

How-Do-I? Guide: Case Planning

Outcomes	Decisions	Criteria
 Child safety Child and family well-being Permanency for the child Appropriate type, level and intensity of HHS services and placement Family active participation 	■ Type, level and intensity of services	 Allegation findings Safety factors Risk factors Child and parent's capacity and needs

Prepare for Case Planning

Policy	Procedure	Practice Guidance
Review of Assessment Iowa Code Section 130.7 Iowa Code Section 232.1	Review CPS assessment referral packet: Life of the Case – Case History, 470-4136 CPS Assessment Summary, 470-3240 Safety Assessment/Plan, 470-4132 Family Risk Assessment, 470-4133 Referral for All Social Services, 470-0615 Referral of Client for RTSS, 470-3055 Make additional collateral contacts as needed for further information, clarification of information, or information updates. Be sure to review any available information on prior HHS service involvement.	A review of the <i>Life of the</i> Case – Case History will provide a quick summary of the family and the circumstances leading to HHS involvement. Reviewing the CPS Assessment Summary and Safety Assessment/Plan provides details on why HHS needs to be involved with this family, the safety and risk factors impacting on the child's safety and well-being. A complete desk review of the CPS Assessment Summary provides a solid foundation for ensuring the continuity of HHS' involvement with the family throughout the life of the case.

Engaging the Family

Policy	Procedure	Practice Guidance
Cultural Factors	 Consider cultural factors: Determine if a language barrier exists and take steps to bridge when appropriate. Identify how the family sees itself in relationship to culture, support network, and community. Determine whether child has Indian heritage for all placement cases and document in the <i>C. Child Placement Plan</i>, form 470-3453. Follow Indian Child Welfare Act (ICWA) procedures when affiliation with an Indian tribe is established and document activities. 	Evidence-based practice demonstrates that it is critical to serve the child in the context of their family and the family in the context of their culture, support network, and community. Compliance with the ICWA is required. Completing a genogram with the family is one strategy that has dual benefits of identifying possible Indian heritage, while also identifying possible extended family support systems and placement resources if needed.
Arrange to Meet with the Family	 Arrange a face-to-face meeting with the family: Respect the family's schedule and routine when scheduling. Allow the family to define family membership. Arrange for the transition from the CPW to the SWII, following local service area protocol. 	It is critical to establish, early- on, a respectful and collaborative relationship with the family. Family engagement is not a "one- time" activity but rather an ongoing process of developing and maintaining a mutually beneficial, trust- based relationship that empowers and respects the family. The engagement process should focus on the mutual concern for the safety and well-being of the child. Always be conscious of child safety issues at each contact.

Policy	Procedure	Practice Guidance
Initial Family	Conduct the initial family meeting:	Engage the family in a
Meeting	Explain the case planning process:	manner which allows the family to experience continuity
441 IAC 130.7	 Ensure that the family knows what will happen and when. 	throughout the helping process.
	 Help the family understand the importance of their participation. 	A collaborative relationship with the family is not a linear
	 Explain the process of assessing family strengths and needs. 	process of engagement, assessment, planning and
	 Describe the process of setting goals and action steps. 	implementation, but rather an ongoing, cyclical and dynamic
	Allow the family to share their understanding of:	process. Allow the family to be your
	Why HHS is involved in their life.Their strengths and needs.	"guide" in understanding the experiences of the family,
	Identify with the family their current support systems.	what they value, their goals and aspirations, and what they see as their current
	Building upon information gained through CPS	support system.
	assessment and the information provided by the family, begin to help the family understand:	Facilitate an open and honest discussion regarding the
	Reasons for HHS involvement.	issues that brought the family
	 Strengths and resiliency factors of the family. 	to the agency's attention. Help the family see and understand
	 Areas in which change is necessary to provide for the safety of the child, the well- 	why HHS is involved with them on behalf of their child.
	being of the child and family, and permanency for the child.	The family team meeting approach promotes family
	Determine the appropriateness of planning a family team meeting (see <i>How-Do-I? Guide, Family Team Meeting</i> , RC-0094).	involvement and empowers families to generate a plan that promotes safety and
		engages other members of the family and the community.

