

INDIVIDUALIZED SERVICE PLANS

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I. INTRODUCTION

The Department's response to the needs of children and families is initially determined at intake based upon the reason for referral. Children and/or their families become involved with the system of care in one of the following ways:

1. children and/or families request assistance to respond to a crisis or an on-going need;
2. the court or another community partner directs or requests that DHR provide assistance to children and/or families;
3. children and their families are referred to DHR due to allegations of suspected child abuse and/or neglect; and
4. children are referred as a child in need of supervision (CHINS) or for dependency reasons other than alleged abuse/neglect.

A goal of the system of care is designed to protect children from abuse and neglect and enable them to live with or near their families, to achieve stability and permanency in their living situations, to achieve success in school, and to become stable, gainfully employed adults. To achieve these goals, children and families are served by the Department based upon their unique strengths and needs with individualized services to address identified needs.

A. Purpose

This policy provides guidelines and procedures related to the individualized service planning process which results in the development of an individualized service plan (ISP). The ISP, developed in partnership with the child and family planning team, is the actual case plan that is designed to achieve the desired case outcome. It also serves as an organizer of case activity and a tool for communicating with the individuals involved with the children and family.

B. Legal Base

This policy, originally written in 1994, was developed to comply with the R. C. Consent Decree. It has been subsequently revised to comply with key principles of the Adoption and Safe Families Act of 1997 (P.L. 105-89) as well as amendments to the federal and state case planning statutes and the Department's best practice.

C. Glossary

Various terms used in this policy have been defined and a detailed glossary can be found in the Appendix.

D. Court Orders

There are cases which will have an existing court order (often from a divorce proceeding) in place at the time ISPs are being developed for children and families. There are also cases where the court will order additional services, lift restrictions, or impose additional restrictions after an ISP has been developed. All court orders must be followed.

DHR must seek to have a court order lifted or modified if it:

- substantially inhibits attainment of a child's permanency goal or
- imposes requirements inconsistent with best practice.

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.

II. THE INDIVIDUALIZED SERVICE PLANNING PROCESS

A. Assessment

Comprehensive family assessments are essential to the development of successful ISPs which are designed to achieve the desired outcomes of safety, permanency, stability, and overall well-being. Assessment begins at initial contact and continues until the family's case is safely closed. Information is gathered from and about all children and family members in order to gain an understanding of the needs to be addressed and to evaluate progress toward meeting those needs. The information is analyzed and conclusions are reached, thus creating a basis for informed decision-making and the development of the family's ISP. There should be a discussion of strengths, needs, and potential steps and services **prior to** ISP meetings.

Refer to Forms And Instructions for more detailed information on completing the "Comprehensive Family Assessment."

1. Plan of Safe Care

Plan of safe care is a crucial element of dealing with situations that may arise in a child's and/or family's life. In many cases, the intensity of a crisis and its impact on those involved will be diffused by including contingency steps within a safety plan or an ISP in case the original steps are unable to be implemented as planned. The social worker will use professional judgment in determining what if any plan of safe care should be put into place. For example, contingency steps may be needed to respond to substance abuse by a parent or caretaker. A plan of safe care must address the health and substance use disorder treatment needs of the infant and the affected family or caregiver. The plan of safe care must address not only the immediate safety needs of the affected infant, but also the health and

substance use disorder needs of the affected family or caregiver. A plan of safe care should also include referrals to appropriate services that support the affected infant and family or caregivers.

Child welfare staff shall assess individual family experiences and include contingency steps within safety plans and ISPs when needed. These steps must include a description of the anticipated crisis and specific actions the children, family members, foster parents and/or other pertinent individuals will take to assure safety and other needs are met. Contingency steps shall specifically address what action will be taken, who is responsible, and within what timeframes. They shall also be reviewed during ISP meetings and revised as needed.

B. Permanency Planning

An overall goal of child welfare intervention is to achieve and maintain safe, stable and permanent living situations for children until they reach the age of majority. An accurate assessment of the child's and family's strengths and needs, the reason for the agency's involvement with the family, and the behaviors and/or factors which need to change must be identified and shared with the family. Prior to the initial child and family planning team meeting, the worker, age-appropriate children and their families shall discuss permanency options which will meet the children's needs for safety, permanence and overall well-being.

