



Iowa Department of Human Services

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GENERAL LETTER NO. 17-C(2)-9

ISSUED BY: Bureau of Child Welfare and Community Services,
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter C(2), **CASE PLANNING PRACTICE GUIDANCE**, Contents (pages 1 and 2), revised; pages 13, 19, 20, 20a through 20d, 22 through 25, 27, 28, 30 through 41, revised; and pages 20e and 42, new.

Summary

Chapter 17-C(2) is revised to:

- ◆ Add guidance in accordance with Public Law 113-183, Preventing Sex Trafficking and Strengthening Families Act, that:
 - Adds the option of Another Planned Permanent Living Arrangement (APPLA) and limits it to children 16 years of age or older.
 - Personalizes the development of the transition plan at the direction of youth who are aged 14 or older with a youth-centered transition team.
- ◆ Provide guidance for the case manager in reviewing form 470-5337, *Rights of Youth in Out-of-Home Placement*, with foster care youth 14 years of age or older.
- ◆ Add the annual receipt of any consumer credit reports that exist on a foster care youth and assist the youth in understanding the credit reports and resolving any inaccuracies.
- ◆ Address that a youth is better prepared for transitioning into adulthood when the youth has the following when leaving foster care at age 18 or older:
 - A driver's license or state-issued non-driver identification card,
 - A copy of the youth's birth certificate,
 - A social security card,
 - Health insurance information, and
 - Durable power of attorney for health care information.
- ◆ Change the number of transition planning specialists from eight to five.
- ◆ Update the mental health and disability services information.
- ◆ Change the provider and update information on the Social Security Advocacy Project.
- ◆ Update links due to the Department's new website.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 17, Chapter C(2):

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 11, 2012
Contents (page 2)	June 21, 2013
13	May 4, 2007
19	September 28, 2007
20	July 10, 2009
20a	January 22, 2010
20b-20d	May 11, 2012
22-25, 27, 28, 30-37	September 28, 2007
38-41	June 21, 2013

Additional Information

Refer questions about this general letter to your area social work administrator.

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1. Review and consider the appropriate permanency goal for the child, based upon the case plan:
 - ◆ Remain in the home
 - ◆ Return child to home
 - ◆ Transfer custody to another parent
 - ◆ Transfer custody or guardianship to a relative
 - ◆ Adoption
 - ◆ Transfer custody and guardianship to suitable person
 - ◆ Another planned permanent living arrangement. This permanency option is limited to children 16 years of age or older.

2. Document the permanency goal in the *Case Plan* when child is in foster care.

Hierarchy of Permanency Options

Permanency planning and permanency options should be unique and individualized for each family. The range of permanency options for children and families can be ranked in a hierarchy considering safety, stability, and lasting nurturing relationships.

Degree of Permanence	Permanency Options
Most Permanent  Least Permanent	Children remain safely with their parents
	Children are reunified safely with their parents or relatives
	Children are safely adopted by relatives or other families
	Children are safely placed with relatives or other families as legal guardians
	Children aged 16 or older are safely placed in another planned permanent living arrangement

Grounds for 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

Youth in foster care frequently do not have a positive support system or safety net when they become young adults and typically have fewer resources as they age out of foster care. Preparation must be made to assist youth in their transition from out of home placement to adulthood.

The Department employs five full-time transition planning specialists. Transition planning specialists have specific knowledge of existing programs and monitor new programs and services for youth transition. The transition planning specialist is available to provide:

- ◆ Ongoing consultation in the planning process, including assistance in obtaining a life skills assessment, and
- ◆ Information regarding resources and services available to the youth.

Complete the transition plan in Part C of the *Family Case Plan* for all youth on your caseload who are 14 years of age and older. The transition plan must be based upon an assessment of the youth's needs, which would assist the youth in preparing for transition from foster care to successful adulthood. Personalize and develop the transition plan at the direction of the youth with a youth-centered transition team. The transition plan needs to also address the following areas of need to prepare the youth for adulthood and when they become an adult:

- ◆ Education
- ◆ Employment services and other workforce support
- ◆ Health and health care coverage
- ◆ Housing and money management
- ◆ Supportive relationships

The assessment of needs and transition plan development for the youth are also available upon request for youth who have exited foster care at age 16 and older for adoption, or for subsidized guardianship purposes. The aftercare program administrator is responsible for meeting the transition needs of this population.

Review the form 470-5337, *Rights of Youth in Out-of-Home Placement*, with all youth in foster care on your caseload who are 14 years of age and older, and as often as needed. The form describes the rights of the youth with respect to:

- ◆ Education.
- ◆ Health.
- ◆ Visitation.
- ◆ Court participation.
- ◆ Receive any consumer credit report that exists for the youth every year while they are in foster care and assistance in understanding the credit report and resolving any inaccuracies.
- ◆ Receive the youth's certified birth certificate, social security card, and driver's license or state identification card if the youth leaves foster care at age 18 or older.
- ◆ Staying safe and free from abuse or exploitation.