Developing the Initial Family Case Plan

Policy	Procedure	Practice Guidance
Prepare for Case Planning	Decide whether each child in the family will have a separate case plan or whether siblings will share a case plan.	The decision to have a separate case plan for each sibling vs. one case plan for all is based on factors such as local practice, judicial preference, and case circumstances. Consult with your supervisor regarding this case plan decision.
Assess Family Strengths and Needs 42 USCA 671(15)(A) 42 USCA 671(a)22 42 USCA 675(1) 42 USCA 675(15) lowa Code Section 232.2(4)	Using the family functioning domain criteria, identify strengths and needs with the family: Encourage the family to share their perspective on their strengths and needs. Facilitate open and honest discussion regarding the issues that brought the family to the agency's attention. Address issues that concern the SWCM that the family may not have addressed. In collaboration with the family, determine priorities: Identify those needs that directly impact the safety of the child. Prioritize in order of importance the areas where a need exists that impacts on the safety of the child, the well-being of the child and family, and permanency for the child. Identify family strengths that may be utilized to mitigate risk and safety concerns.	The family functioning domains provide a common lens through which all involved are able to see the strengths and needs of the family. The use of the domains throughout the life of the case ensures a congruent and consistent approach to assessing strengths and needs and identifying areas in which change is required to provide for child safety, the well-being of the child and family, and permanency for the child. Familiarize yourself with family functioning domains criteria: Child well-being Parental capabilities Family safety Family interaction Environment

Policy	Procedure	Practice Guidance
		The Family Profile Services Decision Support Tool, 470- 4130, can be used to help the worker and family identify the strengths, needs, supports, and resiliency factors of the family.
Safety Planning	Review the initial safety plan and modify it as	The CPS worker may have
42 USCA	needed.	developed an initial safety plan with the family. This plan
671(15)(A)	Continue to review and update the safety plan at family team meetings until all manageable	is modified as needed and
42 USCA 671(a)22	risk of harm is addressed.	incorporated into the work of the family team and
42 USCA 675(1)	Document the safety plan in the <i>B. Family</i>	development or revisions of
42 USCA 675(15)	Case Plan, 470-3453, by ensuring that safety concerns within any domain area are identified	the Family Case Plan throughout the duration of
Iowa Code Section 232.2(4)	and action steps to alleviate these concerns are included.	HHS involvement.
Goals, Services, and Strategies	For each prioritized family functioning domain, develop specific goals to be achieved.	Family participation is critical in the development of goals
42 USCA 671(15)(A)	Identify both formal and informal services and strategies that will assist the family in meeting	that address family needs by building on their strengths.
42 USCA	the goals.	Goals need to:
671(a)22	Document action steps for each goal,	 Address the issues that
42 USCA 675(1)	including:	brought the family to the attention of HHS.
42 USCA 675(15)	■ The person responsible The time frame for initiating and completing	■ Be attainable.
Iowa Code Section 232.2(4)	The action	 Identify the minimal acceptable level of change
441 IAC 185.2	 The criteria for measuring goal progress and achievement 	required.
441 IAC 185.3(1)	Evaluate the need for rehabilitative, non-	■ Drive the plan.
441 IAC 130.7(1)	rehabilitative or supportive services.	Goals should focus on:
		Changes in patterns of behavior.
		 Enhanced development, capacity, and capabilities.

Policy	Procedure	Practice Guidance
		 Improved environmental conditions and support networks.
		 Strengthening coping and resiliency factors.
		 Allow family input as to the method of intervention that they feel would best meet their needs.
Initial Family Case Plan	Complete the Family Case Plan which includes:	The combined <i>Family Case Plan</i> supports the critical effort
42 USCA 675	■ A. Family Plan Face Sheet, 470-3453 (This	of gathering and organizing information gained through
Iowa Code Section 130.7	will be auto-filled from the Life of the Case – Case History.)	contacts and observations, input from the family, and the
Iowa Code	B. Family Plan C. Child Planament Plan (This includes the	input from other professionals
Section 232.2	■ <i>C. Child Placement Plan</i> (This includes the child's permanency goal, which must be	involved with the family.
Iowa Code Section 232.2(4)	documented regardless of whether the child is in placement.)	The combined Family Case Plan provides all involved with
441 IAC 130.7(2)	Placement cases must have a <i>B. Family Plan</i> completed within 45 days of the child's removal.	the case to clearly see what are the strengths of the family and the issues and concerns facing the family that impact
	The Family Case Plan needs to be developed and filed in the case record before services begin unless:	on the safety of the child, well- being of the child and family, and permanency for the child.
	The Department receives judicial notice that services have been court-ordered. Complete the case plan within 45 days from the date you receive notice.	The combined Family Case Plan is HHS' key tool throughout the life of the case for documenting, monitoring,
	 Services are provided for protection and well-being of a child. Complete the case 	and tracking:
	plan within 45 days from the date services begin.	Family strengths and needs.
		 Goals to be obtained to provide for child safety, child and family well-being, and permanency for the child.