Child welfare staff shall support parents and primary caregivers so they can make substantial, meaningful progress for the children to remain with them or be returned home in a timely manner. Parents and primary caregivers must also 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-BFC-731), child welfare staff shall provide parents and legal custodians with a copy of *Parents of Children in Foster Care* no later than the first ISP meeting following the children's entry into care. This DHR pamphlet describes the federal and state guidelines related to achieving permanency for their children.

Child welfare staff and family members shall reach consensus on each child's permanency goal and the timeframe for its achievement. Permanency goal options are for Child Protective Services cases in-home/ongoing are:

- remain with parent;
- remain with relative/caretaker;
- return to parent; or
- return to relative/caretaker.

Permanency goal option for foster care cases are:

- remain with parent;
- return to parent;
- permanent relative placement with transfer of custody to the relative;
- permanent relative custody with DHR retaining custody;
- adoption by current foster parent;
- adoption with no identified resource;
- another planned permanent living arrangement, court approved;
- kinship/guardianship; or
- adult custodial care.

NOTE: the permanency plan of another planned permanent living arrangement shall only be utilized for children aged 16 and older.

If a child's permanency plan changes from Foster Parent Adoption to Adoption with No Identified Resource, the Family Services Division Director and Children and Family Services Deputy Commissioner must both grant the approval. The case should be staffed with the Family Services Director before any approval or denial is made.

ISPs shall be designed to achieve timely permanence and stability in children's living situations, and this requires appropriate and quality service planning and delivery from the beginning of work with children and their families. An early decision about the need for concurrent planning shall be made and reviewed at each ISP meeting. Refer to *Out of Home Policies and Procedures*, Section III, Permanency and Concurrent Planning for more detailed information.

C. Developing The Individualized Service Plan

Each individualized service plan is the outcome of a process as unique as the children and families for whom it is developed. The process includes engaging, joining, and working in partnership with the children, family, service providers, and other relevant stakeholders to identify strengths and needs, establish goals, and match or develop steps and services to meet family members' needs and achieve the desired case outcome. It is not necessary that the ISP process precisely follow this order.

ISPs should 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. Decisions made during the ISP process will reflect the age-appropriate children's and family members' agreement unless the children's immediate safety needs cannot be met through mutual agreement of those involved.

Age-appropriate children and their parents will be encouraged to attend and fully participate in all team meetings to plan and evaluate service delivery as well as other meetings such as those held to develop and revise individualized education plans (IEPs). Meetings shall be conducted at any mutually agreeable and accessible location which maximizes the family's opportunity for participation.

ISPs shall also be developed and revised within specific timeframes and based on underlying conditions related to identified safety threats and risks. Actions taken and the intensity of service delivery are directly related to these conditions and the information derived during the assessment process.

1. The Individualized Service Case Plan Team

The ISP team works in partnership to develop, review and revise ISPs. The team is responsible for establishing goals; identifying services; monitoring service delivery; and evaluating the ISP's effectiveness.

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 foster care provider (for children in out-of-home care), and other individuals requested by the children or family (e.g., friends, neighbors, advocates) when it can be arranged. Any child aged 14 and over may have up to two (2) members of the case planning team, at their choosing, who are not a foster parent or caseworker for the child. Refer to *Partnership* policy, sections II. B. 5 and 6, for additional information on advocates. The child's Guardians-ad-Litem (GAL) shall be sent a written notice of the ISP meeting. This will allow an opportunity for the Guardians-ad-Litem input around the planning for the child. It is not a requirement that the GAL be in attendance, but they must receive notice of the ISP. Team composition may also include relatives, other past or present caregivers, service providers, teachers, and other DHR program staff involved with the family (e.g., JOBS or Adult Services worker, case aide). If team members are unable to attend the meeting, their input should be sought through submission of absentee forms.

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.

