



our community our kids

a division of ACH Child and Family Services

OCOK Case Management Operations Manual

Effective 3-01-2020

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Introduction

Policy and Procedures - Purpose		
Domain		
Effective	3-01-2020	Revision Dates
Documents		
Reference	THRC, TFC, TAC, US Constitution/Federal Law, Title IVA, B, E, CAPTA, ICWA, MEPA, DFPS Policy, Community Based Care Region 3b Policy and Procedures	

Purpose:

The purpose of OCOK Permanency Policy and Procedures is to provide a framework for our collaboration with children and families, caregivers/foster parents, relatives, court systems, and stakeholders. Through our engagement and partnership with others, we will together ensure child safety and quality outcomes for children and families.

Procedure:

We will engage and collaborate with others to make essential quality decisions regarding a child’s best interest and permanency.

Quality decisions regarding a child’s best interest and permanency are made according to:

- Knowing each child and family – their uniqueness, their strengths, what motivates them, their abilities, their cultural, ethnic and religious heritage
- Developing creative and innovative strategies to overcome any barriers to permanency
- Performing essential casework procedures mindfully, effectively and efficiently
- Identifying best practices and implementing them into our daily work
- Supporting thoughtful, ethical and collaborative decision-making with each person involved in our cases
- Creating a positive and respectful workplace and organizational culture
- Fostering credibility with children, families and stakeholders
- Developing a strong collaborative team to support the child and family
- Partnering together with birth parents, foster parents, relatives and others to ensure quality outcomes for children and families
- Meeting all legal standards required
- Documenting all interactions with those involved in our cases within 72 hours

Permanency Specialists have the personal knowledge of specific case facts and detailed family dynamics. You also have the first-line, direct, ongoing relationships with the child, family members, caregivers/foster parents/placements, and other stakeholders involved in your cases. These insights and this engagement will foster a partnership with each person associated with your cases.

We want to venture to ensure all staff are empowered to make decisions at the field-level, whenever appropriate and possible. We believe our staff are professionals. We also anticipate that all staff will exemplify our philosophy of care in each and every interaction with others. This includes children,

parents, foster parents/placements, relatives, court systems, and other stakeholders we engage with during our daily work. Your supervisor is readily available to assist, guide, direct and support you.

We also need to ensure understanding of the importance of detailed, specific, clear and concise documentation of every interaction we make during our engagement with others and work on a case. These interactions must be documented timely, no later than 72 hours. If a situation arises involving any child, their current caregiver, or a parent/relative, it is vitally important that all current and relevant information concerning the child and family is available for consideration and review.

There are federal and state statutes and requirements that govern the framework of our daily work and tasks. These rules and statutes are readily available for review and reference through the internet and in our training reference materials.

While adhering to all applicable laws and legal procedures, we need to remain thoughtful, flexible and adaptable regarding the way we perform our daily work; understanding that each family and child are unique, as are their individual needs and circumstances.

If there are questions, feedback, concerns or input regarding policy, procedure, statutory requirements or expectations, discuss these with your supervisor or leadership network.

Adoption

Adoption Policy and Procedure		
Domain	Adoption, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Family Code 162.005(b), <i>DFPS Rules, 40 TAC §749.3341</i> External Link , Texas Family Code §§ 162.005 External Link , 162.006 External Link , 162.008 , <i>DFPS Rules, 40 TAC §749.3349</i> , Minimum Standards, Subchapter Q, Division 3, MEPA	

Purpose:

Every child deserves to be loved and to have a permanent family. Adoption is the legal process through which a child joins a family different from his or her birth parents. Moreover, adoption is a permanent, lifelong commitment to a child. A child may be legally free for adoption if both parent’s rights or terminated or relinquished. Once adopted, a child has the same legal and inheritance rights as the family’s naturally-born children.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

There is a plethora of constructive and beneficial information available regarding each of the areas outlined below. This is a brief outline of the comprehensive adoption process and the vital role that you, as the child’s Permanency Specialist or the Adoption Care Coordinator play in the child’s adoption journey.

Once a child is legally free for adoption, you should begin preparing the child for the possibility of this change and transition.

As children vary in how they process trauma and loss, adoption preparation is unique for each individual child. While some children may be ready to move forward with adoption relatively quickly, other children may require time to grieve the loss of their birth families. Similarly, many children need time to learn they can trust adults to commit to them and to keeping them safe before they are ready to explore a new family. Each child’s needs vary depending upon their history, their circumstances, their emotions, their personality and a variety of other unique factors.

1. Preparing Children for Adoption – This is a critical first step in the adoption process. You should begin preparing a child for adoption when adoption is the primary or concurrent goal in the case. This includes open dialogue between yourself and the child on a regular basis, along with involved therapists, foster parents, and other professionals. Always keep in mind the child’s age and developmental level, strengths and needs during your engagement in these discussions. The child’s current caregiver is also an essential partner in this preparation. *DFPS Rules, 40 TAC §749.3341*[External Link](#)

The primary goals and purposes of preparing children for adoption are to:

- Engage with the child and assist them in understanding the process as well as the termination of their parent's rights
- Engage with the child to see how they are feeling and assist them in understanding adoption – The idea of adoption may mean different things to different children. While discussing a permanent adoptive family with a child, keep in mind it often triggers the painful realization that their biological family ties are ending. It is vital to include therapists with expertise in adoption, trauma-informed care, and grief and loss to assist the child in processing these painful and difficult emotions.
- Involve the child in planning their adoption
- Reduce the risk of an adoption disruption

Preparing a child for adoption must be based on the unique strengths and needs of each child, assisting them in:

- Knowing and understanding themselves and their history
- Understanding the differences between biological, foster and adoptive parents
- Processing their hopes and fears
- Separating from people they are close to and grieving their loss
- Forming new attachments
- Working on their life book

Document each of your discussions and preparation activities in the case narrative.

2. Complete the Adoption Readiness Summary – This summary is designed to assess the child's psychological readiness for adoption. In order to accurately and meaningfully complete this summary:

- Review the child's case record and birth family record
- Interview the child, the child's siblings, the child's substitute caregiver, educational, medical and mental health professionals who have worked with the child and, when appropriate, other individuals who have a significant relationship with the child

The objectives of the thorough case review and personal interviews are to:

- Verify the child is legally free for adoption
- Assess the child's emotional and psychological readiness for adoptive placement
- Assess the child's needs and strengths and determine what parenting characteristics will meet them
- Assess the child's need for placement with his/her siblings
- Support the completion of the HSEGH report
- Develop information for seeking adoptive parents

The Adoption Readiness Summary should be completed within 30 days of parental rights being legally terminated.

3. Professional Assessments – Ensure that you have received the required professional assessment/s before a Selection Staffing and Presentation Staffing. The extent of the

professional assessment/s required depends on a variety of factors such as age, history and any special needs of the child.

- The assessment by a professional must always include a medical examination by a licensed physician.
- If the child is 0-18 months, the professional assessment must also include an evaluation by a professional credentialed in the area appropriate to the child's needs if:
 - There is history of abuse, neglect or failure to thrive
 - The child is physically, mentally, or developmentally delayed
- If the child is over 18 months, the assessment must include an evaluation by a licensed psychiatrist, psychologist or other appropriately licensed or credentialed professional.
- Assessments must be current within:
 - 30 days of placement for a child less than 18 months old
 - Three months of a placement for a child 18 months – four years old
 - Six months of a placement if a child is five years old or older

We will provide any testing that a professional assessment recommends and document the assessments and results in the child's record. DFPS Rules, 40 TAC [§749.3349](#)

4. Complete the Health, Social, Educational and Genetic History Report - (this is required if the adoptive person/family is not a stepparent, grandparent or aunt or uncle) within 30 days of each parent's rights being terminated. This report must be updated at a minimum of once annually if an adoptive placement has not been made and within three months of an adoptive placement being made. *Texas Family Code* [§162.005\(b\)](#)
5. Records Preparation – Texas law requires that we provide a redacted copy of the case record to the potential adoptive parent/s before the adoptive placement. *Texas Family Code* [§§162.005External Link, 162.006External Link, 162.008](#)

Administrative Assistants will be responsible for these requests.

Texas Family Code [§261.201\(e\)External Link](#)

6. Recruiting and Screening Potential Adoptive Placements – Selection Staffing

See Chapter 6.15 of the OCOK Operations Manual

7. Preparing the Family

Once a family is selected:

- provide the family with the redacted HSEGH and current psychological assessment, if this has not already occurred. Providing this information to prospective families is important to all families, including relative, fictive kin and foster/adopt prospective families. Ensure that the family initials each page and signs the last page after reviewing the edited HSEGH.

- provide the prospective adoptive parents with access to research regarding underlying health issues and other conditions of trauma that could impact child development and permanency, particularly as identified in the HSEGH or psychological evaluation.
- within two weeks, make arrangements with the agency (not the family directly) for the family to review the redacted file. The family must sign the *DFPS Confidentiality Agreement* prior to reading the record. The family should be allowed to review the record in a comfortable setting with enough time to fully review the record. Always encourage the prospective family to ask any questions about the child, to ensure they are able to make an informed lifelong decision. It is important for adoptive families to have all the information available to best prepare them. This preparation can help decrease the likelihood of a placement disruption or adoption dissolution in the future.

(Should the family decline to proceed, discuss with your supervisor, document, and proceed to next family choice)

8. Transition Plan for the Child – Presentation Staffing

See Chapter 6.15 of the OCOK Operation Manual

9. Transitioning the Child to their Adoptive Placement

Once the family has made a final decision to move forward, the team should begin implementing the child's transition plan.

- You, or the child's current foster family or caregiver, should show the child pictures or a videotape (or other appropriate technological means) the adoptive family has of their home, family and lifestyle. All team members, particularly the current foster parents, are encouraged to help transition the child to the new placement by encouraging them, listening to them, and presenting as positive and united regarding the adoptive family and the transition.
- After the child has been introduced via video and pictures, the initial face-to-face visit between the child and prospective adoptive family should occur in the child's current placement with the Permanency Worker present. The current foster parents should also be present. It is helpful that the adoptive family have the opportunity to observe typical routines/activities and the child in the foster home. This could include after school activities, afternoon play time, or at a place familiar to the child such as a park. This allows the prospective adoptive family an opportunity to interact with the child in an environment that is familiar to the child. The length of this visit will depend on the child's age and development, their strengths, and their needs. At the conclusion of the visit, plans for the next visit should be made together, along with the child (as developmentally appropriate).
- The team should schedule as many pre-placement visits as necessary, increasing the duration of subsequent visits (morning visit, day visit, overnight, weekend and placement). At a minimum, you must be present at the child's first contact with the family and when the child visits the adoptive home for the first two pre-placement visits. You should also have some involvement in other visits to help process with the child their feelings and any concerns they may have. At least one of the pre-placement visits must take place overnight in the adoptive family's home

(after shorter initial visits). This is determined together with you, your supervisor, the child and the team regarding how the pre-placement visits are going and if the child and family are ready for an overnight visit.

- After the initial visit in the adoptive home, engage with the child about how they are feeling about the move. These discussions should be private and in a place comfortable and familiar for the child. Also consult with the child's therapist and others to obtain feedback and recommendations regarding the transition and how best to proceed.
- Throughout the transition process, yourself, the foster family, and the adoptive family collaboratively work together with the child. This includes assisting them in resolution of any fears and/or concerns about the adoptive placement. Work closely with the adoptive family to ensure there is a concrete plan in place to ensure continued important connections in the child's life. If staying connected is not possible due to extenuating circumstances, you (as well as the child's therapist and other professionals) assist the child in separating from people he or she is close to. It is vital that they have an opportunity to appropriately say goodbye and have closure as they forward.
- Once the transition plan has been successfully implemented, the adoptive placement should be made. To assist with the new placement, engage with the foster parents, adoptive parents and the child about their Lifebook and keeping it somewhere special and secure at their new home. (The child should have input in decisions whenever possible and appropriate. For example: when their Lifebook is viewed, where it is kept, where they keep their toothbrush, the color of their bedspread, etc.)
- Some adoptive placements may be out of state. Discuss these placements with your supervisor as they arise.

10. If No Placement is Identified

If no viable placement is identified through the screening process or if a placement is declined at some point, discuss additional recruitment and selection strategies with your supervisor Adoption Coordinator. Be sure to document all of your activities in the computer system. You may consider re-evaluating screenings previously reviewed that did not make it into the final few selected.

Re-engage with family and explore kinship relationships again, as appropriate, and staff the case with your supervisor and Permanency Director at a minimum of once every 30 days. These staffings should be brainstorming sessions for additional strategies in locating an adoptive placement.

Additional recruitment efforts can include but are not limited to:

- Regional radio broadcasts;
- Local television, such as *Wednesday's Child* segments and videos on television station websites;
- Discussions with private child-placing agencies;
- Discussions with regional foster/adopt home development staff
- Regional match parties and other events;

- Referral to Wendy's Wonderful Kids
- Case mining for potential relatives or other possible connection; and
- Permanency round tables, if available.

Many unique situations and circumstances may arise throughout the adoption process. Please utilize your supervisor as well as your collaboration team (the child, foster parents, adoptive parents, therapists, relatives, educators, CASA, ad litem and other stakeholders) to ensure child safety, preservation of the child's best interest, and positive permanency for every child on your caseload.

Assessments

Child and Adolescent Needs and Strengths (CANS) Assessment		
Domain	Assessments, Care Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Family Code 266.012, OCOK Provider Manual, CANS Manual -Texas Version, Community-Based Care Region 3b Operations Manual	

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

In conducting our initial and ongoing assessments of each child and family promptly and individually – based upon their strengths and their needs, (combined with the child’s medical examinations and other child and family evaluations), we can best serve the child and family in planning for positive outcomes and permanency. The tools we utilize assist for these assessments promote:

- Positive partnering relationships with everyone involved in the case
- Solution-focused and motivational-focused interviewing
- Working through a multicultural lens
- Trauma screening

OCOK will work in tandem with the child/youth, parents, relatives, foster parents and other professionals who have personal knowledge of the child and family to ensure mindful, thorough and timely CANS assessments are made. This assessment is a planning and communication tool utilized to gather information to assist in making decisions regarding a child/youth’s needs and permanency goals.

Network Provider’s staff must complete the online CANS training and pass a competency test to be certified to administer the CANS Assessment tool. This testing is required annually. It is the provider’s responsibility to ensure those who administer the CANS maintain their certification annually.

The CANS Assessment will be completed by a CANS-certified professional within 21 days of the removal date for children 3-17. If a child turns three while in placement, the CANS Assessment will be completed within 30 days of the child’s third birthday.

CANS Assessments will be updated annually for all children with a Standard Level of Care.

CANS Assessments will be updated every 90 days for children with a Therapeutic Level of Care.

CANS Assessments must be reviewed and approved by the Network Provider’s Case Manager Supervisor or Treatment Director.

Permanency Specialists will ensure the CANS Assessment results guide the tasks and completion of the Single Child Service Plan. Recommendations from the CANS may be included in the child’s court report.

A CANS-certified professional employed by our residential providers within the SSCC network will administer the CANS. This will include consulting with the child/youth, the caregiver, the parents and other individuals who have knowledge of the child's needs and strengths prior to and while completing the CANS.

Permanency Specialists should ensure information from the FSNA is timely entered into the computer and communicated to the CANS assessor, as applicable. This assists the assessor in understanding the child and family dynamics, strengths, and needs while completing the Assessment.

1. Once a child turns three while in DFPS care, the CANS Assessment must be completed within 30 days of their birthday.
2. Once completed, Permanency Specialists should ensure that the Child Plan of Service is driven by the CANS Assessment.

To view the CANS Assessment in the child's Health Passport (STAR Health):

STAR Health is a statewide, comprehensive health care system designed to coordinate and improve healthcare for the children in DFPS conservatorship. Medicaid services through STAR Health are available to:

- children in DFPS conservatorship (under age 18);
- young adults in DFPS extended foster care (ages 18 through 20); and
- young adults who were previously under DFPS conservatorship and have returned to foster care or through voluntary foster care agreements (ages 18 through 20).

The Health Passport is an electronic health record that contains each child's healthcare information (in STAR health), including:

At a minimum, a child's Health Passport contains the following:

- The child's name, birth date, address of record, and Medicaid ID number
- The name and address for each of the child's physicians and health care providers
- A record of each visit to a physician or other healthcare provider, including routine checkups
- A record of immunizations
- Identification of the child's known health problems
- Information on all prescriptions

To activate your Health Passport Account, Permanency Specialists:

1. Go to www.fostercaretx.com to register and set up your account in the Health Passport
2. All Permanency Specialists will have access to review, view, or print each child's electronic records through STAR Health once you register and make your account.
3. You will also have access to training materials and other resources in STAR Health once your account is made. [Texas Family Code 266.012](#)

See OCOK Provider Manual 6.02 for additional information.

See Community-Based Care Region 3b Operations Manual (page 32) for additional information.

Family Strengths and Needs Assessment (FSNA)		
Domain	Assessments, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents	Family Strengths and Needs Assessment	
Reference	Structured Decision-Making Model - Procedure and Reference Manual – Family Strengths and Needs Assessment	

Purpose:

In conducting our initial and ongoing assessments of each child and family promptly and individually – based upon their strengths and their needs, (combined with the child’s medical examinations and other child and family evaluations), we can best serve the child and family in planning for positive outcomes and permanency. These assessments promote:

- Positive partnering relationships with everyone involved in the case
- Solution-focused and motivational-focused interviewing
- Working through a multicultural lens

The Family Strengths and Needs Assessment (FSNA) provides us the opportunity collaborate with the family and other partners prior to the development of the Family Plan of Service.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

OCOK will work in tandem with the child/youth, parents, relatives, foster parents and other professionals who have personal knowledge of the child and family to ensure mindful, thorough and timely assessments are made.

The Family Strengths and Needs Assessment will be completed by the Permanency Specialist within 14 days of the removal date. The assessment will be sent to Superior Health within 24 hours of completion.

The FSNA assessment results guide the tasks and completion of the Family Plan of Service as well as the Child and Adolescent Needs and Strengths Assessment.

We will be transparent throughout the assessment process, ensuring that we receive input from the child, the parents, relatives, the caregiver, and others, as well as provide feedback and ongoing communication with these partners.

- A. The Permanency Specialist will consult with the child, the parents and other individuals who have knowledge of the child’s and family’s strengths and needs prior to and while completing the FSNA.

1. Face to face engagement and conversation with those involved in our case is generally preferred; however, if not possible, other technological methods may be utilized. (For example, you need to communicate with a grandparent who resides in Florida – you may determine Skype, Facetime, are best suited for this)
 2. Involve and collaborate with the parents in the completion of the assessment and elicit their perspectives before scoring the FSNA – What is working well? What are we worried about? What needs to happen next?
 3. Be transparent with the parents and caregivers who may have different perspectives on their strengths and needs, knowing there may not be agreement in all areas
 4. You should utilize the Family Strengths and Needs Assessment (FSNA) to communicate relevant historical information about the child’s family to the CANS assessor
 5. Once completed, ensure that the Family Plan of Service (FPOS) includes all information from the FSNA and the parents receive a copy of both
 6. Although the FSNA is not attached formally to a court report, Permanency Specialists may be asked to testify regarding the assessment.
 7. It is recommended no more than three areas of need be focused on at one time for each of the parents in the FPOS. Focusing on the highest priority needs and services at the beginning of the case provides the parent/s opportunities for success, rather than inundating them with tasks and services that are assessed as lower priorities.
- B. Completion of the FSNA is required with the exception of the following circumstances:
1. The parent’s whereabouts are unknown (once located, a FSNA must be completed within 14 days)
 2. The court has ordered aggravated circumstances
 3. The child in care meets the criteria of a Baby Moses case and the parents are unknown

See the Family Strengths and Needs Assessment Procedure and Reference manual for specific information on thoughtful and thorough completion of the Family Strengths and Needs Assessment.

Case Management

Case Documentation		
Domain	Case Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference		

Purpose:

Case documentation is a narrative recording of the events in a case as they occur chronologically throughout time. It is important that all case contacts are documented timely and are current and correct at any given point in time. This is vital for legal purposes, as well as in the event of a placement disruption, an emergency, or other need that may arise on your caseload.

Each OCOK case record complies with all legal requirements.

The electronic records include the log-in identity of the staff person making the entry and supervisory review, if applicable, along with a time stamp indicating the date and time of the entry and supervisory review or approval. This record is considered equivalent to a dated signature by the staff person; however, hard copies with signatures will be maintained in the physical case file as appropriate.

Other documentation such as birth certificates, doctor visits and other forms are kept in the physical case file. They should be scanned into the computer system, as applicable.

Case documentation will be entered timely according to designated policy timeframes.

We understand the importance of our work being professionally and factually documented, without supposition or personal opinions. Narrative and documented information will be factual, grammatically correct and professionally written.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

1. Contacts with children and their placements (and attempted contacts with children and their placements) and other significant contacts will be documented in the computer record on the same day the contact (or attempted contact) occurs, or within 24 hours. This includes telephone calls as well as face to face contacts.
2. Other case-related interviews/contacts (birth parents, relatives), hearings, court decisions and collateral contacts will be documented in the computer record no later than 72 hours from when the contact occurred.
3. Case staffings and other miscellaneous case activities will be documented in the computer record no later than 72 hours from when the event occurred.

Case Transfer		
Domain	Case Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents	Transfer Summary	
Reference		

Purpose:

To ensure excellent continuity of care for all children and youth during the case transfer process.

We understand the importance of continuity of care for all children and youth.

We will ensure that all case transfers and case transfer visits occur timely (within ten (10) calendar days) whenever possible.

A case transfer staffing will occur prior to transferring any case to another Permanency Specialist, caseworker, or geographical area. The staffing information will be documented in the computer system, along with the Transfer Summary.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

It is vitally important that child safety, well-being and permanency are at the forefront at all times in our work. This includes the times when a case requires being transferred to another Permanency Specialist, caseworker, or geographical area.

To request a case transfer, Permanency Specialists:

1. Discuss applicable case facts and circumstances necessitating a case transfer with their supervisor.
2. Request a case transfer staffing with the receiving area/worker/specialist. If the case is being transferred out of state, see policies regarding Interstate Compact Placements)
3. If the transfer is within a 350-mile radius of the legal court of jurisdiction, make arrangements to complete a face to face transfer visit within ten calendar days of the transfer staffing. The following people should be present at the transfer visit:
 - Permanency Specialist
 - Receiving caseworker
 - Child/Youth, as appropriate
 - Parent or another caregiver
 - Family members, as appropriate

4. If the transfer is further than a 350-mile radius, a face to face transfer visit by the primary Permanency Specialist is not required. The transfer visit may be conducted via FaceTime, Skype, or other technological means.
5. Ensure all documentation in the computer system is current and up to date prior to case transfer, including the completion of the required Transfer Summary
6. Ensure physical case file is current and up to date prior to case transfer
7. The physical case file should be delivered to the receiving worker at the transfer visit. You may print out the transfer summary to assist with the discussion with the receiving worker and family at the visit.
 - a. If this is not possible, the current and complete case file should be delivered via certified mail to the local office of the worker receiving the case. (Your Administrative Assistant will mail the case and provide you with the certified copy receipt.) If it is being mailed, document in the transfer summary that the file is being delivered via certified mail and to whom and what address. Include a scanned copy of the certified mail receipt in the transfer summary.
8. Once the transfer visit has occurred and the transfer summary has been completed, submit the case to your supervisor for review and approval prior to the case being transferred in the computer system. (If no transfer visit can realistically occur due to distance, submit to your supervisor upon completion of the transfer summary).
9. The Permanency Supervisor will review and approve in the computer system and will assign the receiving supervisor (or their designee) primary, as agreed upon during the transfer case staffing.

Child Safety		
Domain	Case Management, ACH Risk Prevention and Management	
Effective	3-01-2020	Revision Dates
Documents		
Reference		

Purpose:

Child safety is at the forefront of our work with children and families. OCOK keeps children safe through a collaborative approach involving children, foster parents, relatives, child placing agencies, CASA, legal professionals, educators, and the community. OCOK will collaborate with children and each of our partners to ensure every child in substitute care is safe.

Policy:

ACH Child and Family Services provides an annual report of the internal assessment of overall risk to the Board of Directors.

Procedure:

To ensure child safety during the course of our daily interactions with children, their families and placements, Permanency Specialists will:

- Make both announced and unannounced visits to the foster home/placement
- Regularly review and know any regular or frequent visitors to the home/placement and ensure they are approved to be visiting the home (DFPS history check and criminal history check)
- Observe the physical home environment during each visit; noting and addressing/having corrected anything that could be considered a safety risk (i.e. unlocked cabinets, uncovered electrical outlets, unsecured televisions and furniture, unsecured swimming pools, unsecured trampolines, unsecured weapons and ammunition storage, safe sleeping arrangements, stairways, etc.)
- Ensure there are safe sleeping arrangements in the home/placement and provide Safe Sleeping information to all caregivers and document in your case narrative.
- Engage with children and their caregivers to assess ongoing safety in the home (i.e. age-appropriate supervision, visitors in the home, sleeping arrangements in the home, sleeping schedules of caregivers, discipline practices, etc.)
- See Child Safety Home Checklist for additional physical home safety-related items

Collaboration Conference	
Domain	
Effective	3-01-2020 Revision Dates
Documents	Collaboration Conference Form
Reference	

Purpose:

The purpose of a Collaboration Conference (Case Conference) is to provide Permanency Specialists and their Supervisors consistent, specific, allotted time to discuss and collaborate together regarding the children and families on each worker’s caseload.

One of the primary roles of the Supervisor is to provide each Permanency Specialist with support, guidance, direction and expertise. One of the primary goals of the Supervisor is to ensure all available tools are utilized by their staff to ensure child safety, permanency and success.

Collaboration Conferences also provide the opportunity to ensure that all staff are accurately assessing child safety, adhering to quality standards for documentation, adhering to relevant policy and licensing standards, maintaining timely case contacts and maintaining timely and quality case documentation.

Supervisors and Permanency Specialists will meet together formally at a minimum of once per month to discuss each child and case on the worker’s workload.

The Collaboration Conference should be consistent, timely, private and as uninterrupted as possible. This time ensures both Permanency Specialists and their supervisors the opportunity to thoroughly and mindfully discuss every child and family and to collaborate together on each case to assess progress and/or barriers regarding positive permanency.

Procedure:

1. Prior to the monthly Collaboration Conference, Permanency Specialists:
 - Ensure all case documentation is current and correct

2. During the conference, Permanency Workers and Supervisors should be prepared to collaborate and partner together regarding:
 - Ongoing and current assessment of child safety and well-being - current living situation, medications, school grades, extra-curricular activities, well-child checks, medical needs, behavioral needs
 - Progress made toward achieving the goals of the FPOS, CPOS, and positive permanency – what needs to occur now to obtain positive permanency
 - Review of services being offered to the child and family – are they participating, demonstrating a positive change in behaviors, has the home environment improved (how), should any services be added or discontinued (why)
 - Upcoming court dates, deadlines, goals, legal concerns
 - Have parents been located and served, diligent efforts made (what)

- Interested relatives or fictive kin currently involved and supporting the child and family
 - Identification and solution-focused problem solving regarding any current barriers or obstacles for the child and family in attaining positive permanency
3. All identified additional goals, objectives, tasks, services, timeframes discussed during the conference should be documented within seven (7) business days on the Collaboration Conference Form and provided to the Permanency Specialist for reference.

Collaboration with DFPS Specialists		
Domain	Case Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference		

Purpose:

DFPS employs a variety of Specialists who are considered experts in specified areas of substitute care; children’s education, well-being, children with intellectual or developmental delays, medical issues and immigration.

These Specialists are available to assist us with a variety of situations or questions involving the children on our caseload.

We will collaborate with available DFPS Specialists as needed, as we work together towards positive permanency and positive outcomes for children and families.

Procedure:

We may regularly collaborate with the appropriate Specialist via telephone or email, to partner together regarding the children and families we serve.

1. **Education specialists** at DFPS help students in substitute care and are a resource to assist with education-related situations involving children on our caseload. The Education Specialist for our area can be located on the DFPS public website.
2. **Developmental Disability Specialists** at DFPS are knowledgeable regarding children diagnosed with Intellectual and Developmental Disabilities (IDD). They are available to assist with these situations involving children with these needs on our caseload. The Disability Specialist for our area can be located on the DFPS public website.
3. **Well-being Specialists** at DFPS are liaisons to Superior HealthPlan, the company that operates the STAR Health provider network. They are available to assist with situations involving Superior Health or STAR Health. The Well-Being Specialist for our area can be located on the DFPS public website.
4. **Immigration Specialists** at DFPS are experts in the area of immigration. They are available to help with immigration-related issues or questions. The Immigration Specialist for our area can be located on the DFPS public website.
5. **Regional DFPS Nurse Consultant** at DFPS is an expert in the medical field. The Regional Nurse consultant is also a resource for Permanency Workers working with PMN children. You can locate the DFPS Regional nurse at <http://intranet/CPS/Regional/nurse.asp>. They can assist you by interpreting medical information and medications through one on one consultation, helping you make informed decisions concerning a child’s health care, attending case staffings, facilitating group trainings on health-related issues and answering medical or health-related questions.

Collateral Contacts	
Domain	Case Management, ACH Client Rights and Responsibilities
Effective	3-01-2020 Revision Dates
Documents	
Reference	

Purpose:

A collateral contact is a source of information knowledgeable about a child and/or their family’s situation. A collateral contact may either corroborate or refute information.

We utilize collateral contacts to obtain additional information about a child, parent or the family as a unit, as collaterals often have personal knowledge of the family situation without having personal involvement in the situation itself.

We will collaborate with families, children, partners, stakeholders as collateral contacts to ensure child safety, best interest and positive permanency for children.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

Collateral contacts play a vital role in our case planning.

They can often provide insight regarding a child or family’s progress as well as any barriers to success that they may be experiencing. By collaborating with them, we are able to apply solution-focused problem solving to the identified barriers, as well as consistently celebrate the child and family’s progress throughout the case.