Policy	Procedure	Practice Guidance
		 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.
Obtaining Documentation of the Family's	Before finalizing, discuss the Family Case Plan with the family and others involved in the plan:	Iowa's Model of Practice is built on the belief that involving families in the case
Participation in Development of the Family Case Plan	 Review the goals and actions steps. Make modifications to the plan as needed. Affirm agreement with the plan by the participants. 	planning process and supporting their participation in the necessary services and supports will achieve more
42 USCA 671(15)(A)	Document participation in the development of the plan on the signatures and notifications	positive results sooner, with more lasting effects.
42 USCA 671(a)22	page. Note: If the family was not part of the	Reviewing the goals and action step with the
42 USCA 675(1)	development of the plan, document the	participants in the Family Case Plan validates their
42 USCA 675(15)	reason.	input and reinforces the
Iowa Code Section 130.7		importance of each participant's role in creating a safe and nurturing
Iowa Code Section 232.2(4)		environment for the child. This process also supports the
441 IAC 130.7		continuity of services and supports throughout the life of the case and the congruency
		of services and supports among all service providers.

Policy	Procedure	Practice Guidance
Signatures and Notifications Iowa Code Section 130.7	 Finalize and distribute the Family Case Plan: Distribute copies of the plan and obtain signatures on the signatures and notifications page. If any participants are not present for plan finalization, document on the signatures and notifications page the date the plan was sent to them. Set a date to review the plan or any planned meeting to follow up on the plan. 	The signatures and notifications page provides a checklist of who needs to be provided with a copy of the Family Case Plan. Indicate in the date sent column when the Family Case Plan was provided to each appropriate participant in the planning process. If the family was not part of the development of the Family Case Plan, document efforts to provide the family with a copy of it.

Establishing the Permanency Goal

Policy	Procedure	Practice Guidance
Permanency Options and Goal	Based upon the <i>Family Case Plan</i> , consider appropriate permanency options ranked from most permanent to least permanent:	Permanency for a child means the child has a safe, stable, custodial environment
•	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	stable, custodial environment in which to grow up, and a life-long relationship with a nurturing caregiver. The range of permanency options for children and families can be ranked in a hierarchy considering safety, stability, and lasting nurturing relationships. It is critical to engage the family in the establishment of the permanency goal and solicit their input on the viable range of options available. Family team meetings provide an effective vehicle to explore permanency options with the family and consider the family's formal and informal support system necessary to provide for the safety and well-being of the child in the home or upon return to the
		home from out-of-home placement.

Policy	Procedure	Practice Guidance
		Permanency planning and permanency options need to be individualized for each family based upon the findings of the CPS Assessment Summary of the case and the strengths and needs identified in the Family Case Plan. The permanency decision must be made in the context of the child's family. Completing the family functioning domains in the B. Family Case Plan provides a common lens to support the SWCM and the supervisor in considering the most appropriate permanency option.
Permanency Staffing Iowa Code Section 232.2(4) Iowa Code Section 232.102(10)	Consider having a permanency staffing if the family's team: Recommends against filing termination of parental rights (TPR) when a child has been in foster care 15 out of 22 months. Recommends "another planned permanent living arrangement" for the child. Permanency staffing should include: Child guardian ad litem Child's attorney Child's parents Foster care provider Child, if aged ten or older Obtain supervisory approval of permanency goal and document the permanency goal in the C. Child Placement Plan when child is in foster care.	When "another planned permanent living arrangement" is the permanency goal, document the compelling reason and evidence that the arrangement will endure.

Concurrent Planning

Policy	Procedure	Practice Guidance
Concurrent Planning must occur on all foster care cases lowa Code Section 232.2(4)h lowa Code Section 232.102(10) lowa Code Section 232.2(4)	 Concurrent Planning starts at removal with the child protection worker having initial conversations with the family and continues throughout the life of the case. SWCM's should have ongoing conversations with the parents and the children about who are the important people in the children's lives. The goal is to create a network of support, regardless of who is caring for the child. 	Concurrent planning is an evidence-based best practice which is intended to: Strengthen the engagement of families in case planning and decision making to meet the child's needs. Reduce multiple placements. Promote early permanency decision. Decrease length of stay in
		Concurrent planning is a child-focused and family-centered approach to practice that is based on full disclosure, requiring open and honest conversation between HHS and the parents throughout the process of developing and implementing the Family Case Plan. Concurrent planning is an effective tool when used in collaboration with the parents through the Family Focused Meeting or other family engagement mechanisms to expedite permanency.