Explain this form to the youth in an age-appropriate manner. Have the youth sign and date the form, indicating that you went through their rights with them in a way the youth understood and answered any questions the youth may have had. Have the youth sign and date two copies of the form. Give the youth a copy and file the other copy in the case file.

The form is a part of the case plan and must be provided to all legal parties of the case. Indicate the most recent date the youth received and signed the form as indicated in the Transition Plan, Part C of the *Family Case Plan*.

Transition Assessment

The first step in developing a plan for transition services is to assess the needs of the youth. This process includes an assessment of life skills, strengths, needs, and goals. Often the best person to complete an assessment with the youth is the caretaker or parent.

Ensure completion of a transition assessment for all youth aged 14 and older in foster care. The Casey Life Skills Assessment is the recommended life skills assessment (<http://lifskills.casey.org/>). Also complete the life skills assessment in the transition plan section of the case plan.

Transition Team

The transition plan shall be developed and reviewed by the Department in collaboration with a youth-centered team. The plan must be developed with the youth present and be personalized at the direction of the youth.

The membership of the transition team and the meeting dates for the team shall be documented in the transition plan. Membership must include the youth; the youth's caseworker; persons selected by the youth; persons who have knowledge of services, supports, and programs available to the youth; and, if it is likely the youth will need adult services, representation from the adult services system.

Transition teams may be organized through a family team decision-making (FTDM) meeting or youth transition decision-making (YTDM) meeting.

Youth in foster care should have a YTDM meeting within 30 days of the youth's 17th birthday and within 90 days before the youth's 18th birthday.

Transition Plan

The **transition plan** shall honor the goals and concerns of the youth and address the strengths and needs identified in the assessment. The transition plan is a working document and must be reviewed and updated at a minimum of every six months during a periodic case review.

The **case plan** shall detail steps, services, supports, activities, and referrals to programs needed to implement the transition plan to best assist the youth in preparing for adulthood.

Complete the "Transition Plan" section of the *Case Plan* for all youth in foster care who are aged 14 or older, and review and update it at each case review thereafter. Also, review and update the transition plan:

- ◆ During the 90-calendar-day period immediately preceding the youth's 18th birthday and
- ◆ During the 90-calendar-day period immediately preceding the date the youth is expected to exit foster care, if the youth remains in foster care after the youth's 18th birthday.

The transition plan may be updated more frequently.

During the plan review conducted within the 90 days before the youth reaches 18, include information and education about the importance of having a durable power of attorney for health care decisions. Explain to the youth that if the youth is 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 the youth, once they are 18 years of age or older, completes the *Iowa Durable Power of Attorney for Health Care Decisions*. Provide the youth with the option to execute such a document by giving the youth a copy of the document and the document instructions.

The transition plan should be designed to help the youth connect to services, supports, activities, and programs in areas of need, especially around education, employment, health and health care coverage, and supportive relationships. If the youth is interested in pursuing higher education, the transition plan shall provide for the youth's participation in the college student aid commission's program of assistance in applying for federal and state aid.

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

Birth Certificate, Social Security Card, and Identification Card Records

Teens and young adults are better prepared for transitioning to adulthood when they have taken advantage of opportunities such as participating in extra-curricular school activities, working, getting a driver's license, signing up for recreational clubs and activities, or obtaining a passport.

These opportunities often require proof of identification such as a driver's license or a state-issued identification card. Prepare a youth who leaves foster care at 18 years of age or older by providing the youth with:

- ◆ A free copy of the youth's health and education records.
- ◆ An official or certified copy of the youth's birth certificate. The state or county registrar must waive the fee for obtaining the birth certificate.
- ◆ The youth's social security card.
- ◆ A driver's license or a state-issued identification card.
- ◆ Health insurance information.

To obtain a certified birth certificate for the child: A certified copy of a child's birth certificate may be obtained at no charge to the Department or the child using the process detailed below. The Department of Public Health will waive the fee for one copy only.

There may be a need to request a copy for the child as early as the child's fourteenth birthday. For youth in foster care who are age 16 or older who do not already have access to their birth certificate, the worker should request a birth certificate as soon as possible.

The case manager or juvenile court officer may keep the birth certificate in the case file until the youth reaches age 18 or provide it to the youth or to a responsible adult or agency.

To obtain an “agency use only” birth certificate: When the birth certificate will be used for Department use only, the case manager or juvenile court officer shall indicate this is a request for an “agency use only” copy. The copy will be stamped “Agency Use Only” and should not be given to the child, family, foster parent, or other person.

