



THOMAS J. VILSACK
GOVERNOR

OFFICE OF THE GOVERNOR

SALLY J. PEDERSON
LT. GOVERNOR

May 24, 2006

The Honorable Chester Culver
Secretary of State
State Capitol Building
LOCAL

Dear Mr. Secretary:

I hereby transmit:

House File 2567, an Act creating a multidimensional treatment level foster care program.

The above House File is hereby approved this date.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Vilsack".

Thomas J. Vilsack
Governor

TJV:jmc

cc: Secretary of the Senate
Chief Clerk of the House





HOUSE FILE 2567

AN ACT

CREATING A MULTIDIMENSIONAL TREATMENT LEVEL FOSTER CARE PROGRAM.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. MULTIDIMENSIONAL TREATMENT LEVEL FOSTER CARE PROGRAM.

1. PURPOSE. The department of human services shall establish a multidimensional treatment level foster care program on a pilot project basis in accordance with this section. The purpose of the multidimensional treatment level foster care program is to provide a family-based treatment and support program for children who are transitioning from a psychiatric medical institution for children to a family foster care placement while preparing for family reunification.

2. DEFINITIONS. For the purposes of this section:

a. "Department" means the department of human services.

b. "Family foster care" means foster care provided by an individual person or a married couple who is licensed under chapter 237 to provide child foster care in a single-family home environment.

c. "Multidimensional treatment level foster care program" or "treatment program" means the program established pursuant to this section.

d. "Psychiatric institution" means a psychiatric medical institution for children licensed under chapter 135H.

3. ELIGIBILITY. A child is eligible for the treatment program if at the time of discharge from a psychiatric institution the child is unable to return to the child's family home and one of the following conditions is applicable:

a. The child has treatment issues which cause the child to be at high risk of failing in a foster care placement unless targeted support services are provided.

b. The child has had multiple previous out-of-home placements.

4. ELIGIBILITY DETERMINATION. Children who are potentially eligible for a treatment program shall be identified by the administrator of a treatment program at the time of the child's admission to a psychiatric institution. In order to be admitted to the treatment program, the treatment program administrator must determine the child has a need that can be met by the program, the child can be placed with an appropriate family foster care provider, and appropriate services to support the child are available in the family foster care placement. The determination shall be made in coordination with the child's family, department staff, and other persons involved with decision making for the child's out-of-home placement.

5. SERVICES. The services provided by a treatment program shall include but are not limited to all of the following:

a. Foster family recruitment, training, and retention, which may include support groups, family recreational activities, and certification programs.

b. Placement services, which may include intake screening and initial assessment of children and foster families, matching of child and foster family needs and strengths, transition assistance, placement staffing, and an initial treatment plan.

c. Foster care treatment-related services, which may include any of the following:

(1) Making home visits to monitor progress in implementing the child's treatment plan.

(2) Providing counseling to the child, the child's family, and the foster family.

(3) Making an initial visit within two business days of the child's placement in the foster family.

(4) Providing weekly treatment sessions with the child and the foster family.

(5) Providing later treatment sessions involving the child, the child's family, and the foster family as provided in the child's treatment or case permanency plan.

(6) Providing services to support the child's successful reunification with the child's family, which may include parent training, supervised visitation, intensive reunification work, and psychological or psychiatric consultation.

d. Indirect services, which may include any of the following:

(1) Developing a child and family treatment plan.

(2) Developing a foster family care plan designed to assist the child in having a successful family foster care placement.

(3) Providing for the treatment program administrator to attend child-related court hearings and school conferences.

(4) Preparing written reports on the initial thirty days of the child's treatment program participation, each quarter, and a summary of the child's treatment program participation upon the child's discharge from the treatment program.

(5) Assembling a life book for the child.

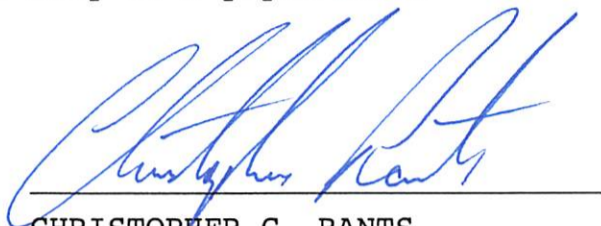
e. Crisis intervention available on a twenty-four-hours-per-day, seven-days-per-week basis and respite services available to participating family foster care providers of at least five hours per month.

6. AGENCY QUALIFICATIONS. The department shall select two psychiatric medical institutions for children licensed under chapter 135H to implement the treatment program pilot project.

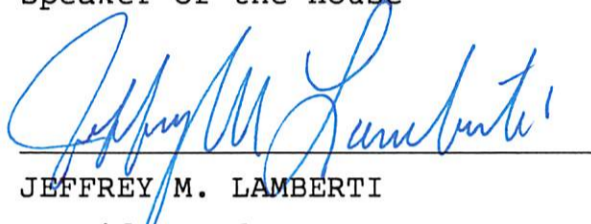
7. REIMBURSEMENT PROVISIONS. The families providing the family foster care services under the treatment program shall be directly reimbursed by the department in accordance with the requirements for family foster care reimbursement. In addition, the treatment program shall provide a per diem reimbursement to the family foster care providers participating in the treatment program.

8. EVALUATION. The treatment program shall be evaluated over a twenty-four-month period commencing on the implementation date of the pilot project which shall be as close to July 1, 2006, as possible. The evaluation shall be conducted by a person who is independent of the department and the agencies participating in the pilot project. The evaluation components shall include but are not limited to the following information associated with the children and

families participating in the treatment program pilot project: quantity and quality of out-of-home placements, family foster care retention and satisfaction, and the participating children's relative length of stay in a psychiatric institution.



CHRISTOPHER C. RANTS
Speaker of the House



JEFFREY M. LAMBERTI
President of the Senate

I hereby certify that this bill originated in the House and is known as House File 2567, Eighty-first General Assembly.



MARGARET THOMSON
Chief Clerk of the House

Approved May 24, 2006



THOMAS J. VILSACK
Governor