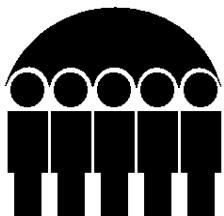


May 4, 2007

Employees' Manual
Title 17
Chapter C(1)

CHILD WELFARE
**CASE PLANNING
PROCEDURES**



Iowa
Department
of
Human Services

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Life of the Case Phase: Case Planning

Case planning for child welfare is focused on achieving the following outcomes for children and families:

- ◆ **Safety:**
 - Children are, first and foremost, protected from abuse and neglect.
 - Children are safely maintained in their homes whenever possible.
- ◆ **Permanency:**
 - Children have permanency and stability in their living situations.
 - The continuity of family relationships and connections is preserved for children.
- ◆ **Child and family well-being:**
 - Families have enhanced capacity to provide for their children's needs.
 - Children receive appropriate services to meet their educational needs.
 - Children receive adequate services to meet physical and mental health needs.

Link to [Legal Basis](#)

Link to [Definitions](#)

Case Planning Outcomes

- Child safety
- Child and family well-being
- Permanency for the child
- Appropriate type, level, and intensity of DHS services and placement
- Active family participation

Case Planning Decisions

- Type, level, and intensity of services

Case Planning Criteria

- Allegation findings
- Safety factors
- Risk factors
- Capacity and needs of child and parents

Scope of Chapter

This chapter describes state procedures for Department service workers who perform the case planning process for child welfare services. The organization of the policy and procedures chapters is aligned. For some topics in the procedures, there are no associated laws, rules, or Department-required policies.

Unless otherwise specified, links to “Policy” in this chapter refer to Chapter 17-C, which summarizes the essence of the associated laws, rules, and Department-required practice for the case planning procedures of a child welfare case.

Unless otherwise specified, links to “Practice Guidance” in this chapter refer to Chapter 17-C(2), which provides background information to supports the procedures or policy and the clinical or programmatic rationale for the actions that are required.

Engaging the Family

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [How-Do-I? Guide: Case Planning](#)

During case planning, engage with the family to:

- ◆ Identify strengths and needs,
- ◆ Establish goals and strategies, and
- ◆ Determine what services are necessary to support the family in meeting their goals.

Engagement with families is essential to the development of a trusting relationship. Engaging with families is an ongoing process throughout the life of the case. With each family contact, engage family members around issues of mutual concern.

- ◆ Always treat families with respect, empathy, and authenticity.
- ◆ Be sensitive and responsive to cultural issues, customs, and practices.
- ◆ Use the [Family Functioning Domain Criteria, form 470-4138](#), as a tool for helping the family to articulate their strengths, needs, and concerns.

Preparing for Case Planning

1. Review all available intake and assessment materials to familiarize yourself with the family's strengths, needs, and current situation. This information may include, but is not limited to the following:
 - ◆ Life of the Case – Case History
 - ◆ [Child Protective Services Assessment Summary, form 470-3240](#)
 - ◆ [CINA Services Assessment Summary, form 470-4135](#)
 - ◆ [Safety Assessment, form 470-4132](#)
 - ◆ [Safety Plan, form 470-4461](#)
 - ◆ [Family Risk Assessment, form 470-4133](#)
 - ◆ [Family Functioning Domain Criteria, form 470-4138](#)
 - ◆ Any previous Department service records
2. Consider whether there are collateral sources that should be contacted, and make collateral contacts as needed for additional information, clarification, or updates of information.
3. Consider the impact of cultural factors:
 - ◆ Determine if a language barrier exists and take steps to bridge it when necessary.
 - ◆ Consider how the family sees itself in relationship to culture, support networks, and community.
 - ◆ Determine whether a child has Mexican citizenship and involve the Mexican Consulate when appropriate. See [Case Planning for Children With Mexican Citizenship](#).
 - ◆ Determine whether child has Indian heritage and involve the child's tribe when appropriate. See [Case Planning for Native American Children](#).
4. Arrange a face-to-face meeting with the family:
 - ◆ Whenever possible, the initial family meeting should take place in the family's home. However, consider worker safety when making a decision regarding the setting for the initial family meeting.
 - ◆ Respect the family's schedule and routine when scheduling the meeting.
 - ◆ Allow the family to define the family membership and determine whom they will invite to the initial family meeting.

Gathering Information

Link to [domestic violence](#) information and procedures

Link to [substance abuse](#) information and procedures

Gathering information about the child and family is the beginning of case assessment and treatment planning. In assessing children and gathering information, your primary consideration must be:

- ◆ Ensuring safety and protection for the child and the community, and
 - ◆ Beginning the planning for services to:
 - Improve child and family functioning.
 - Prevent placement or reunite the family if placement has already occurred.
 - Provide most effectively for a planned, permanent living environment for the child.
1. Collect and review information on the child and family, including:
- ◆ Documented risk factors and stress levels
 - ◆ Nature, circumstances, and seriousness of problems
 - ◆ Attitude and ability to protect and support the children
 - ◆ Existing strengths
 - ◆ Parenting education needs
 - ◆ Family's involvement in community support systems
 - ◆ Behavioral health care needs of the child
 - ◆ Emotional, educational, medical, and legal conditions affecting stability
 - ◆ Level of services necessary to protect the child and preserve the family
 - ◆ Family's attitude toward services, including any prior service experiences
 - ◆ Impact of extended family and informal systems on child and family functioning

2. Obtain additional information using [*Consent to Obtain and Release Information, form 470-0429*](#), or from Department records. Obtain information in a variety of ways. Sources may include:
 - ◆ Family interviews and family team meetings
 - ◆ Observation of the child and family members at home and in the community
 - ◆ Collateral contacts with other agencies involved with the family
 - ◆ Interviews with extended family members and non-custodial parents
 - ◆ Written materials such as school, medical, psychiatric, and psychological reports and case records

Conducting the Initial Meeting With the Family

Link to [Practice Guidance](#)

1. At the initial family meeting, begin to establish rapport and set the tone for your working relationship with the family.
 - ◆ Explain the case planning process.
 - ◆ Ensure that the family knows what will happen and when.
 - ◆ Help the family understand the importance of their participation.
 - ◆ Explain the process of assessing family strengths and needs.
 - ◆ Describe the process of setting goals and action steps.
2. Building upon the information gained through the assessment process and information provided by the family, facilitate an open and honest discussion regarding the issues that brought the family to the agency's attention:
 - ◆ Allow the family to share their understanding of why the Department is involved in their lives.
 - ◆ Address issues of concern that the assessment worker may not have addressed.
 - ◆ Address areas in which change is necessary to provide for the safety, well-being, and permanency of the child.