Composition of the child and family planning team will vary at times and may include many people or only a few. Examples include (1) for an older child in foster care, the team may consist of the age-appropriate child, the parents, the foster parents, a school teacher, service providers, and the DHR worker; and (2) in a newly opened protective services case involving an infant, the team may consist only of the parents, a neighbor, and the DHR worker.

Children and families have the right to participate in the planning, delivery, and evaluation of services, and are to be provided a copy of *Rights Of Parents And*

Children (see *Partnership* policy) upon case opening, but no later than the initial ISP meeting. The family's right to participate may be restricted by the child and family planning team if (1) the family's involvement places the children or other team members in danger or (2) if the family's involvement significantly inhibits attainment of the children's permanency goal.

2. Foster Parent Advocates and the ISP Process

Foster parents may request that a person or persons be present at ISP meetings to serve as a volunteer advocate for the foster parent (Foster Parents' Bill of Rights, Act No. 2004-257). A foster parent 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 three business days prior to the meeting for child welfare staff to discuss the request with the parents/age-appropriate children and reach a decision about attendance of the foster parent's advocate at the ISP meeting.

A foster parent may be approved as an advocate for foster parents in a county other than the county in which the foster parent serving as an advocate is approved.

The Alabama Foster & Adoptive Parent Association has established a group of AFAPA advocates who are trained to convey additional assistance for foster parents during the ISP process. These individuals are recognized as foster parent advocates by State DHR and AFAPA. DHR staff should not object to an AFAPA advocate being present unless they have credible reason for a particular individual who has been assigned by AFAPA to advocate for the foster parent. Prior to excluding the AFAPA advocate, the objection should be approved by the county's child welfare consultant. Consultation with AFAPA by Family Services Division will be made prior to excluding the individual. If exclusion is necessary, AFAPA is to be given an opportunity to assign another advocate. If the family objects to including the foster parent advocate in the ISP meeting, the advocate cannot attend but can be available for the foster family in other discussions with the Department. AFAPA advocates adhere to the "Circumstances for Restricting Individuals from the ISP Process" discussed below.

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.

3. Confidentiality and the ISP Process

Information about children and families gathered during the ISP process is shared and discussed with the child and family planning team prior to and at ISP meetings as well as at other meetings called by DHR staff, service providers or other team members. Personal identifying information will not be disclosed by team members to individuals who are not part of the team unless the age-appropriate children and the parents have given consent. The signed consent of individuals whose situations are to be discussed and the consent of the individual, agency or organization providing the information shall be obtained prior to the meeting.

Age-appropriate children and their parents will be asked to sign the Family Consent To Release Of Information (see Forms section) prior to the initial ISP meeting, if possible, and subsequently, as needed. The form is used for, but may not be limited to, the following purposes:

- child welfare staff need relevant confidential information and records maintained by individuals and agencies external to DHR (e.g., mental health agencies, education associations, housing authorities, employment agencies);
 - the team members need to share relevant information and records among themselves and with others external to DHR; or
 - the team members need to disclose personal identifying information to identified individuals or agencies outside the team.

Confidentiality is to be discussed at each ISP team meeting with team members being asked to sign a statement of confidentiality pursuant to § 38-2-6 (8) of the Code of Alabama (1975). The first page of the ISP form (see Forms section) is used to record team members' attendance and agreement to confidentiality.

4. Child And Family Planning Team Meetings

The initial meeting of the child and family planning team will be arranged by child welfare staff in partnership with the children and family. Subsequent team meetings are normally convened by child welfare staff, but may be convened by any team member with proper notification to the remaining team members. Meetings may be conducted at any mutually agreeable and accessible location which maximizes the family's opportunity for participation.

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. Written notification is required for parents (i.e., custodial and non-custodial), foster parents (includes all foster care providers), preadoptive parents and relative caregivers. The remaining team members may receive either verbal or written notification. Sample notification letters are included in the Forms

section of this policy. The date and method used for notifying all team members about an ISP meeting must be documented on the ISP form or absentee form.

