Supervised Apartment Living Services (SAL)
Service Plan/Quarterly Progress Report/Discharge Summary Instructions

The Service Plan/Quarterly Progress Report/Discharge Summary is used throughout the episode of service to report the initial service plan and any updates, quarterly progress, and the discharge summary. The Service Plan shall be updated, at minimum, quarterly. In addition, service plan updates shall be completed upon receipt of a new Case Permanency Plan/Juvenile Court Services Plan or as otherwise needed to address the changing needs of the Child. The Discharge Summary information shall be completed upon the Child's discharge from SAL.

The Service Plan and related progress shall document collaboration with the Referral Worker, Child and Child's Family or guardian (unless a reason for noninvolvement is documented in the case record), the Child's Positive Support System, and any other key individuals as identified.

- At the top left of the document, enter an "**X"** in the box to identify the report being completed – this is done by simply hovering the mouse pointer over the box and clicking.
- The Service Plan shall be completed and must be provided to the Referring Worker and the Parent(s) or guardian within fifteen (15) Business Days of the date of admission.
  - In addition, the Service Plan must be reviewed with the Child and Parent(s) or guardian within fifteen (15) Business Days of the date of admission.
- The first Service Plan update and Quarterly Progress Report shall be completed, at minimum, 90 days following the date of admission, and every 90 days thereafter throughout the episode of service. In addition, updates shall be completed upon receipt of a new Case Permanency Plan/Juvenile Court Services Plan and as needed to address the changing needs of the Child.
  - A copy of each required Service Plan update and Quarterly Progress report must be provided to the Referring Worker, Parent(s) or guardian, and reviewed with the Child and Parent(s) within five (5) Business Days of the report due date.
  - Any other updates (receipt of a new Case Permanency Plan/Juvenile Court Services Plan or to address the changing needs of the Child) shall be provided to the Referring Worker, Parent(s) or guardian, and reviewed with the Child and Parent(s) within five (5) Business Days of the completion date of the report.
- The Discharge Summary information of this report shall be completed and provided to the Referring Worker, Parent(s) or guardian within ten (10) Business Days of the Child's discharge date.

All reports must be provided to the Referring Worker using: 1) the DHS Provider Portal for Contractors for DHS cases; or, 2) secure and confidential email to the JCS worker for JCS cases.

Case Information – Complete All Fields

- Child's Name.
- Date of Birth.
- Referral Date – date the referral was received.
- State ID.
- County Name and Number – Name and number of County of Financial Responsibility (e.g., Black Hawk 07).
- DHS Service Area – Service Area of the County of Financial Responsibility.
- DHS/JCS Referring Worker – Name, DHS or JCS, phone number and email address.
- Admission Date.
- Discharge Date – record N/A when completing the report for Service Plan or Quarterly Progress Report. Record Child's discharge date when completing the report information for discharge purposes.

- Service Plan Date – date the Service Plan was completed. This date will not change.
- SP/QPR Date – date the Service Plan update/Quarterly Progress Report was completed. This date will change as SP/QPR updates are done. When completing the Discharge Summary information, the latest SP/date used will remain.
- Next Report Due Date – date the next SP/QPR is due (90 days). Note that the SP/QPRs may be updated prior to the Next SP/QPR Due Date. Record N/A when completing the Discharge Summary information.
- Discharge Summary Date – date the Discharge Summary information was completed.
- Address of SAL Living Arrangement – address of the Child's SAL placement and enter an "X" in the box indicating Cluster or Scattered Site.
- Date Report provided to DHS/JCS Referring Worker.
- Date Report provided to Parent(s) or Guardian.
- Date Report reviewed with the Child – date the Caseworker reviewed/discussed the report with the Child.
- Date Report reviewed with the Parent(s) or Guardian – date the Caseworker reviewed/discussed the report with the Parent(s) or Guardian.
- Caseworker Name and Phone – Name of the assigned Caseworker, direct phone number, and email address.
- Education Specialist – Name of the assigned Education Specialist, direct phone number, and email address.

Report Components

All information must remain in chronological order throughout the episode of service, beginning with the initial Service Plan and followed by Service Plan updates and Quarterly Progress Reports leading to the Discharge Summary. Enter N/A in each Service Plan component's Summary at Discharge area until that information is completed.

Each report component with ***general*** guidance is listed below. References to the SAL contract sections related to the report components are included and these ***shall be used*** by the Contractor to ensure a comprehensive completion of the report. Service provision must be individualized and Child specific.