3. Begin to identify strengths and needs with the family:
 - ◆ Using the [Family Functioning Domain Criteria, form 470-4138](#), begin exploring family strengths and needs in each of the five domains:
 - Child well-being
 - Parental capabilities
 - Family safety
 - Family interactions
 - Home environment
 - ◆ Explain that this assessment lays the basis for planning services.
 - ◆ Encourage the family to share their perspective on strengths and needs.
 - ◆ Help the family identify their current support systems.
4. Determine the appropriateness of planning a [family team meeting](#). The Department is committed to using the family team meeting approach in both developing and reviewing case plans.

The family team meeting promotes family involvement and empowers families to come together to generate a plan that first promotes safety and then works to engage other members of the family, and community.

This approach includes various types of family team meetings, such as family unity and family group conferencing, that have been demonstrated to be effective in the decision making process for families, extended family, community participants, services providers and legal representatives.

Informed Consent

1. Discuss informed consent with the child and family as a first step in the service application process.
2. Make the child and family aware of choices related to their situation at the time of Department involvement.
3. Document in your narrative:
 - ◆ Who participated in the discussion of informed consent and
 - ◆ How you determined that the child and family understood their rights.

Mediation

Link to [Practice Guidance](#)

1. Consider involving a trained mediator to support the family in finding solutions that are in the interest of their children when there is a dispute or a planning need.
2. Where appropriate and available in your area, use a trained mediator to engage the family in the mediation process. (NOTE: Part or all of a "memorandum of understanding" developed during mediation may be incorporated into the final court decree.)

Assessing Child Safety and Risk

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [Safety Elements](#)

A thorough and accurate assessment of safety and risk throughout the life of the case are key to assuring safety. "Safety" refers to present or impending danger from maltreatment and signals a need for immediate action.

A "safety assessment" is a tool to evaluate the safety of a child. The safety assessment is a decision-making and documentation process that evaluates safety threats, present danger, child vulnerability, and family protective capacities to determine the safety response. Safety assessment is an ongoing process, rather than a one-time event

1. Look at child safety through the life of the case using three constructs:
 - ◆ [Threats of maltreatment](#)
 - ◆ [Child vulnerability](#)
 - ◆ [Caretaker's protective capacities](#)

2. Conduct a safety assessment at the following critical junctures throughout the course of the Department's involvement with the family:
 - ◆ Within 24 hours of first contact with child during a child protective assessment
 - ◆ At completion of the child protective assessment
 - ◆ Whenever circumstances suggest the child is in an unsafe situation
 - ◆ Before the decision to recommend unsupervised visitation
 - ◆ Before the decision to recommend reunification
 - ◆ Before the decision to recommend closure of protective services
3. Complete an initial safety assessment with family participation regarding the immediate safety of the child or children.
 - ◆ Document this assessment on form [Safety Assessment, form 470-4132](#), by indicating the presence or absence of signs of [present danger](#) or [impending danger](#). Use [Safety Assessment Guidance, RC-0104](#), to guide the completion of the safety assessment. Document the date and time the safety assessment was completed.
 - ◆ Describe the [threats of maltreatment](#) that are present at this time (i.e., aggravating factors that combine to produce a potential dangerous situation).
 - ◆ Describe the [child's vulnerability](#) to maltreatment (i.e., the degree that a child cannot on the child's own avoid, negate, or minimize the impact of present or impending danger).
 - ◆ Describe the [caretaker's protective capacities](#) (i.e., the family strengths, or resources that reduce, control or prevent threats of maltreatment from arising as well as factors and deficiencies that have a negative impact on child safety).
4. All safety assessments require supervisory consultation. Consult with your supervisor regarding your assessment of the child's safety and the safety plan. Document the date, time, and manner of consultation on the safety assessment form.
5. Make a safety decision and document it on the *Safety Assessment*. Determine whether the child is:
 - ◆ [Safe](#)
 - ◆ [Unsafe](#)
 - ◆ [Conditionally safe](#)

6. If the child is **unsafe**, removal sanctioned by court order or voluntary agreement for foster care placement is the only controlling safety intervention possible. For additional information about emergency removal, see 17-B(1), [Emergency Removal and Reasonable Efforts](#).

Do a safety assessment for visitation supervision if the child is removed from parental care while the child abuse assessment is open and the case has not yet been transitioned to the social worker case manager.

7. If the child is **conditionally safe**, initiate controlling safety interventions. These may include the parent arranging informal temporary care of the child. A safety plan is required. See [Developing a Safety Plan](#).
8. Repeat the safety assessment whenever circumstances suggest the child is in an unsafe situation.

If the child is determined to be conditionally safe or unsafe at anytime during the life of a case use professional judgment in deciding if the child is imminently likely to abuse or neglect. Refer the information to the county attorney if a CINA adjudication or removal order or other court action is necessary to protect the child.

Developing a Safety Plan

Link to [Policy](#)

Link to [Practice Guidance](#)

When a safety assessment decision is that the child is conditionally safe, develop a safety plan with the primary caretaker responsible for the safety of the child, using form [470-4461, Safety Plan](#).

1. Consider reasonable efforts to prevent placement. See 17-B(1), [Emergency Removal and Reasonable Efforts](#).
2. Identify each specific sign of present or impending danger.
3. Document the actions taken or services initiated to address how:
 - ◆ Behaviors associated with each safety factor will be controlled.
 - ◆ Conditions associated with each safety factor will be controlled.
 - ◆ Circumstances associated with each safety factor will be controlled.
4. Determine and document the tasks to be performed. Describe:
 - ◆ What tasks will be performed.
 - ◆ Who will perform the task.
 - ◆ How frequently the task will be performed.
 - ◆ How the task will control each specific sign of present or impending danger.
5. Identify a back-up plan.
6. Determine the duration of the safety plan and how the safety plan will be monitored.

7. Document family agreement with the safety plan. Obtain signatures of:
 - ◆ The primary caretaker responsible for the safety of the child.
 - ◆ Persons directly involved in implementing or monitoring the safety plan.
8. Obtain supervisory approval of the *Safety Plan*.
9. Provide the family a copy of form 470-4461, *Safety Plan*.

Planning for Safe Case Closure

When doing permanency planning with the family team, consider and understand what specific changes must occur in order for the family to function successfully without external intervention or support.