Policy	Procedure	Practice Guidance
Concurrent Planning in Foster Care Cases	 Use concurrent planning in all foster care cases Incorporate the elements of concurrent planning into the Family Case Plan and in Form 470-0017, Life of the Case Guide. Concurrent Planning will be documented in the Life of the Case Guide throughout the life of the case. The form should continue until permanency is achieved through reunification, placement with other parent, guardianship, APPLA or adoption. 	Concurrent planning promotes the family's understanding that their follow-through and participation in the Family Case Plan will lead to reunification and that if the family does not fulfill the Family Case Plan expectations, termination of parental rights or other alternative permanency for the child will result.
Steps in Concurrent Planning lowa Code Section 232.2(4) lowa Code Section 232.102(10)	Share the Family Case Plan and permanency assessment results with the family, their attorney, the guardian ad litem, and the court and explain: The need for concurrent planning. The importance of family involvement in planning permanency options. The harmful effects of temporary care on the child and the need for permanency. Legal requirements for timely permanency. The parent's rights and the need for parental participation and expectations. Make an immediate search for noncustodial parents and all kin and fictive kin who may be able to commit to reunification or permanency. Develop the Family Case Plan to incorporate the elements of concurrent planning: Identify the central problem that, if corrected, will allow the child to remain in the home or allow for reunification. Identify parental ambivalence and target it through a case plan strategy. Include specific timelines for progress and options if progress is not achieved.	Concurrent planning is intended to engage families early in planning and decision making to meet the child's safety and well-being needs and need for stability and continuity with family relationships. All persons involved in the Family Case Plan need to be aware of and active participants in the concurrent planning process.

Reviewing the Case Plan

Policy	Procedure	Practice Guidance
Timelines for Permanency	For children in foster care who are not likely to be reunified with their family:	
42 USCA 675(5) 45 CFR 1355.20	Conduct a case permanency review no less frequently than every six months.	
Iowa Code Section 232.102	At each review, consider the termination of parental rights.	
441 IAC 130.7(234)	Within 15 days of a decision to terminate parental rights, attempt to obtain a voluntary release of custody from both of the parents.	
	Within 30 days of the decision to terminate parental rights:	
	 Request that the local county attorney's office file the TPR petition. 	
	 Contact the adoption worker to begin adoption planning. 	
Case Plan	Review the Family Case Plan when:	
Review Iowa Code	There is a change in concerns, risk factors or strategies.	
Section 232.2	At a minimum, every six months.	
42 USCA 675	■ Before any judicial or administrative review.	
441 IAC 130.7(4)	 When significant progress on goals has occurred. 	
	Use the review section in the Family Case Plan to document:	
	 Progress and/or barriers to achieving the permanency goal. 	
	When the case is ready to close.	
	If the permanency goal is changed.	
	To show achievement of case plan goals and action steps.	

Transition Planning

Transition Planning Iowa Code Section 232.2(4) 441 IAC 202.9 Family Case Plan is completed for all youth in foster care who are age 16 or older. The transition plan must: ■ Be based upon an assessment of the youth's goals, strengths, and needs. ■ Include specific steps, services, and referrals that will assist the youth in preparing for adulthood. Follow local service area protocol for developing the transition plan and seeking Family Case Plan is completed for all youth in foster care who are age 16 or older. The transition planning process by: ■ Notifying the case mana when transition planning needs to begin for a particular youth. ■ Providing assistance in obtaining a life skills assessment.	Policy	Procedure	Practice Guidance
youth's goals, strengths, and needs. Include specific steps, services, and referrals that will assist the youth in preparing for adulthood. Follow local service area protocol for developing the transition plan and seeking when transition planning needs to begin for a particular youth. Providing assistance in obtaining a life skills assessment.	Transition Planning	Family Case Plan is completed for all youth in foster care who are age 16 or older. The	
If it is likely that the youth will need services from the adult disability system, refer the youth to the Central Point of Coordination of the county where the youth has legal settlement. If it is likely that the youth we be eligible for services as a adult, develop the life skills assessment and transition plan with someone who can be expected to be a service provider, or responsible for	Section 232.2(4)	youth's goals, strengths, and needs. Include specific steps, services, and referrals that will assist the youth in preparing for adulthood. Follow local service area protocol for developing the transition plan and seeking approval from the local Transition Committee. If it is likely that the youth will need services from the adult disability system, refer the youth to the Central Point of Coordination of the	 particular youth. Providing assistance in obtaining a life skills assessment. Offering information regarding resources and services available to the youth. If it is likely that the youth will be eligible for services as an adult, develop the life skills

Safe Case Closure

Policy	Procedure	Practice Guidance
Safe Case Closure	Review and assess the child's safety prior to closing the case:	Conditions for safe case closure help to define "change
	 Consider what specific changes must have occurred in order for the family to function successfully without external intervention or support. Ensure that the goals in the Family Case 	requirements" to be met by the family and to frame a "long-term view" of what it will take for the family to live together safely and
	Plan have been achieved.	successfully, independent of
the abuse of the child, ar	 Ensure that the conditions that resulted in the abuse of the child, and the underlying causes of risk to the child's safety, have 	outside supervision. Safe case closure requirements define:
		Necessary behavioral patterns that must be consistently demonstrated by the caregiver to reunify the family and to conclude external supervision.
		Sustainable conditions and supports (e.g., housing, child care, health care, income, employment) that must be put into place in order to reunify the family and to conclude external supervision.
		Methods and timetables for measuring behavioral changes, sustainable conditions, and supports (how we will "know when we are done").