

FEB 28 2006  
Place On Calendar

HOUSE FILE 2567  
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO HF 2204)

Passed House, Date 3-13-06 Passed Senate, Date 4-10-06

Vote: Ayes 96 Nays 0

Vote: Ayes 50 Nays 0

*Re-passed*  
*4-25-06 93-0* Approved \_\_\_\_\_

**A BILL FOR**

1 An Act creating a multidimensional treatment level foster care  
2 program.

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

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HF 2567

TLSB 5671HV 81

jp/sh/8

1 Section 1. MULTIDIMENSIONAL TREATMENT LEVEL FOSTER CARE  
2 PROGRAM.

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

12 2. DEFINITIONS. For the purposes of this section:

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

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

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

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

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

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

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

32 4. ELIGIBILITY DETERMINATION. Children who are  
33 potentially eligible for a treatment program shall be  
34 identified by the administrator of a treatment program at the  
35 time of the child's admission to a psychiatric institution.

1 In order to be admitted to the treatment program, the  
2 treatment program administrator must determine the child has a  
3 need that can be met by the program, the child can be placed  
4 with an appropriate family foster care provider, and  
5 appropriate services to support the child are available in the  
6 family foster care placement. The determination shall be made  
7 in coordination with the child's family, department staff, and  
8 other persons involved with decision making for the child's  
9 out-of-home placement.

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

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

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

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

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

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

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

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

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

33 (6) Providing services to support the child's successful  
34 reunification with the child's family, which may include  
35 parent training, supervised visitation, intensive

1 reunification work, and psychological or psychiatric  
2 consultation.

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

5 (1) Developing a child and family treatment plan.

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

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

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

15 (5) Assembling a life book for the child.

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

20 6. AGENCY QUALIFICATIONS. The department shall select two  
21 agencies to implement the treatment program pilot project.

22 One of the agencies shall be a psychiatric institution  
23 provider licensed for more than 100 beds that is located in a  
24 county with a population in excess of 300,000. The other  
25 agency shall be a psychiatric institution provider licensed  
26 for 60 or more but less than 65 beds that is located in a  
27 county with a population between 189,000 and 196,000.

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

35 8. EVALUATION. The treatment program shall be evaluated

1 over a twenty-four-month period commencing on the  
2 implementation date of the pilot project which shall be as  
3 close to July 1, 2006, as possible. The evaluation shall be  
4 conducted by a person who is independent of the department and  
5 the agencies participating in the pilot project. The  
6 evaluation components shall include but are not limited to the  
7 following information associated with the children and  
8 families participating in the treatment program pilot project:  
9 quantity and quality of out-of-home placements, family foster  
10 care retention and satisfaction, and the participating  
11 children's relative length of stay in a psychiatric  
12 institution.

13 EXPLANATION

14 This bill directs the department of human services to  
15 create a multidimensional treatment level foster care program  
16 pilot project for a two-year period.

17 The bill states the purpose of the program is to serve  
18 children to be discharged from a psychiatric medical  
19 institution for children (PMIC) who are either unable to  
20 return to the family home and have treatment issues which  
21 cause the children to be at high risk of failing in a foster  
22 care placement or who are children with multiple previous out-  
23 of-home placements.

24 The bill provides requirements for eligibility  
25 determination, services included, qualifications of the two  
26 agencies to be selected to participate in the pilot project,  
27 reimbursement of family foster care providers participating in  
28 the program, and for an independent evaluation to be performed  
29 of the pilot project.