1. Develop protective provisions that must be put into place to keep people in the home safe.
2. Specify behavioral patterns that must be acquired and then adequately, consistently demonstrated by the caregiver to preserve or reunify a family and to maintain family stability and daily functioning.
3. Develop recovery and relapse prevention plans, advance care directives, safety plans with response capacities that must be put in place and work reliably.
4. Identify or develop sustainable family supports (such as housing, health care, adequate supervision) that will preserve and sustain the family following case closure.
5. Seek resolution of legal issues and court requirements (such as court orders, guardianship, adoption) that must be achieved before family independence, case closure, and permanency can occur.
6. Establish measures and schedules for determining progress, outcomes, and satisfaction of case closure requirements. These elements define for the family, practitioners, and providers, "how we will know what's working and when we're done."

NOTE: A formal safety assessment is required before case closure, along with an assessment of whether:

- ◆ the family can manage remaining risks;
- ◆ The child's needs for permanency and stability have been addressed; and
- ◆ Any well-being issues that brought the child to the Department's attention have been resolved.

Planning for Permanency

Link to [Policy](#)

Link to [Practice Guidance](#)

Both federal and state statutes stress the necessity for state child welfare agencies to make [reasonable efforts](#) to:

- ◆ Eliminate the need for removal of children from their homes,
- ◆ Reunify children with their families after out-of-home placement, and
- ◆ Arrange and finalize a new permanent home for a child when reunification is no longer a possibility.

Permanency options, ranked from the most permanent to the least permanent, are:

- ◆ 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 others as legal guardians.
- ◆ Children are safely placed in another planned alternative permanent living arrangement.

Assessing the Need for Placement

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [Out-of-Home Placement Procedures](#)

Assessment for placement decisions is required in three situations:

- ◆ For new emergency removals, the first step is making the placement. Workers usually do not have an adequate opportunity to assess the situation in advance. Assessment is done during the emergency placement before the decision to extend the placement.

- ◆ For new nonemergency removals, it is usually possible to complete the assessment before placement. Make a careful determination as to whether placement is necessary.
- ◆ For ongoing cases, assessment is part of the case planning and review process. Progress towards achieving the permanency goal in a timely manner must be documented in the case plan.

NOTE: The following procedures refer to nonemergency removals. For additional information about emergency removals, see [CPS Assessment Procedures: Emergency Removal and Reasonable Efforts](#).

1. Review the "Child Well Being" domains in the [Family Case Plan](#) to assess the following areas that can affect child placement decisions:
 - ◆ Child's mental health strengths and needs
 - ◆ Child's behavioral strengths and needs
 - ◆ Child's school performance
 - ◆ Child's relationship with caretaker
 - ◆ Child's relationships with peers
 - ◆ Child's relationships with siblings
 - ◆ Child's motivation to maintain connections with the family and cooperate in maintaining the family
2. Review information about family concerns and the identified risk factors to the child in the other four domains (parental capabilities, family interactions, family safety, and home environment) that can have an impact on child placement decisions.
 - ◆ What are the reasons for the Department's involvement?
 - ◆ Does the family understand the reasons for the Department's involvement, and does the family agree with them?
 - ◆ Is the child's mental, physical, or emotional health threatened by being in the home?
3. If placement is necessary to maintain the child's mental, physical, or emotional health, determine what [type of placement](#) best fits the child's needs.

4. Determine whether the Department can provide the needed services:
 - ◆ Does placement with a family member meet safety standards?
See [Relative Placement](#)?
 - ◆ Is the child eligible for foster care services? (See [Eligibility for Foster Care](#).)
5. Determine the legal action necessary to obtain authority to make the placement and complete the necessary procedures.
 - ◆ For state-paid foster care, see [Legal Status Requirements](#).
 - ◆ If the placement is outside of Iowa, follow procedures required by the [Interstate Compact on the Placement of Children](#).
 - ◆ If the child has Native American heritage, also see [Case Planning for Native American Children](#).
 - ◆ If the child has Mexican citizenship, also see [Case Planning for Children With Mexican Citizenship](#).
6. Complete a written social history for each child entering foster care using form [470-3615, Background Report Part 1](#).
 - ◆ When another Department worker or a worker from another agency has done a social history, you only need to update the *Background Report*.
 - ◆ Attach school reports and medical reports.
 - ◆ Do not include HIV information.
7. Review the *Background Report* annually and update it as needed.

Establishing the Permanency Goal

Link to [Practice Guidance](#)

1. Establish an appropriate permanency goal that matches the child's need for permanency and circumstances of the case. You must establish an appropriate permanency goal for the child and specify it in the case plan within **60 days** of the child's placement in foster care. Two concurrent permanency goals may be established and identified in the case plan.

Consider the factors that the family team considered in deciding on the permanency goal and document whether all of the relevant factors were evaluated.

Select the permanency goal for the child from the following:

- ◆ Remain in the home
- ◆ Return child to the home
- ◆ Transfer custody to the other parent
- ◆ Adoption
- ◆ Transfer custody or guardianship to relative
- ◆ Transfer custody and guardianship to suitable person
- ◆ Another planned permanent living arrangement

NOTE: Reunification is not an allowable permanency goal when there are [aggravated circumstances](#) in the family situation.

Obtain supervisory approval of the permanency goal.

2. **Review** the appropriateness of the permanency goal at least every six months at the time of the case review. Document in the case plan:
 - ◆ Your [reasonable efforts](#) to provide to the family the services necessary for the safe return of the child to the child's home.
 - ◆ Progress towards achieving the permanency goal in a timely manner.
 - ◆ Child-specific recruitment efforts made to facilitate a timely and orderly in-state or interstate permanency placement.
3. **File** or join in a petition for termination of parental rights when the child has been in foster care for at least [15 of the most recent 22 months](#). The "count" begins with the earlier of:
 - ◆ The date of the judicial finding of child abuse and neglect (usually the adjudicatory hearing), or
 - ◆ 60 days after the child's removal from the home and placement in a substitute care setting.

Unless an exception applies, evidence of the petition for termination of parental rights must be maintained in the case file. Any "exception" for filing for termination of parental rights must be specified in the case file.

Exceptions to the requirement on termination of parental rights include the following:

- ◆ A relative is caring for the child.
- ◆ The case plan documents a [compelling reason](#) that termination of parental rights would not be in the best interest of the child.
- ◆ A limited extension of time is justified to allow the Department to provide the child's family the services deemed necessary for the child's safe return home, consistent with the time frames set in the case plan.

For children whose goal is changed from reunification to adoption, consider the guidelines established by the federal Adoption and Safe Families Act (ASFA) on seeking termination of parental rights, which might affect the timeline for permanency actions.

"Another planned permanent living arrangement" refers to a situation in which the Department maintains care and custody responsibilities for the child, but places the child in a setting in which the child is expected to remain until adulthood, such as:

- ◆ With foster parents who have made a commitment to care for the child permanently,
- ◆ With relatives who have made a commitment to care for the child permanently, or
- ◆ In a residential facility (for children with developmental disabilities who require residential care, for example).

