college funding at the following website:www.iowacollegeaid.gov/ETV

The state of Iowa offers several scholarships and grants, most notably the ETV, which grants up to $5,000 per year for tuition and housing of children who age out of foster care or who are adopted at age 16 or older.

Some jobs may require a four-year college degree or a two-year college associate degree or certification in an employment-preparation skill such as accounting, horticulture, welding, information technology, and automotive mechanics. Be sure to check the training chosen is eligible for ETV funding as there are some vocational trainings that are not eligible for ETV funding.

The time commitment and the cost will vary depending upon the post-secondary education chosen.

Students who are enrolled and maintaining satisfactory academic progress toward degree completion at age 26. Age will be the applicant's age as of July 1 each year. The Iowa Financial Aid Application and the Free Application for Federal Student Aid (FAFSA) must be completed annually to continue to receive ETV funding.

Safe Case Closure

One of the primary purposes of child welfare intervention is to help families change behaviors and conditions that will likely lead to maltreatment in the future. Effective practice requires that planning the change process begins with the end in mind. By setting clear, measurable outcomes and ending requirements in the case plan, the family and practitioners can understand and agree about what it will take to bring about desired changes. This long-term, guiding view enables the family, the court, and practitioners to know when they are done.

A successful family change process requires that a family select, own, and support the desired outcomes of adequate family functioning and well-being leading to independence as well as the strategies used to bring change about.

In applying conditions for case closure, it is understood that perfection is an unlikely standard for achieving family change. As a basic condition for case closure, the family, the family team, the court, and service system practitioners should be assured of adequate child safety and wellbeing and possess a reasonable expectation that these conditions will be sustained by the family following independence from the service system.

Evaluating Discontinuing a Service

Evaluating the closure of a service is an ongoing process throughout the life of the case. Discontinue a service when:

- The goals and objectives toward which the services were directed have been achieved.

- The service is not available to the family or child.
- Another community resource will provide the service at no cost.
- After repeated efforts, it is evident that the family or individual is unwilling or unable to accept further services.
- After repeated assessment, it is evident that the child and family are unable to attain the goals and objectives toward which the services were directed.
- The family requests discontinuation of the service, and court intervention is not indicated.

Issue form **470-0602, Notice of Decision: Services** allowing timely notice. If the discontinued services are the only services covered by the case plan, close the case.

Closing a Case for a Department Child Welfare Service Case

Assessing and reviewing safety by completing a safety assessment is required before the closure of a case. Safe case closure requires alleviating or mitigating conditions that resulted in the abuse of the child and underlying causes of foreseeable risk to the safety of the child.

Before closing a case, assess whether the family change and parental functioning can adequately sustain safety and well-being for the children. You and your supervisor should review the following questions:

- Is the home environment safe and stable? Are the basic needs of the children met?
- Are the parents or caretakers able to manage risks or threats to safety to the children and others in the home?
- Are the parents or caretakers able to sustain the behavior changes that keep the children safe and stable? For example, will they continue to follow safety plans and relapse plans even if the Department is not involved?
- Does the family have a reliable support system that will remain, even after the Department exits?
- Are court issues related to permanency involved? Specifically, if the juvenile court has ordered a change in guardianship or custody, is there now a district court order in place that will make these changes permanent?
- If the case involves a youth “aging out of the system” does the youth have adequate supports to successfully transition to independent living?

Use the family focused meeting or youth transition decision-making meeting to reach consensus with the child/youth, family, and providers to end Department service involvement. The family team or youth team should review the questions above and agree that case closure is safe for the child/youth and family.

Community collaboration is an important part of the closing process. Some families need ongoing intervention and/or support from community agencies even after Department involvement ends. Use a solution focused meeting or youth transition decision-making meeting to develop a plan to transition the child/youth or family to community resources and informal supports. Such plans may include:

- Providing information to the child and family about community supports and resources.
- Referring the child and family to community supports and resources.
- Making referrals to community providers that do not require Department involvement.

When all services have been discontinued, close the case.

- Complete the case closing summary in the progress review section of the Family Case Plan and address the conditions for case closure.
- Issue form **470-0602, Notice of Decision: Services**.
- If services have been purchased, notify the contractor, using form **470-3055, Referral and Authorization for Child Welfare Services**.
- Close the case in the data system.
- For foster care cases, enter the placement exit date and the exit reason. The data system generates a notice to the income maintenance worker when the foster care service is closed.
- Submit the closed case to your supervisor.
- Store and retain closed case records following local procedures.