Collaterals may be professional or personal. Some examples are:

- Professional Collaterals – Service providers, physicians, attorneys, Court Appointed Special Advocates (CASA), foster parents, educators, pastors
- Personal Collaterals – Family members who do not reside in the home, friends, neighbors, church members

We should consistently utilize collateral contacts in our case planning. By teaming together with collaterals, it assists us in:

- making sound assessments
- service planning
- identifying barriers
- recognizing progress
- establishing positive permanency goals

Our contacts with collaterals should be documented in the case narrative timely, no later than 72 hours from when the contact was made. This includes telephone calls, text messages, emails, letters, communication via social media or face to face visits.

Consistent Communication		
Domain	Case Management, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference		

Purpose:

Children and youth in the conservatorship of DFPS understandably have many questions. As the person and face they come to know as their “caseworker,” we must ensure that we are consistently visible and are actively engaged with the children and youth for whom we are responsible.

We will maintain consistent visibility with children, youth and families.

We will remain actively engaged with children, youth and families for whom we are responsible.

We will have consistent (age appropriate), and meaningful conversations and communication with every child, youth and family.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

Permanency Specialists will have frequent and consistent communication and conversations with children and youth and their caregivers. This is in addition to the required minimum monthly required face to face contact.

This communication will be age-appropriate and various means of technology may be used (i.e. Facetime, Skype, IM).

Our communication should always reflect:

- That we are knowledgeable about the case and are prepared to ask and answer any relevant questions the child/caregiver may have
- Assessments of ongoing child safety, permanency and wellbeing through our conversations, visits and communication
- Our ability to acknowledge progress as well as identify any issues that need to be resolved and follow up as necessary to ensure all children’s needs are met timely and effectively
- Respect for the child, their caregivers, and their birth family

Initial Tasks	
Domain	Case Management, ACH Organizational Service Delivery
Effective	3-01-2020
	Revision Dates
Documents	
Reference	Texas Family Code 264, TAC 700.1301, SSA Title IV-B, SSA Title IV-E, Minimum Standards

Purpose:

Children and youth in the conservatorship of DFPS understandably will have many questions. As the person and face they come to know as their caseworker, we must ensure that we are visibly available and are actively engaged with the children and youth for whom we are responsible.

The goals and objectives of care are:

- Ensuring the child is safe
- Providing temporary placement for the child
- Arranging for social, therapeutic, medical and educational service according to the child’s needs
- Providing services to the family to assist them in demonstrating behavior changes to make their home safe for the child/ren to return there
- Making reasonable efforts to achieve positive permanency for the child through family reunification, kinship, or finding an adoptive home

The Texas Family Code, the Texas Administrative Code, the Texas Human Resource Code, applicable federal laws, Child Care Licensing Division Minimum Standards for Child Placing Agencies, and the Our Community Our Kids Operations Manual provide the guidance and framework for policy.

We will engage with and build an ongoing partnership with others involved with the children and families in our work; every child, youth, birth parent, foster parent, attorney, DFPS staff, CASA, kinship/relatives. This team approach will be utilized in our work with children to ensure child safety, permanency, and positive outcomes for children and families.

It is vital to the child/youth that they meet their Permanency Specialist as soon as possible after their removal from their home; therefore, the Permanency Specialist will make an initial face to face visit with the child/youth no later than 72 hours after the initial placement is made.

An initial visit between the child, siblings (if not placed together) and parent/s will occur no later than 72 hours after the placement is made. Permanency Specialists will partner with the removing DFPS investigator to meet with the children and family together at this visit.

The initial 3-day Medical Exam will occur within three (3) business days of the removal.

Permanency Specialists will see each child for whom they are responsible at a minimum of once monthly, depending upon case circumstances. (Some children and case facts may necessitate more than monthly face to face contact). A medically fragile child or a teen parent who is caring for their infant/toddler are just two examples of high-risk cases.

To ask for a courtesy visit with a child/family requires supervisory approval.

Permanency Specialists will ensure that each person involved in each case is provided with their current contact information, as well as that of their supervisor. This includes information as to how staff may be reached in the event an emergency arises after normal business hours.

Permanency Specialists will be timely and responsive to all children, youth, parents, foster parents, CASA, attorneys, and other stakeholders.

Any face to face contact (or attempted face to face contact) with a child/ren will be documented in the computer narrative on the same day the contact occurs.

All other case actions will be documented in IMPACT no later than 72 hours from when the case contact/action occurred.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

Permanency Specialist case assignment is made upon the initial placement of the child. The following tasks will be completed upon case assignment according to appropriate timeframes.

Within 24 hours of case assignment, Permanency Specialists will:

- Begin speaking with others involved in case (DFPS investigator, foster parents, parents, attorney, relatives, CASA, any current service providers) to discuss specific case information and facts. (Ensure all persons involved in the case have worker and supervisor contact information to contact them during and outside of regular business hours)
- Begin reviewing all available IMPACT information
- Make a face to face visit and engage with the child/ren – making an initial assessment of child safety and any identified current needs and strengths
- Begin gathering details and knowledge regarding any medical, dental, physical, emotional or mental health, educational information regarding the child – allergies, current physicians or other professionals involved with the child, upcoming appointments, medications (dosages), their purpose
- Ensure current caregiver has this information and children have their needed medications
- Review the Child Caregiver Resource Form completed by the investigator at the removal and begin contacting each person on the form for possible home assessment/placement (this requires coordination with the investigator, as not to duplicate work-the investigator may have already begun contacting those listed – coordinate with them)
- Speak and partner with the current caregiver of the child –about the initial placement, concerns thus far, needs and strengths of the child observed thus far
- Make a face to face visit and engage with the birth parent/s – introduction and explanation of the permanency caseworker’s role in the case – and begin building a positive relationship with them - with the goal of child safety, excellent service provision and permanency for the child

- Contact the removing investigator regarding the initial visit between child and parent/s (and siblings if children are not placed together) to occur within 72 hours of removal and initial placement – and make arrangements to be present at the visit.
- If there is any known relative that may be appropriate for placement, notify the on-call Kinship Specialist, who will begin any preliminary home assessment to determine if it is safe and possible for the child/ren to be placed with relatives.
- Ensure the 3 -day medical examination (required by law for all children entering foster care within three business days of removal) is scheduled – The investigator likely scheduled this; however, we must confirm it is scheduled and be aware of where, when and who the appointment is with. The current caregiver can schedule this required appointment as well. (contact STAR Health: www.fostercaretx.com/for-members/find-a-doctor or 1-866-912-6283) (Note: If the child is in a medical facility at removal, this is not required-for example, a child is hospitalized for abuse injuries at time of removal, a newborn was born at a hospital at removal or within three days of removal) A pre-removal doctor visit, a Sexual Assault Nurse Examiner Examination, a telemedicine examination, nor a Forensic Assessment Center Network Consultation can substitute for the required 3-day medical examination. Speak with your supervisor if there is a question about scheduling this medical exam.

[Texas Family Code 264.1076](#)

Within 72 hours of case assignment, Permanency Specialists will:

- Discuss current case facts and details with the supervisor including:
 1. The child's strengths and any identified needs – caseworker's plan to address these needs;
 2. The current placement and identified needs – caseworker plan to address these needs;
 3. Any relatives identified who are willing to care for the child and information regarding their initial DFPS history and criminal history checks,
 4. The birth parent/'s locations and their currently identified strengths and needs
 5. Ensure initial visitation between the parent/s and child/ren is/has occurred
 6. The 3- day medical exam is completed and entered into the computer
 7. Provide an initial assessment and what services may assist the child/ren and family at this initial point in time
- The initial visit between the child and family will occur (partner with removing investigator). The DFPS investigator should arrange logistics and will partner with the foster parent, child, birth parent and/or kinship/relatives (as appropriate) regarding the visit; being sure that communication is clear and concise. We will need to make arrangements to attend and participate in the visit, being mindful of the child's age, school schedule, the foster parent's schedule, the parent's work schedule in arranging the visit. The Permanency Specialist will be present for the visit, take a photograph of everyone at the visit, and will assess, mentor and participate in the visit.
- If there is an absent parent – begin obtaining as much information as possible regarding full name, last known whereabouts, relatives of this parent (speak with the DFPS investigator, review case history, make phone calls, home visits, jail visits)
- Notify the following regarding DFPS having conservatorship of the child/ren:
 1. All paternal and maternal relatives – including any relatives of an alleged parent
 2. All adult siblings or legal custodians of minor siblings
 3. Document all notifications in the computer system

[Texas Family Code 264.018](#)

Mobility and Teleworking		
Domain	Case Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference		

Purpose:

With a thoughtful plan in place, teleworking can benefit not only the employee but also the supervisor and team.

Mobility or mobile work (teleworking) refers to the ability of employees to access a selected range of online services from a variety of supported platforms and devices which are generally accessible from many locations using standard network technologies.

Teleworking may also refer to an employee working from their home or alternate location at times.

Procedure:

OCOK permits employees to work from home (telework) and other locations at times, when approved by the employee’s supervisor or other designated official.

Supervisors have discretion in deciding whether an employee is a candidate for telework. Some employees may not be eligible due to specific job requirements, impact on a team, or performance concerns. Supervisors must also determine that the teleworking arrangement conforms with applicable regulations, and policies.

Employees are expected to utilize the technology provided by OCOK to complete work in the field: this includes being able to document in the field, conduct background checks, take pictures of children and home environments, etc. while in the field and in the community.

While conducting mobile work, employees must make all reasonable efforts to ensure client confidentiality as well as security of the information and technology platforms and devices used. Employees must be aware of and follow all policies and procedures and maintain communication as agreed upon with their supervisor, clients and team.

While a telework agreement may facilitate employees' working around family responsibilities; it is not intended to be a substitute for family care. The employee shall not have the primary responsibility for childcare, dependent adult care, or other duties not ordinarily part of his or her job duties during working hours.

Requests to telework as a disability accommodation are handled through the disability accommodation process. Discuss concerns about accommodation-related telework requests with your HR contact.

Approval for all telework must be obtained in advance and will be approved on a case by case and day by day basis.

When evaluating a work from home (telework) request, the supervisor must determine that the employee can effectively perform the job duties of the position while teleworking.

Employees who are unable to work at their regular location due to their own or family member's illness or injury should generally use sick time off for this purpose.

Employees will remain accessible to their supervisor, co-workers and customers, as agreed upon.

An employee's salary, job duties and responsibilities, work schedule and benefits do not change as a result of an approval to work from home. Employees currently involved in corrective or disciplinary action may not be eligible to participate, which will be assessed on a case-by-case basis.

Employees are expected to utilize the technology provided by OCOK to complete work in the field: this includes being able to document in the field, conduct background checks, take pictures of children and home environments, etc. while in the field and in the community.

If you desire to be considered for teleworking, and available, please submit a teleworking agreement request to your supervisor via email.

On-call Procedure	
Domain	Case Management, Referral and Placement, ACH Organizational Service Delivery
Effective	3-01-2020
	Revision Dates
Documents	
Reference	

Purpose:

OCOK must provide coverage on an emergency basis, not only for placement referrals, but also for any additional crises that may arise after hours.

In addition to the on-call procedures for intake and new placement referrals, the Permanency Department will provide coverage 24 hours a day, seven (7) days a week, including after-hours, nights, weekends and holidays. This ensures we are available to support children and families through any emergency that arises after hours.

Procedure:

A rotation that includes three on-call Permanency Specialists (one primary and two back-ups), one Permanency Supervisor and one Permanency Manager will be created and distributed to the Department of Permanency, Care Management and Quality and Contracts. This rotation schedule will also be uploaded into the current DFPS IMPACT system and will be maintained and updated by the Permanency Department’s Administrative Assistant.

Staff will be on-call for any non-referral-related emergency issues that may arise (i.e. hospitalizations, placement removals for safety reasons, etc.) after hours, weekends and holidays.

Staff will be contacted in a hierarchical manner, beginning with the primary on-call Permanency Specialist. Back-up staff will be contacted if additional emergencies subsequently arise.

When on-call, staff are expected to:

1. Have their on-call telephone numbers correct and current
2. Be available and answer calls promptly
3. Have the ability to perform any job duties required
4. Be local and available to respond timely to any emergency (within 30 minutes)

Purchase of Services		
Domain	Case Management, Purchasing Services, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Family Services Utilization Management Procedure	

Purpose:

To assist Permanency Specialists and Supervisors in correctly requesting purchased services (Family Services) for children and families.

Procedure:

Refer to detailed Family Services Utilization Management procedures and Enrollment of Providers.

Resource Coordination Outside Region 3b		
Domain	Case Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference		

Purpose:

To ensure excellent service delivery for children and families outside of the Region 3b area.

We understand the importance of excellent service delivery for children and families within our service area and outside of our local service area.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

The Resource Coordinator and the Permanency Specialists will collaborate regarding obtaining specified, individual and appropriate services for those children and families residing outside of the local service area.

The Resource Coordinator maintains the primary role in searching for and obtaining individualized services for children and families outside of the Region 3b area. The Resource Coordinator reports directly to the Clinical Director.

If you have a child and/or family residing outside of the Region 3b area, collaborate with the Resource Coordinator regarding appropriate, individualized services available for the child/family in that area.

The Resource Coordinator will search for and obtain applicable resources in the area where the child/family are residing. They are responsible for contract provisions, approvals and payments to these resource providers.

Permanency Specialists will maintain consistent contact with the Resource Coordinator, service providers (collateral contacts), and children and families (face to face contacts if within a 350-mile radius of the legal court of jurisdiction) to ensure they are receiving and benefiting from the services they are participating in outside our local service area.

This information and these contacts will be documented consistently in the case narrative/monthly evaluation no later than 72 hours from when they occur.

See additional information in Policy regarding Placements Outside of Region 3b.

Transportation		
Domain	Case Management, Care Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	OCOK Operations Manual	

Purpose:

To ensure children/youth are transported to all visits (family visits, sibling visits, etc.), court hearings (as court determined), and appointments (medical/dental/vision, behavioral health services/counseling, educational, etc.).

We will assist and collaborate with bio-parent(s) and families to resolve any barriers they may experience with transportation.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

Care Coordinators will partner with Permanency Specialists and Providers to ensure caregivers/foster parents transport children to all visits and appointments as described above. If a caregiver/foster parent is unable to transport, Care Coordinators will collaborate with Permanency Specialists to ensure alternative transportation is arranged.

Care Coordinators and Permanency Specialists will team together to resolve any barriers bio-parent(s) and families may experience with transportation. This may be done in a variety of creative ways, such as providing bus tokens or providing ride-share services.

Permanency Specialists may transport on a case by case basis, based on case dynamics and need; however, general transportation responsibilities are primarily those of the caregiver/foster parent and the Provider and/or Child Placing Agency.

Children with Primary Medical Needs

Children with Primary Medical Needs/Special Health Needs		
Domain	Children with Primarily Medical Needs, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Residential Child Care Licensing Minimum Standards 749.61(2) (D)	

Purpose:

Children with primary medical needs are an especially vulnerable population who receive an array of services from multiple providers in their placement. There are many factors to consider when ensuring oversight and proper care of children with primary medical needs.

Children with primary medical needs (PMN) cannot live without mechanical supports or the services of others because of life-threatening conditions. This includes:

- The inability to maintain an open airway without assistance (this does not include the use of inhalers for asthma)
- The inability to be fed, except through a feeding tube, gastric tube, or a parenteral route
- The use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination or prevent tissue breakdown
- Multiple physical disabilities, including sensory impairments

To ensure we develop an understanding of each child’s unique medical needs and the services recommended by medical professionals to address those needs.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

We will collaborate with our partners and maintain consistent contact with the child, their placement, and the child’s health care providers to ensure that the child’s medical needs are being met.

We will ensure that each child is timely receiving and participating in all recommended services.

Throughout the case, Permanency Specialists collaborate with the child, their family, placements, health care providers and collaterals to assess the child’s ongoing medical needs and care. These ongoing relationships and partnerships assist us in ensuring every medical need of the child is fully understood and met.

We also perpetually assess the caregiver's ability to meet the child's ongoing medical needs, working with the child's family, healthcare providers, and collaterals. We do this by:

- conducting ongoing home visits throughout the case to assess the home environment's appropriateness;

- ensuring that the caregiver is trained to meet or is proficient in meeting the child's special needs, including being trained to use or being proficient in using medical equipment, administering prescribed medication, and providing needed supplies;
- ensuring that the caregiver has access to and uses the medical equipment recommended by medical professionals; and
- assessing the child's care during each contact to ensure that the family continues to comply with the recommended medical care (including administering prescribed medication, attending medical appointments, and completing other tasks to meet the child's needs).

A. Placement of children with Primary Medical Needs

When considering placement options for a child with primary medical needs, we consider each of the following during case discussions and prior to making a placement decision:

- Review all medical history, including diagnoses and care needs
- Identify ongoing care needs
- Determine future medical appointments
- Identify the child's primary care physician and contact information
- Identify any specialists involved in the child's care and contact information
- Determine what medications are currently required and ensure prescriptions are filled and adequate prior to placement
- Identify needed services (medical, private nursing, physical/speech therapy, occupational therapy for example) and determine what providers will meet these needs
- Identify any behavioral health needs and determine what providers will meet these needs
- Determine if the foster parent or kinship caregiver require any specific trainings to care for the child's medical needs
- Determine any transportation issues – Does the child require non-emergency ambulance transport? Can the safely be transported via car? (For example, if the child is in a wheelchair, what is required to transport them safely?)
- What medical equipment and supplies are needed and are they readily available – Is the equipment rented or owned – what is the durable medical equipment company and contact information – How will the equipment be moved/transported to the placement
- Partner with caregivers regarding their preferred provider for durable medical equipment and supplies
- Determine if the child is currently on any waiver program or wait list for medical or health services

In addition, we consider the following about the placement itself:

- Whether the home is contracted and verified to provide primary medical needs services
- The individual capabilities of the foster family that meet the specific needs of the particular child to be placed
- The number of children in the home and how many of those children are also receiving primary medical needs services

- Whether the caregiver treats the child like a patient or a family member and includes children in daily activities and family activities (for example, daily meals, family outings, and recreational activities)
- Whether the foster parent will be the caretaker of the child during daytime hours and nighttime hours
- Whether the foster parent acts as the caretaker for the children currently placed in the foster home

B. Primary Medical Needs Staffing with Wellbeing Specialist or Regional Nurse Consultant

Once placement options have been identified for a child with primary medical needs (PMN), the Permanency Worker requests a PMN meeting through the DFPS regional well-being specialist or the DFPS Regional Nurse Consultant

The purpose of the PMN staffing is to develop a plan to address the medical services, equipment, and other needs during transition for a child with PMN once the placement for the child has been secured.

Be sure to review the child's Health Passport and most recent Health Care Service Plan (found under assessments in the Health Passport) prior to the staffing. In addition, be prepared to share and discuss the following information during the staffing:

- Known medical conditions and diagnoses
- Current health care needs
- Medications
- Current services in place that need to be transitioned (i.e. Private Duty Nursing, Personal Care Services, Speech Therapy, etc.)
- Standing and scheduled future appointments, including specialists
- Special transportation needs and requirements
- The transition plan
- The services needed
- Supplies and equipment needed to ensure no gaps in services
- A plan to address any unmet medical needs
- Purchased or rented durable medical equipment/supplies
- Training required for selected caregiver (Specialized training for caregivers of PMN children is a Medicaid benefit that STAR Health, the Well-Being Specialist and DFPS Regional Nurse Consultant can assist with arranging). If the caregiver is a relative/kinship caregiver, a backup caregiver must be identified to also complete any identified specialized training.

The Wellbeing Specialist or Regional Nurse Consultant will coordinate and schedule the staffing, facilitate the staffing, document the staffing and distribute staffing notes to staffing participants. They are also available to assist with any follow up support needed.

PMN staffings are also required in family reunification cases. Please schedule a PMN staffing through the Wellbeing Specialist within 24 hours of the decision for a planned family reunification.

C. Transporting a PMN Child

STAR Health offers transportation support services for children with Primary Medical needs at removal or during placement changes. This includes:

- Transportation of a child with PMN in an ambulance or car with the support of a nurse during removal or between placements
- Disassembly and re-assembly of durable medical equipment by a DME provider during removal or between placements.

These services require a PMN staffing and STAR Health authorization.

D. Moving a child with Primary Medical Needs

1. In an emergency situation where the child must be moved immediately, prior to the PMN meeting, if you or the transportation specialist are unable to safely transport the child, you may contact an ambulance to transport.
2. In a non-emergency situation, special medical transportation (including ambulance transport) or nursing support during the move, the Permanency Worker requests this assistance:
 - During the required PMN meeting
 - Through the regional Well-Being Specialist
 - Contacting STAR Health 1-866-912-6283 (after hours, holidays and weekends)

E. Moving/Transporting Medical Equipment and Supplies

When a PMN child has durable medical equipment that is owned and that requires skilled or trained personnel to disassemble and re-assemble (i.e. hospital beds):

- Contact STAR Health – They will cover the professional fees for disassembly and reassembly of the equipment
- The Permanency Specialist (or Transportation Specialist) transports the items and supplies to the placement. If the equipment and supplies require a larger vehicle than is available, you may utilize contracted rental vehicles to accommodate the need. Speak with your supervisor as the need arises.

F. Moving/Transporting Medications

The Permanency Specialist (or Transportation Specialist) transports the child's medication/s to the placement with the child, noting special instructions for medicines. (i.e. refrigeration)

STAR Health Service Management staff will assist you in obtaining any newly-prescribed medications, as needed.

G. Requesting Healthcare Services

If a child needs or would benefit from special healthcare management, the Permanency Worker calls [STAR Health](#) to request it. The caregivers and/or medical consenters may also call STAR Health to request these services.

Special healthcare management may involve care related to, but not limited to:

- a condition (such as diabetes or hearing loss);
- a transplant (such as a kidney transplant) and follow-up; or
- an injury (such as physical therapy following traumatic brain injury or a sports injury).

If a child has already been assessed and diagnosed, ensure that we have all professional documentation and contacts in the computer system as well as any written documentation in the physical case file.

We also consult with the DFPS Wellbeing Specialist, DFPS Regional Nurse Consultant and the DFPS Disability Specialist, as needed.

H. Resources and Support Services

The following resources and support services are available to Permanency Workers when you have a child with primary medical needs on your caseload. Please contact them directly, as needed.

1. Wellbeing Specialists (WBS)

Well-being specialists are DFPS liaisons to Superior HealthPlan, the company that operates the provider network for STAR Health, a Medicaid managed care health care program for children in DFPS conservatorship and young adults who have aged out of care. Contact your regional Well-Being Specialist for help with STAR Health.

The Wellbeing Specialist can assist you by:

- communicating with you to confirm placement and receiving placement information;
- communicating with you to obtain medical history information on child and discussing scheduling and participation;
- scheduling PMN staffing and inviting participants
- facilitating the PMN staffing;
- assisting with any denials, appeals, Fair Hearings for children where equipment or services has been denied from STAR Health

2. STAR Health Member Services

You may contact STAR Health at 1-866-714-7966 for questions or concerns related to STAR Health benefits and services.

3. STAR Health Passport

You should regularly review the child's STAR Health Passport to review and understand their medical and health-related information. You may register for and access the Health Passport at www.fostercaretx.com.

4. Regional DFPS Nurse Consultant

The Regional Nurse consultant is also a resource for Permanency Workers working with PMN children. You can locate the DFPS Regional nurse at <http://intranet/CPS/Regional/nurse.asp>.

The Regional Nurse Consultant can assist you by:

- Interpreting medical information and medications through one on one consultation
 - Helping make informed decisions concerning children's health care
 - Attending case staffings
 - Facilitating group training on health-related issues
 - Accessing medical care for children
 - Answering medical/ health-related questions
5. All documentation regarding children with primary medical needs being moved, a PMN staffing occurring or the child having a medical event, treatment, or follow up will be entered into the computer system by the Permanency Specialist within 24 hours of being made aware of the situation or change.

Please see the reference section for detailed information regarding home visits and ongoing well-being/safety assessments specifically involving children with primary medical needs.

Please collaborate with your supervisor as needed regarding any child with primary medical needs.

Contacts

Child and Family Visits		
Domain	Contacts, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents	Form K-908-2110 - Visitation Plan	
Reference	Texas Family Code Sec 263.107	

Purpose:

The primary purpose of visitation is to maintain the parent-child attachment, to mitigate the trauma that separation from family often brings, and to preserve a child’s sense of belonging and connection with their family. It is vitally important that all children have consistent contact with their parent/s and siblings, as these relationships are crucial to the child’s well-being and development. Research suggests the frequency of visitation significantly impacts child well-being and positive outcomes for children and families. The benefits of child and parent/sibling visitations are lifelong and endless.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

OCOK will engage and partner with parents, children, relatives, fictive kin, caregivers/foster parents and other stakeholders involved with the child and family to ensure all children have consistent and exceptional visitation with their parent/s and siblings.

Permanency Specialists will conduct consistent visits at a minimum of once per month.

Visits will occur in the least-restrictive and most family-like setting as deemed safe and appropriate for the child and family.

Where safety can be assured, birth parents and foster parents should collaborate on visitation.

OCOK will ensure transportation is provided both to and from each visit.

After engagement and interaction with the parent/s, child and foster parent/placement/relative, the initial contact visit will occur within 72 hours of the initial placement. If the parents are unavailable or cannot be located, the first visit will occur within 72 business hours of locating the parent.

The Visitation Plan will be developed by the Permanency Specialist, with the input of each parent, child, caregivers/foster parent/placement, relatives/fictive kin, stakeholder, kinship worker, as appropriate and agreed upon.

The Visitation Plan will be provided to the court no later than the 10th day before the date of a status hearing (TFC 263).

Visits will respect a family's culture, heritage, faith, and ethnicity.

Permanency Specialists will remain acutely aware of any court ordered items regarding visitation and the Visitation Plan in each of our cases and our role in ensuring compliance with all legal orders.

Court Orders will be reviewed by the Permanency Specialist, along with the Permanency Supervisor no less than once per month.

OCOK will utilize the following procedures regarding parent/child visits:

1. At the initial visit, Permanency Specialists will facilitate a conversation between the foster parent/placement/relative, the birth parent/s and the child to begin fostering a positive relationship of working together as a team towards the permanency goal. This may occur in person, via various technology methods (i.e. Facetime, Skype), or by phone. In person is the preferred method of engagement and facilitation.

Where safety can be assured, birth parents and foster parents should collaborate regarding visitation.

2. When planning and designing the visitation plan, we will consider:
 - The safety and best interest of the child
 - Seeking and receiving input and feedback regarding the desires and schedules of the child, parent, foster parent/placement, relatives and other stakeholders involved in your case
 - The age, needs strengths and uniqueness of each child
 - The facts and circumstances of your case
 - The location of the visits – that it is safe and in the most family-like location for visits to occur
 - The level of mentoring required based on specific case facts and circumstances; and

Ensure that:

- We provide adequate notice to all involved regarding any change in circumstance or plan and that each child, parent/s, foster parent/placement, relative and stakeholder have your current contact information and an alternate contact (supervisor) in the event an emergency arises
- Our mentoring and observation of these visits is utilized as a prime opportunity to personally assess parent/child attachment, and to observe and assess both the strengths and needs of the child and family and foster parent/placement.
- These consistent personal interactions between the Permanency Specialist, child, family, foster parent/placement, relatives and other stakeholders are utilized to assist us in genuinely knowing those involved in our cases and collaborating with them together to ensure permanency and well-being for the child.
- We utilize our interactions and observations to assist in the development of creative, innovative and individualized service planning for the child and family.
- Visitations are not utilized or perceived by any partner involved in your case as a reward or punishment (i.e. for not completing this service, or for completing that service)

Permanency Specialists and others involved with the child provide support, resources, creative ideas, and solution-focused problem solving to children experiencing the adversities that trauma and separation bring, oftentimes before, during or after family visitation.

We should remain creative, flexible, innovative and considerate of each individual child's needs when planning visits. We work in tandem with others involved in our cases to make visitation time as positive and as stress-free as possible for the child/ren.

Some situations that may cause distress for the child/ren prior to, during or after a visit are:

- The visit is disrupting the child's daily routines. Some children do not deal well with breaks in routine.
- The child is feeling overwhelmed with the thought of or actuality of seeing their birth parent.
- The child is fearful that going to a visit means never returning to his foster/kinship home.
- The child is reliving trauma during visitation (this can be subtle - the person mentoring/observing the visit must be very attentive).
- The child is reliving the trauma of separation, but this time is fearful of separation from his foster/kinship placement or from his birth parent.
- The child is picking up on the foster/kinship parent's distress or on that of the birth parent.
- The child is fearful of an unfamiliar person who is providing the transportation/mentoring during the visit.
- Visits are chaotic with multiple siblings present, and the child is not getting sufficient attention from the parent.
- The child is having difficulty in managing transitions.
- The birth parent displays rejecting behaviors or a lack of warmth towards the child.
- The parent is not sufficiently attentive because of his own mental health or other problems.
- The child is reliving the trauma of separation and he is fearful that he will not see his birth parent again.
- The child is picking up on the birth parent's or someone else's distress.
- The birth parent is undermining the foster/kinship parent in front of the child, creating confusion and distress or vice-versa

Ideas to Help:

- Scheduling the visits around the child's schedule (i.e., not during school hours, not late at night, not during after-school activities, not during nap-time if possible)
- Providing that the child be picked up from and returned to the foster/kinship home (and not childcare or school) if at all possible
- Helping the child decide on a transitional object (e.g., stuffed animal, blanket) and what to wear to the visit
- Sending a healthy snack with the child
- Helping the child draw a picture or make something to give their birth parent as a gift at the visit
- The foster parent/relative reassuring and reminding the child that they will be there to welcome them when they return after the visit
- Permanency Specialist or someone the child knows and is familiar with providing transportation to and from visits as well as mentoring during the visit
- Picking the child up from the visits or be there to welcome them back home
- Interact calmly with the birth parent in front of the child

- Welcoming (“I am so happy to see you”)
- Planning for some processing time upon their return to their placement - have a fun customary practice upon their return (e.g., hang up their coat on a fun hook they enjoy, unpack back-pack together and talk together, have a snack together, play a game together, play with the pet together, read a book together)
- Putting the next visit date on the calendar with the child so they know when and what to expect

Face to Face Contact with Children/Youth		
Domain	Contracts, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	42 USC 622(b) <i>External Link</i> ; 624(f) , Texas Family Code §263.306	

Purpose:

To ensure the safety and progress for all children on our caseload, it is vital that we maintain consistent, visible face to face contact with them and engage in meaningful conversation with every child and their placement.

