

Pre-Placement Coordination Plan

Some children who enter foster care suffer due to a combination of traumatic childhood experiences, lower cognitive functioning, developmental delays, and serious challenges with emotional and behavior control. Therapeutic Foster Care promises to identify children ages 8 through 12, in or entering the foster care system who have need for a highly structured out of home placement environment, who do not require residential or hospital care.

Children in Therapeutic Foster Care (TFC) receive daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. TFC resource parent(s) receive support and supervision from private foster care agencies with the purpose of stabilizing a child's mental/behavioral health issues, facilitating children's timely and successful transition into permanent placements (e.g., reunification, adoption, or independent living), and achieving individualized goals and outcomes based upon a comprehensive, multifocal care plan.

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

Making a Placement: To be eligible for placement services, the child must be living in the state of Iowa. The Department of Health and Human Services must have responsibility for placement and care for a child court ordered to out of home placement. There must be an available Therapeutic Foster Care Resource Parent willing to accept the child and funding is available. Parental consent to the service is expected, but not required. Children living in Iowa for a temporary purpose are considered to be "living in Iowa," unless the purpose is vacation.

Culture and Heritage: Ask the parents if the child may be of American Indian heritage. Be alert to how the child and family self-identify their ancestry, as this may provide clues as to potential Native American heritage. (For detailed information on American Indian heritage, please see the Indian Child Welfare Act manual chapter.) See also 18-C(2), [Case Management \(http://hhs.iowa.gov\)](http://hhs.iowa.gov)

Ask about the country of their own birth and of their child's birth; If they have a Mexican birth certificate or baptismal record or multi-nationality; Make inquiries of others who may have information about the child's status, such as service providers, medical staff, or school personnel. See also 18-C(2), [Case Management \(http://hhs.iowa.gov\)](http://hhs.iowa.gov)

Team members: Please review one-page descriptions of the following core team members. Understand other team members may be added to meet the needs of the family.

- Parent
- Social Work Case Manager (SWCM)
- Therapeutic Foster Parent
- Therapeutic Case Manager

Authority for Placement: 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.

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.

Parental consent is required for Therapeutic Foster Care using form _____.

Advance Referral: A referral to RRTS seeking a Therapeutic Foster Care Resource Parent should be made 30 days prior to expected placement, in order to ensure a resource parent is identified and an agreement to accept placement is secured at least 30 days prior to intended placement.

Pre-Placement Coordination: Therapeutic Foster Care is an intentionally planful treatment setting. Effective use of this service requires preparation at least 30 days prior to the intended placement. All team members are to be identified early, so

they can discuss the needs of the child and family, resource available, and transition steps. Team members, minimally, need to use the month prior to placement to:

- Ensure there is a signed agreement with the parent, Therapeutic Foster Parent, and a court order prior to placement of the child in the home
- Meet the parent and child face to face
- Meet other service providers and discuss roles
- Develop and coordinate a single/coordinated service plan, including timelines as appropriate
- Acquire releases of information, signed by the parent or guardian

Day of Placement: Prior to the day of placement, team members should have met and well understand roles and responsibilities. This day is dedicated to supporting the child to transition from the previous environment to the Therapeutic Foster Care home. Consider all the following:

- Does the child know and trust the person transporting?
- Has the child been informed how and when communication with family, including parents and siblings, will occur?
- Is the parent connected and/or informed about the transition?
- Does the child have clothing, hygiene supplies and other personal belongings?
- Is there a plan for health care and education?
- When and where will services occur?
- Is there a plan for transitioning out of the Therapeutic Foster Care home?

Initial and Ongoing care plan: A service plan is created with the child and family in the month prior to placement. Service providers have communicated and aligned into a single or coordinated service plan. The plan is reviewed at least every 30 days and revised as needed. A transition plan for exiting Therapeutic Foster Care is part of the service plan from the first plan or as soon as possible thereafter.