Service Planning Conference - Reference Contract 1.3.4.2.3 ii.

"Service Planning Conference" *means a meeting conducted by the Contractor with the Referral Worker, the Child and the Child's Family, and other key individuals after admission as a means of developing the core components of the Service Plan including, but not limited to, Family and community connections, physical and mental health, education, and Reintegration Planning.*

- The Service Planning Conference shall be conducted within five (5) Business Days of the Child's admission date.
- Include the date of the Service Planning Conference, identify all who were present, and describe the relationship of the participants to the Child.
- This information will not change throughout the episode of service.

Service Plan Goals

"Service Plan" *means the plan developed by the Contractor in consultation with the Child and the Child's Family (unless a reason for noninvolvement is documented in the case record), the Referral Worker, and significant others, whenever appropriate. This is the "care plan" required in Foster Group Care, Emergency Juvenile Shelter, and Supervised Apartment Living. The Service Plan shall be based on individual Child assessment as required by licensure and include the following: (1) Identification of specific needs; a description of all planned services and goals and objectives with projected dates of accomplishment intended to meet the specific needs of the Child; (2) Action steps to be taken by the Child, the Child's support system, and staff and the frequency of actions or services; where services will occur; and, the Caseworker who will be responsible for the Service Plan. The Service Plan shall include the Child-specific Crisis Intervention and Stabilization and Reintegration Plans and be coordinated with other service plans (e.g., Family Interaction, Behavioral Health Intervention Services or other mental or behavioral health services) and assure continuity of the Child's day to day life activities while in care, such as, but not limited to, school, Family relationships, health care, mental health and behavioral needs, etc.*

Goals shall be individualized and based on each Child's unique needs. The goal of SAL is for a Child to move to Self-Sufficiency while developing interdependence with their community and the systems that support the Child's completion of education, development of life skills, and preparation to move into adulthood. Goals shall address the guidance of the development of skills and abilities to address responsibilities for day-to-day tasks; such as, but not limited to, budgeting, paying bills, shopping for food, meal preparation, household chores (e.g. laundry and cleaning), and personal health and well-being. Goals shall include involvement in Aftercare services once the Child has exited SAL services.

Additional Goals may be added throughout the episode of service.

- Objectives – should be written in observable and measurable terms to allow progress monitoring.
- Projected Completion Date – insert the date identified when completing the Service Plan. This date may change according to Service Plan updates/QPR updates.
- Completion Date – insert the date the Objective was completed.
- Action Steps – identify the steps to be taken by the Child, the Child's support system, and staff, the frequency of actions or services, and where services will occur. Updates and/or changes may occur throughout the episode of service.
- Progress - describe progress made during the reporting period. Include barriers to progress, if any, and response to address barriers. Identify and explain any changes and/or updates to the Actions Steps
- Outcome – describe the final result of actions taken or summarize the status of each objective at the time of discharge.

Individual Child Development and Life Skills – Reference Contract Section 1.3.4.4

Child development and life skills are crucial components of a Child's ability to attain Self-Sufficiency and function as an adult in the community after exit from SAL. Emphasis shall be placed on each Child attaining needed life skills. This section shall detail the areas of focus and approach and shall include the life skills curriculum used.

Casey Life Skills Assessment

- This is the date of the completed assessment and summary of results.

Reassessments

- This is the date of each reassessment and summary of results. Each Child shall be reassessed, at minimum, at entrance to and exit from the program, within 30 days of the Child's 18th birthday and prior to discharge or hand-off to another Contractor. Assessments shall be done as needed to address the changing needs of the Child.

Life Skills Plan

- Must be child-driven and include targeted and effective life skills services to develop skills identified through the assessment to ensure the Child's successful transition to Self-Sufficiency.
- Be designed to assist the Child in achieving life skills including, but not limited to, budgeting, job searching and interviews, completion of a rental agreement, chores, and household duties, and educational or employment planning. This work also includes facilitating a Child's access to important documents such as a Social Security card, birth certificate, and driver's license or permit, as appropriate.
- Identify life skills training curriculum and facilitation.

Budgeting – Reference Contract Section 1.3.4.2.2, h)

- Explain how the Child's income (SAL Stipend and any other income) is taken care of and accessed, e.g. bank account.
- Include the use of Start-Up Allowance, if any, and purchases made to support the Child's needs.
- Identify the method/curriculum used to develop skills for budget management (prepare their own budget, pay their own bills, savings, etc).