Use the following forms to request a copy of a child’s birth certificate, either a certified copy for a child aged 14 or older or an “agency use only” copy:

- ◆ Form [470-4567, Birth Certificate Request](#), and
- ◆ Form [588-0225VR, Birth: Application for Search for an Iowa Record](#).

See 17-Appendix for instructions for both forms.

To obtain a social security card or replacement card: If the youth was born in the U.S., the youth will need to go to the local social security office to obtain a replacement social security card. The youth will be asked to show proof of identity which can be a driver’s license or a state-issued non-driver identification card.

If the youth has never applied for a social security card or if the youth was foreign born and has never applied, assist the youth in completing form SS-5, *Application for Social Security Card*, and obtaining the required two proofs of identity. Advise the youth to not carry the card with them and instead, keep the card in a safe place. This form can be found at: <https://www.socialsecurity.gov/forms/ss-5.pdf>.

To find a Social Security Administration office near you, go to the Social Security Administration website: <http://www.socialsecurity.gov/>, or call the Social Security Administration customer service toll-free number: 1-800-772-1213.

Health and Education Records

The transition plan shall include:

- ◆ Providing a free copy of the youth’s health and education record to youth when the youth exits from foster care at 18 years of age or older.
- ◆ Advising the youth about health care coverage they may be eligible for.

Records shall include the most recent information available regarding:

- ◆ Names and addresses of health and educational providers,
- ◆ The youth's school record,
- ◆ A record of the youth's immunizations,
- ◆ The youth's known medical or mental health diagnosis,
- ◆ The youth's medications, and
- ◆ Any other relevant health and education information about the youth.

Transition Committee Review

Each service area has an established protocol for addressing youth transition needs through a team meeting and review by a local transition committee. The purpose of the committee is to ensure that the transition needs of youth ages 16 or older in foster care have been addressed in order to assist them in preparation for the transition from foster care to adulthood.

Before the youth reaches age 17½, request review and ensure approval of the transition plan by the transition committee for the area that has placement responsibility. When a youth enters foster care at age 17½ or older, the committee needs to review the transition plan within 30 days of completion.

The transition committee's review and approval shall be indicated in the youth's case permanency plan.

Education and Training Voucher Grant

The Education and Training Voucher (ETV) Grant provides up to \$5,000 per year per student. Youth must have a high school credential (either a GED or diploma) and must:

- ◆ Age out of care (leave care within 30 days of turning 18), or
- ◆ Be adopted from foster care after the age of 16, or
- ◆ Enter a subsidized guardianship after reaching age 16

Youth must be under the age of 21 the first time they participate in the ETV program (meaning they must be attending class and receive a disbursement before they turn 21).

Funding can continue until the age of 23. Students must reapply each year and are required to meet the academic progress standards of the college or university or make satisfactory progress towards completion of the training program to renew this grant.

See the Iowa College Student Aid Commission website at:

<http://www.iowacollegeaid.gov/ScholarshipsGrants/educationtrainingvoucherprogram.html>

All Iowa Opportunity Foster Care Grant

To be eligible for the All Iowa Opportunity Foster Care Grant, youth must have high school credential (either a GED or diploma) and must:

- ◆ Be an Iowa resident
- ◆ Attend an Iowa college or university
- ◆ Age out of placement in:
 - Foster care (meaning the youth leaves care within 30 days of turning 18 or was adopted from foster care after the age of 16) or
 - The State Training School or the Iowa Juvenile Home (leaves placement within 30 days of turning 18).

Youth must be under the age of 23 the first time they participate in the All Iowa Opportunity Foster Care Grant program. Youth must be attending class and receive a disbursement before turning 23.

Funding can continue until the age of 24. Students must reapply each year and are required to meet the academic progress standards of the college or university or make satisfactory progress towards completion of the training program to renew this grant.

See the Iowa College Student Aid Commission website at:

<http://www.iowacollegeaid.gov/ScholarshipsGrants/educationtrainingvoucherprogram.html>

TRIO Programs

Almost all colleges and universities have a student services office funded through the federal TRIO Program, which provides educational opportunity programs designed to motivate and support students from disadvantaged backgrounds.

TRIO includes six outreach and support programs targeted to serve and assist low-income, first-generation college students and students with disabilities. The student service office may offer:

- ◆ Instruction in basic study skills
- ◆ Tutorial services
- ◆ Academic, financial, or personal counseling
- ◆ Guidance on career options

Students should ask the college or university they are attending about services offered at that campus.

Mental Health and Disability Services

Iowa's community-based, person-centered mental health and disability services system will provide locally delivered services, regionally managed with statewide standards.

