

**Child Welfare Emergency Services (CWES)
Emergency Juvenile Shelter Care
Service Plan/Discharge Summary Report
Instructions¹**

The Emergency Juvenile Shelter Care Service Plan/Discharge Summary (SP/DS) shall be completed when a Child remains in placement over four (4) days. This report will be used throughout the episode of service. The Service Plan shall be updated whenever a new Case Permanency Plan/Juvenile Court Services Plan is received for the child, or at a minimum of monthly to address the changing needs of the Child. The Discharge Summary information is completed upon the Child's discharge from shelter care services.

The Service Plan shall include and document collaboration with the Referral Worker, Child and Child's Family (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 ten (10) Business Days of the date of admission.
 - In addition, the Service Plan must be reviewed with the Child and Parent(s) or guardian within ten (10) Business Days of the date of admission.
- The Discharge Summary portion of this report shall be completed and provided to the Referring Worker and the Parent(s) or guardian within five (5) Business Days of the Child's discharge date.
 - Post-discharge plans for each Child shall be discussed with the Child prior to discharge.

Case Information – complete all fields

- Child Name.
- Date of Birth.
- Parent/Guardian – Name, phone number and email address.
- State ID.
- County Name and Number – Name and number of County of Financial Responsibility (e.g., Black Hawk 07).
- HHS Service Area – HHS Service Area of County of Financial Responsibility.
- HHS/JCS Referring Worker – Name, HHS, or JCS, phone number and email address.
- Referral Date – date the referral was received.
- Admission Date.
- Service Plan Date – date the Service Plan was completed. This date will not change.
- Service Plan Update Date - date the Service Plan was updated.

¹ Please note some requirements of this document may meet licensure requirements of the IAC 441 – 105, but these are not intended to be used in lieu of other licensure requirements defined there.
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- Discharge Date – record N/A when completing Services Plan and updates. Record Child’s discharge date when completing the report information for discharge purposes.
- Date Report provided to HHS/JCS Referring Worker – initial Service Plan, update, and/or Discharge Summary.
- Date Report provided to Parent(s) or Guardian – initial Service Plan, update, and/or Discharge Summary.
- Date Report reviewed with the Child – date the Caseworker reviewed/discussed the report with the Child.
- Caseworker Name, Phone, Email – 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 leading to Discharge Summary. Enter N/A in each Service Plan component’s Summary at Discharge area until that information is completed.

Each component with general guidance is below. References to the CWES 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. CWES Emergency Juvenile Shelter Services are temporary, short-term lengths of stay. Each Child’s unique needs shall be considered to maintain as much normalcy for the Child as possible while addressing safety, permanency, and well-being.

Service Planning Conference - Reference Contract Section 1.3.3.2.5.1 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.

Follow-Up Planning Conference- Reference Contract Section 1.3.3.2.5.1 ix.

- The Follow-Up Planning Conference shall be completed at least monthly.
- For each Follow-Up Planning Conference, include the date, identify all who were present, describe the relationship of the participants to the child, and provide a brief overview of the meeting.

*Additional planning notes will be added throughout the episode of service. If subsequent service planning results in changes to the Service Plan, update each Service Plan Component as needed and send the update to all parties.

Service Plan Goals – Service Plan is defined in contract Section 1.1 Definitions and Section 1.3.3.2.5.1

“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

- These are individualized interventions and support that focus on the Child’s safety, permanence, and well-being that directly address the reason a Child was placed in shelter. Goals may reflect short-term needs to address while in care and those needed for a successful transition back to the Family home or next living arrangement.
- Objectives - should be written in observable and measurable terms relevant to goal.
- Projected Completion Date – is the date identified in the Service Plan.
- Completion Date – is the date the Objective was completed.
- Action Steps – that identify and describe the interventions and/or services that will be implemented or used.
- Persons Responsible – identify the person or persons responsible for each action step (Child, member of Child’s support system, staff, etc.).
- Outcome – describe the final result of action taken or summarize the status of each objective at time of discharge.