Progress During Reporting Period and Recommended Changes to Plan

- Summarize child development and life skills activity and progress during the reporting period.
- Include the Child's response to the provision of service.
- Identify changes to the plan and reason for changes.
- Summarize the Child's progress in monthly budgeting and identify any unplanned expenses or change in income (employment, etc).

Family and Community Connection – Reference Contract Section 1.3.4.5

Family, Positive Support System, and Community Connections Engagement Plan

- Describe the plan that will be used for the Child to maintain relationships with the Child's Family and Positive Support System.
- Describe how required contacts with Parent(s) and siblings will be facilitated.
- Describe activities coordinated with a Family Interaction Plan (if applicable).
- Describe Family Finding efforts to be undertaken.
- Describe the plan for engagement of community connections to promote success while the Child is in the SAL setting and as the Child moves toward Self-Sufficiency and adulthood.

Summarize Family, Positive Support System, and Community Connections During Reporting Period

- Include the Child's response to provision of service.
- Include the Child's Family's and/or Positive Support System's involvement in the provision of service.
- Describe all community involvement and interactions.
- Identify changes to the plan and reason for changes.

Crisis Intervention and Stabilization Plan – Reference Contract Section 1.3.4.6

Individualized Crisis Intervention and Stabilization Plan:

- Shall be individualized to the Child's unique needs regardless of cluster or scattered-site setting.
- Shall include methods that assist them to gain the ability to self-identify and respond to situations or circumstances that could lead to a crisis in daily living.
- Shall describe appropriate behavior management and de-escalation techniques that will be used to address situations that may lead to Critical Incidents.
- Shall consider appropriate staffing and staff competencies, Child trauma, treatment needs, and other elements needed to appropriately de-escalate and manage a Child's behavior
- Shall describe multiple methods of communication that will be used to notify the Child's Parent(s) or guardian and Referral Worker personally and immediately regarding any death while in care, serious illness, incident involving serious bodily injury, or circumstances causing removal of the Child from the SAL setting.
- Describe how the Family and/or Positive Support System will be educated regarding the plan.

Crisis Interventions During Reporting Period and Recommended Changes to Plan:

- Summarize crisis interventions used and the Child's response to their individualized plan during the reporting period.
- Identify changes to the plan and reason for changes.

Transition Planning – Reference Contract Section 1.3.4.7

"*Transition Planning*" means the services, supports, activities, and referrals to programs that assist Children currently or formerly in Foster Care in acquiring skills and abilities necessary to Transition to adulthood successfully. Key Transition Planning domains are education, employment, health, housing, and relationships.

Transition Plan

"*Transition*" means the period in care during which Children are guided to develop life skills needed to move to successful young-adulthood and Self-Sufficiency. Transition planning shall be initiated at the time of the Service Planning Conference to ensure a successful transition to adulthood.

- Identify the anticipated setting where the child will live upon discharge.
- Address the individual services/activities and life skills needed while the Child is in the SAL setting to achieve successful transition.
- Define the role of Family visits and other community connections that will be used to prepare for transition.
- Describe the plan to continue the Child's day-to-day life activities (e.g., but not limited to, treatment services, community supports, school or work) post discharge.

- Assure that the child will have access to needed records such as, but not limited to, birth certificates, Social Security cards, and education records at the time of discharge.
- Describe the support a child will have to assure their participation in Aftercare (when eligible).

Progress During Reporting Period and Recommended Changes to Plan

- Summarize transition activity and the Child's and Family's response during the reporting period.
- Identify changes to the plan and reason for changes.

Education and Career Planning – Reference Contract Section 1.3.4.8

Education and Career Plan

Summarize the Child's present educational status, such as, but not necessarily limited to, grade level, current school/educational program attending, and any special education needs/recommendations.

- Identify where the Child will attend school or the educational program
  - Define the plan to continue with the curriculum and progress of the child's educational program and/or school of origin, and describe a transportation plan (if needed).
  - If a child will not remain in their school of origin, explain reason why it is not in the Child's academic, emotional, or social best interest to travel to the school of origin and who was involved in making the decision.
- Describe coordination of needs and services
  - Address special education recommendations.
  - Address supplemental educational support such as tutoring and school-based conferences.
- Post-Secondary Education and College or Career Planning
  - When applicable, describe assistance provided to the Child in planning for post-secondary education or career planning (such as, but not limited to, academic testing or exploration of vocational interests).