Local access to mental health and disability services for adults shall be provided either by counties organized into a regional service system or by an individual county that is exempted from joining a region as provided in Iowa Code 331.389. Adult residents of Iowa will have access to mental health and disability services regardless of the location of their residence.

More information on these services can be found at:

<http://dhs.iowa.gov/mhds-providers/providers-regions/regions>

Food Assistance

The Food Assistance program (formerly known as Food Stamps) promotes the general welfare of low-income individuals and families by raising their levels of nutrition to avoid hunger and malnutrition.

If you have questions, you can contact the Food Assistance Call Center at 1-877-YES-FOOD (1-877-937-3663) or any local Department office. Click [here](#) for a map of Department of Human Services' local office locations.

The Department office serving your county is also listed in the State or County Government section of your local phone book, under "Department of Human Services" or just "Human Services."

You may also contact the Department's Field Office Support Unit by calling 515-281-6899 or 1-800-972-2017.

Housing and Urban Development (HUD)/Section 8

The Iowa Finance Authority administers two programs that can help some of Iowa's most vulnerable citizens find safe and decent housing.

- ◆ The Home- and Community-Based Service Rent Subsidy Program provides temporary rental assistance for people who receive medically necessary services through Medicaid waivers until the person becomes eligible for another public or private rent subsidy.
- ◆ The Aftercare Rent Subsidy Program provides financial assistance for youth who are aging out of the foster care system and are participants in the Aftercare Services Program. The program's goal is to teach Iowa youth independence, life skills, and renter rights and responsibilities.

For more information, see the Iowa Finance Authority website at:

<http://www.iowafinanceauthority.gov/Programs/AffordableRental>

Iowa Aftercare Services Network

The Department has contracted with a private agency to administer the Iowa Aftercare Services Network (IASN). IASN is a network of private agencies across the state to assist youth as they leave foster care and enter adulthood. More information about network services is available on the IASN website at: <http://www.iowaaftercare.org/>.

Aftercare is a voluntary support system that offers case management, guidance, and, when certain criteria such as working full time or going to school, are met, a monthly stipend (PAL).

The purpose of aftercare services is to provide services and supports to youth aged 18, 19, or 20 who were formerly in foster care. The primary goal of the program is for participants to achieve self-sufficiency and to recognize and accept their personal responsibility for the transition from adolescence to adulthood.

Those in aftercare work with a “self sufficiency advocate” (SSA) to develop a “self sufficiency plan.” This plan addresses the young person’s needs in areas of housing, health, relationships, education, life skills, and employment. Youth remain eligible for aftercare only if they are meeting with the self-sufficiency advocate and working on their goals.

Aftercare Eligibility

To be eligible for aftercare services, a youth must:

- ◆ Reside in Iowa.
- ◆ Be at least 18 years of age but less than 21 years of age.
- ◆ Leave foster care either:
 - On or after the youth’s 18th birthday; or
 - Between the ages of 17 ½ and 18 after being in foster care continuously for at least six months.

For purposes of eligibility, “foster care” is defined as 24-hour substitute care for a child who is placed away from the child’s parents or guardians and for whom the Department or Juvenile Court Services has placement and care responsibility through either court order or voluntary agreement.

Iowa Workforce Development

Iowa Workforce Development (IWD) links job placement and skill development into a system of lifelong learning and opportunity. Major products and services of IWD are:

- ◆ **Full-service centers:** IWD maintains a network of local centers within 16 regions of Iowa. Each region has a full-service workforce development center with a network of itinerant and satellite offices. Many centers are shared by multiple workforce partners, including non-profit organizations, the Department of Human Services, Vocational Rehabilitation, and community colleges.

IWD is an employee's resource for:

- Updating and developing new skills
 - Current job marketing strategies
 - Careers of the future
 - Current employment opportunities
 - Support and testing services
 - Unemployment insurance benefits
- ◆ **Website:** Through a comprehensive website (<https://www.iowaworkforcedevelopment.gov/>) IWD provides customer access to major services, such as posting résumés and unemployment insurance claims, basic service information and labor market information, 24 hours a day, seven days a week.
 - ◆ **Unemployment Insurance** (Benefits for persons who have lost their job through no fault of their own). Adjudication, Compliance, and Education (Adjudication of income support issues for workers who have been injured on the job and unemployment insurance appeals)

Administrative staff are centralized in two offices in Des Moines, Iowa located at 1000 East Grand Avenue and 150 Des Moines Street. For more information, contact Iowa Workforce Development Customer Service:

- ◆ Through its website at:
<https://www.iowaworkforcedevelopment.gov/contact-iowa-workforce-development>
- ◆ By telephone at: (515) 281-5387 or (800) 562-4692

Job Corps

Job Corps is a no-cost education and vocational training program administered by the U.S. Department of Labor that helps young people ages 16 through 24. At Job Corps, students enroll to learn a trade, earn a high school diploma or GED, and get help finding a good job.