To understand that consistent and visible face to face contacts with all children in care are vital to their safety, well-being and success.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

OCOK will ensure all children are seen face to face at a minimum of once per month according to statutory guidelines. We will utilize child-engagement strategies based on each child and youth’s age, strengths, needs and developmental level.

OCOK understands that in some cases, there is a need for children to be seen more frequently than the minimum requirement and we will increase our face to face contacts based on the unique individual needs of every child and family.

If a child is placed out of state or out of a reasonable travel distance (4 hours), courtesy arrangements will be made timely to ensure every child’s ongoing safety, well-being and permanency.

The Permanency Specialist will visit every child on their caseload a minimum of once per month; face to face, understanding that in some cases, it is necessary to make face to face contacts more than the minimum requirement.

The majority of face to face visits will occur in the home environment.

Safety, permanency, safe sleep and well-being will be discussed in every visit to the home.

Children will be seen separately and privately away from their caregivers.

High risk cases such as medically fragile children, a teen parent caring for their infant in the home, family reunification cases, etc. may likely require more face to face contact than the minimum required monthly visit – bi-weekly or weekly visits could be warranted.

We will readily adjust to the changing needs of every child and family according to their unique circumstances.

During the first 120 days of a child's placement, the Permanency Specialist will visit the child in their home (placement) only (for the targeted monthly visit).

These face to face contacts and consistent conversations and engagement with the child and their placement provide us the opportunity for ongoing assessments of child safety, well-being, progress and permanency throughout the case.

As you prepare for and conduct your visits:

- Ensure you are knowledgeable of the case and are prepared to ask relevant questions, provide information to the child and caregivers, and to follow up on any ongoing progress, issues or concerns
- Your conversation with the child should be in an area of the home that allows the child the freedom to express progress, concerns or other issues (privacy)
- Focus on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the child
- Be able to identify any services and follow-ups needed to meet the child's identified needs, who is responsible for the follow up tasks, and that they are completed in a timely manner
- Most all visits should be in the child's home (placement) – in a place that is conducive to open and honest conversation and engagement. (We should generally not visit a child at school or in places such as a courthouse)
- All contacts (face to face or otherwise) with a child and/or their placement will be documented in the case narrative the day the contact occurred

There may be times when it is not possible for a child's Permanency Specialist to physically see them (i.e. Permanency Specialist is on maternity/paternity leave). These situations should be the exception, as every child should be able to readily depend on seeing their own Permanency Specialist consistently. If a child resides 350 miles away (from the removing court of jurisdiction) or more, seven (7) of twelve (12) annual visits must be physically made by the Permanency Specialist. Refer to Policy regarding Courtesy Visits.

Any change in circumstances regarding face to face contact with a child or youth must be discussed with and approved by your Supervisor.

Education

Education Documents and Portfolio	
Domain	Education, Care Management, ACH Organizational Service Delivery
Effective	3-01-2020
	Revision Dates
Documents	Form 2085E
Reference	<i>Fostering Connections</i> 42 U.S.C. 675External Link <i>Texas Education Code</i> §25.002(q)External Link

Purpose:

When a school-aged child is removed from his or her home and DFPS is granted conservatorship, the Permanency Specialist begins collecting the education-related documents of the child.

All education documents for the child collected while the child is in conservatorship become a part of the child’s education record in the case file. Much of these records are also included in a child’s Education Portfolio.

Procedure:

OCOK ensure every child’s caregiver is provided a current Education Portfolio according to the designated timeframes.

OCOK collaborate with children, caregivers/foster parents, bio-parents, educators and other partners to ensure each child’s education records are accurate and complete.

OCOK will ensure compliance with applicable laws and educational rule requirements for every child.

An Education Portfolio is required for every school-age child.

Upon case assignment, the Permanency Specialist:

1. Creates an Education Portfolio for all children ages 3 – 21, including children:
 - attending public school pre-kindergarten programs, and
 - receiving education services in a home setting, online school, hospital, or nursing home

(Obtain the Education Portfolio binder from your administrative assistant)

2. All children’s Education Portfolios must contain:
 - Placement Authorization [Form 2085External Link](#);
 - [Form 2085EWord Document](#) Designation of Education Decision-Maker;
 - Birth Certificate;
 - Immunization Records;
 - School records, transcripts, progress notes, and report cards;
 - Personal Graduation Plans;
 - Standardized education assessments;

- School Correspondence;
- School pictures and school work;
- Certificates, Awards, Letters of Achievement; and
- Withdrawal Notice from Previous School.

For children receiving special education services under IDEA (Individuals with Disabilities Education Act (IDEA), a four-part (A-D) piece of American legislation that ensures students with a disability are provided with Free Appropriate Public Education (FAPE) that is tailored to their individual needs);

Or accommodations under Section 504 for a disability that affects the child’s learning, the Permanency Specialist must also include the following documents in the Education Portfolio and the child’s case file:

- referrals for a special education assessment or evaluation;
- Admission, Review and Dismissal (ARD) committee meeting notices and notes or minutes from those meetings;
- the Full Individual Evaluations (FIE), or other educational assessments and evaluations completed by the school district;
- the child’s individualized education program or plan;
- the Behavior Intervention Plan (BIP)
- documentation of accommodation provided under Section 504; and
- the Individual Transition Plan for youth 14 and older.

1. The Permanency Specialist should provide the child’s Education Portfolio to the caregiver according to the time frames below:

- For a child who turns 3 years of age while in DFPS conservatorship, the Education Portfolio is provided to the child’s caregivers within five working days of the child’s birthday.
- For a school-age child, pre-kindergarten through grade 12 who is in DFPS conservatorship and is changing placements, the Education Portfolio is provided at the time of the child’s placement.
- For a school-age child, pre-kindergarten through grade 12 who is in DFPS conservatorship and is subject to an emergency change in placement for health and safety reasons, the child’s Education Portfolio is provided to the new placement within two working days or at the time of the placement for subsequent placements.

2. When a school-age child is being discharged from DFPS conservatorship and the case is being closed, the Permanency Specialist:

- reviews the Education Portfolio to be sure that it is complete; and
- provides the Education Portfolio to the child’s parent or managing conservator, or to the child, if they are aging out of care.

3. The following information must be included in the child’s education record in the physical case file:

- [Form 2085External Link](#) Placement Authorization; and
- [Form 2085EExternal Link](#) Designation of Education Decision-Maker and Surrogate Parent, if applicable.

- education-related documentation and records (physical or computer-documented);
 - education components of the child's service plan; and
 - the child's Education Portfolio information
4. The Permanency Specialist, partnering with the caregiver, ensures the child's education record remains current and correct.
 5. At a minimum of quarterly, the Permanency Specialist's Administrative Assistant makes copies of any new documentation from the child's Education Portfolio and includes them in the education section of the child's physical case file.

Educational Needs		
Domain	Education, Care Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents	Form 2085E	
Reference	42 USC 675, TEC 25.002, Rehabilitation Act 1973 – Section 504, Individuals with Disabilities Education Act (IDEA), 20 USC 1400	

Purpose:

A child’s education contributes to their overall well-being emotionally, socially and academically. Positive school experiences can help children in overcoming some of the impact abuse and neglect has had on their lives. Oftentimes, an education can provide hope for children and into their pursuit of successfully transitioning to adulthood.

Federal Law requires that we have a defined plan to ensure educational stability for every child in substitute care.

To be committed to ensuring that every child receives the best educational services and educational programs to meet their unique and individual needs.

We will collaborate with each child, parent, caregiver/foster parent/placement, CASA, educators and other stakeholders involved in a child’s case to ensure the educational needs of every child are a priority and pursued with creativity and vigor.

To ensure compliance with all law requirements and educational rule requirements for every child on our caseload.

Procedure:

There are laws and rules that provide the framework and guidance regarding our role in the education of the children on our caseloads.

1. A child’s initial placement into substitute care, and any subsequent placement changes, must take into account the appropriateness of the child’s educational setting and the proximity to the school the child is enrolled in at the time of the placement or placement change.
2. Permanency Specialists must coordinate with local schools and school districts to ensure that the child remains in the same school the child was attending at the time of the initial placement or any subsequent placement change, unless it is not in the child’s best interests to remain in that school.

Fostering Connections [42 U.S.C. 675](#)External Link

3. If the child must change schools, the child must be enrolled within two days in an appropriate school in the same school district, if possible, or in the school most able to meet the child’s needs.

4. If the child changes schools, we must ensure all of the child's records are provided to the new school no later than 15 days after the records are requested.

Texas Education Code [§25.002\(q\)](#)[External Link](#)

5. State law supports education stability by allowing a child or youth enrolled in primary or secondary public school and placed outside the school attendance zone or outside the school district to continue to attend the school the child was enrolled in at the time of the original placement, or any subsequent placements, unless it is not in the child's best interest to remain in the same school. The student may attend the school without payment of tuition until he or she completes the highest grade offered at the school at the time of the student's enrollment. The student is entitled to continue to attend the school regardless of whether the student remains in the conservatorship of the department for the duration of the student's enrollment in the school.

Texas Education Code [§25.001\(q\)](#) and [\(q-1\)](#)[External Link](#)

The Permanency Specialist is responsible for securing appropriate educational and other services for children in substitute care, taking into account the child's interests, strengths, and needs.

1. We collaborate with our partners regarding educational decisions:
 - the education decision-maker
 - the caregiver (if different from the education decision-maker);
 - the child or youth; and
 - parents and other persons involved with the child and case, such as a surrogate parent if the child is eligible for special education services.
2. In order to promote education success and stability, Permanency Specialists:
 - ensure the child continues to attend the same school the child attended before entering DFPS conservatorship, even if the student is outside the attendance zone or changes placement while in DFPS conservatorship, unless it is not in the child's best interests to remain in the same school;
 - ensure the caregiver enrolls students in school within two days after placement, if the child cannot remain in the same school;
 - ensure the caregiver provides the official withdrawal documentation from the school the child was attending to the new school the child is enrolling in;
 - ensure the caregiver completes and signs the school-provided form to "opt out" of corporal punishment for a child or youth in conservatorship. If the school does not provide a form, the caregiver provides the school with a written and signed document to "opt out" of the school using corporal punishment for a child or youth in conservatorship;
 - provide the caregiver with the appropriate version of [Form 2085](#)[External Link](#) Placement Authorization and [Form 2085E](#)[Word Document](#) Designation of Education Decision-Maker to give to the child's school at initial enrollment, for any subsequent school placement changes, and annually;

- create an education portfolio and provide it to the caregiver;
 - ensure the education portfolio is updated a minimum of once every 30 days, along with documentation in the computer case narrative and education section; education changes or updates should be documented in the case narrative and education section in the computer within three business days from the change.
 - file Form 2085E Designation of Education Decision-Maker with the appropriate court within five days after the initial adversary hearing;
 - update the court in the next permanency progress report if there are any later changes to the Education Decision-Maker or Surrogate Parent;
 - ensure the caregiver, the educational decision maker (if different than the caregiver), and the school receive updated copies of the Education Decision Maker form immediately (but no later than five days) if there are any changes in the Education Decision-Maker or Surrogate Parent, including if a Surrogate Parent is appointed for the first time;
 - ensure school records from the child’s previous schools have been requested through the school district;
 - schedule a child’s appointments whenever possible after school, during the evening, or on the weekend so as not to interfere with school instructional time. If an appointment must be scheduled during the school day, select times which will be the least disruptive for the student, and avoid having the student always miss the same period or class repeatedly. Generally, students do not return to class after a mental health or therapy session;
 - provide an excuse note for the caregiver to give to the school for any court-ordered or case plan related reasons if a child has to miss school; and
 - consult with the school’s district foster care liaison and the regional education specialist as needed.
3. Federal law requires that states maintain policies and procedures to provide a free and appropriate public education to every child with a disability who is between the ages of 3 and 21.

Individuals With Disabilities Education Act (IDEA) [20 USC §1400](#)

In order to promote education success and stability for a student *with any disability*, the Permanency Specialist ensures the educational goals and needs for the student are met by:

- collaborating with our partners in the case – including the child, parents, educators, caregivers, relatives, CASA and other stakeholders as appropriate
- ensuring an Individualized Education Program (IEP) is developed,

- securing appropriate special education and other services as determined by an Admission, Review, and Dismissal (ARD) committee, and
- ensuring any accommodations for the student required under Section 504 of the Rehabilitation Act of 1973 are implemented;
- consulting with the DFPS regional education specialist for education-related concerns or issues, upcoming ARDs, or Manifestation Review Hearings;
- participating in the student's ARD committee meetings, as necessary; and
- participating in a child or youth's Manifestation Review Hearing (held to determine whether a child's actions are a manifestation of his or her disability), if any are held.

Refer to Policy Texas Education Agency website for additional specific information involving education for children with disabilities and Surrogate Parents in the Texas education system.

Refer to Policy regarding specific Education Portfolio requirements.

Healthcare Services

Behavioral Health Policy		
Domain	Healthcare Services, Care Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents	Form 4526 – Psychotropic Medication Treatment Consent	
Reference	Texas Health and Safety Code §572.001External Link Texas Family Code § 266.0042External Link , Texas Family Code § 266.011 , Texas Family Code 266.010, Texas Family Code § 266.004 , Trauma Informed Care National Child Traumatic Stress Network, OCOK Operations Manual	

Purpose:

We will collaborate with our partners, and the child (as age-appropriate) regarding their emotional well-being utilizing trauma-informed care strategies. This includes the decisions regarding psychotropic medication use as well as utilization of strategic behavioral intervention models.

Children who are removed from their homes suffer trauma and emotional stress. They bring varied experiences of abuse, neglect and separation from their family with them. Knowing each child’s unique needs and strengths is crucial to ensuring that their behavioral needs are met appropriately and consistently.

Some children may display their stress in challenging ways. To assist with this trauma and stress, some may require medication, while others may not.

A thorough knowledge of behavior intervention and trauma-informed care is vital to assisting every child with their experiences, trauma and emotional stress.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

Psychotropic Medications

1. Permanency Specialists provide a copy of the brochure [Making Decisions about Psychotropic Medications Document](#) to each medical consenter for a child in the care of DFPS. This occurs:
 - At the time of initial placement, along with the Medical Consenter form
 - Within five days of the placement if subsequent placement
 - Within seven days of the court’s authorization of a child or another person (other than the Permanency Worker) being designated as a medical consenter

2. Always encourage the caregiver/medical consenter to read and utilize the information in the brochure during your conversations with them.

Informed consent – This means making a decision about whether to agree to a medical test, treatment, procedure or medication without undue influence – only making the decision based on what is best for the child. For example, a decision must not be made based on a school’s insistence that a child take medication to participate or receive services.

3. The medical consenter must receive the following information *in writing* from the prescribing healthcare provider – and understand and consider its impact on the child:
 - The specific condition to be treated, including the child’s symptoms and medical diagnosis
 - The beneficial effects on that condition expected from the medication
 - The probable health and mental health consequences of not consenting to the medication
 - The probable clinically significant side effects and risks associated with the medication
 - The generally accepted alternative medications and non-pharmacological interventions to the medications, if any
 - The healthcare provider’s reasons for the proposed course of treatment

4. If providing medical consent for a child in an inpatient setting, the medical consenter:
 - Considers all of the elements of informed consent for psychotropic medications and completes:

 - The hospital’s required consent forms and Form 4526 – Psychotropic Medication Treatment Consent

5. If face-to-face medical consent is not possible, a verbal (by phone) informed consent must be made to the psychotropic prescription or dosage change. A new Form 4526 is required indicating that consent was provided verbally and the prescribing provider’s name and credentials.

6. If a medical consenter does not consent to a psychotropic medication recommended by a child’s healthcare provider, the consenter must notify the Permanency Worker within 24 hours. This notification must include:
 - The healthcare provider’s recommendation
 - The reason the medical consenter declined to consent

7. The medical consenter may withdraw consent to treatment with psychotropic medications at any time after consulting with the prescribing provider and the Permanency Worker. Discuss with them the reasons for their decisions after consulting with the healthcare provider and document these discussions in the child’s record.

8. The Permanency Specialist must receive a completed and signed form 4526 from the medical consenter within 24 hours. (This may be provided by email, fax or other technological communication, i.e. photograph) File this information in the child’s case record.

Follow Up Visits-Psychotropic Medications

1. Permanency Specialists ensure that every child prescribed a psychotropic medication attends an office follow up visit with the prescribing healthcare provider and medical consentor at a minimum of once every 90 days for a review of the child's progress. This also allows the healthcare provider to:
 - Monitor the medication's side effects appropriately
 - Determine if the medication is helping the child achieve the treatment goals
 - Determine if it is appropriate to continue using the medication
2. The medical consentor must attend the medical appointments with the child and provide documentation. File this information in the child's case record. (NOTE: If the Permanency Worker is the medical consentor, we attend each office visit in person and file all documentation in the child's record).

Non-Pharmacological Interventions

There are other behavior strategies and interventions that should be considered before, or alongside, medications.

1. Permanency Specialists collaborate with the child (as age-appropriate), their caregivers, and our team of professionals regarding:
 - Trauma-informed care strategies and interventions
 - Once the strategies and interventions are agreed upon, the medical consentor arranges for them to occur
 - Behavior management methods may range from establishing specific routines to help the child feel safe to clinical interventions (therapy).
 - The most effective methods are specifically tailored for each child and their unique personality, life experiences and emotional needs. Such as:
 - Natural and logical consequences (not harsh, punitive or harmful)
 - Structured living environment
 - Structured learning activities and situations
 - Emotional outlets through activities and outdoor experiences
 - Relaxation techniques
 - Individual, family or group therapy

Serious/Complex Symptoms

1. Permanency Specialists readily stay engaged with the child's caregiver and the child consistently. This assists us in making ongoing assessments of how a child is progressing, or if they are in need of additional services and interventions.

2. Medical consenters should contact the child's primary care provider immediately if the child:
 - Has serious symptoms that are not improving with non-pharmacological interventions
 - Is a danger to themselves or others?
 - Exhibits complex issues that may require additional input from other mental health professionals or providers (i.e. psychiatrist)

Refer to the current OCOK Operations Manual for additional information.

Dental Exam		
Domain	Healthcare Services, Care Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Minimum Standards and Guidelines for Child-Placing Agencies, Child Care Licensing Division, §§ 749.1153External Link and §749.1409External Link Texas Health Steps ScheduleExternal Link	

Purpose:

To ensure all children and youth in DFPS conservatorship ages six months and older receive dental care through Texas Medicaid.

To collaborate with caregivers, medical consenters and dental professionals to ensure all children ages six months and over timely receive the dental care they need.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

Initial Dental

1. Permanency Specialists team with caregivers to ensure that each child on their caseload, six months of age or older, receive an initial dental exam, known as a Texas Health Steps dental checkup. This examination is performed within 60 days of the child’s removal from the home.
2. The checkup must be performed by:
 - a licensed dentist who is enrolled in Texas Medicaid as a Texas Health Steps provider; or
 - a dental hygienist who is working under the supervision of a licensed dentist who is enrolled in Texas Medicaid as a Texas Health Steps provider.
3. The initial checkup:
 - must be scheduled within 30 days after placement in DFPS conservatorship; and
 - is considered overdue after 60 days.
4. If a child turns six months of age while in care, the initial Texas Health Steps dental checkup:
 - must be scheduled within 30 days of the date the child reaches six months of age; and
 - is considered overdue after 60 days.

[STAR Health](#) helps to ensure that children in DFPS conservatorship receive an initial Texas Health Steps dental checkup in a timely manner by requiring the checkup within 60 days of enrollment in STAR Health.

Follow Up Dental Appointments:

5. The Permanency Specialist and the child’s caregiver work together to ensure that all follow-up dental appointments and services are scheduled as needed, or as requested by the Texas Health Steps dental provider.

Additional details may be found at:

Minimum Standards and Guidelines for Child-Placing Agencies, Child Care Licensing Division, §§[749.1153External Link](#) and [§749.1409External Link](#)

[Texas Health Steps ScheduleExternal Link](#)

Medical Consent and Services		
Domain	Healthcare Services, Care Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents	Form 2085B	
Reference	Texas Family Code Subchapter G External Link (153.371-153.377) and Chapter 266.004(c) External Link HHSC Rules, Texas Administrative Code, Title 1, Chapter 354 Texas Medical Board Rules, Texas Administrative Code, Title 22, Chapter 174	

Purpose:

Texas Law requires the court to specifically authorize an individual or DFPS to consent to medical care for each child in conservatorship. Once the court authorizes DFPS to consent to medical care, DFPS then designates an individual as medical consenter. The court may appoint the youth to be their own medical consenter if they are 16 years of age or more.

Medical care includes physical, dental, vision, behavioral and allied health care such as physical therapy, speech therapy, etc.

Procedure:

OCOK will ensure all Providers access medical, dental, vision and behavioral healthcare services for all children in substitute care through STAR Health, Medicaid or other available means.

OCOK will collaborate with children and their placements to ensure each child attends scheduled appointments and receives all recommended services and follow up for any medical, dental, vision and behavioral healthcare needs.

Permanency Specialists collaborate with our partners, particularly the child (depending upon age) and their placement, to ensure each child’s individual medical, dental, vision and behavioral healthcare needs are consistently met.

1. The following persons may be designated as medical consenters:
 - Birth parent(s)
 - Kinship caregivers
 - Foster parents (excluding shift staff)
 - Pre-consummated adoptive parents
 - Cottage parents at GRO’s offering childcare services only
 - Family caregivers provided through home and community-based services (excluding shift staff)
2. There must always be a primary medical consenter as well as a backup medical consenter designated to consent to care for the child.
3. If there is a placement change, or the currently-designated consenter/s fail to act in the best interest of the child, medical consenters will be changed.

4. Medical Consenters must be present and participate in each appointment set for the child. This includes appointments for preventative care such as:
 - Well-child medical checkups
 - Sensory screenings (such as vision and hearing)
 - Developmental/behavioral assessments
 - Immunizations
 - Laboratory testing (blood work, TB screening, STD screening, pelvic exams, etc.)
 - Health education
 - Dental checkups

5. Backup medical consenters may consent to medical care when the primary medical conserter is not available, such as:
 - In court
 - Hospitalized
 - Vacation
 - Unable to be reached
 - Unable to attend an appointment

6. Both primary and back up medical consenters must be knowledgeable about the child's conditions. Permanency Workers can provide the following information to them to assist them in becoming familiar with the child's medical/dental/vision/behavioral health needs:
 - Medical history and family medical history
 - Copies of medical records
 - Known healthcare providers the child has seen previously
 - Information to access the child's information through the Health Passport

(Designation of Medical Conserter Form 2085B contains a clause allowing the medical conserter and backup medical conserter who are not Permanency Specialists to obtain copies of medical records).

7. Medical consenters are expected to allow children/youth to participate as much as possible in making decisions about their medical care. This is called assent. Talking with children and youth about their health care and encouraging them to participate in the process prepares them for the time they will begin making these decisions on their own. This includes:
 - Helping the child/youth achieve developmentally appropriate awareness of the nature of their condition
 - Telling them what can be expected with testing and treatment
 - Helping them prepare for adulthood
 - Assessing their understanding of the situation
 - Soliciting their willingness to accept the proposed care

8. Permanency Specialists should speak with children regarding their opinions on health care and discuss with them the safe use of medications. These discussions should be documented in case documentation and in court reports.

9. Permanency Specialists engage with youth consistently about their medical care and their future, as well as informing them about consenting to their own medical care once they turn 16 years old. If the youth desires to consent to their own care, the Permanency Specialist:
 - Informs them to discuss this desire with their attorney ad litem
 - Arranges for them to be present at the next court hearing to make the request to the court
 - Documents these discussions and results in case documentation and in court reports.

10. Before, or along with using psychotropic medications, medical consenters and other caregivers should utilize psychosocial therapies, behavior strategies and other non-pharmacological interventions for children. This includes:
 - Trauma Informed Care (See National Child Traumatic Stress Network)
 - Behavioral Strategies and Psychosocial Therapies

11. The primary care physician should be contacted immediately if the child:
 - Has serious symptoms or is not getting better
 - Is a danger to themselves or others?
 - Exhibits complex issues and behaviors that may be best solved through seeing a psychiatrist

12. If the court orders a healthcare service, treatment or testing for a child, the Permanency Specialist:
 - Discusses with their supervisor and together, they notify the DFPS attorney
 - Notifies the well-being specialist and emails a copy of the order upon receipt
 - Emails the order to the HHSC/STAR Health mailbox (Physical Health court orders are sent to regulatorycompliance@centene.com and Behavioral Health court orders are sent to MedQuestions@Cenpatico.com)

13. If a judge orders testing or services that may not be included in the regular Texas Health Steps checkup, the Permanency Specialist:
 - Immediately informs legal staff (within 48 hours of the judge's order) – The attorney may pursue legal remedies or speak with the judge
 - Inform the child's medical conserter about the order and provide instruction to the conserter to ask the doctor to order the court-ordered testing at the next visit. Be sure the doctor knows that Medicaid generally does not cover the test.
 - If the doctor refuses to order the court-ordered testing, ask the doctor to provide written documentation of such and
 - Provide to the DFPS attorney to file with the court and provide to parties in the case
 - Keep the documentation in the case record
 - If the doctor orders the test, notify your supervisor and inform the DFPS attorney and at the next court hearing, report back to the court the test results and any subsequent medical care the doctor prescribes.
 - When Medicaid does not pay for the procedure/test, OCOK will problem-solve with DFPS on how to pay this to the Provider.

14. Medicaid only covers orthodontia that is medically necessary and not for cosmetic reasons.

The court may order that the child have orthodontic treatment (braces) that are not deemed medically necessary. If this occurs,

- Provide documentation that Medicaid denied paying the claim and the invoice or bill to OCOK Finance Department.

15. Exceptions

- a. In cases of disagreement amongst consenters, the Permanency Specialist will collaborate with their supervisor for strategic resolution.
- b. Neither staff nor medical consenters may consent to an abortion. The parent may provide written consent if their rights have not been terminated.
- c. No one other than DFPS staff may consent to inpatient treatment at a psychiatric facility or substance abuse facility. Only DFPS staff may consent to this, and only with the child's consent. If the child does not consent, an involuntary commitment must be sought through the courts. [Texas Health and Safety Code 572](#) (Kris-Joint Protocol)

3-Day Medical Exam		
Domain	Healthcare Services, Care Management, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Family Code 264.1076	

Purpose:

According to the American Academy of Pediatrics, children and youth in foster care have significant medical needs (<http://pediatrics.aappublications.org/content/136/4/e1131>).

By Law, a 3-day Medical Exam must occur within three (3) business days of a child’s removal.

This exam is a medical screening that is intended to provide a baseline of a child’s physical health upon entering foster care. It is also an opportunity for us to obtain necessary treatment and medications a child may need that they did not have at the time of the removal (i.e. asthma inhaler).

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

OCOK will comply with the Law by ensuring that all children entering foster care and staying in DFPS conservatorship for more than three (3) days receive a 3-day Medical Exam within three (3) business days of a child’s removal from their home.

OCOK will partner with caregivers/foster parents, bio-parent(s), relatives and other professionals to ensure timely completion of this required examination as well as timely and mindful follow through regarding any medical recommendations made for follow up care.

Permanency Specialist must:

1. Speak with the Supervisor to determine if the child has any emergent or urgent medical needs, for example: untreated wheezing – take the child to an urgent care facility; a child at school has an arm injury with no treatment – take the child to a local emergency room. In situations such as these, you may take the 3-day medical exam protocol with you and ask the medical staff to ensure each of the requirements are covered. If they agree to do so, in these particular instances, this could suffice as the 3-day medical exam.
2. Identify if the child is in the hospital due to abusive trauma and remains there at the time of removal or if a child is treated at a hospital for Failure to Thrive at removal, then a 3- day medical exam is not needed. Obtain a copy of the medical records, treatment plan/discharge plan and any other available medical information. The same may apply if a youth had a recent

physical examination at a mental health facility and is still admitted in that facility upon removal. Speak with your supervisor as these circumstances arise.

3. Know that specialized medical resources cannot substitute for the required 3-day medical exam. Some examples of specialized medical resources are a recent doctor's visit (before removal) due to an illness, a Sexual Assault Nurse Examiner (SANE) examination, a Forensic Assessment Center Network (FACN) consultation based on medical records, a telemedicine evaluation.
4. Know that the DFPS Investigator arranges for the 3-day medical exam by scheduling the appointment or by ensuring the appointment is scheduled by the caregiver.
 - Determine if there is a Primary Care Provider (PCP) currently for the child or if the caregiver uses a PCP regularly and ongoing.
 - If the child or caretaker have an existing PCP, ensure they are a medical provider through STAR Health and schedule the appointment.
 - If there is no current or existing PCP, the caseworker schedules the appointment or requests the caregiver schedule the appointment with a STAR Health Provider.
 - A physician (MD or DO) or other Health Care Provider (HCP) who is a STAR Health provider may complete the initial 3-day medical examination.
 - To locate a provider, contact STAR Health Member Services at 1-866-912-6283 or review the information located on the STAR Health website: www.fostercaretx.com/for-members/find-a-doctor
 - If we do not schedule the appointment, we confirm that the appointment is made, who the appointment is with, the date, time and location of the appointment.
 - Caseworkers should partner with the caregiver regarding the transportation of the child to the examination.
 - The caseworker or other responsible adult transporting and accompanying the child for the examination must have the completed Medical Consent Form (2085-B) with them. In addition, they should know as much information as possible about the child (i.e. reason for the removal, any known trauma or health history).
 - If you as the caseworker are not accompanying the child to the 3-day medical exam, please be available by phone to speak with the medical provider, as needed.

The 3-day medical exam consists of the following: (HHSC Medicaid, STAR Health and Texas medical experts agreed upon a specific Medical Protocol for this exam)

- Vital Signs – Height, weight and other
- Medical History – Including known history, current concerns related to abuse and neglect, medications, allergies, screening for health conditions related to any risk documented by DFPS, physical and intellectual disabilities, vision, hearing, communication deficits, mental illness, suicidality, aggression or emotional distress, pregnancy, sexually transmitted infections and substance abuse.
- Physical Examination – A complete examination, including all body surfaces with respect to the child or youth's level of distress. Testing, including any laboratory or other testing will be done at the medical professional's discretion.
- Treatment – Medically necessary medications, equipment, patient education, consultations and additional referrals and or transferring child or youth for a higher level of care

- Follow-Up Recommendations – The medical provider will make recommendations and provide written communication for follow-up; including medications, equipment or referrals to other medical professionals.

