

## **STANDARD: SERVICE PLANNING**

### **PURPOSE**

The purpose of this standard is to provide direction and guidance to the Children and Family Services (CFS) programs regarding case planning, both the alternate care plan and the family services plan. This standard is intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all-applicable laws, rules and policies. This standard will also provide a measurement for program accountability.

### **INTRODUCTION**

#### **Purpose of Service Planning**

The service plan, along with ongoing assessment, provides the following:

- A guide for measuring and evaluating the family's progress toward reducing or eliminating risks to their child(ren);
- An establishment of tangible and well-defined outcomes for the family;
- A way to address the underlying causes that led to the child maltreatment;
- A method for enhancing the family's capacity to meet their own future needs;
- A hopeful message to the family and others that change is possible;
- A basis for case decision-making;
- Steps to maintain or enhance child well-being;
- A vehicle for communication with the family, service providers, the court, and other agencies involved in the case; and
- Clarification of roles and responsibilities of the family and the agency.

Service planning is directly linked to the assessment process. The primary purpose of thorough and ongoing assessment is to gain information for the service plan by directly focusing on the underlying issues that led to child maltreatment as well as issues that are contributing to current or future risk of harm. A thorough assessment is, therefore, the foundation for service planning and provides the basis for individualizing the services needed by the child, family members, and the resource family. An assessment which helps the family to identify and build on its strengths is critical to family involvement and success.

Families who have a child(ren) placed in IDHW custody have a Family Services Plan that consists of two parts: 1) the alternate care plan; and 2) the service plan. Both parts need to be completed to ensure that the foster care protections of Section 422 of the federal Social Security Act are addressed.

#### **Definitions**

**Alternate Care Plan (ACP):** A federally required component of the Family (case) Plan for children in alternate care. The alternate care plan contains elements related to

reasonable efforts, the family's plan, child's alternate care provider, compelling reasons for not terminating parental rights, Indian status, education, immunization, medical and other information important in the day-to-day care of the child. (IDAPA 16.06.010.05)

**Concurrent Planning:** Planning which addresses a child's need for a permanent family by working toward family reunification while, at the same time, developing an alternate plan that will provide permanency options for the child through adoption, guardianship, placement with a relative or other permanency placement. (IDAPA 16.06.01.050.17)

**Service Plan:** A product of service planning is a document that formally sets down the agreed upon action plan for the agency, the family, other service providers and casework activities. The service plan is developed with the family. It clearly identifies why the child(ren) has come to the attention of Children and Family Services and what steps the family is going to take to reduce the identified concerns. The family service plan incorporates any plans made for individual family members. If the family includes an Indian child, tribal elders and/or leaders should be consulted in the plan development.

**Service Planning:** Process of working together with the family to develop a set of agreed upon desired results and tasks, the goal of which is to reduce or eliminate safety concerns related to their child.

## STANDARD

### **Alternate Care Plan (ACP)**

Each child placed in out-of-home care under the supervision of the Department will have a standardized written Alternate Care Plan. The purpose of the plan is to ensure the child's wellbeing while in placement, facilitate the safe return of the child to his or her own home in a timely manner or to make other permanent arrangements for the child if such return home is not feasible. Each child in out-of-home placement has their own highly individual Alternate Care Plan. For example, if there are 3 children in the family, the social worker/clinician will develop 3 Alternate Care Plans -- one for each child. The alternate care plan is included as part of the family case plan. See IDAPA 16.06.01.422.

### **Development of the Alternate Care Plan**

The Alternate Care Plan will be developed with involvement from the family and the alternate care provider. It will describe the responsibilities of the Department to the family, the child, and alternate care provider in making services and resources available to assist and support each of the above named parties. Additionally, the Alternate Care Plan will describe in detail the family's specific responsibility to their child as well as the alternate care provider's responsibilities to the child, the family, and the Department.

**NOTE:** If details regarding the above responsibilities are included in the family's service plan, it can be referenced because it is considered to be part of the family plan. Any relevant details not included in the family's service plan should be documented on the

ACP to prevent future confusion or misunderstandings. The Alternate Care Plan will be developed and signed within thirty (30) days after a child has been placed in out-of-home care.

### **Signatures and Copies of the Alternate Care Plan**

Each of the parent(s), the alternate care provider, the social worker or clinician, his/her supervisor, and the child (if old enough to participate) will be asked to sign the Alternate Care Plan. A signature indicates that the individual participated in development of the ACP and also received a copy of the ACP. If the family refuses to sign the Alternate Care Plan, the reason for their refusal will be documented on the plan.

A copy of the Alternate Care Plan, and a list of “Parental Rights and Responsibilities” will be given to the parent(s).