There are Job Corp programs in every state. See <http://www.jobcorps.gov/home.aspx>

For more information on Iowa's Job Corp program, see <http://denison.jobcorps.gov/home.aspx>

Legal Aid

The Iowa Legal Aid website is a service of Iowa Legal Aid and other organizations working for fairness in Iowa. The website provides resources for low-income Iowans, seniors, and others looking for help with a legal problem or seeking information on the law. Iowa Legal Aid cannot help with criminal problems. Access the site at: <http://www.iowalegalaid.org/>

Legal Guardianship

A guardianship is a legal right given to a person to be responsible for the food, health care, housing, and other necessities of a person deemed fully or partially incapable of providing these necessities for himself or herself. The person seeking the appointment of a guardian files a petition with the court for the jurisdiction where the allegedly legally incapacitated person resides. (Source: <http://www.expertlaw.com>)

Medicaid for Young Adults (MIYA)

The purpose of the Medicaid for independent young adults (MIYA) program is to provide continued health coverage to young adults transitioning to independence from state care and custody.

MIYA currently provides Medicaid coverage to eligible youth who:

- ◆ Are under age 21,
- ◆ Were in a foster care placement when they turned age 18,
- ◆ Left foster care on or after May 1, 2006, and
- ◆ Have countable income under 200% of the federal poverty level.

Narcotics Anonymous

Narcotics Anonymous (NA) is an international, community-based association of recovering drug addicts with more than 43,900 weekly meetings in over 127 countries worldwide. More information is available

- ◆ From the NA website at: <http://www.na.org/>
- ◆ By phone or mail to:
Narcotics Anonymous World Services, Inc.
Main Office
PO Box 9999
Van Nuys, California 91409 USA
Telephone (818) 773-9999
Fax (818) 700-0700

Alcoholics Anonymous

Alcoholics Anonymous® (AA) is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership. More information is available from:

- ◆ The AA website at: <http://www.aa-iowa.org/>
- ◆ By phone or mail to:
A.A. World Services, Inc.
P.O. Box 459
New York, NY 10163
(212) 870-3400

Preparation for Adult Living (PAL)

The Preparation for Adult Living (PAL) program provides financial support to eligible youth who are receiving aftercare services. The purpose of the PAL program is to ensure that youth in state care are better prepared for the challenges and opportunities that adulthood presents.

The PAL program offers a monthly stipend, which can be used for living expenses at the discretion of the young person. The stipend may be provided to a youth receiving aftercare services who left foster care after May 1, 2006, and meets all of the following criteria:

- ◆ Is ineligible for voluntary foster care placement;
- ◆ Left foster care paid for by the state on or after the youth's eighteenth birthday; and
- ◆ Was in foster care paid for by the state in at least 6 of the last 12 months before leaving foster care.

Youth discharged from a state institution (e.g., the State Training School) at age 18 are not considered former foster care recipients and are **not** eligible, regardless of their status before entering the institution. County detention alone is also not considered foster care status.

While the PAL stipend will not start until the youth leaves state-paid foster care, services can start before youth age out to help build a relationship with the self-sufficiency advocate or rent an apartment. Pre-PAL consists of up to ten meetings with the self-sufficiency advocate.

Conditions of the PAL Stipend

The monthly PAL stipend will be approved only if the following conditions apply:

- ◆ The youth is under the age of 21.
- ◆ The youth meets work or education eligibility requirements. The PAL stipend will be terminated for failure to be employed (25 hours per week minimum), actively pursues employment, or attend school for 30 consecutive days without good cause as determined by the program administrator or designee.
- ◆ The youth follows self-sufficiency plan components and expectations as determined by the program administrator or designee. Income from employment will reduce and eventually eliminate the PAL stipend.
- ◆ The youth maintains satisfactory progress as defined by the education or training program in which the youth is enrolled. A youth who is not making satisfactory progress may stay in the PAL program by choosing the work option.

- ◆ The youth lives in an approved setting, which may include a former foster family, an apartment, a college dormitory, or another approved arrangement. The program administrator or designee is responsible for approving the living arrangement. The youth may not live with a parent.
- ◆ The youth resides in Iowa.

NOTE: Youth who receive PAL are not eligible for aftercare vendor payments.

Amount

The monthly stipend shall be based on the foster family basic daily maintenance rate for a child aged 16 or older.

When the net earnings of the youth exceed the maximum payment, the stipend shall be reduced the following month by 50 cents for every dollar earned over the maximum payment.

