

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES DIVISION
ADMINISTRATIVE CODE**

**CHAPTER 660-5-47
INDIVIDUALIZED SERVICE PLANS**

TABLE OF CONTENTS

660-5-47-.01	Legal Authority
660-5-47-.02	Definitions
660-5-47-.03	Court Orders
660-5-47-.04	General Guidelines
660-5-47-.05	Developing the Individualized Service Plan
660-5-47-.06	Monitoring and Evaluating Individual Service Plans
660-5-47-.07	Documentation and Narrative Recording

660-5-47-.01 **Legal Authority.** This policy has been developed to comply with the following "operating principles" or "standards" of the R.C. Consent Decree and the key principles of the Adoption and Safe Families Act of 1997 (P.L. 105-89).

(1) VIII. 38 - Class members and their families shall be encouraged and supported to access services. To this end, the "system of care" shall develop and implement strategies to promote the utilization of services by class members and their families. These strategies shall include the use of community aides, the provision of transportation services, the development of ethnically and culturally sensitive services, and referral to peer support groups. When class members or their families refuse or fail to access services, the reasons for their doing so shall be assessed and the services that have been offered shall be modified or alternative services shall be offered to encourage acceptance of services.

(2) VIII. 39 - Class members and their families shall receive individualized services based on their unique strengths and needs. The strengths and needs of the class member and his/her family shall dictate the type and mix of services provided; the type and mix of services provided shall not be dictated by what services are available. Services must be adapted to class members and their families; class members and their families must not be required to adapt to inflexible, pre-existing services that are unlikely to be effective. The

"system of care" shall create needed services when they are unavailable.

(3) VIII. 40 - Services to class members and their families shall be delivered pursuant to an individualized service plan. There must be a reasonable prospect that the services provided will achieve their purpose. The services must be of a type and mix likely to achieve the goal for the child. The services must also be of a type and mix likely to be effective in meeting the needs to which the plan is designed to respond.

(a) Individualized service plans shall be based on a comprehensive, individualized assessment of the strengths and needs of the class member and his/her family. In the case of class members in foster care or DHR custody, this assessment shall include an examination of the class member's (i) developmental, behavioral, emotional, family, and educational history and (ii) strengths and weaknesses in behavioral, emotional, educational, and medical/physical areas.

(b) Individualized service plans shall include specific services to reinforce the strengths and meet the needs of the class member and his/her family. Each plan shall identify the specific steps to be taken by DHR staff, other service providers, class members, and the class members' parents and family toward meeting the short-term and long-term objectives of the plan.

(c) The "system of care" shall carefully monitor implementation of the individualized service plan and the progress being made toward the goal and objectives of the plan.

(d) The goal and the objectives of the individualized service plan will be updated as needed. Services identified in the plan will be modified as needed to meet the goal and objectives of the plan (for example, by adding new services or providing services in a different way). Steps shall be taken to prevent and address deterioration in the functioning of class members.

(4) VIII. 41 - The "system of care" shall address the needs of class members believed to be victims of sexual abuse.

(a) Timely, professional assessments shall be conducted of class members believed to be victims of sexual abuse. DHR shall ensure that such assessments provide clear, prescriptive guidelines for treatment of sexual abuse.

(b) The individualized service plans of class members believed to be victims of sexual abuse shall specifically

identify both the class member's needs as a sex abuse victim and services to be provided in response to those needs.

(5) VIII. 42 - Class members, parents, and foster parents shall be accurately and timely informed, in language understandable to them, concerning: rights under the decree (including the right to be treated in accordance with the "principles" or "standards"); the goal for the class member; individualized service plans, including objectives; services, including placements; and options.

(6) VIII. 43 - Class members, parents, and foster parents shall be encouraged and assisted to articulate their own strengths and needs, the goals they are seeking for themselves, and what services they think are required to meet these goals.

(7) VIII. 44 - Class members, their parents, and foster parents shall be involved in the planning and delivery of services, in accordance with paragraphs (a) - (d) below. The right of class members, parents, and foster parents to participate in treatment planning and delivery may be restricted only according to a specified administrative process. DHR shall promulgate a policy, acceptable to both parties, describing under what circumstances and according to what procedures restrictions may be imposed.