When another planned permanent living arrangement is established, document a thorough consideration of other permanency goals and the reasons they are not appropriate for the child.

In the permanency goal narrative, document for the court the case-specific justification (compelling reasons) that reunification, adoption, guardianship, or placement in the custody of a suitable person are not viable options for the child. If there is not a court order that acknowledges the exception, document the exception in the case plan.

Timelines for Permanency

Permanency time lines are established by judicial review. Follow these time lines for children in foster care who are not likely to be reunified with their family:

1. Determine the [time frames for required case activity](#) based upon the date the child is physically removed from the home.
2. Document permanency planning in case permanency plans or by obtaining a copy of the court order.
3. When a child is in foster care placement, a case review of the status of the child must be conducted no less frequently than once every six months. There are three options for case permanency review:
 - ◆ Court hearing
 - ◆ Foster care review board review
 - ◆ DHS administrative review
4. Every six months, consider whether the child meets the conditions for termination of parental rights. Request the termination of the parent-child relationship and parental rights with respect to the child if:
 - ◆ A court has determined aggravated circumstances exist and has waived reasonable efforts;
 - ◆ The child is less than 12 months of age and is abandoned;
 - ◆ The parent has been convicted of the murder, voluntary manslaughter, of another child of the parent;
 - ◆ The parent is convicted of felony assault that resulted in serious bodily injury of the child or another child of the parent; or
 - ◆ The child has been placed in foster care 15 of the most recent 22 months.

Document in the case record the decision whether to:

- ◆ Request termination of parental rights, or
- ◆ Pursue another option developed in the concurrent plan.

5. Within 15 days of a decision to pursue termination of parental rights, attempt to obtain a voluntary release of custody from both of the child's parents, if determined appropriate in consultation with the supervisor and the local county attorney.
6. Within 30 days of the decision to pursue termination of parental rights:
 - ◆ Send to the county attorney's office a written request for the filing of a termination of parental rights petition. Include the necessary supporting documents.
 - ◆ Contact the adoption worker to begin adoption planning.
7. If the county attorney's office declines to seek termination of parental rights, within 15 working days of receiving notice, seek explanation for the decision and resolution of the dispute.

If the county attorney's office still declines to seek termination of parental rights, and you and your supervisor believe termination of parental rights is appropriate, refer the case to the Attorney General's Office for review.

8. Once an order is filed terminating parental rights:
 - ◆ Update the child's *Background Report* ([Part 1](#) and [Part 2](#)) within 30 days.
 - ◆ Transfer the child's case to the adoption worker as soon as possible, but no later than 45 days from the date of the order.

Concurrent Planning for Children in Placement

Link to [Practice Guidance](#)

1. Consider whether to use concurrent planning in expediting permanency for a child in placement. Use concurrent planning in all foster care cases **except** when:
 - ◆ There is a good prognosis for rehabilitation and the child is expected to return home within the first six months of placement. Indicators of good prognosis include:
 - Positive parent-child relationship
 - Strong family support systems
 - Demonstration of a stable, consistent parental history and functioning
 - ◆ At the six-month case review, progress is being made and the child's return home is expected within 30 days.
 - ◆ Reasonable efforts to reunify the child with the parents have been waived due to [aggravated circumstances](#).

Use concurrent planning when your assessment indicates that there is a **poor** prognosis for the child's return home within the first six months of placement. Consider if any of the following factors that suggest a poor prognosis for reunification are present, indicating that concurrent planning may be necessary:

- ◆ Serious abuse or significant neglect.
- ◆ Parental ambivalence.
- ◆ Significant child welfare service history.
- ◆ Unstable, inconsistent parental history and functioning, including:
 - Previous lack of response to treatment and services, and
 - Substance abuse, mental health, and domestic violence history.

2. When your assessment indicates the need for concurrent planning, share the assessment results with the family, the family's attorney, the guardian ad litem, the court-appointed special advocate, and the court. Be open and honest in explaining:
 - ◆ The need for concurrent planning;
 - ◆ The importance of family involvement in planning permanency options;
 - ◆ The harmful effects of temporary care on the child;
 - ◆ The child's need for a stable, caring, and permanent family;
 - ◆ The legal requirements for timely permanency;
 - ◆ The urgency of reunification; and
 - ◆ The birth parents' rights and responsibilities, including:
 - The expectations of the court and the Department, and
 - The effect of parental inaction, disappearance, or lack of progress.
3. Make an immediate search for noncustodial parents and any kin who are potentially able to commit to reunification or permanency. See [Relative Placements](#).
 - ◆ Identify family resources for potential permanent placement options.
 - ◆ Identify alleged and legal fathers and search for them.
 - ◆ Verify that a determination of Native American status has been made, and ensure that [Indian Child Welfare Act](#) requirements have been followed.
 - ◆ Document your search for relative placement options in the case notes.
4. Develop the case plan to incorporate the elements of concurrent planning:
 - ◆ Document the family team definition of the central problem. This is the condition that if corrected will allow the child to remain home safely or will allow reunification.

- ◆ Identify parental ambivalence and indecision, so that these issues can be targeted through your case plan strategies and action steps.
 - ◆ Include explicit timelines for progress and concurrent permanency options if progress is not achieved.
 - ◆ Identify concurrent permanency planning, goals, action steps, and timelines in the "Child Placement Plan," Part C of the [Family Case Plan, form 470-3453](#).
5. Share Part B of the *Family Case Plan*, form 470-3453, and permanency assessment results with the family, the family's attorney, the guardian ad litem, and the court. 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,
 - ◆ The legal requirements for timely permanency, and
 - ◆ The parent's rights and the need for parental participation.
6. Assess the effectiveness of the case plan no later than 90 days after implementing concurrent planning.
- ◆ Meet frequently with the treatment team to:
 - Review progress,
 - Address differences,
 - Determine when reunification should occur, and
 - Diligently move towards achievement of the alternative permanency plan when appropriate
 - ◆ Initiate discussions regarding an early review hearing or permanency hearing at any appropriate point in the case. (Iowa law and policy support achieving permanence for children within 12 months.)

Transition Planning for Youth in Placement

Link to [Policy](#)

Link to [Practice Guidance](#)

NOTE: Transition planning is available upon request to youth who have exited foster care at age 16 or over to be adopted or go into subsidized guardianship. For youth between the ages of 18 and 21, the aftercare program contractor is responsible for addressing requests and tracking.