The PAL stipend may be paid to the youth, the foster family, or another other than a Department employee. The parties involved shall agree upon the payee and specify the payee in the self-sufficiency plan.

Aftercare/PAL Eligibility Determination

Eligibility for aftercare and PAL is determined by the Department transition planning specialist. (Click [here](#) for a map identifying the transition planning specialists and their territories.)

The transition planning specialist will verify eligibility before making a referral to an Iowa Aftercare Services Network agency. Eligibility for youth who self-refer or who are referred by other agencies or individuals must also be verified by the transition planning specialist. The initial determination of eligibility must be made within five days of referral.

Appropriate, informed consent from the youth must be received in order for the Department to release information to the service provider, including the eligibility determination using the Aftercare/PAL Consent and Eligibility Determination form.

For more information on the Iowa Aftercare Services Network:

- ◆ Call 1-800-443-8336; or
- ◆ See the IASN website at: <http://www.iowaaftercare.org/>

Social Security Advocacy Project

The Department has selected Public Consulting Group (PCG) to assist in the identification of children in Department custody who have severe disabilities and may be eligible for Supplemental Security Income benefits. PCG will file the application for benefits for children who appear to be eligible. If you have questions about referrals, please contact PCG at 1-800-786-9024.

Vocational Rehabilitation

Iowa Vocational Rehabilitation Services works with people with disabilities to achieve their employment, independence, and economic goals. For more information, see the website <http://www.ivrs.iowa.gov/index.html>.

Developing the Initial Case Plan

Link to [Procedure](#)

Defining behaviorally specific outcomes for safe case closure at the beginning of involvement with the Department is important for the family. The case planning process is an opportunity for the family and the Department worker to come to agreement about the needs and concerns. When the family and the Department view the needs and concerns differently, the likelihood of working successfully with the family is significantly decreased.

When the family team considers safe case closure, they must consider and understand what specific changes must occur for the family to function successfully without external intervention or support. The family team needs to know "When will we be done?" so that they can work together successfully toward that goal and know when it is achieved.

The outcome that specifies safe case closure conditions should be the family's perspective and be described in the language of the family.

Preparing for the Initial Case Plan

Safety of a child is paramount throughout the duration of a case. The evaluation of a child's safety is an ongoing activity that begins at the first contact the family has with the Department and continues during the entire case process. A safety analysis focuses on the current and future situation and safety interventions match the duration of threat of harm.

Safety and health provide the foundation for normal child development. A child who is unsafe from actual injury or who lives in constant fear of assault, exploitation, humiliation or abandonment is at risk of death, disability, mental illness, co-dependent behavior patterns, learning problems, low self-esteem, and perpetrating similar harm on others.

While all children should be free from known and manageable risks of harm in their daily environments, a child is considered "safe" when:

- ◆ There are no present or impending dangers to the child, **or**
- ◆ Existing dangers are controlled by the caregiver's protective capacities.

Identifying Strengths and Needs

The case manager is responsible to ensure that an adequate functional assessment has been completed, from which services are provided and the individualized case permanency plan is developed. A comprehensive assessment of strengths and needs that is solution focused and identifies the underlying needs is a prerequisite to developing effective strategies for change with the family team.

The functional assessment clearly identifies the current, obvious, and substantial strengths, needs, and risks of the child and family. Functional assessments include foreseeable crisis and transitions over the course of time for the child and family. Both formal and informal assessment information can be used.

The purpose in completing a quality functional assessment is so that you have an understanding of the child and family and how to provide effective services for them. If there has been a child protective assessment, the functional assessment should build upon that assessment.

The family functioning domains provide a common lens through which all involved are able to see the strengths and needs of the family and ensure a congruent and consistent approach to assessing strengths and needs and identifying areas in which change is required to provide for the safety, well-being and permanency of the child.

The Department's mandate to ensure child safety can be presented to the family in a non-intrusive manner, through reframing the concerns of the family that closely match the domains.

If the focus and tone of this discussion on the non-negotiable item--child safety--is rallying around the child and the child's needs, the parents are likely to be less defensive. This may require some acknowledgment of the family's ability to provide safety in the past and also recognition of the current concerns.

Frame the assessment process as a strategy for the family to identify and determine their natural supports and strengths that can be used to protect the safety and well-being of the child, while striving to ensure that permanency is being met.

In some cases, when an assessment has been completed there may be more than one domain identified to be resolved before the family can successfully manage without supervision of the court and the Department. When this occurs, the family can be engaged in a series of family team meeting around determining what the priorities are and which domains (or concerns the family has that fits in that domain) will be considered first.

It is not essential to complete the full family functioning domain criteria, but rather to use the criteria as a tool to work collaboratively with the family to identify key strengths and resiliency factors of the family and critical areas needing attention to ensure the safety, well-being permanency of the child. Allow family input as to the method of intervention that they feel would best meet their needs.