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HOUSE FILE 2567

S-5120

- 1 Amend House File 2567, as passed by the House, as
  - 2 follows:
  - 3 1. Page 3, line 21, by striking the word
  - 4 "agencies" and inserting the following: "psychiatric
  - 5 medical institutions for children licensed under
  - 6 chapter 135H".
  - 7 2. Page 3, by striking lines 22 through 27.
- COMMITTEE ON HUMAN RESOURCES  
AMANDA RAGAN, CO-CHAIRPERSON  
JAMES SEYMOUR, CO-CHAIRPERSON

S-5120 FILED MARCH 22, 2006

SENATE AMENDMENT TO  
HOUSE FILE 2567

H-8528

- 1 Amend House File 2567, as passed by the House, as
  - 2 follows:
  - 3 1. Page 3, line 21, by striking the word
  - 4 "agencies" and inserting the following: "psychiatric
  - 5 medical institutions for children licensed under
  - 6 chapter 135H".
  - 7 2. Page 3, by striking lines 22 through 27.
- RECEIVED FROM THE SENATE

H-8528 FILED APRIL 10, 2006

**Fiscal Services Division**  
**Legislative Services Agency**  
**Fiscal Note**

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HF 2567 - Foster Care (LSB 5671 HV)  
Analyst: Lisa Burk (Phone: [515] 281-7942) ([lisa.burk@legis.state.ia.us](mailto:lisa.burk@legis.state.ia.us))  
Fiscal Note Version - New

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**Description**

House File 2567 directs the Department of Human Services (DHS) to establish a two-year pilot project that creates a multidimensional treatment level foster care program that serves children who are transitioning from a Psychiatric Medical Institution for Children (PMIC) to a family foster care placement. The project is to provide family-based treatment and support for children who are unable to return to the family home and either have treatment issues that put them at high risk for failing in foster care placement without targeted support services, or have had multiple previous out-of-home placements.

The Bill sets forth requirements for eligibility, services, qualifications of the agencies selected to participate in the project, reimbursement rates, and requires an evaluation of the project be conducted independent of the DHS and the agencies participating in the project.

**Assumptions**

1. The population served will be children in the Child Welfare System that do not have a birth, foster, or adoptive family to return to following discharge from a PMIC. The project will serve an estimated 12-14 children per year.
2. The DHS will not incur additional costs to serve the children participating in the project as these are children that would receive Child Welfare services, such as family foster care, shelter care, or group care regardless of participation in the pilot project.
3. The DHS will reimburse families that provide foster care services under the project at the basic foster care maintenance rates.
4. The two agencies selected to participate in the project will consult with the DHS regarding treatment decisions and authorizing rehabilitative treatment services for these children when necessary, therefore, federal Title IV-E and Title XIX funding will be available when services that access these sources are needed.
5. The two agencies will also pay for services under the project using agency resources and grant funds. This cost is unknown.
6. Start-up costs for the two agencies selected to participate in the project include funding for one caseworker, travel, support costs, respite care, foster parent recruitment and training, and foster care services. The estimated costs are outlined in the table below.

Caseworker	\$ 38,000
Travel	4,600
Administration	9,400
Foster Care Payments	72,000
Respite Care	12,000
Recruitment	2,400
<b>Total</b>	<b><u>\$ 138,400</u></b>

**Fiscal Impact**

The estimated cost of HF 2567 is an increase in State General Fund expenditures of \$138,400 for the DHS in FY 2007 to fund the two agencies selected to participate in the project.

House File 2734 (FY 2007 Health and Human Services Appropriations Act) currently provides an increase of \$100,000 in the Child and Family Services appropriation for this project, however, the Bill has not yet been enacted.

**Sources**

Department of Human Services  
Orchard Place, Des Moines  
State Public Policy Group

/s/ Holly M. Lyons

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March 10, 2006

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The fiscal note and correctional impact statement for this bill was prepared pursuant to Joint Rule 17 and pursuant to Section 2.56, Code of Iowa. Data used in developing this fiscal note and correctional impact statement are available from the Fiscal Services Division, Legislative Services Agency to members of the Legislature upon request.

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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

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

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.

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CHRISTOPHER C. RANTS  
Speaker of the House

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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.

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MARGARET THOMSON  
Chief Clerk of the House

Approved \_\_\_\_\_, 2006

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THOMAS J. VILSACK  
Governor