Family and Community Connection – Reference Contract Section 1.3.3.5

Family Engagement Plan

- Define the plan for the Child to maintain relationships with the Child’s Family and other Positive Support Systems.
- Describe how the required contacts with Parent(s) and siblings will be facilitated.
- Describe how the Child will stay connected to kin, culture, and community.
- Describe the plan to adhere to Family Interaction Plan (if applicable).
- Describe how Family Finding Efforts will be addressed.
- This may include follow-up phone calls to the Family or home visits.

Crisis Intervention and Stabilization Plan – Reference Contract Section 1.3.3.6

Individualized Crisis Intervention and Stabilization Plan

- Plan shall be individualized to each Child’s unique needs.

- Include appropriate behavior management and de-escalation techniques that will be used to address situations that may lead to Critical Incidents.
- 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 facility.

Reintegration Planning – Reference Contract Section 1.3.3.7

“Reintegration Planning” means a component of the Child's Service Plan developed by the Contractor together with the Child, the Child's Referral Worker, and the Child's Family after admission to initiate thinking about exit and discharge to assure a successful move home or to the next living arrangement and to assure the continuity of Clinical and support services. Reintegration Planning begins no later than the Child's Service Planning Conference.

Reintegration Plan

- Reintegration planning shall be initiated at the time of the Service Planning Conference to begin thinking about exit and discharge to ensure a successful move home or to the next living arrangement. Identify the anticipated setting where the Child will go upon discharge.
- Describe individual services/activities that will be used or implemented while the Child is in care to achieve and ensure successful transition including how Family connections will be facilitated.
- Describe how continuity of the Child's day-to-day life activities (e.g., but not limited to, treatment services, jobs, school) identified as being in the best interest of the Child will be maintained.
- Describe how the continuity of Clinical and support services upon discharge will be ensured.
- Describe the plan for follow-up contact with the Child and Family, when the Child discharged to their Family or other Family-like setting. This may include follow-up phone calls or visits to the Family home that are initiated within three (3) days of the Child's discharge date.

Education – Reference Contract Section 1.3.3.8

Education Plan

Summarize each Child's present educational status (e.g., but not limited to, grade level, current school attending) and any special education needs/recommendations.

- Identify where the Child will attend school.
 - Define the plan to continue with the curriculum and progress of the Child's school of origin and describe the 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 decisions.
- Coordination of needs and services.
 - Address special education recommendations.
 - Address supplemental educational support such as tutoring and school-based conferences.

Physical Health – Reference Contract Section 1.3.3.9

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.
- 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.

**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 Child’s present mental and behavioral health services.
- Include plan to ensure continuity of care.
- Identify needs and clinical support and plan for coordination of services.
- Describe communication and education of the Child and Family regarding mental/behavioral health treatment including how the Child will be monitored.
- Include substance abuse evaluation needs if needed and the coordination of mental/behavioral health services.

**Medication Management – Reference Contract Section 1.3.4.10 h.
Medication Management Plan**

Detail current medication and dosage.

- Update this section as needed regarding the individual’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.
- Include how the Child and Family will be educated regarding medication management.

Signatures

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

Completing the Discharge Summary Information

Discharge Summary information will be completed for each Service Plan component in the designated “Summary at Discharge” area as well as in the Discharge Information component. The final Emergency Juvenile Shelter Care Service Plan/Discharge Summary Report shall be completed and provided to the Referring Worker and the Parent(s) or guardian within five (5) Business Days of the Child’s discharge date.

Ensure each Service 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. The Summary at Discharge shall record the Child’s status upon discharge for each Service Plan component.

Discharge Information

- Admission – Admission date will populate from entry on page 1.

- Discharge – Discharge date will populate from entry on page 1.
- Number of Days in Care – Enter total number of days in care.
- Placement of Child at Discharge – identify by name the setting to where the Child was discharged.
Reason for Discharge - Describe the reason for discharge.
- Medications – Identify the prescribed medication(s) at discharge and plan for continued medication management.
- Family or Family-Like Setting – Enter an “X” in the box indicating yes or no. If yes, include the plan for follow up contact and interactions; this may include follow-up phone calls or visits to the Family home that are initiated within three (3) days of the Child’s discharge date.
- Service Effect – 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.