5. Vaccinations

- Children and youth are prohibited from receiving vaccinations at the 3-day medical examination unless there is an emergent need for a tetanus vaccination.
- Parental consent is required in writing, from the parent, for any other vaccination other than an emergent tetanus shot. You may assist the medical professional in contacting the parent; however, caseworkers may not obtain consent from the parent on behalf of the medical professional.

6. Follow-up after the 3-day Medical Exam:

Permanency Specialists are responsible for ensuring all follow-up care recommended at the 3-day medical exam is completed.

- If you do not accompany the child to the appointment, the adult accompanying the child to the 3-day medical exam should receive complete documentation from the medical provider that lists any diagnoses, treatment, patient instructions, and any recommendations for follow up.
- They should send this information to you as the Permanency Specialist within 24 hours via email or fax.
- If the medical findings are urgent, you should be contacted immediately.
- The Permanency Specialist informs the caregiver/foster parent, relative or other adult transporting or attending the medical visit with the child about the above steps needed once the examination is completed.
- The Permanency Specialist documents the 3-day medical exam completion date in the OCOK system within 24-hours of exam.
- Permanency Specialists upload the medical documentation from the visit, laboratory results, recommendations, diagnoses into the computer within 72-hours of the 3-day medical exam.
- OCOK will ensure all follow-up recommendations are completed timely and mindfully by teaming with family members and other professionals regarding follow up medical care recommended for the child.

Refer to EPSDT Check-up Policy and Procedures.

Medical Requirements	
Domain	Healthcare Services, Care Management, ACH Organizational Service Delivery
Effective	3-01-2020
	Revision Dates
Documents	
Reference	DFPS Rules, 40 TAC § 700.1329(a)External Link , Texas Family Code § 264.1076 , Minimum Standards and Guidelines for Child-Placing Agencies, §§ 749.1417External Link ; 749.1421 , Texas Health Steps ScheduleExternal Link , 42 C.F.R. §§ 441.251,External Link 441.253External Link

Purpose:

Children in care receive medical care through Texas Medicaid.

[STAR Health](#) is the comprehensive healthcare system utilized to provide Medicaid services for most children and youth in care. Medical consenters must use STAR Health (or traditional Medicaid if the child is ineligible for STAR Health) and its network of providers for medical and dental care (see behavioral health care policy regarding behavioral health).

Procedure:

OCOK will utilize the [Texas Health Steps periodicity scheduleExternal Link](#) for medical and dental checkups and subsequent care. This schedule meets the requirements for the Minimum Standards and Guidelines for Child Placing Agencies. §§[749.1151External Link](#) and [749.1153External Link](#).

We will ensure all children in substitute care receive medical care. This care will include:

- Emergency treatment, whenever necessary
- Timely examination and treatment of nonemergency injuries and illnesses
- Regular and preventive care appropriate to the child’s age and condition, including immunizations and tuberculin tests

Permanency Specialists will partner with children, their families, and their caregivers/medical consenters to ensure every child/youth receives the medical care they are entitled to receive.

Initial Medical Requirements:

1. 3-day Medical Exam

- Every child will receive a 3-day medical exam within three business days of the removal. This exam screens to provide a baseline of the child’s health, any injuries or illnesses, and ensures treatments and medications are available for the child. (This initial 3-day medical examination is generally completed by the removing DFPS investigator).
- Texas law does not allow for vaccinations to be administered at this appointment without parental consent.
- We may not obtain consent from the parent/s on behalf of the medical provider

2. Initial Texas Health Steps Medical Check Up – Within 30 days of removal

Permanency Specialists collaborate with the child/youth and their caregivers to ensure each child receives an initial Texas Health Steps medical checkup within 30 days entering conservatorship. These checkups are available to all children/youth through STAR Health and traditional Medicaid.

a. This initial medical checkup must:

- Be completed for every child in substitute care
- Be performed by a licensed health practitioner who is enrolled in Texas Medicaid as a Texas Health Steps provider
- Be completed within 30 days of a child entering DFPS conservatorship
- Is considered overdue 31 days after a child enters conservatorship
- If a child is changing placements and has had an Initial Texas Health Steps checkup within the last year, a new checkup is not required upon their placement change.
- Documentation must be included in case file and computer system

b. An exception to this initial medical checkup applies when a child is being transferred from one licensed agency to another licensed agency (for example, from one child-placing agency, residential treatment center, or general residential operation to another) is exempt from receiving another Initial Texas Health Steps checkup after changing placements, as long as they have had a Texas Health Steps medical checkup within the past year, while in DFPS conservatorship.

c. Follow-up appointments/services are scheduled as needed, or as recommended by the Texas Health Steps medical provider.

3. Ongoing Texas Health Medical Checkups

Permanency workers collaborate with the child and their caregiver to ensure medical checkups are made in accordance with the Texas Health Steps [Periodicity Schedule](#).

4. Immunizations

Permanency workers collaborate with the child and their caregiver to ensure each child is immunized against disease and is screened for tuberculosis in accordance with the Periodicity Schedule. This includes testing for TB if this is recommended by any local public health authority in the county where the child is or has been residing.

5. Contraceptive Services

Youth may request contraceptive services through their physician or other family planning provider. The decision to provide a minor with contraception and to obtain the appropriate consent is the healthcare provider's responsibility. We may not attempt to prohibit or encourage a youth from seeking contraceptive services.

If a youth requests to be sterilized, the Permanency Specialists will consult with the Supervisor and Permanency Manager as well as the DFPS Attorney to determine whether to ask the court to make a

ruling on the request. We may not (nor can the medical consentor) consent to this request. Medicaid funds will not be utilized to pay for this procedure if they are less than 21 years old or have been declared mentally incompetent by a court (unless they have been declared competent for the purpose of consenting to sterilization).

6. Provide caregivers/foster parents and medical consentors with the following

- Pamphlets and other information about STAR Health services and traditional Medicaid (Periodicity Schedule)
- Website information for these programs

7. Health Passport

The Health Passport is a Web-based electronic system for storing and retrieving a child's health information. Healthcare providers, caregivers, and Permanency Workers use the Health Passport to manage a child's healthcare needs. Be sure to:

- Carefully read and sign the user agreement.
- Take the online Health Passport training.
- Access the passport only for business-related needs.

8. Documentation

All healthcare information and documentation should be included in the child or youth's case file as well as entered into the computer system timely (no later than 72-hours of the event).

Interstate Compact on the Placement of Children (ICPC)

Interstate Compact on the Placement of Children (ICPC)	
Domain	ICPC, ACH Organizational Service Delivery
Effective	3-01-2020 Revision Dates
Documents	
Reference	Texas Family Code 162.101, 102, 107; 40 TAC 700.1901

Purpose:

The Interstate Compact Agreement on the Placement of Children is Law in all 50 states, the District of Columbia and the Virgin Islands. This compact establishes uniform procedures for placing children who are in substitute care in other states.

Texas Family Code [§162.101External Link](#).

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

ICPC procedures are designed to:

- Help each state obtain the best available caregiver for every child
- Ensure that every interstate placement fully involves appropriate state authorities and complies with applicable state laws
- Promote appropriate jurisdictional arrangements by the courts involved in interstate placements

OCOK will ensure that all applicable laws and rules regarding ICPC are followed.

An ICPC request will generally not be made for non-custodial parents, unless:

- Ordered by the court

We will partner with the child and family, extended family, fictive kin, CASA, legal representatives and other states and agencies to ensure the child’s safety, best interest, and positive permanency are the core foundation of every ICPC placement decision.

Each state establishes its own Interstate Compact office. In Texas, that office is the Texas Interstate Compact Office (TICO), which is part of DFPS. The TICO office is located in Austin.

The OCOK Resource Coordinator, in partnership with DFPS ICPC Regional staff, is responsible for all communication, distributions, notifications and discussions between Permanency Specialists and the Texas Interstate Compact Office.

The TICO specializes in coordinating interstate placements with the compact offices of other states and advising child-placing agencies about making and supporting these placements.

Most interstate placements involve the following participants:

- The child
- The caregiver with whom the child is being placed
- The caregiver with whom the child is being moved from
- The sending agency that is placing the child outside the state – The CPA, organization or individual placing the child out of state
- The sending state’s compact office – the interstate compact office in the state the child is leaving
- The receiving state’s compact office – the compact office in the state the child is entering
- The receiving agency – the CPA, organization or individual that supports the placement in the state the child is entering

The ICPC process to request placement outside the state of Texas ordinarily proceeds through five stages:

1. The request –

The Permanency Specialist completes an interstate-placement packet, including all required attachments and documentation, requesting:

- A home assessment of the caregiver with whom we are requesting placement
- Permission to place the child

The completed packet of information is sent to the Regional ICPC coordinator through the computer system. The ICPC coordinator reviews the information and, if they approve, forwards it to the Texas ICO (TICO).

2. The decision –

- The TICO reviews the packet for compliance with requirements and laws and forwards the packet to the receiving state’s compact office.
- The receiving state’s Interstate Compact Office reviews the packet and forwards to the receiving state’s agency.
- The receiving state’s agency reviews the placement packet and arranges for the home assessment to be completed.
 - The completed home screening/assessment, along with the agency recommendation for or against the placement is then sent to the receiving state’s Compact Office.
- The receiving state’s Compact Office:
 - Reviews the home screening and recommendation
 - Approves or denies the placement request
 - Forwards one copy of the home screening and one copy of the signed placement recommendation to the TICO, thus notifying the TICO of their decision
- The TICO:
 - Records the receiving state’s decision by uploading the home screening and signed placement request in the computer system, which notifies the Regional ICPC coordinator and Permanency Specialist of the decision
- The Permanency Specialist (and/or designee, with supervisor consultation):

- Determines whether to proceed with the placement and proceeds with placement planning (if approved)

A. If Approved:

- Working jointly together with the child and other partners, the Permanency Specialist makes arrangements for placement of the child through ICPC and notifies the Regional ICPC Coordinator of the placement arrangements.
- The Regional ICPC Coordinator notifies the TICO of the arrangements and placement.
- TICO notifies the receiving state's ICPC office who then notifies the receiving agency.

B. If Denied:

- If the receiving state does not approve a placement request, we may not recommend the placement to the court. Making a placement in violation of the Interstate Compact on the Placement of Children (ICPC) is a Class B misdemeanor in Texas.
Texas Family Code §§[162.102 Article IV External Link](#), [162.107 External Link](#)
- If the other state's compact office does not approve the placement request, the Permanency Specialist:
 - notifies the attorney representing DFPS, who will inform the Texas court that the other state denied the placement; and
 - recommends against placing the child with that caregiver based upon the denial.
 - closes the ICPC case through the computer system, ensuring all copied, faxed, or emailed documents used in the initial request and subsequent discussions, be filed in the case file.

NOTE: If the court orders the child to be placed in an unapproved ICPC placement, the other state is not obligated to provide courtesy supervision. In such an instance, we must object to the placement on the record through the attorney representing DFPS. Placing children in states with no approved ICPC home assessment and agreement violates the law and impacts a child's ability to receive services and supervision in the receiving state, as they will be ineligible for any services.

3. The placement –

The Permanency Specialist (or designee) places the child and notifies the regional ICPC coordinator, who notifies the TICO. All costs of care that are not covered through other sources remain our responsibility.

[TAC Rule 700.1901](#)

- TICO notifies the receiving state's Compact Office.
- The receiving state's Compact Office notifies the receiving agency
- The receiving agency begins supervising the placement

4. Supervision of the placement –

For children placed out-of-state, face-to-face contact is conducted through supervision by the agency in the state where the child resides, as negotiated between states.

However, the Permanency Specialist in Texas *must maintain monthly contact with the child by telephone, email or other electronic means*. These contacts must be documented in the computer case narrative the same day that they occurred.

In addition, the Permanency Specialist in Texas must make face to face contact (in person) with each child that is in an ICPC placement at a minimum of once per quarter.

If the receiving state is unwilling to see the child face to face each month, the Permanency Specialist must continue to make face-to-face contact with the child monthly.

The receiving agency supervises the placement until the court in the sending state dismisses the sending agency's jurisdiction; however, the sending agency (Texas DFPS) retains jurisdiction throughout the supervisory period. This means that Texas retains legal custody and remains responsible for the child's placement and the cost of the child's care. We have the authority to remove the child from the receiving state's caregiver, if needed, and if the out-of-state caregiver can no longer care for the child, we must find a new placement.

Texas Family Code [§162.102 Article V External Link](#)

5. Closing of the case -

The Permanency Specialist (or designee):

- requests the local court take action that terminates our jurisdiction in the child's case, as we would in cases not involving ICPC.
- Once the court has made a decision, notifies the regional ICPC coordinator, who notifies TICO of the court action.
 - TICO notifies the receiving state's Compact Office and closes their involvement in the child's case
 - The receiving state's Compact Office notifies the receiving agency and closes their involvement in the child's case.
 - The receiving agency takes the steps necessary in light of the court action of the sending state and closes their involvement in the child's case.

Note: The sending agency must receive an agreement to close the case from the receiving state before terminating jurisdiction and closing the ICPC case.

Interstate Compact Placements can be complex and time consuming at times; as they involve collaboration with the child and family, the courts, other stakeholders and partners, as well as another state, another state agency, and their representatives.

Please consult with your supervisor and/or the Resource Coordinator for any questions regarding this process. Exceptions may be approved by your Permanency Manager.

It is crucial that we maintain our focus on the child's safety, best interest, and positive permanency throughout the ICPC process.

Please refer to the ICPC reference materials that include detailed timeframes and flowcharts.

In addition, ICPC regulations are published online by the Association of Administrators of the Interstate Compact on the Placement of Children ([AAICPCEXternal Link](#)).

Kinship Care

Disaster and Emergency Response Preparedness Plan (DERPP)		
Domain	Kinship Care, Contract Management and Oversight of Providers, Quality of Service Environment	
Effective	3-01-2020	Revision Dates
Documents	DERPP	
Reference	TAC 749.2908	

Purpose:

To ensure the safety of all children for whom we are responsible in the event of an emergency or disaster.

Internal and external emergencies and disasters include, but are not limited to:

- Acts of nature (such as flood, hurricane, fires, and tornadoes);
- Chemical or hazardous material spills;
- Critical equipment failure;
- Weapons of mass destruction events; and
- Acts of terrorism.

Policy:

Practices to maintain the physical safety of staff and clients will be used and clearly assigned.

Procedure:

In the event of an emergency requiring evacuation or quarantine, the provider is responsible for maintaining the safety and placement of all children in its care.

The Permanency Specialist will be knowledgeable of each placement’s current Disaster and Emergency Response Preparedness Plan (DERPP), whether a licensed placement or kinship placement.

The DERPP will be completed for all kinship/fictive kin placements. The Kinship Family Specialist or Care Coordinator will ensure the completion of the DERPP and will provide a copy to the placement. The original will be placed in the case file and documented in the case narrative.

The Kinship Family Specialist or Care Coordinator will ensure that all children, families and placements have his or her current contact information as well as at least one additional emergency contact person and number in the event of a disaster or emergency.

The Kinship Family Specialist or Care Coordinator will ensure that they have current contact information for each child and placement and at least one additional emergency contact person and number in the event of a disaster or emergency.

1. Obtain current contact and locating information for every child and placement and at least one additional emergency contact person and their number in the event of a disaster or

- emergency. Ensure this information is documented in the case narrative and is current and correct.
2. Provide every child and placement with your current contact information and at least one other emergency contact person and contact information in the event of a disaster or emergency. Ensure this information is documented in the case narrative and is current and correct.
 3. License placement's emergency disaster and response plans as well as kinship placement emergency response plans entail:
 - Mandatory evacuation if directed by local officials;
 - Emergency evacuation;
 - Emergency response;
 - Disaster planning training for all staff and Caregivers; and
 - Arrangements for adequate provision of:
 - Staffing;
 - Shelter;
 - Food;
 - Transportation;
 - Education;
 - Supplies;
 - Emergency equipment;
 - Emergency services; and
 - Medically necessary equipment, medications and supplies, or access to these items for the child during an emergency.
 4. In the event of an emergency or disaster, Kinship Family Specialists, along with Care Coordinators will:
 - Notify their supervisor as soon as safely possible
 - Ensure all children on their caseload are safe and accounted for
 - Keep their supervisor abreast of all available information as it occurs during the disaster or emergency as is safely possible
 - Ensure each child has emergency medication or equipment readily available to them as required by any medical need (i.e. insulin for diabetes, inhaler for asthma)

Kinship Caregiver Home Assessment		
Domain	Kinship Care, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents	Kinship Caregiver Home Assessment, DFPS Criminal Background Check Request, FBI Criminal Background Check Request	
Reference	Texas Family Code 264	

Purpose:

Kinship Caregiver Home Assessments are thorough assessments made of a relative or family friend’s home to consider placement of a child in their home. The assessments are based on a variety of interviews, home visits and background checks to ensure the safety of the home and the appropriateness of the placement for the child. Safe and appropriate family/kinship placements are generally always the preferred placements for a child removed from their home due to abuse and neglect, as they maintain the child’s connections with loved ones and with those within their own communities.

Procedure:

OCOK will partner with birth parent(s), caregivers/foster parents, family members, children and others to ensure we obtain detailed information on those interested in caring for the child/ren within 24 hours of case assignment.

Once obtained, the Kinship Caregiver Home Assessment process will be initiated within 24 hours of learning of a potential caregiver.

If approved, OCOK will engage with the child, parents, relatives, and caregivers/foster parents to ensure the placement is safely secured for the child 24 hours of the home assessment approval.

OCOK will comply with local court expectations regarding Home Assessment approvals and placements.

To complete a Kinship Caregiver Home Assessment:

For each person in the home (age 14 and over) as well as any regular or frequent visitors or possible caregivers (i.e. babysitter) being considered, we:

1. Initiate a DFPS criminal background history check

- Conduct a CPS criminal background history check on each person in the home age 14 or over (in each state they have resided since age 18) and on each person who is a regular or frequent visitor to the home, or who may care for the child (i.e. babysitter).
- If no criminal background history is located, the home assessment proceeds.
- If history is obtained and there is previous validated CPS criminal background history, discuss each case with your supervisor to determine next steps.
- If the kinship has validated CPS criminal background history and is approved as a placement in spite of this, we must inform them that they may not be approved as a foster or adoptive parent based on their criminal background history. This means they would not be eligible for

foster care maintenance payments, adoption assistance, or Permanency Care assistance. We need to be aware this could create hardships for the child and caregiver in the future and document the discussion with the relatives in the case file.

- If the placement's history is such that placement can't be made, we must notify the kinship caregiver of the decision and document in the case file the rationale and reasons the placement can't be made.
- If there is an open investigation or other case involving the potential caregiver's home, discuss with your supervisor, as generally placements are not made in homes with open CPS cases.

2. Initiate an FBI criminal background history check

- A criminal history background history check must be run on each member of the household age 14 or over. This includes regular or frequent visitors to the home or who may care for the child (i.e. babysitter) Even if a criminal background history check was recently run for some reason, a new one is required for the purpose of a home assessment.
- If anyone has lived outside of Texas, an FBI criminal background check must be completed
- We must ensure that we verify each person's identity (through observable identification), obtain all full names used, verify spellings, social security number, driver's license number)

Discuss any criminal history located with your supervisor to determine next steps. We must consider a totality of the circumstances in regard to criminal history, i.e. arrests versus convictions, a fraud conviction versus an Injury to a Child conviction, a violent crime versus a non-violent crime, etc. The Texas Family Code is specific regarding low-risk criminal offenses. DFPS has also published on their website a list of certain low risk criminal offenses that they determined have a low risk of impacting child safety, well-being or stability of the placement.

3. Complete a home visit and interview all parties in the home, along with any frequent or regular visitors/caregivers. Topics to discuss during the interview and engagement with the family as well as information necessary to obtain during the visit are included on Form 6588 (Kinship Caregiver Home Assessment).
4. Contact the references provided by the family.
5. Document the Home Assessment utilizing the Kinship Caregiver Home Assessment form.
6. Discuss the home assessment with your supervisor regarding next steps and approval.
 - a. If approved, proceed with meaningful conversations with the child, birth family (and/or their attorney, as applicable), kinship placement, foster parent and Ad Litem, CASA representative to arrange for the placement to be completed within 24 hours
 - b. Document the placement move within 24 hours
 - c. If the home assessment is not approved, discuss the rationale as to why the placement could not be approved with the family and proceed to the next possible kinship person provided.
7. Each Kinship Caregiver Home Assessment must have supervisory approval prior to moving a child to the Kinship home.

8. It is the expectation of some local courts and judges that home assessments be formally approved by the court prior to a child being moved to a kinship placement. If this is the case in your area, ensure compliance with the local court expectations and must not make a physical kinship placement move prior to approval by the court.

Support Services for Kinship Caregivers		
Domain	Kinship Care, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents	Form 2288, Form K-908-1809, Form 0695	
Reference	Texas Family Code 264.755, TAC 700.1005	

Purpose:

When relatives or fictive kin agree to care for a child on a temporary or long-term basis, we will be providing assistance to them to assist in ensuring child safety and preserving the placement with family and loved ones. In some situations, they may qualify for financial assistance in addition to our general support services. Preserving the safety and stability of a relative/kinship placement is vitally important to a child who has experienced the trauma of being removed from their home.

Policy:

ACH Child and Family Services commits to completing assessment and planning for the development of services to meet the needs within the Network continuum.

Procedure:

Upon initial discussion and engagement with those involved with the potential placement, we will discuss the support services we provide as well as the financial services that may be available to them, both initially and in the future.

OCOK will provide the relative/kinship placement with written information regarding services and support that may be available to them.

OCOK will ensure all discussions with relatives, as well as documentation of written information provided to them, is documented in our narrative contact no later than 72 hours from when the contact occurred.

OCOK will ensure compliance with all orders of the court.

If the Kinship Caregiver Home Assessment is approved and the child is placed in the home, at the time of placement, in writing, we provide information regarding any possible financial services the caregiver may qualify for, in addition to other support services that we will provide to them during the placement. We also provide the Kinship Caregiver Manual to the caregiver at the time of placement and document this information in our narrative contact.

Support Services

- Kinship/Caregiver Support Group – There may be a Kinship Care Support Group in the family’s area. This group is designed to support relative/kinship caregivers and follows a structured, 10-week curriculum including topics such as stress management, discipline, accessing community

resources. If a group is unavailable, the Kinship Family Specialist may provide this curriculum to the family in their home.

- Local Assistance – As needed, we will refer and provide the family with local resources to help ensure the child’s needs continue to be met and to assist with the stability of the placement. These resources often include local food banks, churches, and community outreach programs. Local utility companies may also work with families who are caring for children in DFPS conservatorship.
- CCMS – A local daycare resource

We should always be readily familiar with local resources; what they offer for children and families and be available to assist the family in accessing these resources.

- Disaster Planning – We are responsible for teaming with relative/kinship caregivers and Care Coordinators to ensure each kinship home has completed Form 2288 (Disaster Plan for Foster/Adoptive and Kinship Homes). Caregivers and children in DFPS conservatorship are required to evacuate their home if an evacuation is mandated in the area where the caregiver resides. These plans should be in the case file and caregivers should be prepared in the event of an emergency. We should review these plans upon our initial visit and periodically (at a minimum of once per quarter) thereafter and document that the plan is appropriate and located in the case file.
 - In the event of a disaster or evacuation, we attempt contact with all families and children in a disaster area within 24 hours. It is important that all information in the computer and case file regarding contact information is current and accurate at all times, particularly in the event an emergency of this magnitude.

Speak with your supervisor immediately if a disaster or evacuation occurs in an area where a child on your workload is living.

Financial Assistance – State

1. Daycare Services

Daycare may be provided (based on available resources) for kinship caregivers who:

- Have formal approval and are abiding by the signed Kinship Caregiver Agreement (Form 0695)
- Work outside the home for 40 hours per week
- Be a Texas resident

Once we become aware a caregiver may need assistance with daycare, complete the Foster/Relative and other Designated Caregiver Daycare Verification form (K-908-1809) unless an exception is met as described below and refer to CCMS for caregiver verification (see Daycare Policy 6.10):

- a. For the initial daycare authorization, the requirement for the caregiver to complete the form may be waived if it is determined the verification would prevent an emergency placement in the child’s best interest. Such an emergency placement would be one where the placement cannot be sustained or is unlikely to be sustained if the person requesting the daycare were required to

verify the unavailability of community resources. Waiver of this requirement must be approved by your Kinship Family Supervisor and Clinical Director.

- b. It is imperative that we provide the kinship placement with all necessary forms and requests immediately, so they may request daycare, along with the required documentation, to us in a timely manner. We will provide effective date of services once approved by the Kinship Family Supervisor.
- c. Financial Assistance - Relative/Other Designated Caregiver Program – Provides limited financial assistance to caregivers to care for children. It assists with continuity of care and stability for children in DFPS conservatorship. This assistance is based on caregiver eligibility and resource availability.

2. Kinship Reimbursement Payment

A monthly payment per child up to half of the daily basic foster care reimbursement rate paid to a family foster home. These are time-limited and may be paid for up to twelve months. If there is a good-cause exception, an additional six months may be provided. Such exceptions may include:

- Identification/release or locating the child's previously absent parent
- Waiting for timeline to expire for an appeal of an order
- Additional time for the caregiver to complete the approval process for verification or adoption
- Waiting for approval of child's placement from another state
- A delayed determination of the child's Indian Child status – Approval of the Indian Child's Tribe
- Other circumstance which may require an extension of the 12-month period

At the time of placement, each of the following must be met for the caregiver to qualify for the Kinship Reimbursement payment:

- The child must be in DFPS conservatorship
- The child is being placed with a kinship caregiver formally approved through the home assessment process
- The home in which the child is being placed is not a verified foster/group home receiving foster care payments
- The caregiver signs and abides by the Kinship Caregiver Agreement
- The caregiver's family income does not exceed 300% of the current federal poverty limit. This include all household members and anyone else in the home on or after initial placement. (There is a Federal Poverty Income Limit Chart on the internet)

There may be times where the caregiver does not meet these requirements; however, a court orders that we provide these services. Should this occur, speak with your supervisor about specific procedures and approvals required.

3. Post Permanent Managing Conservatorship Annual Reimbursement Payment

If the caregiver obtains PMC of the child and all other eligibility requirements are met, they may request an annual reimbursement of up to \$500 to assist with child-related costs. They may request this for

three years following being awarded Permanent Managing Conservatorship or until the child is 18, whichever comes first. The state reimburses them for eligible child-related expenses on the PMC anniversary date.

We complete form 0697 for this process. The eligibility requirements for this reimbursement are:

- The child is with a kinship caregiver formally approved through the home assessment process
- The caregiver is making the request on behalf of the child who was in their care at the time the expenses were incurred
- The child was in DFPS conservatorship immediately prior to the caregiver being awarded PMC of the child
- The caregiver has signed and continues to abide by the Kinship Caregiver Agreement (Form 0695)
- The caregiver is not receiving permanency care payments or adoption subsidy payments
- Submit proof of the child's residence (i.e. school records, Medicaid card, TANF statements – indicating child and the caregiver reside together in the same home)

PMC caregivers may also be eligible to apply for assistance through the Texas Works program on behalf of the child. They submit a Medicaid application to the THHSC on behalf of the child to see if he or she will qualify for any additional assistance.

Financial Assistance – Federal

There are some Federal financial assistance programs that may be available to caregivers who are not licensed foster or adoptive placements. These include:

Temporary Assistance for Needy Families (TANF) –

- When the caregiver is related to the child and
- TANF – When the caregiver is the child's grandparent, they may qualify for an additional one-time benefit known as the TANF Grandparent Grant, which provides up to \$1,000 to help with the costs of integrating the child into their home. We complete form 0696 and provide it to the grandparent. This is a letter to the TANF worker explaining the services the kinship caregiver is receiving and clarifying they are not a paid foster home.

Legal

Best Interest Decisions		
Domain	Legal, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Family Code Chapter 263.307	

Purpose:

In determining what actions are in the best interest of a child, we must consider all facts relevant to a child’s safety and permanency. There are many factors to consider in determining each individual child’s best interest.

Procedure:

OCOK will collaborate with our partners, soliciting their input and feedback, regarding a child or youth’s best interest. This includes the child, their parent(s), relatives, foster parents, placements, kinship, CASA, legal staff and others involved with the case.

OCOK will consider all facts relevant to a child’s safety and positive permanency in regard to their best interest. We will also consider the factors specified by law regarding the best interest of every child.

What is in a child’s best interest may appear somewhat subjective on the surface; however, the Texas Family code lists the following factors to be specifically considered in regard to determining the best interest of a child.

OCOK will consider each of the following prior to making decisions regarding actions on behalf of a child’s best interest:

- the child's age and physical and mental vulnerabilities;
- the frequency and nature of out-of-home placements;
- the magnitude, frequency, and circumstances of the harm to the child;
- whether the child has been the victim of repeated harm after the initial report and intervention by the department;
- whether the child is fearful of living in or returning to the child's home;
- the results of psychiatric, psychological, or developmental evaluations of the child, the child's parents, other family members, or others who have access to the child's home;
- whether there is a history of abusive or assaultive conduct by the child's family or others who have access to the child's home;
- whether there is a history of substance abuse by the child's family or others who have access to the child's home;
- whether the perpetrator of the harm to the child is identified;

- the willingness and ability of the child's family to seek out, accept, and complete counseling services and to cooperate with and facilitate an appropriate agency's close supervision;
- the willingness and ability of the child's family to effect positive environmental and personal changes within a reasonable period of time;
- whether the child's family demonstrates adequate parenting skills, including providing the child and other children under the family's care with:
 - minimally adequate health and nutritional care;
 - care, nurturance, and appropriate discipline consistent with the child's physical and psychological development;
 - guidance and supervision consistent with the child's safety;
 - a safe physical home environment;
 - protection from repeated exposure to violence even though the violence may not be directed at the child; and
 - an understanding of the child's needs and capabilities; and
- whether an adequate social support system consisting of an extended family and friends is available to the child.