(a) The class member shall be treated as a partner in the planning and delivery of services if the class member is age 10 or older and, if the class member is under the age of 10, when possible.

(b) The class member's parents shall be treated as partners in the planning and delivery of services if the class member is living at home or if the goal is for the class member to return home.

(c) Foster parents shall be treated as partners in the planning and delivery of services whether or not the goal for the class member is to return home.

(d) When necessary, services shall be provided class members and parents to enable them to participate as partners. Such services shall include transportation assistance, advance discussions, and assistance with understanding written materials.

(8) VIII. 48 - The "system of care" shall embrace the philosophy of service delivery in home-based and community-based settings. Class members shall receive services in the least restrictive, most normalized environment that is appropriate to their strengths and needs.

(a) Class members shall receive services in the least restrictive, most normalized living conditions appropriate to their strengths and needs. The class member's own home shall be considered the least restrictive, most normal placement. Following are other placements listed in ascending order in terms of restrictiveness: independent living; a foster home; a therapeutic foster home; a group foster home; a group home; a child care institution; an institution. Institutional care shall be used only in an emergency and as a last resort. Class members shall be placed in family settings, whenever they can be cared for in such a setting with supportive services.

(b) Siblings shall be placed together. DHR may promulgate a policy, acceptable to both parties, identifying circumstances in which exceptions to this principle may be permitted.

(c) The "system of care" shall not initiate or consent to the placement of a class member in an institution or other facility operated by DMH/MR or by DYS unless the placement is the least restrictive, most normalized placement appropriate to the strengths and needs of the class member.

(d) Class members, when in foster care or DHR custody, shall be integrated to the maximum extent feasible into normalized leisure and work activities.

(e) DHR shall vigorously seek to assure that class members, when in foster care or DHR custody, are integrated to the maximum extent feasible into normalized school settings and activities.

(9) VIII. 50 - The "system of care" shall promote permanency in class members' living situations.

(a) When the goal is that the class member shall return home or be discharged to a family member, the "system of care" shall vigorously seek to achieve this goal.

(b) When the goal of return home or discharge to family has been achieved, the "system of care" shall vigorously seek to avoid reentry of the class member into foster care.

(c) The "system of care" shall make timely, competent decisions concerning whether and when class members should return home.

(d) When a decision is made that a class member should not return home, DHR shall seek a timely dispositional hearing.

(e) When the goal is that the class member not return home, the "system of care" shall vigorously seek a permanent living situation for the class member.

(10) VIII. 51 - The "system of care" shall promote stability in class members' living situations.

(a) The "system of care" shall be designed to minimize multiple placements. The "system of care" shall be based on the philosophy that the disruption of a placement is a failure of the system, not a failure of the class member.

(b) Individualized service plans shall identify whether a class member is at risk of experiencing a placement disruption and, if so, will identify the steps to be taken to minimize or eliminate the risk.

(c) Appropriate training will be required for, and appropriate supportive services will be provided to, foster parents and staff of residential facilities in order to minimize placement disruptions. In the case of foster parents, the services shall include intensive home-based services and respite care.

(d) The "system of care" shall forbid summary discharges from placements. DHR shall promulgate a policy, acceptable to both parties, that describes steps that must be taken prior to a class member's discharge from a placement. The policy may permit in exceptional circumstances the placement of a class member in a temporary, emergency setting without prior notice to DHR.

(e) The "system of care" will avoid temporary, interim placements. Class members shall be placed in settings that could reasonably be expected to deliver long-term care if necessary. To this end, DHR will not place class members in shelters unless (i) the full array of services the class member needs can be provided the class member while residing in the shelter and (ii) it is likely that the class member's stay in foster care will not extend beyond his/her stay in the shelter.

(f) The "system of care" will vigorously seek to ensure that law enforcement officers, juvenile court personnel,, and others do not remove class members from their home and place them in foster care or DHR custody without first notifying the "system of care" and providing the system an opportunity to intervene to prevent the removal or placement.

(11) VIII. 52 - The "system of care" shall ensure that the services identified in individualized service plans are accessed and delivered in a coordinated and therapeutic manner.

(12) VIII. 54 - Services provided class members and their families shall meet relevant professional standards in the fields of child welfare, social work, and mental health.