A copy of the Alternate Care Plan, including health and education information, visitation plan, and a listing of the provider’s responsibilities will be provided to the alternate care provider.

A revised Alternate Care Plan will be developed no less frequently than every six months.

If there is a change of placement a new Alternate Care Plan **does not need to be completed** unless the placement change occurs at the six month period when an updated Alternate Care Plan is required. When a child is moved to a different placement, information for the family and the new alternate care provider will be documented on the Change of Placement Plan standard form.

### **Service Planning**

A service plan will be developed with the family within 30 days of the date the Comprehensive Risk Assessment was completed in all family preservation in- home cases. In out-of- home cases, federal standards and the Child Protective Act require a written service plan to be developed within 60 days of the date of placement. Service planning shall include the following:

- Family involvement – A meeting will be held with the family so the family has the opportunity to participate in family group decision making. In instances where planning services are provided by a contractor, IDHW, the contractor, and the family will jointly develop the service plan.
- Families will be given an opportunity to identify their family strengths, areas of concern, and to participate in the development of services and tasks. A service planning meeting will be held prior to the court planning hearing to allow the family to actively participate in the planning process so their ideas can be included in the plan that is presented to the court.

- In-home service plans must address the individual needs, related to safety and wellbeing, of each child in the family. To improve their protective capacities, the needs of both father and mother should be addressed in the service plan. This includes situations where the mother and father are not residing together. In in-home cases when parents are not residing together, if a parent has involvement in the child's life or can serve as a resource to the child, that parent should also be included in the Comprehensive Assessment and service planning process.
- Out-of-home service plans must address each child in the family in alternate care. In all out-of-home cases, both the father and mother's needs will be addressed through the service plan. The service plan and any changes to it will be signed and dated by the family. If the family refuses to sign the plan, the reason for their refusal will be documented on the plan (IDAHPA 16.06.01.050.11.b).
- The CFS social worker or clinician will file the service plan with the court no later than sixty (60) days from the date the child was removed from the home or thirty (30) days after the adjudicatory hearing, whichever date comes first. Copies of the service plan will be delivered to the parent(s), other legal guardian, the Guardian Ad Litem and attorney for the child. (Idaho Code 16-1610)
- Within five (5) days of filing the service plan, the court will hold a planning hearing to determine whether to adopt, reject or modify the family's service plan. The family and age appropriate youth should be encouraged to participate in these hearings. (Idaho Code 16-1610).
- Tasks on the service plan are to be reviewed with the family every month as part of case management duties. Additionally, the service plan will be reviewed with the family no less frequently than once every three (3) months to see if the service plan is still appropriate to meet the needs of the child and family. When there are major changes to the service plan, including a change in the primary permanency plan goal, the family plan must be renegotiated by the Department, the family, and the court, if there is court involvement. Change in service plans should be documented with the signatures of those involved, including the family.

The monthly ongoing monitoring and the 3 month evaluation of the appropriateness of the service plan will be documented in FOCUS in the contact screens.

- A new service plan must be developed with the family at least annually.
- At any time, if the service plan needs to be re-negotiated due to changes in family circumstances or services, the revised service plan will be developed with family involvement. The proposed changes will be documented in a revised service plan and a hearing will be scheduled to allow the court to review, approve, modify or reject the revised plan. Age appropriate youth should be provided with access to these hearings and supported in expressing their opinions and desires.

- A transition plan must be developed within 60 days before or after the youth's 17<sup>th</sup> birthday to prepare the youth for a smooth transition when exiting foster care. The transition plan must be reviewed and modified 90 days prior to the youth's 18<sup>th</sup> birthday or exit from foster care to review what has been accomplished on the plan, and what steps need to be taken. The Fostering Connections Act requires the transition plan be personalized and directed by the youth, and include the following:
  - Assurance that the youth has a birth certificate and Social Security Card;
  - A list of resources and contact information including phone numbers and addresses of contacts who have agreed to be available after the youth has left foster care;
  - Specific options on health insurance, including an understanding of how to apply for Medicaid and a referral to the Medicaid program if potentially eligible;
  - Specific options on housing, including assistance in accessing and maintaining housing, connections to peer support opportunities;
  - Support as needed during the transition to self-sufficiency;
  - Specific options on education;
  - Local opportunities for mentoring, continuing support services, work force supports, and employment services.

Please see the “Working with Older Youth Standard” for additional information related to youth and transition planning.

### **Process of Service Planning**

- Diligent and ongoing efforts must be made by the worker to actively engage the family in the process of service planning. In cases where the family refuses to participate, reasons for non-involvement should be documented in the service plan narrative. In situations where an attorney advises the family not to participate, attempts should be made to involve the attorney, as well as the family, in service planning meetings. Family involvement is important because the family will be more invested in accomplishing the tasks outlined in their service plan if their concerns have been heard and respected.