As noted in section **II. C. 1.**, age-appropriate children and parents may request that other individuals (e.g. friends, neighbors, advocates, and parent's attorney) attend an ISP meeting. Children and parents shall provide DHR with an advocate request in advance of the ISP meeting so that child welfare staff can provide that advocate with reasonable notice of the meeting date, time, and location. (*Partnership* policy, Revision No. 1, March, 2000)

Good planning and best practice involves inclusion of education personnel (e.g., teacher, special education coordinator, school counselor, tutor) in the ISP process. Joint ISP/IEP meetings shall be held, when possible and reasonable, to facilitate service planning and delivery for the children who attend special education classes. Education personnel shall be invited to attend and participate in ISP meetings. When their attendance is not possible, their input shall be sought, presented at the meeting, and documented on the ISP form.

a. Circumstances for Restricting or Exempting Individuals from the ISP Process

Children and families can be in a vulnerable position and it is the right and obligation of DHR to protect children and families and assure that an individual family's ISP is outcome focused and ISP meetings are attended by individuals who have the same focus. In some circumstances it may be necessary to restrict parties from attending the ISP meeting. The decision to exempt individuals from the ISP planning process or an ISP meeting will always be made at the local level with the concurrence of the county director. Consultation for this exemption process may be obtained from the Family Services Division intake staff.

Circumstances that may be considered in the exemption of any individual from the ISP process includes, but are not limited to, the following:

- Individuals objected to by the birth family (either or both parents or legal custodians) or the guardian ad litem for a child;
- Individuals with a finding of moral turpitude or unethical behavior which has led to the loss of a professional licensure (e.g. revocation, suspension, disbarment. etc.);
- Individuals, other than an attorney representing the child or family member, who present as an advocate and who are paid for their work as an advocate;

- Individuals deemed to be detrimental or disruptive to the ISP process, i.e. threats, profanity language used by the advocate in the ISP;
- Individuals deemed to be not acting in the best interest of the child /family. The final decision on this issue is made by the county director; or
- Individuals who have a conflict of interest (e.g. a service provider who no longer serves DHR children and families due to ineffective services or other issues; the person has a monetary interest in a civil action involving the child)

b. Segmenting ISP Meetings

“Segmenting” means bringing some of the team members together for a meeting, rather than assembling the entire team. Segmenting is **not** the preferred means by which to conduct an ISP meeting. However, segmenting may be acceptable when team members’ participation in the ISP meeting is limited to discussions in which they have direct involvement, or when more than one (1) ISP meeting is necessary in order to complete development or revision of the plan.

When determining whether an ISP needs to be segmented, child welfare staff should consider the issues to be discussed and consult with the family. Family members and age-appropriate children must be able to attend the ISP, including one that is segmented. The following are examples of situations where segmenting may be appropriate.

- The birth parents and foster parents want to focus on ways to develop their partnership.
- A child has significant educational needs to be addressed and the child’s teacher and school counselor are unable to attend the scheduled ISP meeting.
- The meeting will focus on significant needs related to a child’s sexual abuse, the issues are of a sensitive nature, and decisions made during the meeting will not affect other team members (e.g., homemaker, school teacher, volunteer who provides transportation) and the steps or services for which they are responsible.
- A parent and child have moved to another residence due to domestic violence and the spouse’s presence at the ISP meeting would significantly inhibit the parent’s and child’s participation in planning the delivery of services and/or the spouse’s presence would place the parent, child and/or other team members at risk of serious harm.

Child welfare staff shall discuss the need to segment an ISP meeting and obtain supervisory concurrence during the preparation phase of the ISP process. When segmenting is the most appropriate alternative for completing an ISP, the worker should document in the case narrative the reason for segmenting. If an ISP's development or revision requires more than one (1) team meeting, the plan is considered complete only after the last meeting has occurred. Therefore, the date of the last ISP meeting is entered on the plan as the actual date of the initial ISP or the ISP review, whichever is appropriate.

c. Reaching Consensus

Child and family planning team members are expected to reach consensus around family members' strengths, needs, goals, steps, and services which are essential to achievement of the desired case outcome. Reaching consensus is especially important when it is necessary to segment ISP meetings, and the entire team was not present to develop or revise the plan. When segmenting has occurred, child welfare staff shall identify and document the methods used to determine that consensus has been reached among the ISP team members. When agreement can not be reached, child welfare staff should discuss the consequences with the family and affected team members. Discussions will be held on how the Department must proceed to assure the children's safety, permanence and overall well-being.