(13) VIII. 56b - Individualized service plans shall incorporate information about class members' educational needs and identify how these needs will be met through the provision of specific services.

(14) VIII. 56c - Before a class member is placed, consideration must be given to whether the class member's educational needs can be met in the proposed placement; and if not, what steps shall be taken to ensure that the class member will receive appropriate educational services while in the placement.

(15) VIII. 57 - The "system of care" shall promote smooth transitions for class members to adult service systems and/or independent living when class members "age out" of the system. The individualized service plans of class members who are expected to "age out" of the system shall provide for such transitions.

(16) VIII. 59 - Class members, parents and foster parents shall be made aware, in an effective manner, of the availability of advocacy services to assist them in protecting and advancing their rights and entitlements.

Author: Jerome Webb

Statutory Authority: Code of Ala. 1975, §§12-15-62, 12-15-65, 41-22-6; The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272); The Adoption and Safe Families Act (PL 105-89); R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991).

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660-5-47-.02 Definitions. Various terms used in this policy are described below.

(1) Addendum - The acronym for "Case Planning Addendum For Children In Out-Of-Home Care." The Addendum is used to document federal and state statutory requirements related to case planning for children residing in out-of-home care pursuant to a

court order granting DHR custody or an Agreement For Foster Care signed by a child's parents or legal custodians.

(2) Age-Appropriate Child - A child age 10 and older (except a child with severe mental retardation) or a child under age 10 who is intellectually capable of understanding and communicating ideas and opinions concerning the subject matter being discussed or considered.

(3) Assessment - A process of gathering and analyzing information, drawing conclusions, and making decisions in partnership with children and families, providers and relevant stakeholders.

(4) Child and Family Planning Team - The individuals involved in planning and/or delivery of services for a child and family. The team shall include the age-appropriate child, the parent(s), others requested by the child or family, the DHR worker(s), the foster care provider and other service providers if any. Their work product is known as the individualized service plan (ISP).

(5) Child's Home - The physical environment or location of the family unit in which the child (a) resides or (b) was residing with a caregiver in a significant relationship prior to removal or transfer of custody.

(6) Concurrent Planning - A case management method which emphasizes candor, goal setting, and completion of selected activities within specified time limits in work with children and families in order to facilitate a more timely achievement of permanence and stability. This method encourages all ISP team members to achieve the most desirable permanency goal while, at the same time, establishing and pursuing an alternate permanency goal. Such planning should occur from the time of initial engagement with a family rather than sequentially thereafter.

(7) Crisis Planning - A crucial element of dealing with potential situations that may arise in a child's and/or family's life. It includes developing contingency steps within a safety plan or ISP to be implemented in case the original steps are unable to be implemented as planned.

(8) Cultural Competence - The ability of individuals and systems to effectively provide services to people of a different culture, race, ethnicity, background, and religion in a manner that recognizes values, affirms and respects the worth of individuals, and protects and preserves their dignity.

(9) Decree Goals - The goals of the system of care are to protect children from abuse and neglect, and to enable children to live with their families; and when that cannot be achieved through the provision of services, to live near their home; achieve stability and permanency in their living situation; achieve success in school; and become stable, gainfully employed adults.

(10) Emergency Situation - A situation where the child is at imminent risk of serious harm and action to protect the child must be taken before a child and family planning team can be convened to develop an ISP.

(11) Family - A biological, adoptive or self-created unit of people residing together consisting of adult(s) and child(ren) with the adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, cultural practices and a significant relationship. Biological parents, siblings and others with significant attachments to a child living outside of the home are included in the definition of family.

(12) Family Focused Practice - Meeting the needs of individuals within the context of families.

(13) Foster Care - Children are considered to be in foster care when they are residing outside their own homes and any one of the following conditions is met: a child is in DHR's protective custody (due to a summary removal), temporary custody, or permanent custody; or a child is the subject of a voluntary placement agreement; or a child was in DHR custody immediately prior to entry into an institution operated by the Department of Mental Health and Mental Retardation (DMH/MR) or the Department of Youth Services (DYS) which requires a transfer of custody prior to placement and the plan is to return to DHR custody upon discharge from the institution.