For youth under 18 years of age, the transition planning specialist covering the area where the youth lives is responsible for addressing and tracking requests, services, supports, and referrals; a formal case will not be opened. The transition planning specialist will be available to provide ongoing consultation in the transition planning process.

1. The transition planning specialist will notify you that transition planning needs to begin for a particular youth based on the child's age.
2. Complete form [470-3185, Referral Guide for Transition Planning](#), and send it to the transition planning specialist.
3. Ensure that a transition assessment is completed for all youth ages 16 or older in foster care. Request the involvement of the youth and the caretaker. The transition planning specialist will be available to provide assistance in obtaining a life skills assessment.
4. Follow the local service area protocol for developing the transition plan and seeking approval for the plan from the local transition committee.

Develop the transition plan in collaboration with a youth-centered team with the youth present. Address transition needs in team meetings or in specific transition staffings.

5. If it is likely that a youth will be eligible for mental health or disability services as an adult:
 - ◆ Request participation in developing the transition plan from any person who is likely to be involved when the youth becomes an adult as:
 - A service provider; or
 - Responsible for the costs of services.

- ◆ Complete the [legal settlement worksheet](#) to verify and document that the county has responsibility for funding adult services to a particular youth.
- ◆ Refer the youth to the central point of coordination of the county where it is believed the youth has legal settlement. NOTE: One county may fund the service while another county provides the service.

6. The transition plan must:

- ◆ Honor the goals and concerns of the youth.
- ◆ Address areas of need to facilitate successful transition to adulthood.
- ◆ Assign responsibility to ensure that appropriate referrals are made and supports are in place before the youth's discharge from care.
- ◆ Include specific steps, services, and referrals that will assist the youth in preparing for adulthood.
 - If the youth wants to pursue higher education, the plan must 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 must specifically identify how the youth's need for housing will be addressed.

The transition planning specialist can provide information regarding resources and services available to the youth. Consider services such as:

- [Iowa Aftercare Services Network \(ASN\)](#)
- [Medicaid for Young Adults \(MIYA\)](#)
- [Preparation for Adult Living \(PAL\)](#)
- [Food Assistance](#)
- [Housing and Urban Development \(HUD\)/Section 8](#)
- [Iowa Workforce Development](#)
- [College resources](#)
- [Job Corps](#)
- [County mental health and developmental disability services](#)
- [Vocational rehabilitation](#)
- [Alcoholics Anonymous](#)
- [Narcotics Anonymous](#)
- [Legal Aid](#)
- [Legal guardianship](#)
- [Social Security Advocacy Project](#)

7. Ensure that the transition plan section of the case plan is completed for all youth in foster care aged 16 or older and upon request to youth who have exited foster care at age 16 or older be adopted or to go into subsidized guardianship. For youth in foster care, transition plans are required:
 - ◆ At each case review;
 - ◆ During the 90-calendar-day period immediately before the youth's 18th birthday;
 - ◆ During the 90-calendar-day period immediately before the date the youth is expected to leave foster care, if the youth remains in foster care after reaching age 18;
 - ◆ More frequently as appropriate or at the request of the youth.

8. Before the child 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.

Indicate the transition committee's review and approval of the transition plan in the case permanency plan.

9. Provide 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. This shall include the most recent information available regarding:
 - ◆ The names and addresses of the youth's health and educational providers,
 - ◆ The youth's school record,
 - ◆ A record of the youth's immunizations,
 - ◆ The youth's known medical problems,
 - ◆ The youth's medications, and
 - ◆ Any other relevant health and education information about the youth.

10. Obtain a certified copy of the youth's birth certificate and provide it to the youth on or before the youth's 18th birthday, using:
 - ◆ Form 470-4567, *Birth Certificate Request*, and
 - ◆ Form 588-0225VR, *Application for Search for an Iowa Record*.

See 17-Appendix, [Birth Certificate Request](#), for instructions for both forms. The state or county registrar will waive the fee for one certified copy of the birth certificate, so there is no charge to the youth or the Department.

You may keep the birth certificate in the case file and provide to the youth when the youth reaches age 18 or provide it to the youth or responsible adult or agency at your discretion.

11. Facilitate the youth obtaining a federal social security card before the youth reaches age 18. Assist the youth in completing form SS-5, *Application for Social Security Card*. This form can be found at:
<http://www.socialsecurity.gov/online/ss-5.html>.

To find a Social Security Administration office near you:

- ◆ Visit the Social Security Administration web site:
<http://www.socialsecurity.gov/>, or
- ◆ Call the Social Security Administration customer service toll-free number:
1-800-772-1213.

Developing the Initial Case Plan

Link to [Policy](#)

Link to [Practice Guidance](#)

Review all available intake, assessment materials, and the safety plan, when applicable, and develop a case plan in partnership with the family that includes a description of:

- ◆ A plan to keep children safe
 - ◆ Individual family strengths, supports, and needs
 - ◆ How the strengths and family supports can assist the family in self-directed change
 - ◆ How the Department and others will assist the family in overcoming the needs
1. In consultation with the supervisor, decide whether each child in a family will have a separate case plan or the siblings will share a case plan. The decision may be based on factors such as judicial preference, local practice, and individual case circumstances.

NOTE: If services to more than one child are provided in a "sibling group" case permanency plan, you must address and document the needs of each child.

2. Determine the time line for the case planning process. Plan what steps need to occur to meet the 60-day deadline for case plan development and any scheduled court hearings.

3. Document the case planning process, including:
 - ◆ The results of the safety assessment and the actions or services in the safety plan, when applicable.
 - ◆ The risk factors within any of the five domains that threaten the child's safety, identifying:
 - Strategies to decrease or control manageable risk and protect the child;
 - Specific informal and formal supports that will assist the family in providing for the safety, well-being, and permanency of the child; and
 - The specific responsibilities and action steps that family members, providers, yourself, and others will take to protect the child.

Case planning must be directed toward [safe case closure](#). Safe case closure requires alleviating or mitigating those conditions that resulted in the abuse of the child and underlying causes of foreseeable risk to the safety of the child. Safe case closure includes achieving the goals that address safety in the case plan.

4. If the child is residing with the parents, consider and document in the case plan whether the child would be at "imminent risk of removal" if the family declined or terminated in-home services. If DHS would ask the juvenile court to remove the child from the home if the family declined or terminated in-home services, the child is eligible for federal Title IV-E funding as a "candidate for foster care."
5. Compile the recommendations from the [Child Protective Services Assessment Summary](#) and the safety plan developed with the family, when applicable. These recommendations and strategies serve as the interim case plan until the full plan is completed.