Texas Family Code [§263.307](#)External Link

In addition to the factors specifically outlined in the Texas Family Code, we should also consider the following prior to assessing and determining the best interest of a child or youth:

- the child's desires;
- the child's present and future emotional and physical needs;
- the child's present and future emotional and physical danger;
- the parenting abilities of persons seeking custody;
- the programs available to assist the persons who are seeking custody;
- the plans for the child by the persons seeking custody or by DFPS;
- the stability of the home or proposed placement;
- any parental acts or omissions that show that the relationship is not proper;
- any reason for the parent's acts and omissions.
 - *Holley v. Adams, Texas Supreme Court, 1976*
- the child's exposure to domestic violence, substance abuse, or criminal activities;
- the child's abuse and neglect history;
- the child's emotional, medical, educational, therapeutic, social, or cultural needs;
- the child's special needs or developmental delays, if any; and
- any other important information about how to best meet a specific child's needs for safety, stability, and permanency.

There are many factors to consider when assessing a child or youth's best interest. These factors are not limited to the aforementioned ones only. Collaboration and discussion with the child/youth, their parents, and our other partners, as well as with your supervisor, will assist us in making the best decisions for every child or youth in regard to their best interest.

It is important we understand that best interest decisions and determinations are not made by us alone. As we continue working closely in tandem with those involved in the case toward achieving stability and permanency for every child, we can ensure that every child's best interest is preserved and that positive permanency is successfully achieved.

Court Hearings		
Domain	Legal, Care Management, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Family Code Chapters 153, 261-263, 266	

Purpose:

There are statutory requirements which provide us the legal framework to work within as we serve the children and families involved legally with DFPS. This can be an arduous situation for children and families. It is vital that we are actively engaged to serve and collaborate with those involved in the case (children, parents, relatives, foster parents, attorneys, CASA and others) to ensure positive permanency for each child as soon as possible. The goal being that children can be safe and secure with their parents and families, when it is safe and possible.

Unless there is a history of domestic violence as defined in the Texas Family Code (153.004), there is a rebuttable presumption in all suits that affect the parent-child relationship, that it is in the child’s best interest to name the child’s parents as the child’s joint managing conservators.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

When a child is removed from their home and DFPS obtains Temporary Managing Conservatorship of the child, we legally have 365 days to ensure a safe, stable and permanent living situation for the child or youth. It is possible in some extenuating circumstances to request this timeframe be extended by 180 days; however, this should be the exception.

OCOK will always strive to make a child’s stay in foster care as brief as possible; intently focusing on their wellness, best interest, and safety.

OCOK will ensure compliance with each statutory requirement for submission of court documentation and court attendance. OCOK will comply with all orders of the court. OCOK will present professionally and be thoroughly prepared for testimony at each court hearing, as outlined. OCOK will consult with our supervisor or leadership network regarding any questions or concerns with legal requirements and procedures. OCOK will maintain open, honest and reputable communication with all parties involved in our cases; collaborating and sharing information focusing on the child’s safety, positive permanency and best interest. OCOK will consult regularly with the DFPS attorney representing our case to ensure a united, cooperative relationship.

1. Collaboration

We collaborate with those involved in the case, consistently focusing on positive outcomes for children and families and positive permanency for children. This includes collaborating closely with each of our partners throughout the legal case:

- Children/Youth
- Birth parents (and their attorneys, as advised by our attorney)
- Relatives
- Foster parents
- Placement staff
- CASA
- Attorney Ad Litem
- DFPS Attorneys
- Guardian Ad Litem

2. Professionalism

There may be times when we do not all agree with other's positions and/or recommendations. We must ensure ongoing communication, partnership, and transparency with our partners. In addition, we must be able to clearly articulate any concerns and the rationale supporting our position and our recommendations as it relates to the child's safety, permanency, and best interest.

Professional business attire is required for all court hearings and mediations.

3. We provide support to legal litigation in the following ways:

- Appear as professional witness in court hearings
- Prepare required documents for court hearings
- Prepare for court hearings by collaborating with the DFPS attorney and others prior to the hearing
- Keeping each of our partners informed regarding developments, progress, or changes

4. Notice

Generally, the DFPS attorney or their staff provide notice to each party entitled to notice regarding hearings. Please confirm with your supervisor who is responsible for providing notice of hearings and legal proceedings in your area.

5. Types of hearings involved when a child is legally in the care of DFPS. (Please refer to the Texas Family Code chapters 262 and 263 for detailed information)

- **Removal or Ex parte Hearing** – The 365- day clock begins when DFPS obtains Temporary Managing Conservatorship of a child
- **Adversary Hearing or 14-day Hearing** – This hearing is held within 14 days of the child's removal from their home. This hearing determines whether the removal was warranted, whether the placement outside the home should continue and what the parents must do to provide a safe environment for their children.

- **Service Plan Filing** – We must file the FPOS within the time frames required by your local court jurisdiction. Permanency Specialists must be aware of their local court’s expectations regarding all filing timeframes. (Texas Family Code [§263.101External Link](#) – No later than 45 days)
- **Status Hearing** – This hearing is held within 60 days of DFPS being named Temporary Managing Conservator of the child. It provides the court and all parties an update regarding the status and execution of the Family Service plan previously filed with the court.

The following documents must be filed with the court no later than 10 days prior to the status hearing:

- Initial Family Plan of Service
- [Form 2277Word Document](#) Diligent Search for Missing Parent (if a parent cannot be located)
- [Form 2070Word Document](#) Status Report to the Court
Texas Family Code [§263.007External Link](#) Texas Family Code [§266.007External Link](#)
- [Form 2637Word Document](#) Notification Regarding Relatives/Designated Caregivers
Texas Family Code [§263.003External Link](#) and [§262.114\(a-1\)-\(a-2\)](#)
- [Form 2625Word Document](#) Child Caregiver Resource that is not already filed with the court
- [Form 2110PDF Document](#) Visitation Plan
Texas Family Code [§263.107\(d\)](#)
- **Initial Permanency Hearing and subsequent Permanency Hearings** – The initial Permanency hearing is set within 180 days of DFPS obtaining Temporary Managing Conservatorship of a child. Subsequent Permanency Hearings are scheduled no later than every 120 days. At these hearings, the court reviews:
 - the reasons the child is in the conservatorship of DFPS
 - where the child is placed
 - are the parents willing and able to provide the child with a safe environment
 - summary of the child’s medical care, education, significant events
 - locate and request service of citation on all persons entitled to service;
 - obtain the assistance of parents to locate a missing parent, alleged father, or relative;
 - ensure that the child has regular, ongoing opportunities to engage in age-appropriate normalcy activities, including activities not listed in the child’s service plan;
 - ensure that substitute caregivers are following the reasonable and prudent parent standard when determining whether to allow a child to participate in extracurricular, enrichment, cultural, and social activities; the standard is characterized by careful and sensible parental decisions that maintain the child’s health, safety, and best interests while also encouraging the child’s emotional and developmental growth;
 - conduct an independent living skills assessment for all youth in DFPS’ conservatorship who are at least 16 years of age;

- address the goals identified in the child’s permanency plan, including the child’s housing plan, and the results of the child’s independent living skills assessment;
- provide, to a youth 16 years of age but younger than 18 years of age:
 - the youth’s birth certificate;
 - a social security card or replacement social security card; and
 - a personal identification certificate (Chapter 521, Transportation Code).
- provide, to a youth 18 years of age or older or who has had the disabilities of minority removed:
 - the youth’s birth certificate;
 - immunization records
 - information contained in the youth’s health passport
 - a personal identification certificate (Chapter 521. Transportation Code)
 - a social security card or replacement social security card; and
 - proof of enrollment in Medicaid, if applicable
- whether the child’s safety, well-being, and needs, including medical or special needs, are being met;
- whether the child’s placement, including a child who has been placed outside the state, continues to be necessary and appropriate and in the child’s best interest;
- the appropriateness of the primary and alternative permanency goals for the child developed and whether we have made reasonable efforts to finalize the permanency plan, including the concurrent permanency goals in effect for the child;
- for a child 14 years-old or older, whether services that are needed to assist the child in transitioning from substitute care to independent living are available in
- for a child whose permanency goal is another permanent living arrangement:
 - the desired permanency outcome for the child, by asking the child, and
 - whether, as of the hearing date, another planned permanent living arrangement is the best permanency plan for the child. If so, we are required to provide compelling reasons why it continues to not be in the child’s best interest to return home, be placed for adoption, or be placed with a fit and willing relative.

The following documents must be filed with the court no later than 10 days prior to the Permanency Hearing:

- file the current family service plan with the court;
- file [Form 2088 Word Document](#) Permanency Plan and Progress Report to the Court with the court;
 - Texas Family Code [§263.303 External Link](#)*
- file any [Form 2625 Word Document](#) Child Caregiver Resource that has not already been filed with the court; and
- provide a copy of the service plan and progress report to the following persons, unless the court orders that the report be provided within a different time period:
 - each party;
 - the child’s attorney ad litem;
 - the child’s guardian ad litem; and
 - the child’s volunteer advocate.
 - Texas Family Code [§263.3025 External Link](#)*
- The child must attend the hearing unless specifically waived by the court
 - Texas Family Code [§263.302 External Link](#)*

- **Final Hearing** – This hearing determines whether a child is returned to their parent, managing conservatorship is granted to a relative or someone else, DFPS is appointed as Permanent Managing Conservator after terminating the parent’s rights (or without termination of the parent’s rights)
- **Request for an Extension Hearing** – This hearing is held when we are requesting an additional 180 days in order to achieve positive permanency for the child. These requests should be the exception, and not the rule.
- **Dismissal Hearing** - All cases must be legally dismissed on the next Monday following 18 months from the date that the Temporary Managing Conservatorship was granted to DFPS unless:
 - The court has commenced a trial based on the merits
 - The child is placed with a parent for up to 180 days on a monitored return

Diligent Search		
Domain	Legal, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	40 TAC 700.1105	

Purpose:

Every parent has the right to be notified of any legal case involving their child. This applies to legal parents and presumed parents. We must ensure we exercise due diligence to locate absent parents and any other relatives at the onset of each case and throughout the entire life of the case. In some cases, an absent parent or unknown relative may be that connection that the child needs to successfully achieve positive permanency.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

OCOK will utilize all methods available to us to ensure we diligently search for any absent parent and possible relatives for each child on our caseload.

OCOK will be able to clearly articulate to the court our due diligence and the steps we have specifically taken to attempt to locate and speak with absent parents and possible relatives, if absent parent/s cannot be located.

OCOK must always exercise due diligence to locate absent parents and other relatives, regardless of how it may appear (that the parent wishes or does not wish to be involved in the child’s life). OCOK shouldn’t rely on the custodial parent’s statements about the absent parent’s interest, suitability, or wishes.

Due diligence is the effort that would be made by someone who really wants to find a missing person. It is measured not by quantity, but by quality. We must *reasonably search* for missing parents and relatives.

A *reasonable search* is an inquiry that a reasonable person would make, and it must extend to places where information is likely to be obtained and to persons who, in the ordinary course of events, would be likely to have information on the person or the entity sought.

OCOK must attempt to locate and discuss the case with the absent parent and relatives personally.

OCOK must also exercise due diligence if a parent disappears, or if new information becomes available that would help locate a parent who has not yet been located.

When inquiring about the people most likely to have the information sought, our searches should be guided by professionalism and sound judgment. For example, if we can't locate someone at their home or by phone, yet they arrive unannounced for a visit with their child, or to pick up an item at the office, legal service, gathering current locating information and other business matters should be completed at that precise moment in time.

With our current technology, there are many ways to search for absent parent/s and relatives.

Some methods and strategies to locate absent parents or other relatives are:

- Review complete case history information and contact telephone numbers, addresses, relatives and others noted in history in an attempt to locate an absent parent or other relative
- Visit former addresses and speak with neighbors
- Interview maternal and paternal relatives
- Make queries utilizing free public search internet sites
- Request a diligent search through the DFPS FINDRS system
- Search social media websites and using other available technology
- Contact the Parent Locator Service through the Office of the Attorney General
- Contact the United States Postal Service
- Contact local utility companies
- Request a search by the Paternity registry through the Department of State Health Services

[40 TAC §700.1105External Link](#)

Additional Requirements involving Native American Children

See policy regarding the Indian Child Welfare Act

Additional Information for Searches in Mexico

See policy regarding Mexico specifically

Documentation of Efforts

Document all efforts and diligence to locate any absent parent or relative in your case narrative. We should include any and all correspondence related to the searches, any reports from FINDRS or the Paternity Registry and any other documents related to the search in our case record, such as: letters sent, home visits made, neighbors spoken with, telephone numbers called, email addresses checked. These efforts should be documented as they occur, yet no later than 72 hours after the event.

The attorneys representing DFPS, as well as other attorneys on the case, may ask for a complete copy of these records and documentation, as applicable, to use in court or to file in the court record.

Court Monitoring of Due Diligence

At most court hearings, a judge will ask you what specific efforts you have made to locate an absent parent or other relatives. You should always be prepared to demonstrate and articulate your due

diligence efforts and reasonable search efforts to the court at each hearing on the case. This includes all efforts to locate absent parent/s as well as any relatives throughout the life of the case.

End of Life Decisions/Organ Donation		
Domain	Legal, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Health and Safety Code Chapter 166External Link , Chapter 692A.004External Link , Health and Safety Code	

Purpose:

There are times when a child in DFPS conservatorship has been diagnosed with an “irreversible condition” or a “terminal condition” and medical professionals recommend withholding or withdrawing life-sustaining treatment.

Withholding life-sustaining treatment means to refrain from administering or applying life support such as CPR, ventilators, defibrillation, and other related treatments. Withdrawing life-sustaining treatment means to discontinue life support previously administered or applied.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

OCOK will be sensitive to the needs and wishes of those involved in the devastating circumstances involving end of life decisions and organ donation.

OCOK will comply with all laws, regulations and court orders regarding these decisions.

The Permanency Specialist and Supervisor follow the procedures outlined below, after consultation with the Permanency Director. However, any party may seek court intervention at any time if all parties do not agree on a course of action or if any party is concerned about the child's rights.

1. If parental rights have not been terminated and the child's attending physician recommends end-of-life care, the parents have the authority to make the end-of-life decisions even if DFPS has temporary managing conservatorship (TMC) or permanent managing conservatorship (PMC). Permanency Specialists, DPFS staff or other medical consenters do **not** have the legal authority to consent in these circumstances.

In these situations, we:

- obtain a written statement from the attending physician certifying that the child has a terminal or irreversible condition and that the physician recommends withholding or withdrawing life-sustaining treatment;

- request a second opinion or a review by a hospital medical or ethics review board if there are any concerns about the attending physician's recommendation. The hospital decides whether to convene a review committee;
- inform the parents of the child's medical condition and the recommendation of the attending physician and any hospital medical or ethics review board (if applicable);
- arrange for the parents to discuss any recommendation with the attending physician directly (by phone or in person); and
- discuss the recommendation with the Permanency Director, the parents, the attorney representing DFPS, the child's attorney ad litem, guardian ad litem, CASA (if applicable), and any other legal party to the case.

If the parents:

- A. Consent to the DNR, advance directive or recommended end of life care:

The parents are the party that must execute any order and sign any required documents. We must NOT do so.

- B. Refuse to consent to the DNR, advance directive, or recommended end of life care:

We must NOT take further action

- C. Cannot be located or are otherwise unavailable to make a decision:

We request the attorney representing DFPS initiate proceedings to seek termination of parental rights and obtain PMC of the child.

Staff must ensure all parties are informed of the decision once the decision has been made

2. If parental rights have been terminated for both parents, or the parents are deceased, and the attending physician recommends end-of-life care, the Permanency Specialist and supervisor, after consulting with the Permanency Director:
 - obtain a written statement from the attending physician certifying that the child has a terminal or irreversible condition and that the physician recommends withholding or withdrawing life-sustaining treatment;
 - request a second opinion or a review by a hospital medical or ethics review board if there are any concerns about the attending physician's recommendation. The hospital decides whether to convene a review committee;
 - confirm that there is no relative, fictive kin, or other individual with possessory or custodial rights. If one is available, that person must be consulted for end-of-life decisions if possible;
 - notify and discuss the recommendation with the Permanency Director, the attorney representing DFPS, the child's attorney ad litem, guardian ad litem, CASA (if applicable), and any other legal party to the case.
 - notify and consult with the local court, according to the procedures explained below.
 - A. If the court will rule on the decision, the Permanency Specialist, along with the Supervisor, after consulting with the Permanency Director:

- involve the attorney representing DFPS, the child's attorney ad litem, the child's guardian ad litem, any individual with possessory or custodial rights, and any other involved individuals in developing a recommendation for the court. (If there is no attorney ad litem, the caseworker must recommend that the court appoint one); and
- comply with the court's directive or order.

The Commissioner must take any action necessary to carry out the court's decision.

B. If the court declines to rule on the decision, the Permanency Worker, along with the Supervisor and consultation with the Permanency Director:

- involve the attorney representing DFPS, the child's attorney ad litem, the child's guardian ad litem, any individual with possessory or custodial rights, and any other involved individuals in developing a recommendation about the child's care;
- present the recommendation to the regional director;
- the regional director must present the recommendation to the Commissioner for the Commissioner's decision;
- notify the hospital or healthcare provider and the court of the Commissioner's decision.

The Commissioner must take any action necessary to carry out the decision.

3. If the Parents Decide to Donate the Child's Organs

The child's parents are legally authorized to donate the child's organs in the event of death, if the parental rights have not been terminated.

We must never sign consent forms for organ donation on behalf of a child's family member who has made a decision to donate the child's organs. If the family members retain their legal rights to the child but are unavailable to consent, we must not give consent for organ donation in the family member's absence.

4. When Permanency Specialist/DFPS May Decide to Donate the Child's Organs

Organ donation remains controversial for many people. If a request for organ donation is received, the Permanency Specialist, supervisor, and Permanency Director, together with legal staff, consider whether consent is appropriate considering the circumstances, or not.

We may only consider making the decision to donate an organ of a child if DFPS is managing conservator and:

- parental rights have been terminated; or
- the parents are deceased.

Consultation with leadership staff and legal staff is required in each of these situations and must be documented in the case narrative within 24 hours.

Foreign-born Children	
Domain	Legal, ACH Client Rights and Responsibilities
Effective	3-01-2020
	Revision Dates
Documents	Form 2650
Reference	USC 8 1101, USC 42 671, TFC 152.311

Purpose:

Legal issues may arise when foreign-born children are removed from their home and placed in foster care.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

When we become aware that a child in care is foreign-born (a non-United States citizen), OCOK will notify the Supervisor, the attorney representing DFPS and the appropriate foreign consulate that the child has been removed and is in foster care.

OCOK must notify the foreign country that a child is in foster care in Texas by notifying the country's consulate.

To notify a foreign consulate that a foreign-born child is in foster care, OCOK:

- Complete Form 2650 - Letter to Foreign Consulates
- send Form 2650 to the consulate by fax (and file it, with the confirmation notice attached) or by mail (with a return receipt requested); and
- send a copy of the notice to the attorney representing the DFPS (email, mail or fax), so that the attorney is aware of the consulate's involvement.

Additional considerations for children born outside of the United States:

- Foster children who have no immigration status may be eligible to become permanent residents by applying for Special Immigrant Juvenile Status (or may be eligible for other forms of relief).
- Foster children who are permanent residents may be eligible to apply to become naturalized US citizens.

For detailed information on these and related issues, such as foreign travel, providing services to parents in foreign countries, and placing children in foreign countries, consult with your supervisor as well as the attorney representing DFPS.

HIV Testing and Status	
Domain	Legal, ACH Client Rights and Responsibilities
Effective	3-01-2020 Revision Dates
Documents	
Reference	40 TAC §700.1405External Link 40 TAC §700.1403External Link 40 TAC §700.1401External Link 40 TAC §700.1404(a)External Link 40 TAC §700.1404(b)External Link

Purpose:

To ensure that each child in the care of DFPS is tested for HIV according to applicable rules and law.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

OCOK will partner with children, medical staff, families, attorneys and caregivers to ensure compliance with all laws and rules regarding HIV testing and the HIV status of children in care.

Children diagnosed with HIV, as well as their caregivers, will be referred to STAR Health for HIV-related services.

For each child on your caseload, the Permanency Specialist:

1. Ensures that they are tested for HIV infection in accordance with the Texas Health Steps Medical Checkup Periodicity Schedule, Comprehensive Health Screening or any other time the child’s healthcare provider determines the test is medically necessary.
2. Requests that the healthcare provider test a child for HIV infection if the child has a history of sexual abuse or other risk factors, or if the child requests to be tested.

40 AC §700.1401External Link

3. STAR Health provides counseling, treatment, and medical management for a child in DFPS conservatorship with HIV. Permanency Workers will collaborate with our partners to ensure every child diagnosed with HIV is provided with age-appropriate post-test counseling and information in accordance with the Texas Health and Safety Code. These services are available for the child as well as their caregiver through STAR Health.

4. HIV Status is Confidential

Information regarding a child's HIV status is confidential. We will not disclose a child's HIV status with any other individual or entity, except those required to be notified or otherwise entitled to notification below. See below for medical exception.

40 TAC §700.1405External Link

- **Medical Exception**
Information about an individual's HIV status may be released to medical personnel in an emergency, if necessary, to provide for their protection and to provide for the patient's health and welfare. Other exceptions apply to healthcare providers, who are required by law to report the information to certain governmental entities for purposes of communicable disease tracking.
- **Public Documents**
Information regarding a child's HIV status may not be put in any documents that will be available to the public, such as removal affidavits or court reports. If the welfare of the child requires the child's status to be documented in a public document, we refer to it as "confidential diagnosis."
- **Court Testimony**
A child's HIV status may be discussed only if DFPS is currently the child's managing conservator. The judge has the discretion and authority to require testimony on any subject that he or she deems appropriate or necessary. In such cases, we provide testimony as requested by the judge.
- **Affidavits**
HIV status must NEVER appear in a removal affidavit. This is true for children coming into DFPS care and for any other adult or child referred to in the affidavit.
- **Other Adults**
We also protect the confidentiality of an adult's HIV status and HIV test results in our work. We do not disclose any adult's HIV status, or HIV test results, without their consent.

5. Required Notification About a Child's HIV Status

If a child tests positive for HIV infection, we *must* notify the following parties of the child's condition:

- the child's legal parents (if parental rights have not been terminated and their whereabouts are known);
- current and prospective foster parents, 24-hour child-care providers, prospective adoptive parents, or relatives with whom the child has been placed or with whom DFPS plans to place the child; and
- the medical consenters.

40 TAC [§700.1403External Link](#)

6. Allowable Releases of HIV Status Information

If a child has tested positive for HIV infection, the following parties may be notified of the child's condition, as appropriate:

- a physician, nurse, or other professional who has a legitimate need to know the information in order to provide for the child's health and welfare;
- a court having jurisdiction of a proceeding involving the child or a proceeding involving a person suspected of abusing the child, if requested;
- any person with a legal right to obtain the information pursuant to law or court order; and
- the child.

7. Negative HIV Result

If a child has tested negative for HIV infection, DFPS may notify the parties listed above if:

- the party requests the information; or
- It is determined the information is needed to provide for the child's health or welfare.

40 TAC §[700.1404\(b\)External Link](#)

Indian Child Welfare Act (ICWA)		
Domain	Legal, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	25 U.S. Code §1912(a)External Link 25 U.S.C. §1903.	

Purpose:

The purpose of the Indian Child Welfare Act (ICWA) is "...to protect the best interest of Indian Children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Native American children and placement of such children in homes which will reflect the unique values of Indian culture..."(25 U.S. C. 1902).

ICWA provides guidance to states regarding the handling of child abuse and neglect, removal and adoption cases involving Native American children and sets minimum standards for the handling of these cases. [25 U.S.C. §1903.](#)

OCOK will provide quality services to all clients regardless of their cultural background.

Procedure:

If there is any indication that a child or their family may have tribal connections, we will provide the relevant information to the tribe and ask the tribe to confirm or deny eligibility no later than 72 hours of learning of the connection.

OCOK will notify the DFPS attorney upon learning of any Native American heritage, including Native Alaska tribal heritage.

OCOK will comply with all federal requirements regarding the Indian Child Welfare Act.

OCOK understands that failure to comply with ICWA can result in a final order being reversed on appeal.

There are more than 500 federally recognized Native American tribes in the U.S., and children from any one of these tribes may be living in Texas. Three federally recognized tribes have reservations in Texas:

- the Kickapoo, near Eagle Pass,
- the Alabama-Coushatta Tribe, near Livingston, and
- the Ysleta del Sur, also known as Tigua, near El Paso.

Each tribe has its own membership requirements and only the tribe can decide whether a child is a Native American child, as defined by the Indian Child Welfare Act (ICWA).

If a Native American child (or Indian child as defined by the Indian Child Welfare Act) is removed from their home, almost every aspect of the social work and legal case is impacted, including:

- the legal burden of proof for removal is higher, as is the legal burden of proof for obtaining any final order terminating parental rights or restricting a parent’s custody rights;
- service must be made to the child’s parents, tribe, Native American caregivers, and the Bureau of Indian Affairs with a specific notice regarding ICWA rights;
- ICWA requires that we must make active efforts to reunify the child and family;
- the child must be placed according to ICWA statutory preferences;
- expert testimony on tribal child and family practices may be necessary;
- a valid relinquishment of parental rights requires a parent to appear in court and a specific statutory procedure.

All of these requirements apply to both a Native American parent and a parent who is not Native American.

The Law applies if a child is an unmarried person under age 18 who is either:

- a member of a federally recognized tribe; or
- eligible for membership in a tribe and the biological child of a tribal member. [25 U.S.C. §1903\(4\)External Link.](#)

We always ask parents, family members and any child old enough to be interviewed (in every case) about possible Native American family history. Even if the family has no information about tribal membership, if there is any Native American family history, a child *must be considered* a possible Native American child.

To find out if a child has Native American family history, we routinely ask:

- any child old enough to be interviewed;
- any parent of the child who is available to be interviewed; and
- any relatives who are available to be interviewed.

Because key facts about a child’s family history may not be available when a case is first investigated, we must routinely ask, throughout the entire life of the case, if a child has Native American family history, especially when new family members are identified.

When we ask about Native American history, whether it is confirmed or denied, we document about asking the question, who we asked the question of, and their response in:

- the removal affidavit; and
- any reports/plans filed with the court.
- the computer documentation in the case narrative

For example:

“Information about the Child’s Native American Status: Mother denies tribal family history; father reports that his great-grandfather may be Sioux. Paternal grandmother says that her husband’s family was from the Cherokee tribe in Oklahoma.”

If a child, parent, or relative report possible Native American family history, we:

- complete [Form 1705 Word Document](#) Indian Child and Family Questionnaire; providing as much information as possible to enable the tribe to determine if the child is a member of the tribe or is eligible for membership in the tribe
- confer with the regional attorney and attorney representing DFPS as soon as possible; and
- inform the court in the next hearing.

A child may be subject to ICWA, even if:

- the child's Native American relative is a distant one;
- the child's parent or grandparent was never enrolled as a tribal member;
- one or both parents are opposed to the tribe being involved;
- the child and family do not observe tribal traditions and practices; or
- the child is not enrolled in the tribe.

When a case involves a child subject to the Indian Child Welfare Act (and the parent's identity or location is unknown, or the tribe is unknown, the Permanency Specialist must send a specific notice to the Bureau of Indian Affairs: *Notice to Bureau of Indian Affairs: Parent, Custodian or Tribe of Child Cannot be Located or Determined*, available in the [Texas Practice Guide for CPS Attorneys, Section 13](#), under ICWA.

For assistance, contact:

- DFPS attorney; or
- the Office of the General Counsel.

[25 U.S. Code §1912\(a\) External Link](#)

If you determine that a child on your caseload may be subject to ICWA, please discuss this with your supervisor upon learning of the possibility. Additional guidance will be provided, including discussing the information with the DFPS attorney as soon as possible.

Mediation and Rule 11 Agreements		
Domain	Legal, ACH Client Rights and Responsibilities, ACH Performance and Quality Improvement	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Family Code Chapter 261, Texas Rules of Civil Procedure Rule 11	

Purpose:

The purpose of mediation is to develop a dispute resolution as an alternative to resolving a case through litigation in court.

Mediation is the most formal process of dispute resolution. Any meeting or telephone conference we have outside the court that attempts to resolve an issue in the case is also a way to informally resolve disagreements.

Whether we participate in a formal, court-ordered mediation or confer with parties and their attorneys by phone or in person, the resulting agreement may be binding and become an order of the court.

Policy:

ACH Child and Family Services maintains a formal process in which clients can express and resolve grievances.

Procedure:

OCOK will collaborate with those involved in the case prior to entering into a Mediated Settlement Agreement (MSA) or a Rule 11 Agreement.

All MSA's or Rule 11 Agreements must be approved by a Permanency Director prior to being entered into with any other party.

All agreements will ensure child safety, be in the child's best interest, not create any barriers to achieving positive permanency for the child and will comply with all applicable law and rules.

There are generally two types of mediation that we participate in during our work with children and families.

1. Formal, court-ordered mediation
 - may be requested by any party
 - is prearranged, structured and formal
 - is facilitated by a neutral party, referred to as a mediator
 - may occur at any time during a legal case, though it occurs more frequently in anticipation of a final order

Permanency Specialists and their Supervisors will attend every mediation together. Professional business attire is required.

OCOK will be present, punctual and prepared for all required mediations and other legal matters. Permanency Specialists should notify or verify that all parties have been notified about the scheduled mediation. This includes, but is not limited to:

- the biological mother and father
- any presumed or alleged father (if they are listed as a legal party to the case)
- any person named as possessory conservator
- any person who may have intervened in the suit
- all attorneys appointed for each party
- the child's court appointed special advocate or guardian ad litem
- any person not a party to the suit, but who may be proposed as a permanent placement for the child who is seeking permanent managing conservatorship of the child

If a person who is entitled to notice is unable to attend the mediation, please discuss how to proceed with your supervisor.

An agreement reached during formal mediation is referred to as a Mediated Settlement Agreement (MSA). It is binding on all parties and may be entered as an order by the court. We will comply with all orders of the court.

Court-ordered mediation is confidential in nature. Information learned during the mediation must not be introduced as evidence at any subsequent hearing; however, if new allegations of abuse or neglect are disclosed, they must be reported as requested by law. [Texas Family Code Chapter 261 Subchapter B External Link](#).