(14) Foster Care Provider - A provider of out-of-home care for a child in any of the following settings: a relative's home (kinship care) which is approved as a related foster family home, a foster family home, a therapeutic foster family home, a group home, a shelter care home or facility, a child care institution, a hospital, or another residential facility.

(15) Goal - The desired outcome of a child and/or family meeting an identified need.

(16) Individualized Service Plan (ISP) - The case plan that is created in partnership with the members of the child and family planning team. It includes identification of the

child(ren) and family's strengths and needs; goals the child(ren) and family work toward to reach the desired case outcome; and steps to be taken by individual child and family planning team members to authorize and deliver services, and to measure progress toward goals.

(17) Intensive Family Preservation Services - Short-term services of varying duration and intensity that are provided in the family's home or community by competent staff available on a seven day, 24 hour basis (e.g., counseling, support services). These services are structured to protect children while keeping families together and enhance the natural support networks of children and families.

(18) Needs - Physical or psychological conditions that will be addressed to reduce or eliminate risks to assure a child's protection, sense of permanence, and sense of well-being. Surface needs may be, and frequently are, symptoms of the underlying conditions or issues that have caused or contributed to the family's inability to adequately protect the child from harm. Surface needs may be interfering with the family's progress toward addressing or meeting the underlying conditions.

(19) Parent - A child's birth mother/father, adoptive mother/father, or stepmother/stepfather.

(20) Permanency Goal - The permanent living situation for the child that the ISP is designed to achieve. Permanency goals, in order of preference, are remain with parent; return to parent; permanent relative placement with transfer of custody to the relative; permanent relative placement with DHR retaining custody; adoption by current foster parent; adoption with no identified resource; another planned permanent living arrangement, court approved; and adult custodial care.

(21) Primary Caregiver - The adult who assumes the parental role and has the major responsibility for a child's care. This may include, but is not limited to, a parent, stepparent, adoptive parent, another relative or a non-relative rearing a child for an absent or incapacitated parent.

(22) Residential Provider - A foster care provider other than a foster parent, including providers who deliver care in any of the following licensed or license-exempt settings: group home, child placing agency, child care institution, DYS facility, or DMH/MR facility.

(23) Restrictive Placement - An out-of-home placement in a setting other than a child's own home, a relative's home, a

family foster home, a therapeutic family foster home, or independent living.

(24) Safe/ Child Safety - The absence of a safety threat or the family is willing and able to manage safety threats.

(25) Safety Plan - A plan developed in partnership, whenever possible, with age-appropriate children and families to protect the children from safety threats when the parents'/primary caregivers' protective capacities are insufficient. There are three (3) types of safety plans (i.e., in-home; out-of-home non-foster care, and out-of-home foster care) which are based on children's living arrangement and listed in order of preference.

(26) Service Providers - Individuals, families, agencies or organizations that provide or could provide service(s) to children and families.

(27) Siblings - Full, half and step brothers/sisters, and children raised together.

(28) Steps - Small, incremental, behaviorally specific interventions that are designed to meet specific needs and achieve identified goals.

(29) Strengths- - Positive attributes, characteristics and/or resources that children and families have that enable them to provide protection from harm or loss. Strengths are utilized alone or in combination with interventions to address the needs and minimize or alleviate the risks which resulted in the family's involvement with the system of care.

Author: Jerome Webb

Statutory Authority: Code of Ala. 1975, §§12-15-62, 12-15-65, 41-22-6; The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272); The Adoption and Safe Families Act (PL 105-89); R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991).

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660-5-47-.03 Court Orders. Court orders must be followed.

(1) DHR must seek to have the order lifted or modified if it substantially inhibits attainment of the child's permanency goal or imposes requirements inconsistent with the R.C. Consent

Decree. If the court refuses to modify or lift the order, the county DHR will notify the Director of the Family Services Division. If the Division concurs that the court order meets either of the criteria referenced above, the Division will take appropriate action.

Author: Jerome Webb

Statutory Authority: Code of Ala. 1975, §§12-15-62, 12-15-65, 41-22-6; The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272); The Adoption and Safe Families Act (PL 105-89); R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991).

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660-5-47-.04 General Guidelines. The Department's response to the needs of children and families is initially determined at intake based upon the reason for referral. Children and families are served by the Department based upon their unique strengths and needs with individualized services to address identified needs. This process may not occur as neatly or in the order described. The achievement of outcomes is essential and the elements of the ISP process are designed to support those outcomes.