Involving the family includes listening to the suggestions and ideas of family members and incorporating their suggestions for reduction of safety concerns into the plan. A family group decision or family planning meeting is the optimal method to facilitate family involvement.

- It is important the family understand the purpose of the service plan. The social worker or clinician should explain that the service plan will help to monitor the family's progress and that their progress or lack of progress will be regularly reported to the court in cases where there is court involvement.

- Service planning must prioritize the issues of child abuse or neglect that were identified during the immediate/safety and comprehensive risk assessments. Throughout the process of developing the service plan, it is important to gain an understanding, from the family's perspective, of the reasons Children and Family Services is involved with the family. Understanding that many families have multiple, interrelated factors that contribute to child maltreatment, it may be tempting to develop "overeager" service plans which attempt to address all risk factors identified through the assessment process. Addressing too many issues may overwhelm the family with appointments to keep and tasks to accomplish. Overeager service plans may result in the more critical issues being given the same weight as less critical issues. Therefore, only those issues and objectives that can be expected to produce a reduction in the likelihood of future child maltreatment should be listed on the service plan.
- Service planning should identify strengths and positive aspects upon which a plan can be built. From the assessment, the social worker or clinician and the family should identify strengths that can be maximized to reduce the likelihood of future maltreatment. When a family is overwhelmed, it is often difficult for them to believe change is possible. By emphasizing positives, a social worker or clinician can help the family feel a sense of hope and acknowledge the family's ability to make much needed and agreed-upon changes.
- Look closely for strengths in the categories of the parent-child relationship, the parental support system, the family's past support system and history, the parent's self-care and maturity, and the child's emotional, cognitive, and social development.
- Service Plans should be individualized to address the specific needs of the child(ren) and the family. Avoid "cookie cutter" service plans that match plans to the services IDHW has available, rather than to services that would be most helpful to the family and their child(ren).
- Service plans should be written to include areas of concern, goals, the desired results, and tasks to address the reduction of safety concerns to the child(ren). The service plan must identify what is to be accomplished, who will complete which tasks, when the tasks are expected to be completed and when the desired result will be achieved.

### **Monitoring the Service Plan and Evaluating the Family's Progress**

Monitoring and evaluation is a continuous process that takes place during each family and service provider contact. In addition to monitoring the family's progress related to completing the tasks outlined on the service plan, every 90 days the plan should be reviewed to evaluate if it is working or needs to be modified. The following steps are used in the evaluation process:

- Reviewing the service plan.

- Collecting information from all service providers regarding the progress toward achieving service plan goals.
- Engaging the child (if age appropriate) and the family in a discussion to review progress in relation to accomplishing the desired results and tasks established in the service agreement.
- Evaluating changes in the conditions and behaviors deemed to be most critical to the reduction of child maltreatment.
- Collecting information regarding the child's well-being and treatment.
- Considering any changes in family dynamics during the last evaluation period; and
- Documenting the results of the evaluation process in the service plan narrative for reference in future decision making.

The primary purpose of evaluating family progress is to measure what changes have occurred involving the most critical areas of concern identified during the initial child and family assessment. If services are not being provided or used according to the case plan, find out why, and then support and encourage implementation and/or modify the plan. In all situations, compliance or lack of compliance with the service plan should be communicated to the family, the courts (if there is court involvement), and your supervisor.

### **Verify The Level And Quality Of Services That Have Been Provided**

Verification can be accomplished by obtaining periodic written and oral reports from service providers, the parents, and the child(ren). You should consider whether the type and frequency of the service should be changed by exploring the following questions:

- Have family member participated in services as planned?
- How actively is the family participating in services?
- Have services been helpful to the family toward achieving their service plan objectives?
- Have services been provided in a timely manner?
- Has the service provider developed a reasonable degree of rapport with the family?
- Is there a need to modify the service plan?
- Have the parents and the child(ren) provided input to the above questions?

### **Concurrent Service Planning to Reach the Goal of Timely Permanency**

The social worker or clinician should undertake a thorough identification of the family's strengths as well as poor prognosis indicators to evaluate the challenges the family might face in achieving reunification. The concurrent plan should be included as an element of the family's service plan. It is important to work the plan concurrently while reunification efforts are being pursued rather than waiting until the family has exhausted their reunification options. Otherwise, concurrent planning is a form of serial or linear planning. (See **CFS Standard on Concurrent Planning for additional information**).

### **Documentation of the Service Plan in FOCUS**

Service plans for family preservation in-home cases and out-of-home cases will be documented in FOCUS using the standard service plan format.

**Any variance to these standards will be documented and approved by Division administration, unless otherwise noted.**