2. Informal dispute resolution – Rule 11 Agreements

Often times, parties in a conservatorship case resolve issues in a less formal setting without a mediator. These informal settlement conferences (or meetings) may take place by phone, at the courthouse, or at an office, outside the presence of a judge. A supervisor will be involved with you through this process.

Once the attorneys and all parties reach an agreement on most or all of the issues, the agreement becomes an order of the court. This agreement is referred to as a Rule 11 Agreement.

In order for a Rule 11 Agreement to be made and entered into a court order, it must be:

- made in writing and signed by all attorneys and parties – and filed with the court
- made verbally by all attorneys and parties in open court and entered into the record

Permanency Specialists, supervisors, DFPS attorneys and others must collaborate before entering into a Mediated Settlement Agreement or a Rule 11 Agreement, as both may be used at any point in a lawsuit and once accepted by the court, becomes binding and enforceable.

[Texas Rules of Civil Procedure, Rule 11 PDF Document External Link](#)

Mediations and Rule 11 Agreements are complex. These agreements impact the lives of children and families for years to come. Please consult with your supervisor and legal staff throughout this process. They will provide you with assistance, guidance, support and direction.

Monitored Return to Parent		
Domain	Legal, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Family Code Chapter 263	

Purpose:

A court may order a child returned to a parent without dismissing the legal case in order to monitor the reunification process. This may occur at the court’s discretion or at our request. A monitored return is legally limited to 180 days, at which time the legal suit must be dismissed if the parent has demonstrated the ability to safely care for the child successfully.

Procedure:

OCOK will follow all statutory guidelines regarding a monitored return of a child to parent.

OCOK will collaborate with the child, family and other partners regarding this determination prior to presenting a request to the court.

If you believe that a monitored return is in the child’s best interest, please discuss this plan with your supervisor. Once it is agreed to proceed with this request to the court, we must collaborate with legal staff and other involved parties:

Present evidence to support this request and temporary order by the court that:

- Finds it is in the child’s best interest for the court to retain jurisdiction
- Orders us to return the child to the parent OR transition the child home to the parent according to a schedule agreed upon by those professionally involved, or the court, while the parent continues to complete the requirements of their case plan as specified in the temporary order
- Orders DFPS to continue to serve as the Temporary Managing Conservator of the child
- Orders us to monitor the child’s placement in the home to ensure that the child is safe

If the child must be moved from the parent’s home during the monitored return, a new legal deadline ensues, whichever occurs later:

- The original deadline set before the monitored return was ordered
- 180 days following the change in placement during the monitored return

There are no extensions permitted in a monitored return based on any other circumstances.

Texas Family Code, [§263.403](#)

Multiethnic Placement Act (MEPA)		
Domain	Legal, ACH Client Rights and Responsibilities	
Effective	3-1-2020	Revision Dates
Documents		
Reference	TFC §264.1085, added by S.B. 206, § 86 (27), (84th Sess., effective Sept. 1, 2015). 106 42 U.S.C. §1996b. 107 P.L. 104-188, Sec. 1808(c)(2) Title VI of the Civil Rights Act.107, Child Welfare Policy Manual, §4,3, 3-4, Administration of Children and Families (2016)	

Purpose:

The Federal Multiethnic Placement Act, as amended by the Interethnic Adoption Provisions (“MEPA-IEP”), prohibits a state from using race, color or national origin to deny a prospective foster or adoptive parent the opportunity to foster or adopt a child or from delaying or denying a child’s opportunity for a foster or adoptive placement based on the same criteria.

Cases subject to the Indian Child Welfare Act are specifically exempt from MEPA-IEP.

Federal policy interpreting MEPA-IEP makes clear that consideration of race, color or national origin in the placement process must be extremely limited, based on well-documented, narrowly tailored circumstances specific to a child.

Procedure:

OCOK will collaborate together with the child, family, relatives, foster parents, CASA, and the attorney ad litem, whenever possible, regarding placement decisions.

OCOK will ensure compliance with all state and federal laws regarding placement decisions and compliance with the MEPA.

Please refer to the reference section for additional specifics of the Federal Multiethnic Placement Act/Interethnic Adoption Provisions.

Additional information can also be found on the internet at <http://www.acf.hhs.gov/programs/cb/resource/mepa-video>.

Permanent Managing Conservatorship (PMC)		
Domain	Legal, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	TFC 263, 264, TFC 153.371, CFR Title 45	

Purpose:

There are legal situations that arise where a judge appoints the state or someone else to be legally responsible for a child, without legally adopting the child. Permanent Managing Conservatorship can only be granted by a judge. If the state is appointed as Permanent Managing Conservator, the legal case remains open and service provision continues. If Permanent Managing Conservatorship is appointed to someone else, the legal case is closed and generally no additional case management or other services are provided.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

OCOK will always attempt to pursue a preferred permanency goal for every child or youth; reunification, placement with family or adoption.

Although exigent circumstances may occur at times causing DFPS to be appointed as Permanent Managing Conservator, we understand that being in the permanent care of DFPS is the least preferred situation for a child/youth.

OCOK understands the need for every child to have a lifelong legal family and to develop lifelong connections. As such, we will continue to collaborate with all children, families, CASA, attorneys, and other connections to discover any additional best interest legal circumstances for the child that could possibly be considered, other than DFPS being the Permanent Managing Conservator.

OCOK will continue to diligently pursue other safe, alternate and appropriate living arrangements for children in the Permanent Managing Conservatorship of DFPS.

OCOK understands that adoption is the preferred goal when a child cannot return home and both parent’s rights are legally terminated. We also understand that a child with a legal status of permanent managing conservatorship to DFPS without termination of the rights of both parents is not eligible for adoption.

OCOK will seek legal counsel immediately upon discovering any other possible safe and appropriate living situation that could include adoption or family reunification - rather than a child continuing in the Permanent Managing Conservatorship with DFPS.

As the child or youth's Permanency Specialist, you are responsible for ensuring the safety, security, welfare and best interest of every child on your caseload. When this involves a child or youth in the permanent care of DFPS in particular, we act in a parental capacity for the child.

There are two legal possibilities regarding children and Permanent Managing Conservatorship being appointed to DFPS:

1. Permanent Managing Conservatorship is appointed to DFPS - With termination of parental rights:
 - Birth parents have no legal rights or duties regarding the child.
2. Permanent Managing Conservatorship is appointed to DFPS - Without termination of parental rights:
 - Birth parents may continue to have contact with the child as determined by the court order.
 - Birth parents or relatives can come back at any time until the child's 18th birthday and petition the court to obtain certain rights, including custody of the child.
 - As permanent managing conservator, we can petition the court to issue additional orders as needed with regard to the birth family.
 - As permanent managing conservator, we may apply to obtain Medicaid coverage for the child. Additional services may also be obtained in some instances such as SNAP food benefits and TANF.
 - The birth parents may be ordered by the court to pay child support
 - As permanent managing conservator, we are responsible for enforcing and attempting to collect child support, if the parents are ordered to pay. We will need to maintain ongoing communication with our legal staff regarding child support enforcement.
 - If the birth parents are not court ordered to pay child support, we should continue to partner with them in areas of the child's life. They may be willing to informally provide financial assistance or support the child in other ways, such as paying for summer camp, providing Christmas gifts, or provide monetarily for extra-curricular activities such as prom or graduation.

Legally, Permanent Managing Conservatorship comes with the following rights and duties, according to the Texas Family Code, Section 153.371:

- The right to have physical possession and to direct the moral and religious training of the child.
- The duty of care, control, protection, and reasonable discipline of the child.
- The duty to provide the child with clothing, food, shelter, education, and medical, psychological, and dental care.

- The right to consent for the child to medical, psychiatric, psychological, dental, and surgical treatment and to have access to the child's medical records.
- The right to receive and give receipt for payments for the support of the child and to hold or disburse funds for the benefit of the child.
- The right to the services and earnings of the child.
- The right to consent to marriage and to enlistment in the armed forces of the United States.
- The right to represent the child in legal action and to make other decisions of substantial legal significance concerning the child.
- Except when a guardian of the child's estate or a guardian or attorney ad litem has been appointed for the child, the right to act as an agent of the child in relation to the child's estate if the child's action is required by a state, the United States, or a foreign government.
- The right to designate the primary residence of the child and to make decisions regarding the child's education.
- The right to consent to adopting the child and to make all decisions about the child that a parent could make, if the parent-child relationship has been terminated or if there is no living parent.
- Authorize immunization of the child or any other medical treatment that requires parental consent.
- Obtain and maintain health insurance coverage for the child and automobile insurance cover
- Enroll the child in a day-care program or school, including prekindergarten.
- Authorize the child to participate in school-related or extracurricular or social activities, including athletic activities.
- Authorize the child to obtain a learner's permit, driver's license, or state-issued identification card.
- Authorize employment of the child.
- Apply for and receive public benefits for or on behalf of the child.
- Obtain legal services for the child and execute contracts or other legal documents for the child

As the child's Permanency Specialist, the above rights and duties are our responsibility. We must earnestly continue to team and collaborate with the child and others connected with them in making these critically important decisions and authorizations on their behalf.

In addition, we must continue to diligently pursue other options for every child who is currently in the PMC of DFPS. We can do this by:

- Ongoing face to face contact and meaningful conversations with the child/youth and their current caregivers
- Ongoing communication with birth parents (if parental rights have not been terminated), family members, stakeholders, attorneys and other connections with the child, to determine if any circumstances have improved or changed that would promote a child returning home, being adopted, or someone other than DFPS being named as Permanent Managing Conservator.
- Case Mining
- Permanency Roundtables

Please discuss each of these situations with your supervisor as they arise.

It is vital that we acknowledge and thoroughly understand that positive permanency for a child is not met when DFPS is named as the PMC of a child. This is the least preferred option for every child and has life-long impact on children and their families.

Missing Children and Youth

Missing Child – Collaboration with Special Investigators		
Domain		
Effective	3-01-2020	Revision Dates
Documents		
Reference		

Purpose:

Children are in foster care because they, or their sibling(s), have experienced abuse and/or neglect. Having experienced trauma in their lives, these children are particularly vulnerable to being exploited by outside persons.

When a child is in DFPS conservatorship and is missing or runs away, it is extremely important that we exhaust every effort to quickly locate the child before they are exploited.

National data underscores the need to find missing and runaway children quickly:

- Children are being approached for sex trafficking within 48 hours of running away
- Many of the children approached are in the age range of 12 to 16
- The National Center for Missing and Exploited Children had 18,500 runaways reported to them in 2016. One in six were deemed likely victims of sex trafficking. Of those likely victims, 86% were in the care of social services or the foster care system when they ran.

Procedure:

We will collaborate with our partners and will notify Law Enforcement immediately upon receiving information regarding a missing or abducted child or youth in foster care. We will provide all necessary information to Law Enforcement authorities for their entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation (FBI) and provide necessary information to the National Center for Missing and Exploited Children.

(Refer to Policy & Procedure regarding the required actions, procedures and role of the Permanency Specialist and their Supervisor once it is learned a child in DFPS Conservatorship is missing)

The role of the Special Investigator is:

A Special Investigator (SI) is assigned from the child's legal region and the Regional Director Assistant (RDA) is notified. If the SI needs assistance from another region, the SI e-mails a courtesy request to the designated regional mailbox. The SI in the courtesy region will provide all necessary assistance to locate the missing child.

- a. The SI (from the child's legal region) arranges a telephone staffing with the Permanency Specialist, Permanency Supervisor, child's caregiver, and others as identified by the Permanency Specialist.

- b. Reviews information submitted in the original email request and obtains additional information from the Permanency Specialist as needed. This includes obtaining the LE and NCMEC case numbers obtained by the Permanency Specialist.
- c. Collects recent photos of the child.
- d. Gathers information on all relatives, friends, and any known associates.
- e. Obtains all relevant health information for the child (including information on medications).
- f. Obtains a copy of all court orders granting the department conservatorship of the child.
- g. Contacts the law enforcement agency (LEA) where the report was filed and provides the LEA with all photos, court orders, diagnoses, medication information, and available information on family, friends, and associates of the child.
- h. Contacts the Sheriff or Constable to Serve a Writ of Attachment If the child's court issues a Writ of Attachment for the child, the SI contacts the applicable County Sheriff's Department Civil Warrants Division or the local Constable's Office to serve the Writ. In some instances, this must be provided to a sheriff's department or constable's office, not a police department (See [Texas Rule of Civil Procedure 103 #2](#)).
- i. If the Permanency Specialist has not already done so, the SI notifies the National Center for Missing and Exploited Children (NCMEC). The SI logs onto their website to receive referrals from social services agencies at: <http://cmfc.missingkids.org/ReportHere>. If the SI is unable to report online, the SI will call NCMEC at 1- 800-THE-LOST.
- j. Requests that law enforcement or NCMEC produces a flier on the child, and the SI confirms that the child is entered in the NCIC database. The SI documents this contact in IMPACT and includes the NIC number the FBI number issued to the missing child case. The NIC Number is a ten-character reference number consisting of an alphabetic character which identifies the NCIC File that the record is indexed in, followed by nine digits.

The SI provides the caseworker with a copy of any fliers produced by the LEA or NCMEC.

- k. The SI remains in contact with the Permanency Specialist, LEA, and NCMEC (if applicable) on a continuous basis, *but at a minimum on a weekly basis*, until the child is located. This includes monthly contacts with the child's relatives, former caregivers, and any state or local social service agency that may be providing services to the child.
- l. If appropriate, the SI conducts an initial search with law enforcement at the last known place the child was staying. The owner of the residence must provide permission to enter. If the SI has reliable or compelling information that the child is there (for example, the child is seen running into the residence), the SI relays that information to law enforcement who takes the lead in speaking to the homeowner.
- m. The SI conducts a search for evidence through all accessible internet sites and cell phone records. The SI should document evidence of the child's location, online activity, and/or the

online enticement into, or compelling the child into, human trafficking activity. The SI should consider the child's online activity, such as whether the child has a blog, instant messaging accounts, Facebook or other social media accounts. The SI should also investigate whether the child's cell phone activity has continued or stopped.

- n. The SI reviews the child's record and interviews case reporters, parents, other caregivers, witnesses, siblings, friends, school staff, neighbors, and any other persons with information about the child and family.
- o. Until the child is located, the SI assigned to the case:
 - a. Remains in contact with the Permanency Specialist, LEA, NCMEC (if applicable), and SIs from other regions (if applicable) on a weekly basis.
 - b. Remains in continuous contact with law enforcement and provides them with any new information or changes that occur in the case.
 - c. Documents in IMPACT all efforts to locate the child, including all interviews and communication with the caseworker, LEA, NCMEC, relatives, former caregivers and any state or local social service agency that may be providing services to the child.
 - d. The SI sends information consistently to the Permanency Specialist, SI Program Director, and RDA as requested.
- p. As requested by the Permanency Specialist and/or ordered by the court, the SI reports to the court on the status of efforts to recover the child. The SI documents their efforts in the SUB stage narrative of the child they are attempting to locate.
- q. If the SI locates the child, the SI takes the following actions:
 - 1) The SI notifies the RDA, Permanency Specialist, LE and NCMEC (if the child was not located by these agencies) once the child is located.
 - 2) If the SI locates the child without law enforcement involvement and there are no pending criminal charges or delinquent conduct charges, the SI delivers the child to the Permanency Specialist or their designee, who will arrange for placement of the child.
 - 3) With law enforcement cooperation, the SI should conduct an interview with the recovered child and the person(s) who had been harboring the child. This will include the caseworker when possible. The interviews should consist of questions to determine:
 - 4) If any child abuse and/or neglect occurred while the child was missing,
 - Any indicators of human trafficking activities,
 - Other experiences of the child while absent from care, and
 - he reasons why the child ran away from care.
 - Share results of the interview with the Permanency Specialist, if not present for it.
- r. If child abuse/neglect or human trafficking is suspected, the SI schedules a forensic interview as soon as practical, in coordination with law enforcement at a Children's Advocacy Center.
- s. The SI completes the Found Survey in Survey Monkey after the youth is interviewed.

- t. The SI documents the results of the interview(s) in IMPACT.
- u. If the SI is made aware of allegations of abuse (including sex and labor trafficking) and/or neglect of the child that may have occurred in the child's placement or while the child was missing from placement, the SI notifies the Permanency Worker and initiates a statewide intake report immediately.
- v. If the SI is made aware of allegations of sex or labor trafficking that may have occurred in the child's placement or while the child was missing from placement, the SI will also notify the Department of Public Safety's Joint Crime Information Center.
- w. Once the Special Investigator completes all required documentation, the SI forwards all hard copy documents to the Permanency Specialist to be placed in the case file.
- x. The Special Investigator arranges to be removed as a secondary worker on the case.

If the Permanency Specialist locates the child, the SI takes the following steps:

- Receives notification from the RDA or the caseworker.
- Contacts the Permanency Specialist to obtain information, helps with the interview if requested, completes the Found Survey, and offers assistance if needed.
- Ensures that the SI efforts have been documented in IMPACT.
- Arranges to be removed as secondary worker.

The role of the DFPS Investigations Regional Director Assistant is:

- a. Oversees and coordinates missing children issues for the DFPS region and liaisons with designated staff in state office.
- b. Is cc'd on requests from Permanency Specialists requesting the assistance of a Special Investigator (SI) to locate a missing child
- c. Maintains an EXCEL list of DFPS children/youth in the region that are missing. Is notified by the SIPD of the SI assignment and enters the person as secondary on the designated stage of service
- d. The RDAs' EXCEL list is updated for the SI Secondary assignment.
- e. Receives notification by the SI or Permanency Specialist that a child has been found and ensures the other has been notified. If the Permanency Specialist finds the child, review next steps to ensure notifications are made and the SI has the information to complete the Found Survey.
- f. Distributes EXCEL lists received from DFPS state office to appropriate regional staff for follow-up, compiles completed lists into one EXCEL document for the region and returns to the state office contact as requested.
- g. Ensures regional protocols are in place and takes steps to address any regional actions that may be needed.

Missing Children and Youth		
Domain		
Effective	3-01-2020	Revision Dates
Documents		
Reference	TFC 263, 274, CFR Title 45, TAC 700.1106 DFPS Policy 6460	

Purpose:

Children are in foster care because they, or their sibling(s), have experienced abuse and/or neglect. Having experienced trauma in their lives, these children are particularly vulnerable to being exploited by outside persons. When a child is in DFPS conservatorship and is missing or runs away, it is extremely important that we exhaust every effort to quickly locate the child before they are exploited.

National data underscores the need to find missing and runaway children quickly:

- Children are being approached for sex trafficking within 48 hours of running away
- Many of the children approached are in the age range of 12 to 16
- The National Center for Missing and Exploited Children had 18,500 runaways reported to them in 2016. One in six were deemed likely victims of sex trafficking. Of those likely victims, 86% were in the care of social services or the foster care system when they ran.

Procedure:

OCOK will collaborate with our partners and will notify Law Enforcement immediately upon receiving information regarding a missing or abducted child or youth in foster care. We will provide all necessary information to Law Enforcement authorities for their entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation (FBI) and provide necessary information to the National Center for Missing and Exploited Children.

Immediately upon learning that a child in foster care is missing, Permanency Specialists:

1. Notify their supervisor that a child is missing or is on runaway status
2. Notify the appropriate Law Enforcement officials in the jurisdiction where the child or youth went missing (obtain and document law enforcement case number)
 - a. If you believe the child has unwillingly left care or their placement, request the child be placed on the Amber Alert System. Law Enforcement officials work with the Texas Department of Public Safety to determine if Amber Alert criteria are met and will activate the network as appropriate.
 - b. The Amber Alert system requires Law Enforcement to confirm abduction prior to issuing an alert. Only Law Enforcement agencies can active the system and they assume responsibility for updates and extension.
 - c. If the child has been abducted by their biological family and LE declines to file a missing person report on the child, immediately notify your supervisor and the Special Investigator

Program Director (DFPS Investigations Division) requesting the child be placed on the Child Safety Check Alert List. The SIPD will request this through the Department of Public Safety.

3. Notify The National Center for Missing and Exploited Children (NCMEC) at their website which is set up to receive such referrals from social service agencies

<http://cmfc.missingkids.org/ReportHere>. or contact them directly by phone at 1-800-THE-LOST (obtain case number and document)

4. Request assignment of a Special Investigator from the DFPS Investigations Division.
5. Send an email to the designated mailbox and cc: your supervisor and the DFPS Investigations Regional Director Assistant requesting Special Investigator Assistance. The subject line of the email indicates "MISSING CHILD - REQUEST FOR ASSISTANCE." In the body of the email, include:

- DFPS case number
- Missing child's name
- Date of birth
- Person ID and Case ID numbers
- Legal county
- Location where child was (type of placement and address)
- Region where child was
- Was the child alone? If not, whom are they with?
- Suspicion the child was abducted?
- Involved Law Enforcement Agency and case number
- National Center for Missing and Exploited Children case number
- Description of the child and of the circumstances surrounding the missing child
- Any additional information requested (See attached SI referral sheet for additional details)

6. Notify the following, as applicable:

- The child's parent (unless rights have been terminated)
- The parent's attorney
- The ad litem appointed for the child
- The child's CASA
- The administrator of the CPA responsible for placing the child
- The foster parent, kinship caregiver, group home director, prospective adoptive parent or the child's placement
- If the child is involved with Juvenile Probation or the Juvenile Justice Department, notify their probation or parole officer
- Any other person determined by a court to have an interest in the child's welfare

7. Once a Special Investigator is assigned, staff the case with them to review all pertinent information. Provide the Special Investigator with a copy of the court order and other necessary items.

8. The Permanency Specialist continues to have primary responsibility for the case and works closely with the assigned Special Investigator until the child is located.
9. The ongoing efforts to locate the child are staffed with the Permanency Supervisor and Director at a minimum of every 30 days to determine what other efforts can be made and what other actions are needed to locate the child.
10. Ensure the computer system is updated consistently and regularly. Those involved in searching for the child must have current and accurate information continuously. Update all computer contacts the same day as they occur.

When a child is located, Permanency Specialists:

1. Retrieve the child from the Special Investigator (if located by them) and arrange for placement of the child. (If the child is being detained by law enforcement, coordinate with supervisor and law enforcement regarding next steps)
2. If the child refuses to return to placement, and we are aware of their location and it is unauthorized, make the needed change in the computer system to indicate the child is living in an unauthorized location
3. If the child is not located by the Special Investigator, notify the DFPS Investigations Regional Director Assistant, the assigned SI, Law Enforcement and NCMEC (if the child was not located by them) as well as others as noted in # 6 above.
4. Coordinate with law enforcement to interview the child. It is best, if possible, to involve the Special Investigator in this process due to their expertise. The purpose of the interview is to determine:
 - If any abuse or neglect occurred while the child was missing
 - If there are any indicators of human trafficking activities
 - What the child experienced while missing
 - The reasons the child left care (if a runaway)
5. If child abuse or human trafficking is suspected, schedule a forensic interview at a Child Advocacy Center as soon as practical. (Coordinate with your supervisor and the Special Investigator).
6. Make a referral to the Child Abuse hotline if abuse or neglect occurred in the child's placement or by a household or family member while the child was missing
7. Make a referral to Law Enforcement as well as DPS' Joint Crime Information Center at TXJCIC@dps.texas.gov. if you are aware of allegations of sex or labor trafficking that may have occurred while the child was missing from placement and the alleged perpetrator is not a household or family member
8. Staff case with your supervisor and the Special Investigator to ensure all activities, efforts and SI documentation is entered into the computer system. The SI will notify the RD Assistant to remove them from the case.
9. Arrange any necessary services to address the child's needs.

Additional Information/Criteria involving Missing Children/Youth:

An "endangered child" is one who is in foster care or in the conservatorship of the Department of Family and Protective Services and has been reported missing on two or more occasions in the 24-month period preceding.

The following is required so that law enforcement can properly enter the child into the TCIC/NCIC system:

- copies of prior missing person reports from law enforcement, and/or
- a written statement from a parent, legal guardian, family member, or other authoritative source confirming prior incidents, and
- a written statement from a parent, legal guardian, family member, the Department of Family and Protective Services or other authoritative source confirming the missing individual is in foster care or in conservatorship.

A requesting law enforcement agency must meet all the below criteria in order to activate the State AMBER Alert Network:

1.
 - A. Is this child 17 years of age or younger, whose whereabouts are unknown, and whose disappearance law enforcement has determined to be unwilling which poses a credible threat to the child's safety and health; and
 - i. if abducted by a parent or legal guardian, was the abduction in the course of an attempted murder or murder?

or

- B. Is this child 13 years of age or younger, who was taken (willingly or unwillingly) without permission from the care and custody of a parent or legal guardian by:
 - ii. someone unrelated and more than three years older,

or

- iii. another parent or legal guardian who attempted or committed murder at the time of the abduction?

2. Is this child in immediate danger of sexual assault, death or serious bodily injury?
3. Has a preliminary investigation verified the abduction and eliminated alternative explanations for the child's disappearance?
4. Is sufficient information available to disseminate to the public to help locate the child, a suspect, or the vehicle used in the abduction?

PAL/Transitional Living Services

Driver's License for Youth	
Domain	PAL/Transitional Living Services, ACH Client Rights and Responsibilities
Effective	3-01-2020 Revision Dates
Documents	
Reference	

Purpose:

A child in the conservatorship of DFPS under the age of 18 may request to take driver's education courses or apply for a driver's license at any time. A youth's caregiver may make the request on behalf of the youth.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

OCOK will promptly respond to a youth's (or their caregiver's) request to apply for a driver's license and/or take driver's education.

When a Permanency Specialist receives a request from a youth or their caregiver/foster parent to participate in driver's education or to apply for a driver's license, the Permanency Specialist:

1. Conducts an assessment to determine:
 - a. If it is appropriate for the youth to take the course or obtain a driver's license
 - b. Are there any safety risks that exist that would make driving not in their best interest

2. As part of the assessment, the Permanency Specialist considers:
 - Placement restrictions
 - Age (must be age 15)
 - Individual needs of the youth
 - Current situation
 - Impulse control and/or any recent high-risk behaviors
 - Emotional maturity
 - Background (including substance abuse and any medical issues)
 - Any other safety issues associated with the youth driving

3. Consults with the following, as appropriate:
 - Ad Litem
 - CASA
 - Legal Staff
 - Preparation for Adult Living staff
 - Those involved with the youth (i.e. their caregiver/foster parent, therapist, education professionals)

You may also consider the recommendation of the parents if their rights have not been terminated, DFPS conservatorship is temporary, and they can be located with reasonable efforts.

4. Insurance

The youth, their Permanency Specialist, and their caregiver/foster parent are responsible for ensuring that the youth is properly insured when taking the driver's education course and the DPS driving test required for a driver's license. The caregiver may put them on his or her insurance policy.

If the caregiver/foster parent has the youth on their insurance policy and there is a change, they must inform you 30 days prior or as soon as the change occurs.

Once they have obtained a driver's license, they must be covered under an automobile insurance policy to drive a vehicle.

As the child's Permanency Specialist, inform the youth and the caregiver/foster parent that they cannot drive a vehicle at any time without having proper insurance. If the youth drives without insurance, their license may be cancelled. Be sure to document this discussion in the computer narrative in the child's case record.

If the youth changes placement and they are currently covered on their current caregiver's insurance policy, they must obtain new insurance to drive a vehicle. Discuss this issue with the youth before the placement change and work together to see what insurance policy options may be available.

Be sure all of your discussions with youth and their caregivers/foster parents regarding driving, insurance and responsibilities that come with driving are documented in the computer narrative in the child's case record.

5. Reassessment

Permanency Specialists may reassess a youth's driving if their circumstances change. If there are concerns or safety risks for a youth to drive, you may consider and request their driver's license be cancelled or withdrawn. Concerns may include:

- Substance abuse
- Medical issues
- High-risk safety behaviors

6. Out of State Placements

If a youth is placed out of state, consult with legal staff when you are notified the youth desires to obtain a driver's license.

7. For a youth to apply for a license, (assist them and their caregiver as needed) they:

- Complete form 2042 (DFPS Foster Youth Driver's License Fee Waiver Letter)
- Complete and sign DPS Form DL-14A – Application for Texas Driver's License or Identification Card
- Complete and sign DPS Form DL-5 – Texas Residency Affidavit

Texas Transportation Code 521.1811 waives certain fees related to applying for a driver's license for youth in DFPS conservatorship. (This does not include address changes, replacing a lost license or reinstating a license)

The Texas Residency Affidavit must be presented and is used to certify the youth's current address. An adult representative must accompany them to the DPS office with necessary documents. This representative may be the Permanency Specialist, foster parent or residential child care provider.

8. Cancelling a Youth's Driver's License

Permanency Specialists may consider cancelling a youth's driver's license when:

- They use a caregiver's or another person's vehicle unauthorized
- Major traffic violations
- Exhibiting high-risk behaviors that would make it unsafe for them to continue driving (i.e. drug use, alcohol use, ongoing violence)

A youth's driver's license may not be cancelled due to not attending school or other minor issues.

9. Unpaid Traffic Violations/Citations

Permanency Specialists may assist youth in finding ways to pay for traffic tickets and other costs, such as using funds they have earned from a job, asking for help from a family member, or seeking assistance from the local Child Welfare Board. If they cannot be resolved, additional steps may be taken regarding cancellation of the driver's license.

Preparation for Adult Living (PAL)		
Domain	PAL/Transitional Living Services, Care Management, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	<i>TAC 700.1601-700.1604, 42 USC, Social Security Act</i>	

Purpose:

The Preparation for Adult Living (PAL) program prepares youth for adulthood as they leave foster care. This program provides services, benefits, resources and support to assist them in connecting to their community and with others in their successful transition to adult hood at age 18, or over, depending upon their particular situation.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

OCOK understand that It is critical that we begin preparing all youth in foster care for adulthood as soon as they are readily able and equipped. We also understand the importance of providing services, inspiration, support and resources to young adults in foster care to enable them to be equipped for adulthood.

OCOK’s approach in the endeavor to readily enable and equip youth for adulthood after leaving foster care is a collaborative approach with the youth, their caregiver, birth parents, CASA, legal staff and those with whom the youth is connected, to inspire, encourage and support their success.

OCOK will refer all youth age 14 and above for Preparation for Adult Living Services within ten (10) days. If they turn 14 or above while in care, we will refer them within 10 days of their birth date or subsequent placement. This includes young adults in paid foster care placements as well as those in foster care who are in relative or kinship placements.