(1) ISPs will be completed for all children and families for whom a case is opened for on-going child welfare services and the Department is involved in the planning and/or delivery of those services.

(a) The ISP will be a single, family-focused document which includes all the family members as well as any children in out-of-home care placements.

(b) When children are being served in their own homes, the primary focus of the ISP is on safety and health, protecting the children from abuse and neglect, and enabling the children to safely remain at home and achieve permanency and stability in their living situation.

(c) When children are in out-of-home care, the primary focus is on enabling them to safely return home, and when that is not possible, to locate and finalize a safe, stable permanent living situation that supports the children's relationship with family and other individuals who play a significant role in their lives. Parents and primary caregivers must be informed about ASFA's timeframes for achieving permanency and that the individualized service plan they develop with their child and

family planning team will identify detailed information on how permanency can be achieved. When children are living in out-of-home care pursuant to a court order granting DHR custody or an Agreement For Foster Care (DHR-FCS-731), child welfare staff shall provide parents and legal custodians with a copy of the pamphlet, *Parents of Children in Foster Care*, no later than the first ISP meeting following the children's entry into care.

(d) When a court order has prohibited all contact with the parents, the ISP must address parental strengths and needs as they relate to the child's permanency goal. Contact with siblings should still occur, and a family-focused ISP is still required.

(e) When parental rights have been terminated, children maintain the right to visit and communicate with their families; therefore, parental strengths and needs must be assessed and considered as they relate to the permanency goals and steps which are designed to maintain family connections.

(2) ISPs are not required for court-ordered home evaluations where DHR's involvement with the family is limited to preparation of a court report and the provision of any testimony related to the report; or for cases involving children whose adoption has been finalized and the case remains open for subsidy purposes, and no other services are being provided.

(3) The child and family planning team, also known as the ISP team, works in partnership to develop, review and revise ISPs; and the team is responsible for identifying strengths and needs; establishing goals; matching steps and services to needs; monitoring service delivery; and evaluating the ISP's effectiveness.

(a) Team composition shall include, at a minimum, the age-appropriate children; the parents (i.e., custodial and non-custodial); the DHR worker; the primary caregiver or the foster care provider (for children in out-of-home care); and other individuals requested by the children or family (e.g., friends, neighbors, advocates).

1. Foster parents may request that a person be present at ISP meeting to serve as a volunteer advocate. An advocate's presence must be agreed upon, prior to each meeting, by the parents and age-appropriate children. Requests from foster parents must be made in sufficient time for child welfare staff to discuss the request with the parents/age-appropriate children and reach a decision about the advocate's attendance.

(b) When children's removal from home is to be considered the child and planning team conducts a "pre-removal ISP meeting." These meetings shall also include a DHR worker or supervisor involved in the provision of intensive family preservation services and a supervisor who is not in the line of supervision of the primary caseworker. This team shall consider identified safety threats and determine if a safety plan can be developed or an existing safety plan can be revised to allow the children to safely remain at home. The ISP for children who are unable to safely remain at home shall address, at a minimum, the same areas as required for an initial ISP. If the safety threats are so significant that a summary removal is needed prior to the team being able to meet, an ISP meeting shall be held within seventy-two (72) hours of when the removal occurred.

(c) County Departments shall ensure that the ISP team for each child and family includes a DHR child welfare staff person who is qualified to provide, or supervise the provision of, individualized services to meet the needs of the child and family; and who has the authority to commit DHR resources or has immediate access, during the ISP team meeting, to a child welfare staff person who has such authority.

1. When authorization requires commitment of DHR resources and the team is unable to reach agreement during the ISP meeting, child welfare staff shall discuss the impact with the family and affected team members.

(4) Children and families have the right to participate in the planning, delivery, and evaluation of services.

(a) The family's right to participate may be restricted by the child and family planning team if the family's involvement places the child(ren) or other team members in danger or if the family's involvement significantly inhibits attainment of the child(ren)'s permanency goal.