Progress During Reporting Period and Recommended Changes to Plan

Summarize the Child's educational progress, identification of needs or supports, and any educational or vocational testing done during the reporting period.

- Include the Child's response to the Education and Career Plan.
- Identify changes to the plan and reason for changes.

Physical Health – Reference Contract Section 1.3.4.9

Physical Health Summary and Identified Needs or Supports (medical, dental, vision)

- Report standard health information including, but not limited to, the Child's last physical exam, primary care physician information, current medications, allergies, and vision and dental information.
- Identify sufficient health services and supports needed to improve the Child's overall well-being.
- Include plans to ensure continuity of care, coordinating the health care received prior to placement with the health care provided or needed while in care and post-discharge, respectively.

- Describe the plan for 24-hour emergency medical and dental health care including the communication of emergency health care to the Child's Family or guardian and Referring Worker.
- Describe the plan for how the Child will gain the skills necessary to self-manage their health needs including, but not limited to, how to schedule and attend medical/well-being appointments.

Supports Provided and Identified Needs During Reporting Period

- Summarize services (including emergency care, if any) and supports provided during the reporting period.
- Include the Child's and Family's response to services and supports.
- Identify additional health care needs and the services and supports needed to address them.
- Summarize ongoing education provided or needed to support the Child's self-management of their health care needs.

Mental and Behavioral Health and Clinical Support – Reference Contract Section 1.3.4.10

Mental and Behavioral Health Summary and Identified Needs and Clinical Support:

- Detail each Child's present mental and behavioral health services.
- Include an individualized plan to ensure continuity of care during SAL placement and post-discharge.
- Describe the plan for how the Child will gain the skills necessary to self-manage their mental health needs including, but not limited to, how to schedule and attend mental health appointments.
- Identify needs and clinical support and describe a plan for coordination of these services.
- Describe how the Child's mental/behavioral health treatment will be communicated to the Child and Family, including how the Child will be monitored.
- Include substance abuse evaluation results as needed and describe how resultant services will be coordinated with mental/behavioral health services.

Supports Provided and Identified Needs During Reporting Period

- Summarize services and supports provided during the reporting period.
- Include the Child's and Family's response to services and supports.
- Include identification of additional mental and behavioral health needs and the services and supports provided or needed to address the Child's well-being.

Medication Management – Reference Contract Section 1.3.4.10 (l)

- Detail current medication(s) and dosage(s).
- Update this section as needed regarding the Child's medication management plan beyond simply ensuring proper administration of medications. For example, but not limited to, observations of medication effects on each child, the child's reaction to use, side effects, and how this information is communicated to the Child's Parent(s) or guardian and the Referring Worker.
- Describe the plan for how the Child will gain the skills necessary to self-manage medication including how to identify (and report as needed) possible side effects.

Changes in Medication and Observation of the Child's response to medication during reporting period

- Summarize the Child's response and progress toward learning self-management skills.
- Include concerns the Child or Family may have regarding the medication.
- Detail changes in medication and/or dosage.

Signatures

- Signatures of the Caseworker and Caseworker Supervisor are required upon submission to the Referring Worker

Completing Discharge Summary Information

Discharge Summary information will be completed for each report component in the designated "Summary at Discharge" area as well as the Discharge Information at the end of the report. The final Service Plan/Progress Report/Discharge Summary report will be completed and provided to the Referring Worker, Parent(s), or guardian within ten (10) Business Days of the Child's discharge date.

Ensure each report component of the Service Plan contains the latest information from the date the Service Plan was initiated, through progress reports, and through the Child's discharge date.

When completing the Summary at Discharge for each report component, include conclusions regarding the effectiveness and outcomes of each.

Discharge Information – compile the following and include other noteworthy items not mentioned elsewhere in this report

- Length of stay – include the admission and discharge dates and number of days in care for each SAL setting (cluster and scattered).
- Identify the Child's living arrangement after exiting the SAL program.
- Describe the reason for discharge.
- Identify the prescribed medication(s) at discharge and describe the plan for continued medication management.
- Identify Aftercare program involvement and follow-up plan to support participation.
- Describe the overall effect of the services provided toward accomplishing the identified goal(s) and outcome(s).
- Identify individual Child Development and Life Skills accomplishment.

Signatures

- Signatures of the Caseworker and Caseworker Supervisor are required upon submission to the Referring Worker.