Identifying Strengths and Needs

1. Use the "family functioning domain" section of the case plan to identify the family's strengths and needs:
 - ◆ Review each family functioning domain and its related subcategories.
 - ◆ Identify key family functioning domains that affect the safety, well-being, and permanency of the child, based upon:
 - Input from the family,
 - Collateral contacts,
 - Observations, and
 - Input from other professionals working with the family.

2. Document the resulting assessment in the “family functioning domain” section of the case plan.
 - ◆ For each domain identified as critical, provide a brief narrative summary of the family’s overall functioning and its impact on safety, well-being, and permanency.
 - ◆ Specifically note any safety factors that were identified in the [Safety Assessment, form 470-4132](#), and link each relevant safety factor to the applicable family functioning domain. (For example, list any risks present in the family’s dwelling in the “home environment” domain.)
3. In collaboration with the family, determine priorities:
 - ◆ Identify those needs that directly affect the safety of the child.
 - ◆ Prioritize the areas where a need affects the safety, well-being, and permanency of the child.
 - ◆ Identify family strengths that may mitigate risk and safety concerns.

Crisis Planning

Crisis planning is different from safety planning, although there may be overlaps. The crisis plan addresses what could go wrong with the strategies in the case plan and identifies a contingency plan. The safety plan addresses the immediate threats and identifies a strategy for controlling them.

Crisis planning answers the questions: “What actions or response would be required if some part of the plan breaks down and a crisis occurs?” and “What could go wrong?” In order to identify and predict contingencies:

1. Identify with the child and family team what their “worst case scenario” might be. Identify major things that could go wrong with the family. Explore examples of what happened in the past before a crisis occurred. This provides precedents to look for when it is about to occur again.
2. Help the family team brainstorm about what they may do to prevent a possible crisis. List action steps to prevent or respond to a crises that may develop, including contingency responses and who will do what.
3. Ensure that the crisis plan is incorporated into the family case plan.

Goals, Services, and Strategies

1. Using the case plan form, establish case plan goals in collaboration with the family. For each prioritized family functioning domain, develop and document specific goals to be achieved to ensure safety, well-being, and permanency.
2. Evaluate the need for services to meet the assessed needs of the family and child. For children in placement, evaluate the [stability](#) of the child's placement. Remember that planning for the safety of the child should be of paramount concern in every step of case planning.
3. Identify both formal and informal services and strategies that will assist the family in meeting the identified goals and:
 - ◆ Build upon the family's strengths.
 - ◆ Address the issues and needs of the family.
 - ◆ Control identified risks.
 - ◆ Support the achievement of the case plan goals.
 - ◆ Provide for positive case outcomes.

NOTE: Click here for additional information on the following services available through the Department.

- ◆ [Family-centered services](#)
 - ◆ [Placement services](#)
 - ◆ [Medicaid-funded services](#)
4. For each goal, identify and document the action steps and responsibilities necessary to implement the services and strategies. The action steps should clearly identify:
 - ◆ Who is responsible for each step,
 - ◆ The time frame for initiating and completing the action, and
 - ◆ The criteria for measuring goal progress and achievement.
 5. When services are not available, document the lack of availability in the case plan.

Completing the Case Plan

Complete the case plan documentation. The [Family Case Plan, form 470-3453 or 470-3453\(S\)](#), includes:

- ◆ *Part A, Face Sheet*, which is automatically completed from data on the Life of the Case – Case History screen.
- ◆ *Part B, Family Plan*, which must be completed within 45 days of the child's removal for placement cases.
- ◆ *Part C, Child Placement Plan*, which contains the permanency goal and concurrent goals and must be completed whether or not the child is placed.
NOTE: For a child in placement, this section must contain the most recent information available regarding the health and education records of the child.

Develop the case plan and file it in the case record before services begin unless:

- ◆ The Department receives judicial notice that services have been court-ordered. Complete the case plan within 45 days from the date you receive notice.
- ◆ Services are provided for the protection and well being of a child. Complete the case plan within 45 days from the date services provided through the Department begin, unless:
 - Services are court-ordered, or
 - Immediate provision of services is necessary for the protection and well being of the child.

Documenting Family Participation in Case Plan Development

1. Review the plan and the process that led to the development of the plan with the family and others involved in the plan.
2. Review in detail the identified goals and action steps.
3. Make modifications to the plan that may be appropriate and acceptable.
4. Affirm development of the plan by the participants:
 - ◆ Document participation in the development of the case plan on the "Signature and Notifications" page.
 - ◆ If the family was not part of the development of the case plan, document the reason in this section.

Use the case plan review section to document:

- ◆ Progress and barriers to achieving the permanency goal.
- ◆ When the case is ready to close.
- ◆ If the permanency goal is changed.
- ◆ To show achievement of desired results and case plan action steps.

Reviewing the Case Plan

Link to [Policy](#)

Review the case plan 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 family team has determined significant progress has occurred on the case plan goals.

Safety Assessment

Complete a [Safety Assessment, form 470-4132](#), at critical junctures throughout the course of the Department's involvement with the family:

- ◆ Whenever circumstances suggest the child is in an unsafe situation
- ◆ Before the decision to recommend unsupervised visitation
- ◆ Before the decision to recommend reunification
- ◆ Before the decision to recommend closure of protective services

All safety assessments require supervisory consultation. When the safety decision is that the child is conditionally safe, a safety plan is required.

Risk Reassessment

1. Complete a risk reassessment every 90 days and before case closure. The focus at reassessment is:
 - ◆ The impact of services provided to the family during the review period, or
 - ◆ Whether certain events in the family have occurred during the review period.
2. For cases in which the child is residing in the parental home, document whether the child would be at "imminent risk of removal" if the family terminated in-home services.

If the Department would ask the juvenile court to remove this child if the family terminated in-home services, the child is eligible for federal Title IV-E funding as a "candidate for foster care."

Reassessing Strengths and Needs of the Child and Family

Reassessment of the child and family strengths and needs is required, at a minimum, every six months.

1. Review and document the progress made toward achieving the desired results in the [Family Case Plan](#).
2. Involve the child and family and their informal support system in working to achieve the desired results.
3. Based on an assessment of the child and family's strengths and needs, determine if services are needed and what services are most appropriate. To make the determination, consider the following:
 - ◆ The scope (i.e., type of service and intensity).
 - ◆ The amount (i.e., the maximum number of months units of service).
 - ◆ The effectiveness of the service (the desired outcomes for the child and family).
4. Submit the recommendation to the court or to your supervisor as appropriate. Decide whether to make recommendations to the review organization or the court.

Evaluating the Family Case Plan

Link to [Policy](#)

Link to [Practice Guidance](#)

Services are time-limited. Throughout the service process, continuously reassess the strengths and needs of the child and family and use this information to modify and update the family case plan.