(b) A foster parent's right and a foster parent advocate's right to participate in ISP meetings may be restricted by the child and family planning team if that foster parent's involvement (1) places the children or other team members in danger or (2) significantly inhibits attainment of the children's permanency goal. Foster parents may not be restricted from attending ISP meetings because of their view about strengths, needs, or services, or their displeasure or dissatisfaction with DHR or a provider's activities.

(c) Child welfare staff shall identify all restrictions and thoroughly document the circumstances

surrounding the need for the restrictions in the case narrative. The documentation must include, at a minimum, an assessment of the nature of the relationship between child welfare staff, other ISP members, and the foster parent; the nature of the relationship between the foster parent and the children in the home; and how the restriction is impacting the children's placement in the foster home.

(5) Personal identifying information on children and family members will not be disclosed by ISP team members to individuals who are not part of the team unless the age-appropriate child(ren) and the parent(s) have given consent.

(6) Confidentiality is to be discussed at each ISP team meeting with team members being asked to sign a statement of confidentiality.

(a) DHR and the child and family planning team will abide by the age-appropriate children's and parents' wishes regarding the release of information or records.

(b) If consent is withheld and the information is needed by the team for planning with the child(ren) and family, the court may be asked to order the information's release.

(c) Consent of the age-appropriate child(ren) and parent(s) is not required when it is necessary to disclose personal identifying information and share relevant information in order to protect the child(ren); when personal identifying information is disclosed to the Court, other DHR staff, and other individuals as authorized by law; when relevant information is needed for the attainment of decree goals; and when a court of competent jurisdiction has overridden the wishes of the age-appropriate child(ren) and parent(s).

(7) Sufficient advance notice of the date, time, and location of each ISP meeting shall be provided to all team members to allow them to prepare for and participate in the meetings.

(a) Written notification is required for custodial and non-custodial parents, foster parents (includes all foster care providers), preadoptive parents and relative caregivers. The remaining team members may receive either verbal or written notification. When the parents or children request that an advocate of their choice participate in the meeting, child welfare staff shall provide that advocate with reasonable notice of the meeting date, time and location. If the advocate is unable to attend the scheduled meeting, child welfare staff will make appropriate arrangements for the advocate's participation

after consulting with the child's Guardian Ad Litem and/or the family member requesting the advocate's presence.

(8) A written copy of the ISP shall be provided to age-appropriate children and their parents as well as all other team members at the conclusion of the ISP meeting, and if this is not feasible, the plan shall be distributed to the team within ten (10) working days of the date the meeting was held.

(9) ISPs serve as children's case plans and will be presented to the Court at every judicial review and to the review panels at every administrative review.

(a) The ISP shall include a determination of the continuing necessity for and appropriateness of the child's placement; a discussion of the extent to which all the ISP team members have implemented the plan, and identification of any steps and goals which have been achieved; a summary of progress made toward meeting the needs of the child and the family in order to alleviate the necessity for placement; and the anticipated date by which the child will return home or achieve another identified permanency goal.

(10) ISP shall be based on a comprehensive assessment of all family members' strengths and needs and shall include developmental, behavioral, emotional, educational, and family history; children's strengths and needs related to behavioral, emotional, educational, social, and medical/physical areas of functioning; children's needs related to developing skills for independent living or transitioning into adult service systems; and any crises that are likely to occur, and the family members' strengths and needs related to dealing with the crises.

(a) Children's safety and health emotional and mental) are paramount concerns, and the ISP must clearly state safety and health needs and how they will be addressed.

(b) Safety plans shall be developed to protect children whose safety is threatened. If a safety plan is in effect at the time an ISP meeting is held, it shall be reviewed to determine that it is functioning as intended.

(11) Placement decisions will be directly related to each child's permanency goal, and when children are unable to safely remain at home through the provision of services, relative resources must be assessed prior to placement.

(a) Children shall be referred to and placed in out-of-home care resources which adhere to Departmental standards and R.C. Consent Decree principles.

(12) ISPs shall be designed to achieve timely permanence and stability in children's living situations, and , and can early decision about the need for concurrent planning shall be made and reviewed at each ISP meeting thereafter.

Author: Jerome Webb

Statutory Authority: Code of Ala. 1975, §§12-15-62, 12-15-65, 41-22-6; The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272); The Adoption and Safe Families Act (PL 105-89); R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991).

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660-5-47-.05 Developing The Individualized Service Plan.