5. Children And Families For Whom ISPs Will Be Developed

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. (See exception list)

When a court order has prohibited all contact with the parents, a family focused ISP is still required. Contact with siblings should still occur. When parental rights have been terminated, children maintain the right to visit and communicate with their families.

ISPs are also required for children who are in DHR custody and/or planning responsibility and have special case circumstances. Some examples are:

1. children the Department is legally obligated to serve (e.g., CHINS; children with a dual adjudication; children in cases with court-ordered services, planning responsibility or supervision);
2. children whose adoption has been finalized, the case remains open for subsidy purposes, and DHR is involved in planning the delivery of services;

3. children on runaway status; and
4. children who live out-of-state and the Department will be relieved of custody and closing the case in the near future.

Note: An actual meeting of the child and family planning team may not be feasible for case situations referenced in 4 above. In these situations, child welfare staff shall have contact with all team members to discuss and reach consensus around strengths, needs, goals, and steps. This contact may be accomplished through a conference call. Information obtained through these contacts will be documented in the narrative and incorporated into the ISP document for distribution to the team members.

Exceptions

ISPs are not required in the following situations:

- 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,
- cases involving children whose adoption has been finalized, the case remains open for subsidy purposes, and no other services are being provided or
- ICPC cases.

6. Initial ISPs

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.

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

Initial ISPs should address, at a minimum, the following:

- 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 timeframe within which the goal will be achieved;
- any additional assessments needed to facilitate identification of strengths/needs, and the timeframes 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

7. ISP Reviews

ISPs shall be reviewed and revised by the child and family planning team as described in the following sections. Each child's permanency goal and the timeframe for achieving that goal shall be reviewed at each ISP meeting. Revisions to the plan are determined by the team, and updates to the ISP form must be made following each meeting in sufficient time for the plan to be distributed to team members within ten (10) working days of the ISP meeting. Refer to section II. E. 11., Distribution Of Completed ISPs And Addenda, for more detailed information.

Certain revisions (e.g., changes in the day and time of previously scheduled visits) may be made without a full team meeting since they do not fundamentally alter the plan. These revisions are to be made by child welfare staff in partnership with the age-appropriate children, their family members, and any other individuals affected by the change.

a. Required Reviews

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.

This review serves a dual purpose:

- (1) to determine if implementation is occurring as planned, and if not, what revisions need to be made; and
- (2) to complete a more thorough ISP, if needed, to address additional needs which have been identified and prioritized during the assessment process following the initial ISP.

Thereafter, ISP reviews must occur at least every 180 days from the date of the initial ISP and more frequently as needed. The team will establish an interim schedule for reviewing the ISP's effectiveness, and this schedule will vary depending upon the children's and family's individual situation.

b. Interim Reviews

ISP meetings shall be held to review an ISP and make needed revisions when the following situations, at a minimum, occur:

- at the request of the parents, 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 a child's out-of-home care placement;
- when a change in a child's out-of-home care placement is anticipated;
- when the ISP is not adequately managing the risks or new risks are identified;
- when the children 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 (refer to Forms section for instructions on Medicaid services);
- after any review (i.e., judicial, administrative, State or County QA) recommends or directs that changes be made; and
- within thirty (30) days prior to case closure (refer to section II. 7. D. Safe Case Closure).

8. Monitoring And Evaluating ISPs

Monitoring and evaluating ISPs is critical to effective plans and the ability of children and families to successfully achieve identified goals and desired case outcomes. Designated team members must review an ISP's implementation according to the methods and timeframes determined during the meeting and identified in the written plan.

Child welfare staff, in partnership with ISP team members, are responsible for evaluating (1) the clarity of the ISP and (2) its functionality as a working tool for all team members. At each meeting, the team shall review each child's permanency goal and the timeframes for achieving that goal.