It is important for the team to:

- ◆ Review the child and family's service eligibility.
- ◆ Determine if the original need continues, and if other needs exist.
- ◆ Review the effectiveness of the direct or purchased service through the team process.
- ◆ Ensure that the direct or purchased services continue to benefit the child and family's needs.
- ◆ Monitor progress made toward the identified results and measurable indicators of change.
- ◆ Review the [Family Case Plan](#) to ensure the strategies are reasonable, timely, and effective to achieve the identified outcomes.

Coordinate with local case review processes (local case review by supervisor for family-centered services; local foster care review for foster care services). If court approval is needed for case plan changes, make recommendations to the court.

NOTE: The court uses agency recommendations and permanency planning and other child welfare statutes to determine whether reasonable efforts should continue toward reunification or another permanency plan should be pursued. Although the court will consider the Department's recommendation, the court will make an independent determination of need.

You may recommend that reasonable efforts toward reunification should continue when:

- ◆ Treatment is ongoing but not completed or
- ◆ Adequate community resources have not been available to the child and family.

Case Planning for Native American Children

Link to [Policy](#)

Link to [Indian Child Welfare Act](#)

Determining Native American Ancestry

1. In every case, ask if the child may be of American Indian heritage. Be alert to how the child and family self-identify their ancestry, as this may provide clues as to potential Native American heritage. Ask:
 - ◆ "Are you or your parents an enrolled member of a tribe?"
 - ◆ "Are you affiliated with any Indian tribe?"
2. Contact any tribal representative, family member, previous service provider involved with the family, or other person whom you reasonably believe could have information to help in making this determination.
3. Develop a family tree if the child or the child's mother, father, grandparent, or Indian custodian indicates the child may have Native American status.
4. If the child's family members are unclear about tribal membership, but there is reason to believe the child is of Native American ancestry, gather information and contact the Bureau of Indian Affairs of the U.S. Department of Interior.

Send all communication for proceedings in Iowa to the Bureau of Indian Affairs at:

Bureau of Indian Affairs
Midwest Regional Office
1 Federal Drive
Ft. Snelling, Minnesota 55111

The Bureau of Indian Affairs will assist in contacting the appropriate tribes to help obtain a determination of tribal membership and Native American status.

5. Ask the tribe to determine if it considers the child to be a tribal member.
NOTE: Iowa law allows tribes to elect to identify a child as a tribal member even if the child's parents never became tribal members. This broader definition makes it even more important to ask about Indian ancestry and family tribal identification and promptly make contact with the tribe.

6. For all children entering out-of-home placement, document on the child's case permanency plan the dates that you have made inquiries regarding tribal membership or eligibility for tribal membership, and what efforts you made to obtain a determination of the child's status. You may be required to provide this documentation to the court.

Involvement of Tribal Representatives

When a child is determined to have "Indian child" status:

1. Contact the child's tribe (or a Native American consultant, if available) to:
 - ◆ Learn about cultural aspects of the child and family situation,
 - ◆ Complete a more informed assessment of the situation,
 - ◆ Develop ideas on how to better engage the family, and
 - ◆ Develop a more effective case permanency plan.
2. Share confidential information as necessary with tribal officials to help serve the child and family. Request that they maintain the confidentiality of this information and use it only for purposes of facilitating services.
3. Make active efforts to preserve the family using the available resources of the child's extended family, tribe, tribal social service agencies, and other Native American social service agencies. This includes (but is not limited to):
 - ◆ Requesting traditional support actions or services from the child's tribe.
 - ◆ Involving tribal representatives at the earliest point in case assessment and service planning.
 - ◆ Consulting with extended family about support services that they could provide for the child and family.
 - ◆ Providing information to the family on community resources that may be able to offer them housing, financial, transportation, and other services and assistance to the family in accessing these services.

Placement of an Indian Child

1. Exhaust all family preservation alternatives deemed appropriate by the tribe before seeking out-of-home placement. Do not take any action to seek foster care placement or termination of parental rights of an Indian child until all efforts have been made to provide **remedial services and rehabilitative programs** designed to prevent the breakup of Indian families.

NOTE: If a Native American child is placed in out-of-home care, you must document for the court the “active efforts” services provided to the family. The court should indicate in the court order if active efforts were made to prevent the placement of the child.

2. If placement is necessary, follow [Indian Child Welfare Act](#) requirements in selecting the placement.
3. After the placement, maintain the child’s cultural connections. For some children, efforts to restore and rebuild a sense of connection to their Native American ancestry may be required.
 - ◆ Identify tribal members willing to serve as “mentors” to assist in cultural connections issues.
 - ◆ Set up frequent visits in the Indian child’s home and the homes of the child’s extended family members.
 - ◆ Contact representatives of the child’s tribe, or use a Native American child welfare case consultant if available, to develop a more effective plan for maintaining cultural connections.
4. Document activities to assess and maintain the child’s cultural connections in the “Permanency Plan” section of Part C of the [Family Case Plan](#) (Child Placement Plan) and other portions of the case record.

Case Planning for Children With Mexican Citizenship

Link to [Policy](#)

Link to [Memorandum of Understanding With Mexico](#)

By agreement with the Mexican government, special provisions apply to services to a [Mexican national](#) or a [multiple-nationality minor](#).

1. Determine the Mexican lineage of a child at the earliest moment during Department involvement when there is a possibility the child may be taken into state custody. Do this by:
 - ◆ Asking parents about the country of their own birth and of their child's birth;
 - ◆ Asking parents if they have a Mexican birth certificate or baptismal record;
 - ◆ Asking members of the child's extended family about the child's status as a Mexican national or multiple-nationality minor; and
 - ◆ Making inquiries of others who may have information about the child's status, such as service providers, medical staff, or school personnel.

2. When the Department takes custody of a child who is determined or is believed to be a Mexican national or a multiple-nationality minor:
 - ◆ Provide written information to the child and the child's parents or custodian, in both English and Spanish that explains the juvenile court process and the rights of children and parents or custodians in juvenile court.

You can use the brochure, "The State Has My Child! What Can I Do?," [Comm. 146](#) in English and [Comm. 189](#) in Spanish, for this purpose.
 - ◆ Let the family know that you will cooperate with staff of the Mexican Consulate in matters concerning Department involvement with the child.
 - ◆ Provide the child and family with the address and phone number of the Mexican General Consulate Office in Omaha, Nebraska, as follows:

Mr. Jose Luis Cuevas Hilditch, Mexican Consul

Mexican Consulate Office
3552 Dodge Street
Omaha, Nebraska 68131

Phone: 1-402-595-1862,
1-402-595-1863, or 1-402-595-1844
FAX: 1-402-595-1845

3. Provide written notification to the Mexican Consulate Office in Omaha when:
 - ◆ The Department has identified that a child in its custody is a Mexican national or a multiple-nationality minor,
 - ◆ A parent or custodian of a Mexican national or multiple-nationality minor has requested that the Department notify the Mexican Consulate Office, or
 - ◆ The Department learns that a noncustodial parent of a child in state custody resides in Mexico.