(1) ISPs shall be developed, reviewed, and revised in partnership with the age-appropriate children, their parents, service providers, and other members of the child and family planning team; and be based on underlying conditions related to identified safety threats and risks.

(2) Initial ISPs must be completed within 30 days of when the determination is made that the case will be opened for on-going child welfare services.

(3) When removal occurs prior to the ISP's development, the team must meet within 72 hours of the removal to develop the initial ISP.

(4) Initial ISPs must address, at a minimum, a review of any existing safety plans to determine if they need to be continued or revised to help protect the children in their own home; the desired outcome (permanency goal) for the children, and the anticipated time-frame within which the goal will be achieved; any additional assessments needed to facilitate identification of strengths/needs, and the time-frames for obtaining those assessments; steps to address the children's basic health, mental health, and educational needs; attachment needs, including visiting and phone/mail contact if the decision is made to move the children; steps to promote a timely return home or placement with relatives, if either of these is the child's permanency goal; and when appropriate, steps to transition the case to the child welfare staff member responsible for on-going case management.

(5) Initial ISPs will be reviewed at a meeting of the child and family planning team that is held within thirty (30) days of the date the initial ISP was developed to determine if implementation is occurring as planned, and if not, what revisions need to be made; and to complete a more thorough ISP addressing additional needs which have been identified and prioritized during the assessment process following the initial ISP.

(a) Thereafter, ISP reviews must occur at least every six months from the date of the initial ISP and more frequently as needed.

(b) ISPs will be reviewed and needed revisions made at the request of the parent(s), the age appropriate child or other team members; when changes in family members' circumstances warrant review and possible revision; prior to the decision to remove a child from home; after an emergency change in the child's out-of-home care placement; when a change in the out-of-home care placement is anticipated; when the ISP is not adequately managing the risks or new risks are identified; when the child(ren) and/or family are making little or no progress toward the established goals; when Medicaid rehabilitation services have been authorized and a treatment plan review is required; after any judicial, administrative, State or County QA review recommends or directs that changes be made; and within thirty (30) days prior to case closure.

(c) The child and family planning team shall meet and review the ISP within thirty (30) days prior to the anticipated date of closing a family's case to determine if the family is able to provide minimally adequate care for the child(ren) and function independently of Departmental intervention.

Author: Jerome Webb

Statutory Authority: Code of Ala. 1975, §§12-15-62, 12-15-65, 41-22-6; The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272); The Adoption and Safe Families Act (PL 105-89); R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991).

History: New Rule: Filed September 6, 2000; effective October 11, 2000. **Repealed and New Rule:** Filed August 4, 2006; effective September 8, 2006.

660-5-47-.06 Monitoring And Evaluating Individualized Service Plans.

(1) The ISP team is responsible for monitoring and evaluating ISPs, and they will reconvene as frequently as is

necessary to revise and develop a new plan should it be found that steps and services are not being implemented or are not effectively meeting needs, and/or steps and goals are not being achieved as anticipated.

Author: Jerome Webb

Statutory Authority: Code of Ala. 1975, §§12-15-62, 12-15-65, 41-22-6; The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272); The Adoption and Safe Families Act (PL 105-89); R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991).

History: New Rule: Filed September 6, 2000; effective October 11, 2000. **Repealed and New Rule:** Filed August 4, 2006; effective September 8, 2006.

660-5-47-.07 Documentation And Narrative Recording.

(1) Information about the child(ren) and family is recorded on the ISP form (revised effective April, 2005) which serves as the case plan.

(a) Following development of the initial ISP, both sections must be reviewed and appropriately revised following all ISP team meetings.

(2) The narrative section of the family's case record captures the family's history with the agency, enables the worker to elaborate on information gathered during the individualized service planning process, and demonstrates how the process is guiding case practice.

(a) Narrative recording may be completed in either chronological or summary form, and shall address elements of the ISP process including information directly related to goals and steps; team members' progress toward completion of steps to address identified needs; and evidence that action(s) taken are supportive of the ISP and desired case outcome.

Author: Jerome Webb

Statutory Authority: Code of Ala. 1975, §§12-15-62, 12-15-65, 41-22-6; The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272); The Adoption and Safe Families Act (PL 105-89); R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991).

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