If you are determining the domains yourself while you are preparing the family, use the families concern language to define the domain and include the family language in the narrative section of the domain.

The combined family plan supports the critical effort of gathering and organizing information gained through contacts and observations, input from the family and the input from other professionals involved with the family to clearly see the strengths of the family and the issues and concerns facing the family that impact on the safety, well-being, and permanency of the child.

Crisis Planning

Crisis planning is different than safety planning although there may be overlaps. Crisis planning addresses the questions: “What do we do if some part of the plan breaks down and a crisis occurs?” and “What could go wrong?” in order to identify and predict contingencies. The crisis plan addresses what could go wrong with the strategies in the case plan as well as with the safety plan, when applicable, and describes contingency plans.

John VanDenBerg defines a crisis as any occurrence in the life of the child or family that could affect the outcomes of the existing plan and which has a high probability of occurrence given past patterns of behavior and the needs of the child and other family members. Crisis planning occurs as a support to the implementation of the plan.

John VanDenBerg says to implement effective crisis prevention and planning we need to: Predict, Prevent, and Plan.

The prediction process begins by asking the child and family team what the worst case scenario might be. You need to explore examples of what happened in the past before the crisis occurred. This provides predecessors to look for when it is about to occur again. The family team brainstorms about what they may do to prevent the predicted crisis from occurring and develops a crisis plan. The crisis plan includes contingency responses when a predicted crisis occurs.

[Crisis Prediction, Prevention and Planning: The Wraparound Process, Dr. John VanDenBerg, VanDenBerg Consulting, Inc., page 3.]

In crisis planning, we want to recognize the crises we can reasonably predict, we want to prevent those crises from happening if possible, and we want to plan a response when crisis does occur.

Goals, Services, and Strategies

Based on a thorough exploration of the Family Functioning Domains, the Family Plan goals are identified, the Family Profile completed, services and strategies formulated and then the action steps and responsibilities are determined for addressing needs by building upon family strengths.

It is critical to work in partnership with the family to promote their awareness of the need for services and supports to assist them in providing for the safety, well-being, and permanency of their child.

Goal statements need to be non-judgmental, strength-based, and focused on achieving the outcomes essential for safety, well-being, and permanency.

Goals need to:

- ◆ Address the issues that brought the family to the attention of the Department
- ◆ Be attainable
- ◆ Identify the minimal acceptable level of change require
- ◆ Drive the plan

Goals should focus on:

- ◆ Changes in patterns of behavior
- ◆ Enhanced development, capacity, and capabilities
- ◆ Improved environmental conditions and support networks
- ◆ Strengthening coping and resiliency factors

Action steps, services, and strategies should include responses that support Family Plan goals, utilize identified family strengths, and best meet the needs of the child and the family.

Completing the Case Plan

The combined *Family Case Plan* is the key tool throughout the life of the case for documenting, monitoring, and tracking:

- ◆ Family strengths and needs.
- ◆ Goals to be obtained to provide for child safety, child and family well-being, and permanency for the child.
- ◆ Services and strategies essential to achieve the identified goals.
- ◆ Steps and responsibilities of those involved in the *Family Case Plan* necessary to achieve the identified goals.
- ◆ Achievement and modifications to goals, services and strategies, and steps and responsibilities.

Documenting of the Family's Agreement With the Case Plan

Iowa's Model of Practice is built on the belief that involving families in the case planning process and supporting their participation in the necessary services and supports will achieve more positive results sooner, with more lasting effects.

It is an evidence-based best practice that facilitating the awareness, understanding and ownership of families in the identification of necessary services and supports leads to:

- ◆ Families following through in accessing services and programs.
- ◆ Families participating in and completing services and programs.
- ◆ Positive case outcomes.

The "Signature and Notifications" page provides a checklist of who needs to be provided with a copy of the *Family Case Plan*.

Documenting Case Notes/Narrative

Initial case notes or narrative shall be completed within the first 20 business days from the date the child enters foster care or the date the Department opens a child service case, whichever occurs first. Thereafter, case notes should be completed within 20 business days throughout the life of the case. This is especially important as the caseworker's supervisor may need to access the case notes in order to respond to a provider, etc., when the caseworker is out of the office. The complete notes shall be available to have:

- ◆ At each six-month case review and
- ◆ Whenever the *Case Plan* is updated or revised.

Case notes should include all case contacts from the child's providers, therapist, the child's parents, school, medical professionals, observations, interventions or events. Case notes serve as a written record of the activities, occurrences, and progress made within a case over time. Case notes also provide documentation of the child, family, and caseworker's efforts to move the case toward the permanency goal and ultimately to safe case closure.