Once implemented, an ISP's effectiveness must be regularly assessed through input from all the team members. Child welfare staff are to monitor whether the team members are implementing steps for which they are responsible. This information serves as an on-going means for the ISP team to monitor and evaluate

progress toward the desired case outcome. Conclusions regarding outcomes will be reached through activities such as observations and self-reports from age-appropriate children, family members, service providers, and DHR staff. Input from family friends, advocates, and the results of Quality Assurance reviews and family satisfaction surveys are additional sources of information.

Monitoring and evaluating ISPs to determine their effectiveness in producing desired outcomes is also necessary so that child welfare staff or any other team member can call a team meeting to review and revise ISPs when needed or required. All team members should understand that commitment to children and families and their success means the ISP team 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.

a. Judicial And Administrative Reviews

ISPs serve as children's case plans and may be presented to the Court at every judicial review (including permanency hearings) and to the review panels at every administrative review.

An ISP meeting will satisfy the requirements for an Administrative Review (i.e., the periodic review of the case plan for children in foster care placements), if held at least every six months by a panel composed of:

- age-appropriate children and parents(s);
- professionals and other ISP team members involved in the planning and delivery of services; and
- at least one individual not in the direct line of supervision or delivery of services to the children or parents.

This ISP meeting must include a discussion and documentation in the case narrative of the following:

- 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.

b. Safe Case Closure

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. The purpose of this review is to determine if the family is able to provide minimally adequate care for the children and if the parents and/or primary caregivers have sufficient protective capacities to function independently of Departmental intervention.

In order to make this determination, the team shall consider and review factors related to the following areas:

- the original reason for the Department's involvement with the children and family;
- the needs which had to be addressed to eliminate the safety threats and reduce or eliminate the identified risks;
- the formal and informal supports currently available to the family;
- the family members' current strengths and capacity to care for the children and provide a safe, stable, and permanent living situation; and
- relative/caretaker must have legal custody before case is closed.

Based upon the findings of this review, children and families will be provided sufficient information on contingency steps to address previously identified risks which may arise following case closure.

9. Documentation

a. Individualized Service Plan (ISP)

The ISP form must be fully completed on all cases which require an ISP (refer to section II. C. 4.) with review and approval by the completing worker's supervisor. It must also be reviewed and appropriately revised following all ISP team meetings.

The form captures information about:

- the ISP meeting (e.g., individuals invited to attend, meeting participants, confidentiality agreements, when the plan is distributed to team members);
- demographics for and information on the family members (e.g., date of birth, education, eligibility and entitlements,

permanency and concurrent planning goals for the children); and

- services to meet identified needs and achieve desired permanency goals.

b. Case Planning Addendum For Children In Out-Of-Home Care

The Addendum is used to document information on children who are residing in out-of-home care pursuant to a court order granting DHR custody or an Agreement For Foster Care (PSD-BFC-731). Information captured in the Addendum is required by both federal and state statutes as well as DHR policies, and must be completed on each child who enters out-of-home care within ten (10) days of that child's removal from home. The completed form must be reviewed and approved by the worker's supervisor. The Addendum must also be reviewed following all ISP team meetings and updated when information captured on the form has changed.

10. Narrative Recording

The narrative section of the family's case record captures the family's history with the agency, enables child welfare staff to elaborate on information gathered during the individualized service planning process, and demonstrates how the process is guiding case practice. Although specific information recorded on the ISP form does not have to be repeated in the narrative, the case narrative exists to support the information noted on the form, and to enable any reader to have a more detailed understanding of the work with the family.

The family's narrative serves several purposes including, but not limited to, documentation of the following:

- membership of the family's ISP team and any pertinent information regarding restrictions made in membership; specific information obtained from the family and significant others during the assessment process;
- efforts to locate non-custodial parents to encourage their participation in the ISP process;
- child welfare staff's observations and professional assessment of the family related to engaging and joining, strengths, risks, needs, goals, and desired case outcomes;
- basis for setting of priorities around individual elements in the ISP;
- preparation of the age-appropriate child, family, and team members for ISP meetings;

- information and observations from the meeting that are not included on the ISP form;
- clear description of progress, or the lack thereof, being made toward the goals and desired case outcome;
- changes which occur between ISP meetings, how they are addressed, and the need for the changes to be addressed at the next ISP meeting and in the resulting case plan;
- documentation required for the financial, audit and quality assurance areas; and
- any additional information which will facilitate the reader's (e.g., current worker, new worker, supervisor, QA reviewer) understanding of the family.