We will discuss and collaborate with each youth, placement, CASA, ad litem attorneys and other involved connections and stakeholders to determine each youth’s situation individually upon receiving their case to assess and determine what PAL services may best inspire, support and assist them. We will ensure the youth/young adults are instrumental in designing their own PAL activities and services.

We will arrange these services for each youth to begin within ten days of them being placed into foster care. We will utilize the Casey Life Skills Assessment instrument to assist in the development of these services and resources distinctly designed for each youth and their unique strengths and needs. These services and resources will be specified on the youth’s service plan, regardless of their permanency goal.

We will review each youth’s transition plan with them at a minimum of once each month during our face to face contacts with them. This provides us opportunities to partner together with them, as well as their placement, to ensure their hopes, dreams, strengths, education, and any concerns they may have are discussed and addressed together consistently. This will also provide opportunities to discuss their

progress, provide feedback and input and to provide support and encouragement for their young adulthood success.

Permanency Specialists (or approved designees) will meet with the youth to administer the Casey Life Skills Assessment within seven days of the youth being placed on their caseload. The results of the assessment will be reviewed with the youth, the birth parents (if their parental rights are not terminated), and the youth's caregiver upon completion. We may also enlist the feedback and input of CASA and other connections during this process to best provide for the young adult. The needs, services, and resources created, discussed and recommended will be included in the Child's Plan of Service.

We will provide the PAL Life Skills training to all youth in the conservatorship of DFPS who are age 14 and older. The Permanency Specialist responsible for ensuring each youth on their caseload receives this training. In addition, we partner with the youth and the foster parent/placement to ensure that experiential activities are consistently provided to apply the skills learned in their training. There is a study guide available for youth who wish to study during the Life Skills Training course as well (see PAL Guide in additional resources section)

It is also vital that we involve and engage with the youth, their caregiver, public and private agencies, community resource transition centers, work force centers and faith-based organizations to assist and address the wide range of transitional needs for each young adult in foster care age 16 and above.

In addition to providing specific PAL services, activities and resources, we must ensure each young adult at age 14 and over is provided with a copy and certified copy of the following, as applicable:

- Birth certificate
- Social Security card
- Personal ID card
- Driver's License – Youth age 15-18 may qualify for free driver's license
- Credit Report – Each youth in care age 14-17 qualifies for this report. We should request it annually on their behalf until they are discharged from conservatorship (Social Security Act 475(5)(I))

A variety of complex and diverse situations may arise for the young adults on our workloads. Some examples are:

- Youth under the age of 18 requesting to enlist in the military
- Youth under age 18 wanting to marry
- Youth under age 18 becoming legally emancipated
- Youth declining to participate in PAL services

In addition to the young adult's involvement, the above situations often require parent involvement (if their rights are not terminated), court involvement, legal involvement, and the involvement of their guardian and/or attorney ad-litem. Please consult with your supervisor as these events occur.

As the person responsible for the case management and service provision to young adults on your workload, we must consistently actively engage, listen and assess their specific young adult strengths

and needs; understanding that their particular strengths, needs, hopes and dreams are specific to them as individuals as well as to their age.

These ongoing face-to-face connections, interactions and conversations provide an effective environment to inspire and support our youth as they venture into adulthood and out of the foster care system.

Refer to Preparation for Adult Living (PAL) in OCOK Operations Manual.

Transitional Living Services		
Domain	PAL/Transitional Living Services, Care Management, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	<i>42 USC 1396a(a), THRC 32.0247, 40 TAC 700.1601-700.1604, TFC 264.121, TFC 263, TFC 264, TFC 32.203, DFPS Overview of Transitional Living Services handout, DFPS Youth Connection Website, Texas Foster Care Handbook</i>	

Purpose:

To provide transitional living services to youth in foster care age 14 and over. This includes life skills training, document provision for young adults, transitional living center services, higher education benefits, Preparation for Adult Living services, and other resources and services dedicated to assisting our foster care youth in becoming successful adults.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Purpose:

OCOK understands that It is critical that we begin preparing all youth in foster care for adulthood as soon as they are readily able and equipped. Some programs begin at age 14, while others begin at age 16. This is based on the individual youth’s abilities as well as program eligibility and requirements.

OCOK also understand the importance of providing services, inspiration, support and resources to young adults in foster care to enable them to be equipped for adulthood.

OCOK’s approach in the endeavor to readily enable and equip youth for adulthood after leaving foster care is a collaborative approach with the youth, their caregiver, birth parents, CASA, legal staff and those with whom the youth is connected, to inspire, encourage and support their success.

OCOK will discuss and collaborate with each youth, birth parents, placement, CASA, ad litem attorneys and other involved connections and stakeholders to determine each youth’s situation individually upon receiving their case to assess and determine what transitional services may best inspire, support and assist them. We will ensure the youth/young adults are instrumental in designing their own transitional activities and services.

OCOK will review each youth’s transition plan with them at a minimum of once each month during our face to face contacts with them. This provides us opportunities to partner together with them, as well as their placement, to ensure their hopes, dreams, strengths, education, and any concerns they may have are discussed and addressed together consistently. This will also provide opportunities to discuss their progress, provide feedback and input and to provide support and encouragement for their young adulthood success.

Permanency Specialists and/or Residential Providers will meet with the youth to administer the Casey Life Skills Assessment within seven days of the youth being placed on their caseload. The results of the

assessment will be reviewed with the youth, the birth parents (if their parental rights are not terminated), and the youth's caregiver upon completion. We may also enlist the feedback and input of CASA and other connections during this process to best provide for the young adult. The needs, services, and resources created, discussed and recommended will be included in the Child's Plan of Service.

We will provide the PAL Life Skills training to all youth in the conservatorship of DFPS who are age 14 and older. The Permanency Specialist is responsible for ensuring each youth on their caseload receives this training. In addition, we partner with the youth and the foster parent/placement to ensure that experiential activities are consistently provided to apply the skills learned in their training. There is a study guide available for youth who wish to study during the Life Skills Training course as well (see PAL Guide in additional resources section)

It is also vital that we involve and engage with the youth, their caregiver, public and private agencies, community resource transition centers, work force centers and faith-based organizations to assist and address the wide range of transitional needs for each young adult in foster care age 16 and above.

In addition to providing specific services, activities and resources, we must ensure each young adult at age 14 and over is provided with a copy and certified copy of the following, as applicable:

- Birth certificate
- Social Security card
- Personal ID card
- Driver's License – Youth age 15-18 may qualify for free driver's license
- Credit Report – Each youth in care age 14-17 qualifies for this report. We should request it annually on their behalf until they are discharged from conservatorship (Social Security Act 475(5)(I))

Additionally, as young adults, a variety of complex and diverse situations may arise for some youth for which we are responsible, such as:

- Youth under the age of 18 requesting to enlist in the military
- Youth under age 18 wanting to marry
- Youth under age 18 becoming legally emancipated
- Youth declining to participate in PAL services

In addition to the young adult's involvement, the above situations often require parent involvement (if their rights are not terminated), court involvement, legal involvement, and the involvement of their guardian and/or attorney ad-litem. Please consult with your supervisor as these events occur.

Additional resources and services available to assist the youth on our caseload in becoming successful young adults are:

1. Transition Centers for Youth

These centers provide various transitional living services to youth in foster care ages 15 to 25. These may include employment assistance, training, and educational support. Please see the Texas Youth Connection website for center locations and additional information.

2. Higher education benefits
3. Medical Care

We are responsible for providing Medicaid coverage for youth and young adults under age 26 who were in foster care and were receiving Medicaid when they aged out of care.

4. Texas Foster Care Handbook

We provide this handbook to all children in foster care. This handbook helps explain how the foster care system works and what youth can expect while in foster care. This handbook doesn't take the place of our ongoing consistent interactions and engagement with our youth; however, it is a tangible item they can review as they desire.

5. Formalized face to face engagement opportunities to assist youth in the development of their transition plan.
 - a. Permanency Conferences
 - b. Circles of Support Meetings
 - c. Transition Plan Meetings
6. Employment Preference for former Foster Youth

State agencies in Texas are required to give an employment preference to those 18 and over who were in foster care.

7. Former Foster Care Children Program
8. Extended Foster Care Program

Please refer to the DFPS Overview of Transitional Living Services handout, Texas Foster care Handbook and Extended foster care handouts, as well as the DFPS Youth Connection website for detailed information on each of these resources as well as additional services and information available to our young adults in foster care.

As the person responsible for the case management and service provision to young adults on your workload, we must consistently actively engage, listen and assess their specific young adult strengths and needs; understanding that their particular strengths, needs, hopes and dreams are specific to them as individuals as well as to their age.

These ongoing face-to-face connections, interactions and conversations provide an effective environment to inspire and support our youth as they venture into adulthood and out of the foster care system.

Refer to Transitional Living Services in OCOK Operations Manual.

Permanency

Another Planned Permanent Living Arrangement (APPLA)		
Domain	Permanency, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Family Code 263.3025, 262.2015, 45 CFR 1356.21	

Purpose:

Permanency planning begins the moment a child is removed from their home. Every child has the right to a permanent and stable home, preferably with his or her own family. When a child cannot return home safely, we must diligently pursue and develop supporting connections and bonds to other caring adults who will permanently provide care, support and stability for the child/ren (concurrent planning).

To achieve permanency as quickly as possible, we will actively collaborate as a team with the child, birth parents, relatives, foster parents, caregivers and others involved in the case, prior to selecting permanency goals.

OCOK will strive to keep every child and youth’s time in legal conservatorship of DFPS as brief as possible, always demonstrating that trustworthy and effective engagement and communication with the child and others is crucial in the permanency process.

Procedure:

We will consistently display an understanding of the importance and life-long impact of positive permanency decisions for all children and their families.

When considering primary and concurrent permanency goals, we will direct our focus on:

- The safety, permanency and well-being of the child
- Enduring and nurturing family relationships
- Life-long relationships and support
- A legal status that nurtures and protects children without the state’s legal involvement

We will utilize concurrent permanency goals, consisting of a primary goal and at least one alternate permanency goal.

[TFC 263.3025\(d\)](#)

Although recognized legally as a permanency goal, APPLA (Another Planned Permanent Living Arrangement) **will not be utilized** except in cases where there are extraordinary case circumstances.

Utilizing APPLA as a permanency goal requires the approval of both the Permanency Supervisor and Permanency Manager.

There are four permanency goals that are referred to as Another Planned Permanent Living Arrangement (APPLA). *These are the least preferred permanency goals. They are generally utilized only when a child is 16 or older, and there is a compelling reason why none of the other legally available permanency goals are in the youth's best interest.*

Although recognized legally as a permanency goal, APPLA (Another Planned Permanent Living Arrangement) **will not** be used except in extenuating circumstances.

Utilizing APPLA as a permanency goal requires the approval of your Permanency Supervisor and Permanency Manager. If you believe that APPLA should be utilized in one of your cases, discuss this with your supervisor for additional guidance, direction and approval.

Please remember that these APPLA case situations are extremely complex and have life-long impact and implications on children and their families. It is vital that we work collaboratively as a team with each child/youth, the parents, all known relatives, current and previous caregivers, foster parents, and others involved in the child's life to ensure positive permanency. We must utilize all resources available to assist us in decision making prior to selecting one of these permanency goals.

- A. APPLA: Other Family/DFPS Conservatorship – In these situations, the state is appointed Permanent Managing Conservator of the child/youth. They remain placed in the least restrictive and most family-like setting possible (such as with fictive kin or a relative who are unable or unwilling to adopt or be appointed as Permanent Managing Conservator).
- B. APPLA: Foster Family/DFPS Conservatorship – In these situations, the state is appointed Permanent Managing Conservator of the child/youth. They remain placed in a foster family home setting until they reach adulthood.
- C. APPLA: Independent Living – In these situations, the state is appointed Permanent Managing Conservator of the child/youth. They remain in a foster group home setting, a residential treatment setting, or other institutional setting until they are 18 or progress to an independent living situation.
- D. APPLA: Community Care – In these situations, the state is appointed Permanent Managing Conservator of the child/youth with an intellectual or developmental disability. The child/youth remains in a setting other than a family setting, such as a home or institutional setting. When they reach adulthood, a legal guardian will be required. More information on this permanency goal is located in the P&P regarding Preparation for Adult Living.

Discharging a Child/Youth from Care	
Domain	Permanency, Care Management, ACH Client Rights and Responsibilities
Effective	3-01-2020 Revision Dates
Documents	
Reference	TFC 263, 274, CFR Title 45, TAC 700.1106

Purpose:

When discharging a child from substitute care, it is vitally important that they have their personal belongings and any other items that are important to them with them. It is also important that they are provided all documents and information related to them.

Procedure:

OCOK will ensure that all children (and their receiving family) receive materials and information necessary for the family to care for the child or the youth to care for themselves. This includes the child’s personal belongings and other items of importance to the child/youth.

Permanency Specialists should utilize the below checklist to track items provided to the child and/or the receiving family. Once completed, note the date, who the items were provided to, provide signature and file in the case record (and upload into the computer system along with the closing summary).

Items the child and the family will need to include, but are not limited to:

- the child’s original birth certificate
- the child’s original social security card
- photographs
- the child’s clothing
- the child’s toys
- a copy of the final court order
- the child’s school records, including their last report card
- the child’s medical and dental reports, examinations and logs
- details on any follow up medical appointments scheduled or that need to be scheduled
- details on any follow up dental appointments scheduled or that need to be scheduled
- the child’s immunization record
- the child’s psychological evaluation
- the child’s original Medicaid card, which is valid until the end of the month they leave care (Ensure the new caregiver knows how to apply for Medicaid or CHIP)
- the child’s SSI application (Ensure that it is completed and that the payee of any benefits has been transferred to the caregiver, if appropriate)
- the child’s medication (if prescription is near empty, provide a current refill to give the family time to make an appointment to get refilled)
- a Texas Health Steps brochure

Helpful links for child/family: [Children’s Health Insurance ProgramExternal Link](#) (CHIP) [Texas Health StepsPDF DocumentExternal Link](#) brochure

Permanency Goals		
Domain	Permanency, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	Texas Family Code 263.3025, 262.2015, 45 CFR 1356.21	

Purpose:

Permanency planning begins the moment a child is removed from their home. Every child has the right to a permanent and stable home, preferably with his or her own family. When a child cannot return home safely, we must diligently pursue and develop supporting connections and bonds to other caring adults who will permanently provide care, support and stability for the child/ren (concurrent planning).

Procedure:

To achieve permanency as quickly as possible, we will actively collaborate as a team with the child, birth parents, relatives, foster parents, caregivers and others involved in the case, prior to selecting permanency goals.

OCOK will strive to keep every child and youth’s time in legal conservatorship of DFPS as brief as possible, always demonstrating that trustworthy and effective engagement and communication with the child and others is crucial in the permanency process.

OCOK will consistently display an understanding of the importance and life-long impact of positive permanency decisions for all children and their families.

When considering primary and concurrent permanency goals, OCOK will direct our focus on:

- The safety, permanency and well-being of the child
- Enduring and nurturing family relationships
- Life-long relationships and support
- A legal status that nurtures and protects children without the state’s legal involvement

We will utilize concurrent permanency goals, consisting of a primary goal and at least one alternate permanency goal.

[TFC 263.3025\(d\)](#), [45 CFR §1356.21\(b\)\(4\)](#)

There are several goals that may be considered for permanency. In most all cases, we begin with Family Reunification as the initial permanency goal. Family reunification should be the primary permanency goal for every child unless:

1. a court has determined that aggravated circumstances occurred - TFC 262.2015

2. neither parent has been located and all diligent efforts to locate them have been exhausted

E. Family Reunification

When the permanency goal is Family Reunification, it is imperative that we diligently work with the family to rectify all known safety issues and reduce the risk of harm/abuse or neglect so that the child may return home and live there safely. We partner with the child, parents, family and stakeholders in doing this by:

1. assessing the family's functioning, identifying their family strengths and needs, and understanding the issues that caused and resulted in the removal of the child from their home
2. assisting the family in developing a safety network to provide safety and support to the child and their family
3. utilizing the results of the Family Strengths and Needs Assessment (FSNA) to engage the family and drive the design of the Family Plan of Service
4. coordinating, arranging and designing quality parent-child visitations
5. ensuring that the family receives the most propitious and individualized services available, as specified in the Family Plan of Service
6. partnering with the child, family and other stakeholders to ensure that the initial services for the child and family are initiated and scheduled no later than the 7th day after the child entered care; and
7. documenting all specific concerted services, resources and efforts made by all parties regarding the primary goal of family reunification

F. Adoption

When we select the permanency goal of adoption, it indicates that the child is unable to safely return home and adoption is in the child's best interest. It also indicates that the state is pursuing the termination of parental rights for each parent of the child. We must also consider the needs and wishes of each individual child and the extent of their bonding and attachment with caregivers, in addition to their need to maintain family connections. Once the adoption is legally finalized in court, the family member (or another person if unrelated), legally become the child's parent. We will continue to provide services to the family and child until the case can be closed.

1. Relative/Kinship Adoption – This may be the preferred permanency goal if reunification is not possible. This goal maintains the child's life-long connections with their family or other kinship relationship.
2. Unrelated Adoption – This may be the preferred permanency goal if we have been unable to locate any family member or fictive kin able or willing to care for the child long-term. This goal provides the child with an adoptive family, who indicate a willingness to nurture, provide for, and care for the child permanently.

G. Permanent Managing Conservatorship

When adoption is not possible, we may select the goal of Permanent Managing Conservatorship being appointed to a relative or to an unrelated person. This may be considered the best permanency goal if

the parental rights of each parent have not been terminated, the youth's preference is this goal, or other family and legal circumstances involved in the case determine this to be the most appropriate permanency goal.

1. Relative/Kinship Conservatorship – There may be times when we cannot overcome the barriers to adoption by a relative or fictive kin. If this is the case, we should next consider asking the court to appoint a family member or fictive kin as the Permanent Managing Conservator of the child. This maintains the child's family connections and permanency when adoption is not possible.
2. Unrelated Conservatorship – There may be situations where there are no relatives able or willing to care for a child. There may be someone in the child's life, to whom they are attached and bonded, able and willing to care for them permanently, but not in an adoptive capacity. In these situations, we will consider asking the court to appoint Permanent Managing Conservatorship to this unrelated individual/s, when this is in the child's best interest.

When we select goals other than family reunification or adoption as being in the child's best interest, we must diligently continue to re-visit the parents as well as any known relatives or others connected with the child to determine their current situation and circumstances. There are times when situations and circumstances change, making it possible for the child/youth to be placed with a parent, family, or another person with whom the child is bonded and connected. This could include their biological family or relatives, their current or previous foster family, a sponsor or mentor, or a faith-based family support.

When this occurs, speak with your supervisor (and legal staff, as appropriate) to determine how best to proceed.

Documentation of our efforts and conversations regarding the child's safety, best interest, and positive permanency for each child and family should be documented in the case narrative within 72 hours.

Placements

Sibling Placements		
Domain	Placement, Referral and Placements, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	42 U.S.C. 671(a)(31)	

Purpose:

Siblings should be placed together whenever possible; however, in some cases it is not possible or safe for a variety of reasons.

Procedure:

Unless there is a specific safety-related concern or exigent circumstance, we will make concerted, ongoing efforts to ensure siblings are placed together whenever possible.

Under Federal Law, we must make reasonable efforts to place siblings together unless it is documented that such a placement is contrary to the safety or well-being of one of the siblings.

We must also provide for frequent visitation or other ongoing interaction unless it would be contrary to the safety or well-being of one of the siblings.

42 U.S.C. [§671\(a\)\(31\)External Link](#)

If siblings are not placed together, Permanency Specialists:

- Speak with children and caregivers regarding ongoing and frequent face to face contact between siblings; as well as phone calls, social media, texts or other appropriate and supervised technological means.
- Encourage face to face contact between siblings as much as possible, taking into consideration child safety, case dynamics and strengths and needs of each child.
- Ensure that ongoing and frequent contact occurs between siblings (when it is safe to do so and there is not a court order prohibiting contact).
- Make ongoing efforts to place siblings together (when it is safe to do so and there is not a court order prohibiting contact) and document these efforts in the case narrative timely as they occur (no later than 72 hours from the event).
- Document sibling visits in case narrative within 72 hours of the visit occurring.

Placements Outside of Region 3b		
Domain	Placement, Referral and Placement, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	42 USC 622(b) <i>External Link</i> ; 624(f) DFPS Policy 4153.2	

Purpose:

When we place a child or youth outside the region that has legal jurisdiction, the region where the child or youth is placed may provide supervision and case management services to the child and family. These contacts and services are offered as Local Permanency supervision or Courtesy Supervision.

Local Permanency staff may provide Local Permanency supervision when a child or youth is placed outside of the region that has legal jurisdiction *and is not placed with a parent.*

Courtesy Supervision staff may provide courtesy supervision when a child or youth is placed outside of the region that has legal jurisdiction *and is placed with a parent.*

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

We understand that our consistent engagement with, and visible face to face contacts with, all children in care are vital to their safety, well-being, permanency and success.

We will ensure all children are seen face to face at a minimum of once per month according to statutory requirements.

We understand that in some cases, there is a need for children to be seen more frequently than the minimum requirement and we will increase our face to face contacts based on the unique individual needs of every child and family.

We will make ongoing, diligent efforts to ensure all children are seen consistently face to face by the primary Permanency Specialist responsible for their care; however, if they are placed outside the legal court of jurisdiction area (further than a 350-mile radius) we may request local permanency supervision if they are not placed with a parent, or courtesy supervision if they are placed with a parent.

These requests will be made timely (within 48 hours of the placement) to ensure every child’s ongoing safety and well-being.

We understand that the primary Permanency Specialist is ultimately responsible for the well-being, safety and positive permanency of every child or youth.

There are situations when assigning a Local Permanency specialist or requesting courtesy supervision is not practical or in the best interest of the child or youth. In these situations, the Permanency Specialist will discuss the facts and circumstances with their supervisor and obtain approval from the Permanency Manager to request utilizing a Local Permanency Specialist or requesting courtesy supervision.

If a child is placed further than a 350-mile radius from the legal court of jurisdiction:

1. The primary Permanency Specialist will see the child/youth face to face for the first three months of the placement and every other month thereafter.
2. After the first three months, a Local Permanency Specialist or courtesy supervision worker may be requested to visit the child/youth every other month.
3. The primary Permanency Specialist will participate in the Local Permanency or courtesy supervision visits every other month via Facetime, Skype, or other technological means.
4. If safety concerns or risk is high and it is difficult to thoroughly assess by every other month contact via technological means, the primary Permanency Specialist will proceed with making the face to face visits each month.
5. Requesting a Local Permanency Specialist or courtesy supervision worker will be determined on a case by case basis, after consultation with the Permanency Supervisor.
6. The Local Permanency Specialist or courtesy worker act as an extension of the primary Permanency Specialist and assist you in ensuring that the child or youth's needs for safety and well-being are being met.
7. If approved by your supervisor, complete Form K-908-2077 to request a Local Permanency Specialist or courtesy supervision worker.
8. Once a Local Permanency Specialist or courtesy supervision worker is assigned, make them secondary on the case in the computer system.
9. Maintain weekly or bi-weekly contact with them and ensure all documentation and other information is current and correct in the computer system.
10. Local Permanency Specialists (LPS) and courtesy workers can assist you by:
 - ensuring that children and youth in out-of-region placements are seen at least monthly and that a majority of the visits occur in the child's home;
 - assessing a home or facility's safety and appropriateness;
 - increasing the child's sense of support and stability;
 - allowing for a quick response to a child in crisis; and
 - ensuring that case planning activities are communicated to:
 - the placement;
 - the child or youth; and
 - the Primary Permanency Specialist
11. The OCOK Resource Coordinator may also collaborate with you regarding appropriate individualized services for children and families outside of Region 3b.

Consult with your supervisor if you have a question regarding the eligibility of a child/youth for Local Permanency supervision or requesting courtesy supervision.

Emergency Behavior Intervention and Discipline		
Domain	Placements, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents	Form 908-2410	
Reference	40 TAC §749 Subchapter K Division 6 <i>External Link</i> Discipline and Punishment 40 TAC §749 Subchapter L <i>External Link</i> Emergency Behavior Intervention OCOK Operations Manual	

Purpose:

Emergency Behavior Intervention (EBI) and Discipline practices in verified foster homes and pre-finalized adoptive homes must conform to specific policies and procedures. This also applies to kinship placements as well.

Staff must comply with and share the following policies and procedures concerning EBI and Discipline policies regarding children and youth in care with all foster and pre-finalized adoptive parents, kinship placements and with those individuals who desire to be foster and adoptive parents.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

All staff, foster parents, pre-consummated adoptive parents, other adults living in a home, kinship placements and intermittent alternate care providers must agree to and adhere to all discipline and EBI policies and procedures.

We will not, nor will any placement, give permission to any person or entity, including schools (see below), to discipline or provide EBI regarding a foster or pre-consummated adoptive child in ways that are not consistent with this policy.

A. Discipline

Permanency Specialists will ensure that all placements on their caseload are aware of and have signed the required Form 908-2410. This will also be discussed with each placement, whether a foster placement, pre-finalized adoptive placement or kinship placement, at the time of placement.

Permanency Specialists will ensure the original, signed form is placed in the child’s case file. If there is a sibling group placed in the same home, a copy will be placed in the sibling’s files with the original being placed in the oldest child’s physical case file.

Foster, pre-consummated adoptive parents or kinship placements must sign and date [Form 2410PDF Document](#) *Foster Care and Adoption Discipline Acknowledgement* to signify that they understand and agree to the policy.

They must sign the form upon placement, at any reevaluation, and any time another adult begins living in the home.

The original and any copies will be placed in the child's physical case file per above requirements.

1. Corporal Punishment in Schools

A school cannot be prevented from using corporal punishment, but if a foster, kinship or pre-consummated adoptive parent is asked to consent to a school policy that includes corporal punishment, she or he *must* refuse.

If a caregiver becomes aware that a school intends to use corporal punishment to discipline a child in DFPS conservatorship, the caregiver must notify the Permanency Specialist so that we can attempt to intervene and convey the compelling reasons against this form of punishment.

2. General Requirements for Discipline

Physical discipline **may not** be used on a child by any employee, in any foster home, kinship placement or pre-consummated adoptive home. Discipline must be constructive and educational in nature. Correction must be fair, reasonable, consistent, and related to the specific misbehavior. Foster, kinship placements and pre-consummated adoptive parents must communicate to the child in a manner so that the child understands:

- what the child has done wrong;
- why the discipline must occur;
- the full extent of the discipline (how long the discipline is in effect or what has to occur to end the discipline period); and
- what is considered to be appropriate behavior (this should be done in the form of discussion with the child).

Discipline must be individualized and related to the child's specific misbehavior, age, developmental level, previous experiences, reactions to previous discipline, and any other relevant factors. Time-outs must be supervised by an adult and have reasonable periods of approximately one minute for every year of the child's age.

The foster, kinship or pre-consummated adoptive parents and Permanency Specialists must develop appropriate discipline methods for each child placed in the foster, kinship or adoptive home. Permanency Specialists should provide the caregivers with ideas and strategies/alternatives to physical discipline.

3. Allowable Discipline Practices

At the time of placement, a foster, kinship or pre-consummated parent must provide each child with a copy of the discipline practices allowed in the home by completing and signing [Form 2410PDF Document](#) Foster Care and Adoption Discipline Acknowledgement.

4. Required Notifications to the Child

Permanency Specialists must notify each child regarding the discipline policy and document this discussion in the case narrative.

5. Right to Provide Comments

Children must be notified of their right to voluntarily provide comments on any emergency restraint or discipline used. The notification must include an explanation of the process for submitting such comments to the Permanency Specialist or the Ombudsman's office. The process must be easily understood and accessible to the child. This information and discussion must be documented in the case narrative.

6. Allowable Forms of Discipline

Discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include:

- establishing routines;
- setting reasonable limits;
- modeling appropriate behavior;
- offering choices;
- giving explanations;
- repeating instructions;
- using time out;
- enforcing or permitting logical or natural consequences; and
- reinforcing desired behavior.

Additional strategies for managing the child's behavior should be listed in the child's service plan as appropriate.

B. Emergency Behavior Intervention:

An emergency situation is defined as a situation in which:

- it is immediately necessary to restrain, seclude, or administer emergency medication to a child to prevent imminent
- probable death or substantial bodily harm to the child because the child overtly or continually threatens or attempts to commit suicide or serious bodily harm; or
- physical harm to others because of threats, attempts, or other acts the child overtly or continually makes or commits, and preventive, de-escalation, or verbal techniques have proven ineffective in defusing the potential for injury. These situations may include aggressive acts by the child, including serious incidences of

shoving or grabbing others over their objections. These situations do not include verbal threats or verbal attacks.

1. Seclusion

Seclusion is placing a child, for any period of time, in a room or other area where the child is alone and is physically prevented from leaving by a locked or barricaded entryway.

An intervention that restricts a child to a room that involves a caregiver placing his or her body between the child and the exit from that area (for example, standing in the doorway of a room) is not seclusion because the child is not alone.

If a caregiver uses physical force or a physical barrier to restrain a child or prevent a child from leaving, the intervention becomes

- personal restraint; or
- seclusion.

2. Time Out

Time Out is a procedure used for the purpose of behavior modification that involves:

- restricting a child to a designated area, including his or her room; but
- not physically preventing the child from leaving by locking or barricading the entryway. A caregiver may close a door or stand in an entryway to enforce the time out, as long as the door is not locked.

3. Allowable Uses of Restraints and Seclusion

Any form of restraint or seclusion that is not used in an emergency situation is prohibited.

a. Emergency situations

- Only a caregiver qualified in behavior intervention, as defined by the *Minimum Standards for Child-Placing Agencies*, may administer a restraint or seclusion.
- Additionally, restraint or seclusion only may be administered during **emergency situations** (see the definition of Emergency Situation, above) after alternative methods have been unsuccessful.
- **No** type of restraint or seclusion may be used as a punishment, as a caregiver convenience, or as a substitute for treatment. A personal restraint or seclusion is subject to the following restrictions.
 - a. Personal Restraints

Personal restraints may be used only in emergency situations by trained caregivers.