Case notes is an evolving document that spans the life of the case. Case notes should be in chronological order. They should be written in a manner that others reviewing the document or working with the case can easily understand what has occurred in the case to date. This includes providing enough detail for clarity such as:

- ◆ Documenting the date and type of contact (phone call, a face-to-face meeting, email, etc.),
- ◆ The purpose of the contact, and
- ◆ The information or issue discussed.

Include the complete name and role of individual's cited in the documentation. If tasks were identified and agreed upon, document who will do what and by when.

When quoting or attempting to convey a certain tone or attitude use quotation marks. The worker's professional opinions and analysis may be included in narrative but it should be specifically noted as such, from statements of fact (e.g., by saying: "it appears that..." or "it is my professional opinion that...").

Content of Case Notes/Narrative

The content of the case notes should be relevant to the case progress and outcomes. Determine the relevancy of the information for inclusion by considering why the Department is involved with the case and if the information impacts case planning relative to the:

- ◆ Child's safety and risk,
- ◆ Child well-being,
- ◆ Parental capabilities,
- ◆ Family interactions,
- ◆ Home environment, or
- ◆ Permanency.

Case notes should reflect and support what is in the *Case Plan*, *Safety Assessments*, and the *Risk Reassessments*.

Document any key changes in the case such as a change in the child's *Safety Plan*, visitation, or placement. Include an explanation as to the reason for the change. Identify who was involved in making the decision and what, if any, actions will be taken as a result of the change.

Document and summarize key meetings and events such as:

- ◆ Family Team Decision-Making meetings,
- ◆ Transitional Planning meetings, and
- ◆ Case reviews.

Court hearings should be referenced and orders summarized. When applicable, documentation should include initial and ongoing efforts to locate parents and relatives. Cultural issues such as the identity of the child's native heritage and the tribal affiliation of parents and children should also be documented.

Discussion of the permanency goals, service interventions, medical, and educational information should be included in the case notes. In the case of any youth aged 16 or older, for whom another planned permanent living arrangement is the permanency goal, documentation must include intensive, ongoing, and unsuccessful efforts to return the child home or secure a placement for the child with an appropriate and willing relative (including adult siblings), a legal guardian or an adoptive parent. Synthesize reports and make reference to any additional or related documents that offer further information and state where those documents can be found.

Routine phone calls to confirm meetings or other noncontroversial activities do not need to be documented, unless there have been issues regarding communication and responsiveness of either the caller or the Department. Documentation of routine clinical or supervisory consultation is not required but would be appropriate if key decisions are made during the consultation that affects the interventions, direction, or the approach to the case.

Evaluating the Case Plan

Link to [Procedure](#)

Use the review section of the *Case Plan* to document progress and barriers in the concerns, strategies, or results and in achieving the permanency goal, to change the permanency goal, or to close the case. The review appears in a narrative format.

Strategies will change as progress or barriers are identified. When strategies are not working, they should be changed before the six-month review. Any changes made to strategies should be documented in the review section.

Update the review:

- ◆ 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 team has determined significant change has occurred.

When a result is achieved, it should be documented in the review section. It may also be documented in the summary section. The result may then be deleted from the result section at the next case review.

Alternative concerns, results, or strategies may be added when the service plan is reviewed. When the concerns, results, or strategies are reviewed and they no longer appear applicable to the family, they must be changed to reflect the current situation. When concerns, results, or strategies are changed, they should be deleted from the service plan, and reasons should be addressed in the review section.

Safety Planning at Reunification

The reunification decision always includes a judgment about the caregiver's willingness and cooperation. Reunification should occur at the earliest time that you can conclude that impending danger has been eliminated or impending danger can be sufficiently managed with a safety plan because of the progress that has been made related to the conditions for return.

Safety assessment associated with reunification always involves formal use of the same criteria applied during initial assessment (the same criteria that indicated the presence of present or impending danger).

Always institute a safety plan if the safety assessment decision is that the child is conditionally safe. A safety plan is always required when reunifying a child to confirm that threats to safety no longer exist or that caregiver protective capacities have been sufficiently enhanced to assure child safety.

Put a safety plan in place when a child is reunified occurs when you've concluded that:

- ◆ The home environment is stable enough to sustain the use of an in-home safety plan.
- ◆ Caregivers are willing to be involved and cooperate with the use of an in-home safety plan.

- ◆ Services are available and accessible at the level of effort required to assure safety in the home.
- ◆ All parties are committed to participating in the in-home safety plan.
- ◆ The in-home safety plan will provide the proper level of support to manage safety threats.
- ◆ There have been specific changes in family circumstances or protective capacities that would allow for the use of an in-home safety plan.