Narrative recording may be completed in either chronological or summary form, and should reflect only that information which is relevant to the case and which does not duplicate information located elsewhere in the case record. The amount of detail included in narrative entries is dependent upon the nature of the entry and the purpose for which it is being recorded. Narrative entries shall address elements of the ISP process including:

- (1) information directly related to goals and steps,
- (2) team members progress toward completion of steps to address identified needs, and
- (3) evidence that actions taken are supportive of the ISP and children's permanency goals.

11. Supervisory Review And Approval

Supervisory review and approval is required at various times during the ISP process. The review and approval process assists child welfare staff with meeting the needs of children and families as well as meeting specific policy requirements, documentation required by funding sources, and accountability toward outcomes. Supervisory review and approval of ISPs and Addenda must be completed when the following occurs:

- the ISP or Addendum is developed initially;
- the 30 day review following an initial ISP's development;
- the ISP treatment plan is reviewed for Medicaid claiming purposes;
- the review (judicial or administrative) which serves as the six (6) month case plan review is planned;

- the ISP is submitted for administrative / judicial reviews and permanency hearings;
- the ISP and/or Addendum is revised based on significant changes in the child's and/or family's situation; and
- at time of case closure.

Reviewing an ISP also includes reviewing the case narrative. Supervisors review narratives to evaluate the quality of casework practice and evidence of outcomes for the children and family. Narrative entries must reflect elements of the ISP process, be directly related to steps and goals, and demonstrate that actions taken are supportive of the ISP and children's permanency goals.

Child welfare supervisors may approve ISPs that meet the elements described above. If any elements are incomplete or missing, the ISP must be returned for completion.

12. Distributing Completed ISPs And Addenda

A written copy of the ISP shall be provided to age-appropriate children, their parents, and all other team members at the conclusion of each ISP meeting. If this is not feasible, the ISP shall be distributed to the team within ten (10) working days of the date the meeting was held. Team members shall be requested to review the ISP upon receipt and bring any discrepancy they may note or confusion they may have regarding the written plan to child welfare staff's attention.

If any team member notes discrepancies from what was agreed upon during the meeting and/or does not understand the goals and steps detailed in the written plan, child welfare staff are responsible for responding to the particular issue(s). Minor issues (i.e., issues which do not affect anyone other than the team member who is noting the discrepancy or needing clarification) that can be resolved or corrected without full team involvement may be dealt with informally.

Issues involving more than one (1) team member and which are not controversial may be resolved by a conference call, individual telephone calls, or in-person discussions with the other team members. Any potentially controversial or complex issues which involve several team members may be handled by a conference call with all the involved team members participating. When a conference call is not feasible, a team meeting may need to be held for clarification and resolution. Worker insight and discretion, along with supervisory concurrence, must be used in making decisions regarding the most appropriate method for resolving the issues.

A copy of the Addendum must be sent to the child's parents and legal custodians (other than DHR) within ten (10) days of the ISP meeting date. There are two (2) exceptions to this requirement. It is not necessary to provide parents or legal

custodians a copy of the Addendum when (1) parental rights have been terminated; or (2) provision of the Addendum would place the child's safety at risk. When the child's safety would be placed at risk, documentation justifying this exception is required (refer to the Addendum's instructions).

NOTE: When a child's safety may be at risk due to provision of either the ISP or Addendum (e.g., foster family's address remains undisclosed because child is at risk of being kidnapped by the parents), child welfare staff **must** (1) review the forms for any identifying information (e.g., therapist's name, therapist's or foster parent's address, telephone numbers) that could provide an opportunity for the parents/legal custodians to gain access to the child and (2) make certain that the identifying information has been removed or is illegible.