To carry out this responsibility, complete form [470-4385, Mexican Consulate Notification](#), and send it within ten working days of the initial date the child entered state custody. (See 17-Appendix for a sample form and instructions.)

NOTE: If you become aware at some point after a child has entered state custody that the child is a Mexican national or multiple-nationality minor, send form 470-4385 to the Consulate immediately.

4. Share client-specific information such as court orders, case permanency plans, and provider reports with the Consulate Office upon request. Document the provision of this information in the case record.
5. If the Consulate requests access to a child protective assessment report, determine the reason for requesting the written report and consult with child protective policy staff in central office before releasing it.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 4, 2007

GENERAL LETTER NO. 17-C(1)-1

ISSUED BY: Bureau of Protective Services,
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter C(1), **CASE PLANNING PROCEDURES**, Title page, new; Contents (page 1), new; and pages 1 through 33, new.

Summary

Portions of Employees' Manual Chapter 18-A, **CHILD WELFARE GENERAL REQUIREMENTS**, have been redesigned into policy, procedure, and practice guidance subchapters reflecting the phase in the life of the case of case planning. The new case planning chapters are:

- ◆ 17-C, **CASE PLANNING POLICY**, which contains succinct, "high level" statements that summarize the essence of the associated laws, rules, and Department-required practice.
- ◆ 17-C(1), **CASE PLANNING PROCEDURES**, which tells what the Department service worker should do in the logical order of when and how to do the work.
- ◆ 17-C(2), **CASE PLANNING PRACTICE GUIDANCE**, which provides background information to support the procedures or policy and the clinical or programmatic rationale for the actions that are required.
- ◆ 17-C(3), **ADDITIONAL CASE PLANNING INFORMATION**, which contains information that is lengthy or used only in specific situations. These topics may be accessed through hypertext links in the policy, procedure, or guidance chapters.

Hypertext links in all of the chapters connect to the other case planning chapters, additional information on a topic, or a specific form or tool.

This letter transmits new chapter 17-C(1), which also includes some procedures formerly included in Employees' Manual Chapter XIII-Z, **INDIAN CHILD WELFARE ACT**.

Policy Changes

Policy changes reflected in the chapter include:

- ◆ Elimination of procedures related to rehabilitative treatment services. Authorizations for rehabilitative treatment services ceased as of December 31, 2006, and all services shall terminate by June 30, 2007.
- ◆ Addition of new case plan requirements from Public Law 109-239, the Safe and Timely Interstate Placement of Foster Children Act of 2006. When a child is in placement, the child's case plan shall include:
 - The most recent available information concerning the child's medical and educational records; and
 - Documentation of child-specific recruitment efforts to facilitate a timely and orderly in-state or interstate permanency placement.

These requirements shall be addressed at the next review of the child's case plan.

Effective Date

Upon receipt.

Material Superseded

None.

Additional Information

Refer questions about this general letter to your area service administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

June 29, 2007

GENERAL LETTER NO. 17-C(1)-2

ISSUED BY: Bureau of Protective Services,
Bureau of Child Care and Community Services
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter C(1), **CASE PLANNING PROCEDURES**, Contents (page 1), revised; and pages 19, 20, 21, 25, 26, and 27, revised.

Summary

This chapter has been revised to:

- ◆ Clarify that a free copy of the youth's health and education record must be provided to youth when they exit from foster care at 18 years of age or older. Details include what must be provided to the youth.
- ◆ Incorporate policy and procedures on imminent risk of removal and candidates for foster care terminology.

Effective Date

July 1, 2007

Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter C(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 4, 2007
19-21, 25-27	May 4, 2007

Additional Information

Refer questions about this general letter to your area service administrator.



September 28, 2007

GENERAL LETTER NO. 17-C(1)-3

ISSUED BY: Bureau of Protective Services, Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter C(1), **CASE PLANNING PROCEDURES**, Contents (page 1), revised; pages 3 and 7 through 33, revised; and pages 34 and 35, new.

Summary

This chapter is revised to reflect:

- ◆ The new requirements for safety assessment, safety plans, and family safety, risk, and permanency services.
- ◆ Additional information on transition planning for older youth in out-of-home placement.

Effective Date

October 1, 2007

Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter C(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 29, 2007
3, 7-18	May 4, 2007
19-21	June 29, 2007
22-24	May 4, 2007
25-27	June 20, 2007
28-33	May 2, 2007

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

April 17, 2009

GENERAL LETTER NO. 17-C(1)-4

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

SUBJECT: Employees' Manual, Title 17, Chapter C(1), **CHILD WELFARE CASE PLANNING PROCEDURES**, pages 22 and 23, revised; and page 22a, new.

Summary

This letter transmits a manual change to comply with 2008 Iowa Acts, Chapter 1112. This legislation requires the Department to do the following on or before a child in foster care reaches age 18 and leaves foster care:

- ◆ Provide the child a certified copy of the child's birth certificate; and
- ◆ Facilitate securing a federal social security card for the child.

Effective Date

Immediately.

Material Superseded

Remove from Employees' Manual, Title 17, Chapter C(1), pages 22 and 23, dated September 28, 2007, and destroy them.

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

July 10, 2009

GENERAL LETTER NO. 17-C(1)-5

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

SUBJECT: Employees' Manual, Title 17, Chapter C(1), **CASE PLANNING
PROCEDURE**, pages 8, 9, 21, 22, 22a, 23, and 24, revised; and page
8a, new.

Summary

This chapter is revised to incorporate:

- ◆ New requirements for the completion of the formal safety assessment.
- ◆ New definitions for "safe," "unsafe," and "conditionally safe" as used in the safety decision.
- ◆ New education and transition planning documentation requirements for the case permanency plan. These changes are in response to Senate File 152, enacted on May 22, 2009. This law amends the definition of case permanency plan in Iowa Code section 232.2 in order to comply with the federal law, Fostering Connections to Success and Increased Adoption Act of 2008, enacted on October 7, 2008.

Effective Date

July 1, 2009

Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter C(1), and destroy them:

<u>Page</u>	<u>Date</u>
8, 9, 21	September 28, 2007
22, 22a, 23	April 17, 2009
24	September 28, 2007

Additional Information

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