An example of this is the use of a short personal restraint (less than one minute in length) to protect a child from imminent danger such as running into a busy street.

b. Supportive Devices

Supportive devices may be used by trained caregivers in order to support a child's posture or assist a child in maintaining normal bodily functioning. A physician must prescribe the use of a supportive device and the written order must indicate the circumstances under which using the supportive device is allowed.

c. Seclusion

Seclusion is generally prohibited.

The **exception** is that, only in homes verified to provide services to children with autistic-like behavior, seclusion may be used:

- in **emergency** situations; and
- if ordered by a licensed psychiatrist or psychologist.

Any form of restraint or seclusion that is not used in an emergency situation is prohibited. (An example of an emergency would be holding onto a child to prevent them from running into the street into ongoing traffic)

Restraints prohibited include:

- Personal restraints
- Mechanical restraints.
- Chemical restraints. Medications that have a secondary effect of immobilizing or sedating a child or modifying a child's behavior are not considered chemical restraints if administered solely for medical reasons (for example, Benadryl for an allergic reaction or medication to control seizures).
- Holding intervention. Holding intervention is sometimes used as a therapeutic approach to promote the child's ability to bond with others and is not used to hold or restrain a child from harming himself or others. This form of therapy is considered a restraint used in non-emergency situations and, therefore, may not be used as a therapeutic approach with children in DFPS foster or pre-consummated homes, even if recommended by a licensed psychologist or psychiatrist.

4. Documentation of Restraints and Seclusions

Foster and pre-consummated adoptive parents must keep a written record of any and all restraints or seclusions. This written record must include the emergency and:

- date and time of the restraint or seclusion; and
- the circumstances or specific behaviors that led to the restraint or seclusion.

The foster or pre-consummated adoptive parent must provide a written monthly report to the child's Permanency Specialist and foster home development or adoption worker for inclusion in the child's and foster or pre-consummated adoptive family's records.

C. Prohibited Forms of Discipline and Therapeutic Interventions

Any form of discipline used may not violate any of the specific prohibitions in *Minimum Standards for Child-Placing Agencies*. Discipline of children must not result in bruises, welts, burns, fractures, sprains, exposure, poisoning, or other types of injuries. Shaking and harsh, cruel, unusual, or unnecessary punishment are not allowed.

Discipline may not consist of withholding food, shelter, visitation, supervision, medical or educational care, other necessities, mail, or special items such as Christmas gifts or birthday gifts.

Threatening the child with loss of placement, name calling or labeling the child, and embarrassing or degrading the child are not acceptable forms of discipline.

If you become aware that physical discipline, restraints or seclusion are being utilized in a placement, contact your supervisor immediately.

See also:

DFPS Rules, 40 TAC [§749 Subchapter K Division 6 External Link](#) Discipline and Punishment

DFPS Rules, 40 TAC [§749 Subchapter L External Link](#) Emergency Behavior Intervention

Placement Process		
Domain	Placement, Referral and Placement, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference		

Purpose:

When a child is removed from their home, they experience considerable grief and loss. Aside from being removed from his or her parents, the child no longer has access to his or her belongings, pets, friends, neighborhood relationships, or the familiarity of his or her surroundings. Also, regardless of the abuse, neglect, and/or trauma experienced, the child is being moved from his or her home and the people that she or he loves and cares about.

If the child needs to be placed into foster care rather than with a non-custodial parent or kinship caregiver, the placement experience is compounded because of the numerous changes the child will experience. When children move into foster care, more times than not the caregiver is a new person that the child did not previously know well, if at all. The experience of moving into an unknown place with unknown people can be a difficulty transition. For all these reasons, it is important to never lose sight of how important it is to prepare a child for placement while in foster care, to communicate with the child all along the way, and to ensure that the child remains connected to her or his family and other connections throughout his or her time in care.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

When DFPS is named temporary or permanent managing conservator of a child or youth, Permanency Specialists become responsible for selecting a placement which keeps the child safe, supports the child’s permanency plan, and best meets the child’s needs.

Placements take a variety of forms, such as placement with a non-custodial parent or a reliance on relatives as caregivers, which is a practice with a strong historical precedent across many cultures. Kinship and fictive kin placements are time-honored traditions that allow children to maintain their important connections to family, community, and culture.

Whenever safely possible, we strive for placements with non-custodial parents, kin, and other significant connections. When a placement with a non-custodial parent or kinship placement is not feasible, for whatever reason, the alternative is regulated foster care.

Regardless of the placement type, many factors influence the decision on where a child should be placed. Before determining the best available placement, we consider a host of factors, including:

- the child's safety;
- the child's preferences and needs;
- the family's preferences;
- the permanency goal;
- educational stability; and
- placement with siblings.
- close proximity

The same factors which apply in making an initial placement will also hold true when a subsequent placement is necessary.

OCOK will comply with all federal, state and statutory regulations regarding the placement process.

Federal Law and guidance, state law, and best practice call for staff and courts hearing DFPS cases to prioritize placements with relatives and other individuals with whom a child is connected.

*42 U.S.C. [§671\(a\)\(19\)External Link](#)
Texas Family Code §§[262.114External Link](#), [263.306External Link](#), [263.404External Link](#), [263.5031External Link](#)*

Federal Law requires us to have a plan to ensure educational stability for a child in substitute care. In any placement, we must consider whether the child's educational setting is appropriate and how close the placement is to the school the child is enrolled in at the time of the placement or placement change. We must coordinate with local schools and school districts to ensure that the child remains in the same school the child was attending at the time of the initial placement or any subsequent placement change, unless it is not in the child's best interests to remain in that school.

42 U.S.C. [§675](#)

OCOK will place the child in the least restrictive, most family-like setting available, consistent with the child's best interest and special needs.

Social Security Act, Title IV-E, [§475\(5\)\(A\)](#)

When the child's permanency goal is reunification, the caseworker must generally place the child in close proximity to the parent's home.

*Social Security Act, Title IV-E, [§475\(5\)\(A\)External Link](#)
45 C.F.R. [§1356.21\(q\)External Link](#)*

Federal Law prohibits the use of race, color, or national origin (RCNO) as a factor in selecting a placement, with extremely limited exceptions. The RCNO of a child or of a potential foster or adoptive family should not be a factor in selecting a placement except in rare situations when staff can document compelling individualized circumstances that make this necessary. Texas law mandates compliance with this federal law. If a biological parent requests selection of a child's placement based on RCNO, CPS staff must explain that this is prohibited by federal law.

*42 U.S.C. [§1996bExternal Link](#), the Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996
Texas Family Code [§262.114External Link](#) Evaluation of Identified Relatives and other Designated Individuals; Placement*

Reunification

Family Reunification		
Domain	Reunification, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents		
Reference	TFC 263, 274, CFR Title 45, TAC 700.1106	

Purpose:

The process of family reunification is a thoughtful and strategic one, involving many partners working together towards the permanency goal of family reunification; all the while ensuring child safety and the best interest of the child. If our concerns that made the child unsafe or at risk of significant harm appear sufficiently resolved for the child to return to their home safely, there are steps we must take to ensure mindful planning and decision making surrounding the reunification and reintegration transition.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

Once it is believed that a child can safely return home, we will be diligent and expedient in the reunification process.

During the reunification process, we will engage and partner with children, parents, relatives, fictive kin, foster parents and other stakeholders involved with the child and family to ensure consistent, malleable conversations regarding the case and the child and family’s progress are occurring. This includes professionals as well as relatives and others involved with the child and family.

We will ensure that we are consistently communicating with those who have first-hand knowledge of the child and family’s progress as well as knowledge of any barriers they may be experiencing. This will strengthen both our team approach, as well as our decision making, to ensure positive outcomes for children and families during the reunification transition and process.

In the event the court orders a Monitored Return of a Child to Parent, we will ensure adherence to all orders of the court.

1. Once determined that it is safe, and in the child’s best interest to return home, schedule a reunification staffing between you and your supervisor (within three business days) to discuss the reunification and case facts. This discussion may be in person or via other technological methods, as appropriate. If you and your supervisor determine this to be a high-risk reunification, include the Permanency Manager in your staffing.

High Risk cases may involve teenage parents, medically fragile children, reunification where a sex offender remains in the home after completing treatment, or reunification that may be ordered by the court prior to the parent completing services.

Be prepared to specifically discuss the following during your reunification staffing:

- Your transition plan for the child's return – i.e. your plan for discussion with the child, birth parent, foster parent/relatives, ad litem, CASA; such as, but not limited to:
 - Discussion with the child, placement and family regarding the transition
 - The date and time the transition will occur and who is responsible for what tasks
 - Physical logistics of the transition
 - School information and paperwork completion if child is school age and must change schools
 - Transportation and attendance of child and family in services (i.e. counseling) once the child is home
 - Creative and meaningful action ideas should the child and family experience some challenges upon the transition home being completed, such as, but not limited to:
 - If the child is missing their foster parent or others at the placement, allowing them to call or communicate with them in other appropriate ways (i.e. letters, telephone calls, social media)
 - Specific ways to calm the child if they become anxious during the night being back at home (i.e. reading a book together, singing a song)
 - The support services we will provide to the child and family upon their return home
 - The parent's progress in demonstrating improvements regarding the areas of concern that led to the initial removal of the child/ren.
 - The completed, current and updated FSNA and the updated Safety Assessment
 - The input of others involved in our decision to request reunification at this time; for example, but not limited to child, parents, foster parent/relatives, fictive kin, CASA, attorney ad litem, therapists, and other stakeholders involved with the family and children
2. If the staffing results in approval for the child to return home, the Permanency Specialist will make a formal recommendation to the court to request the child/ren be returned home. This is done by:
- contacting the attorney representing DFPS within three days of approval to request a Reunification legal staffing (this staffing involves the Permanency Specialist, supervisor and the DFPS attorney)
 - clearly articulating to the DFPS attorney what has specifically occurred in the case that mitigates risk and safety in the home so that the child can reunify with his/her family and return safely at this point in time. In addition, clearly articulate what individualized services, support, mentoring and resources we will provide once the child/ren is returned home.

NOTE: DFPS requires court approval prior to physically returning a child home.

(If it is not approved for reunification to occur at this point in time, additional guidance/direction and steps will be discussed at the staffing regarding what needs to be resolved prior to reunifying the family)

3. Once court approval is obtained:
 - Partner with the birth parents, child, foster parent/placement, relatives/fictive kin and other stakeholders regarding the physical move of the child/ren home.
 - Seek input and feedback regarding the move from those closely involved in the case and coordinate the logistics of the physical move together.
 - Discuss together with all parties involved the services, resources, mentoring and support we are providing to the child and family once the physical reunification occurs.
 - End the paid placement in the computer system once the child is physically returned to their home (same day).
4. Once the child is returned home, if the Permanency Specialist is not the one making the reunification placement for an extenuating circumstance, they must make a home visit to see the child and family within two business days and:
 - provide individualized services, support and mentoring for the child and family for up to six months, while DFPS maintains conservatorship (although we can provide services and support for up to six months, if we determine the child is safe and the parent/s can safely care for the child earlier, we will request dismissal of the legal case through the courts)
5. The Permanency Specialist will make Family Reunification visits with the child and family in the home weekly, to ensure child safety, observe and discuss any needs the child or family may be experiencing, and assessing if the support services we are providing are proving helpful and beneficial – the weekly visits may reduce in frequency after the first eight weeks, according to the Transition Plan and with regular assessment of how the child and family are doing with the adjustment. (After observing visits, speaking with service providers and others involved with your case, the Permanency Specialist and Permanency Supervisor may determine that the child and family are ready for less frequent visits to the home). Be sure you, as the one most familiar with the case facts, are able to clearly articulate to your supervisor a thorough assessment of child safety, the transition and reunification, as well as the input and feedback of those involved in the case regarding progress and any identified barriers.
6. Family Reunification visits will focus on:
 - child safety
 - permanency and wellbeing of the child/ren
 - progress of the transition and adjustment for the child and family since reunification
 - the services and support we are providing, as well as progress made, any identified barriers and possible solutions to those barriers
 - additional services/supports that need to be implemented and the timeframe for getting the services in place
 - the Family Plan of Service
 - the current needs and strengths of the child and family at this point in time
7. They will occur at the home weekly for the first 90 days of the reunification.

8. Update service plans within ten business days of the child's return home, to include a reasonable deadline to request dismissal of legal conservatorship of the child/ren. (not to exceed 180 days)
9. When it has been determined by those involved in the case that the child is safe in the home and the family is no longer in need of our support and services, the Permanency Specialist will make a formal request to the DFPS attorney to dismiss DFPS as the legal conservator of the child/ren. (A joint staffing between the Permanency Specialist and their Supervisor and the DFPS Attorney may be beneficial prior to making the request).
10. The request is made by:
 - The Permanency Specialist contacting the DFPS attorney on the case and requesting legal dismissal. The attorney will likely ask you to complete a Request to Dismiss affidavit. (See example in legal reference section) This should be completed within three business days of the discussion and submitted to your supervisor and the DFPS attorney. (Some courts may require a formal hearing to dismiss the legal case. If this is the court requirement in your area, we must attend the hearing and provide testimony regarding your request, as applicable.)
11. Once approved and signed by the court, the legal status in the computer system should be updated no later than 72 hours from the court hearing date.
12. All casework and contacts for family reunification cases should be documented in the computer system no later than 72 hours from when the contact occurred.
13. At the time of the reunification (a child is returned home) provide the family with a Family Reunification binder (obtained through your Administrative Assistant).

The binder should include the following for each child, as applicable:

- original birth certificate
 - photographs
 - original social security card
 - final court order
 - school records and report cards
 - medical and dental reports/exams
 - immunization record
 - psychological evaluation
 - original Medicaid card
 - any remaining medications or needed refill
 - Texas Health Steps brochure
14. Within five business days of the court's approval dismissing the legal case, complete the closing narrative information in the computer and submit to your supervisor for approval through IMPACT

15. Once approved by the supervisor in the computer system, send notification of case closure to all parties entitled to notification within five business days.
16. Prepare the physical case file for storage and send to your Administrative Assistant within ten days of case closure.

Note: In the event a new referral regarding abuse or neglect is received or a removal occurs during your open case, speak with your supervisor immediately. (If you need to request previously closed physical case files from DFPS regarding your family, please request these through your Administrative Assistant. Your administrative assistant will request these records through DFPS for you.)

Family Reunification Assessment Tool		
Domain	Reunification, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents	Reunification Assessment Tool	
Reference	Structured Decision-Making (SDM) Reunification Assessment Procedure and Reference Manual Document	

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

The Reunification Assessment is a tool from the Structured Decision-Making model. This tool assists us when making critical case management decisions for a child/ren who have a primary permanency goal of family reunification or a concurrent permanency goal of family reunification.

This tool is utilized to assess families in the areas of risk, safety, and quality of visitation. It is also utilized to gain information that contributes to our recommendations to the court about reunification and visitation.

Permanency Specialists, after consultation with the Permanency Supervisor, will complete a Reunification Assessment tool:

- prior to any scheduled reunification staffing (originally, or if the last tool was completed more than 30 days prior)
- before any required permanency hearing if family reunification is either the primary or concurrent goal for a child.
- before removing family reunification as either a primary or concurrent permanency goal.

A Reunification Assessment tool can be completed at any time, in addition to the times listed above.

A Reunification Assessment tool is not required if either of the following apply:

- Family reunification is not the primary or concurrent goal for the child.
- Reunification is with a parent who was not a perpetrator of abuse or neglect of the child that resulted in DFPS removing the child.

Please refer to the [Structured Decision-Making \(SDM\) Reunification Assessment Procedure and Reference Manual Document](#) for specific details on completion of the Reunification Assessment tool.

If you require additional guidance or training utilizing the tool, please consult with your Permanency Supervisor.

Family Reunification Risk Reassessment Tool		
Domain	Reunification, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates
Documents	Risk Reassessment Tool	
Reference	Structured Decision-Making (SDM) Risk Reassessment Procedure and Reference Manual Document	

Purpose:

The purpose of the Risk Reassessment Tool is to help us assess whether the risk to child safety has decreased enough for us to recommend closing a case. The tool helps us see whether the family’s behaviors and actions have changed.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

The Permanency Specialist, after consultation with the Permanency Supervisor, will complete a *Risk Reassessment tool* at least every 90 days after all children whose goal was reunification with the parent from whom they were removed have returned home.

We may complete the *Risk Reassessment* tool sooner if the case has any of the following:

- A court review.
- New circumstances.
- New information that could affect risk.

The Permanency Specialist will continue to use the *Reunification Assessment* tool (not the *Risk Reassessment* tool) to assess the family if there is a plan for another child or children to return to the home.

The Risk Reassessment tool combines items from the original *Risk Assessment* tool with additional items that evaluate a family’s progress toward the goals in the Family Plan of Service (FPOS).

Please refer to the [Structured Decision-Making \(SDM\) Risk Reassessment Procedure and Reference Manual Document](#) for specific details on completion of the Reunification Assessment tool.

If you require additional guidance or training utilizing the tool, please consult with your Permanency Supervisor.

Service Plans

Family Plan of Service (FPOS) and Single Child Plan of Service (SCPOS)		
Domain	Service Plans, Care Management, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	TFC 107.0131, TFC 263.101-104, TFC 263.103, TFC 107.0131, 45 CFR 1356.21(g)(1), TAC 40 19 700 M 1 700.1321, OCOK Operations Manual, Community-Based Care Region 3b Operations Manual	

Purpose:

Providing timely and beneficial services for children and families is crucial to everyone’s success. These services should be designed uniquely and specifically for each individual in the family unit. No particular service is applicable to every case, every time. It is essential for the child and family that we engage and partner alongside them, and with others involved in the case, to assist the family in rectifying safety issues and concerns so their child may return home safely, when possible. Our engagement, partnership and diligence in working together with others collaboratively is vital to attaining positive permanency and outcomes for children. OCOK creates and builds these services for children and families through the design of a Family Plan of Service as well as the Single Child Plan of Service.

The Family Plan of Service is designed to ensure that each family member’s individual strengths and needs are identified and provided for during their child’s time in foster care. Each family member’s strengths and needs are assessed through the Family Strengths and Needs Assessment. The results of this assessment guide us, alongside the family, in developing their Family Plan of Service

The Single Child Service Plan is designed to ensure that each child’s individual strengths and needs are identified and provided for during their time in the conservatorship of DFPS. The Child Service Plan guides us in providing specific and unique individual services and resources to every child/youth during their time in care. The Child Adolescent Needs and Strengths assessment provides the framework for the development of the child service plan.

Policy:

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service.

Procedure:

OCOK will utilize a partnership approach in the development of both the Family Plan of Service and the Single Child Service Plan. Our team includes the child, the birth parents, the parent’s attorneys, the caregiver, the case manager of child placing agency or facility, relatives and fictive kin, CASA, and the child’s attorney ad litem. In addition, if the youth is a teen, they will be encouraged to invite other appropriate adults of their choosing to team meetings.

OCOK will strive to schedule one Service Plan team meeting within 14 days of the removal of the child/ren. The primary purpose of this initial planning meeting is to address the Family Plan of Service and the Single Child Service Plan. Together, we will identify services and resources to help the family

meet the goals of the plans, setting timeframes for the plans, and the responsibilities of each person initiating and completing plan tasks.

All Family Plans of Service and Child Service Plans will be specific and clearly written in language that the parents/youth understand.

Family Plan of Service

We will utilize the Family Strengths and Needs Assessment results to guide us in the development of the Family Plan of Service.

We will ensure that each statutory requirement is met for the Family Plan of Service in each case.

We understand the importance of collaborating with each parent and other partners, as appropriate, in developing their unique Family Plan of Service.

The initial Family Plan of Service will be completed within three days of the FSNA completion, or within ten business days of learning the whereabouts of an absent parent.

Single Child Service Plan

We will utilize the results of the Child Adolescent Needs and Strengths Assessment (for children age 3 and above) to guide us in the development of the Child Plan of Service.

Facility's Service Plans will also be included in the Child's Service Plan, as required under the Minimum Standards requirements for the facility.

The Initial Child's Plan of Service will be completed within three days of the CANS completion (no later than 24 days from the date of removal).

We understand the importance of collaborating with every child/youth (considering their age and developmental capabilities) in the development of their unique plan of service.

We will ensure all Child Service Plans meet state and federal statutory guidelines, as well as local court jurisdiction preferences.

Procedure:

1. SERVICE PLANNING TEAM MEETING

Permanency Specialists and Care Coordinators will collaborate to schedule one initial Service Plan team meeting within 14 days of removal. The meeting will be held at a location where most participants can actively participate. The meeting should not interfere with the parent's work schedules or the child's school schedule or activities.

- Team participants will be documented in the case narrative, as well as issues discussed.
- Those unable to attend will also be documented in the case narrative.

- A copy of each plan will be distributed to all participants no later than five business days of the plan's completion.

2. FAMILY PLAN OF SERVICE

A Family Plan of Service (FPOS) is generally required for each parent, unless a court has terminated their parental rights. If the parents reside together, we may complete one FPOS, unless the parents request separate plans.

In collaboration with each parent, the Permanency Specialist will complete and obtain supervisory approval for the initial FPOS within three days of the completion of the FSNA or within 10 days of learning a parent's whereabouts.

We must jointly develop a FPOS with each parent, by law.

Texas Family Code §§263.103(a)[External Link](#), 263.104(a)[External Link](#)

A. Partnership

Partnering with the parents, children, foster parents and other stakeholders is vital to designing a successful and individualized Family Plan of Service and Child Service Plan.

Even when it may be difficult to develop an FPOS with a parent (for example, an incarcerated parent or a parent who resides outside our area/jurisdiction), we must still develop an FPOS and include the parent in its development. Such situations may require additional creative engagement strategies. Please discuss these situations with your supervisor for additional guidance, direction and input.

The parents' attorney must be also be invited to any meeting about Family Plan of Service development.

Texas Family Code [§107.0131](#)

In addition, Permanency Specialists:

- inform each parent that they are not legally obligated to sign the initial Family Plan of Service (FPOS) or begin services until the court makes the plan an order of the court;
- inform each parent that they have a right to request the court to modify the FPOS;
- inform each parent that they can invite relatives and fictive kin to participate in developing the plan;
- invite the parent's attorney to participate in developing the FPOS and attend the partnership meeting where the plan is developed;
- use the Family Strengths and Needs Assessment (FSNA) as a tool to engage the family to prioritize tasks and services for the FPOS.

If we make concerted efforts to engage each parent in service planning and the parent refuses to cooperate, we must develop the family's service plan without the parent. (Seek collaborative and supervisory guidance in these situations for creative and innovative ways to engage the parent)

We specifically document in the plan the:

- reasons for the parent’s lack of participation; and
- our efforts to engage the parent’s participation and cooperation.

After completing the family’s service plan, we must request the parent to sign it and give the parent a copy of the plan, whether the parent is willing to sign. However, the plan does not take effect unless the parent signs it or the plan is made an order of the court.

*Texas Family Code, [§263.103External Link](#)
DFPS Rules, 40 TAC [§700.1321External Link](#)*

B. The Family Plan of Service **must** also include following language:

To the parent: This is a very important document. Its purpose is to help you provide your child with a safe environment within the reasonable period specified in the plan. If you are unwilling or unable to provide your child with a safe environment, your parental and custodial duties and rights may be restricted or terminated or your child may not be returned to you. There will be a court hearing at which a judge will review this service plan.

Texas Family Code [§263.102](#)

C. Required Content of the FPOS

The services designed in the plan must address the danger indicators and risk factors that make it unsafe for the child to return home and any behavior changes necessary to provide long term safety for the child. Content must include:

- the permanency goal for the child;
- the steps that are necessary to achieve the permanency goal;
- the terms or conditions that are determined to be necessary to the service plan’s success;
- the actions and responsibilities that are necessary for the child’s parents to take to achieve the plan goal
- goal during the period of the service plan, and the assistance to be provided to the parents by the permanency worker or other professional involved
- the specific skills or knowledge the parents must demonstrate and any behavioral changes they must exhibit to achieve the plan goal
- the tasks the parents must complete to make sure a child attends school and maintains or improves academics
- a plan for complying with judicial determinations regarding the parents
- the appropriate deadlines for achieving change; and
- the permanency worker’s contact information - who can give the parents information about the child

The tasks and services must have specified time frames for completion and must be designed specifically for each unique and individual child and parent in mind. There are no services that every child or every parent must participate in for every case. Each case and each family is unique; therefore, each FPOS is designed uniquely and individually. (For example, if a child is removed because the physical home environment is unsafe, and there is no indication whatsoever of any substance abuse, we would not ask that the parent complete substance abuse treatment)

Unless safety is a documented issue, we must encourage contact, visitation, and other relationship-building activities that may include parent's attendance at medical appointments, school events, or other activities involving the child.

Safety issues must clearly be documented in the case and any specific rationale as to why the parents are not attending medical appointments, school events, etc.

We must request that the contents of the service plan, including the request for the payment of child support, be made an order of the court at the first Placement Review Hearing.

If we believe that a parent has an intellectual or developmental disability, please discuss with your supervisor to request any accommodations, as needed.

D. If there is a child under age two in the home

If the family has a child under age two, Permanency Specialists **must** consult with relevant professionals to determine the skills and knowledge the parent/s should acquire and learn to provide a safe environment for the child. We must discuss this with the parents and ensure that these skills and knowledge are incorporated into the FPOS, as appropriate.

Texas Family Code [§263.102\(f\)External Link](#)

In addition, we should be engaged and observant regarding the evidence of the development of these skills and knowledge gained as we partner with the parents throughout the case and ensure these observations and engagements are clearly documented in the case narrative.

E. Court Filing of the FPOS

Permanency Specialists must file the plan with the court within 30 days of the first order naming CPS as temporary managing conservator.

Texas Family Code [§263.103External Link](#)

F. Ongoing Evaluations and Assessments

Permanency Specialists and the Permanency Supervisor should consistently be reviewing, assessing and evaluating the Family Service Plan throughout the case; at a minimum of bi-weekly, to determine progress and any revisions needed. These reviews should be documented in the computer by the supervisor or Permanency Specialist no later than five business days from the date of occurrence.

You are seeing the child and family consistently and visiting with our partners frequently. This gives you, as the Permanency Specialist, the opportunity for ongoing assessments of the efficiency and

effectiveness of the FPOS to determine if those issues that placed the child at risk have been sufficiently resolved for the child to return home safely. Formal evaluations of the plan are also required:

- In the fifth month that the child is in care
- In the ninth month that the child is in care
- Every four months thereafter while DFPS has TMC of the child
- Within 30 days of a Safety Plan being completed
- Any time there is a change in the household (i.e. new household member, birth of new baby)

(An updated FSNA must be completed prior to the formal evaluation occurring)

3. SINGLE CHILD PLAN OF SERVICE

It is always ideal to have a face to face conversation with our partners regarding the CPOS. This should be scheduled according to the anticipated CANS completion date and prior to the development of the CPOS. We should also always involve the child/youth in the development of their plan, based on their age and developmental level. If a face to face conversation with the team is not possible, we should utilize other technological methods such as FaceTime, Skype and other methods, as appropriate. Statutorily, we must provide an approved copy of the plan to each participant above, whether they participated or not in the development of the plan.

Each Child Plan of Service should be completed thoughtfully, thoroughly and meaningfully; utilizing the input and feedback of the child and others on the team involved in the case.

A. A Child Plan of Service addresses the following:

- Initial history – Why the child is in care, history of abuse, substance abuse, juvenile involvement, home environment, developmental history, previous placements
- Initial family history – Background information on parents and siblings, people who are important in the child's life
- Visitation – Who, where and when will visits occur – Who is specifically responsible for mentoring during the visits, transporting (permanency worker or transporter). How we will specifically facilitate and support visitations consistently?
- Cultural Heritage – Race, ethnicity, religion – In what ways we will assist and support the child and caregiver in maintaining the child's cultural connections and heritage in the community and in their placement>
- Interests, behaviors and personality – What are the child's specific interests, behaviors and personality?
- Strengths – What are the child's strengths? How can we assist them in building upon their strengths consistently?
- Recreation, community and religious needs – What are the child's favorite hobbies, sports, religious preferences and activities? How can we help to ensure they are able to participate in these?
- Social and emotional needs – How is the child adjusting to their removal from the home and separation from their family? What is their emotional stability currently as well as

previous to the removal? What social activities does the child enjoy and want to participate in? How can we help the caregiver and the child with these?

- Relationships – (13 and over) – Discussion of healthy boundaries, human reproduction, dating, interpersonal relationships with children 13 and over. Are they sexually active? How can we assist the caregiver and child in these areas?
- Psychological, Intellectual, Mental and Behavioral Health – Any known intellectual developmental disability, history of substance abuse, psychiatric evaluations, diagnoses, prognosis, treatments, medications? What are the child's current developmental needs and their current level of functioning?
- Educational Needs – Is an ECI (Early Childhood Intervention) referral needed (child under age 3), is Head Start available (child ages 3-5), can the child attend the same school, have school records been obtained and reviewed, is the child receiving 504 services? What grade is the child in? How are they doing in school? What will we do specifically to assist the caregiver and the child in being successful in this area?
- Identified needs – Based on case history, conversations with parents, the child/youth, the caregivers, relatives, and other partners involved in the case
- Plans to address the identified needs – Who is responsible for addressing each need, how will the need be addressed and what is the expected timeframe for completion? How can we assist in supporting the identified needs and the placement?
- Permanency goals and plans to achieve these goals – What is the primary permanency goal and the concurrent permanency goal? What is the anticipated timeframe for permanency to be achieved?
- Expectations for the child's safety, supervision, education, medical/dental, emotional, cultural and social needs to be met – What have we, as a team (permanency worker, child/youth, birth parents, caregiver, relatives, CASA, ad litem, other connections to the child), determined relevant for each individual and unique child in each of these areas? Who is to meet these needs? How are they specifically going to be met? What is the timeframe for completion? How can we assist in supporting the child and caregiver in these areas?
- Age-appropriate normalcy activities – The CPOS must indicate that the caregiver may make decisions regarding age-appropriate normalcy activities in which a child who is not in the care of DFPS is generally allowed to participate (spending the night with a friend, community activities, going to birthday parties, dating). If there is a concern or documented justification a child shouldn't participate, we should have meaningful conversations with the child/youth and their caregiver regarding any concerns. We should together strive towards the child's best interests and safety, as well as their wishes and desires, when possible.
- Medical and Dental History – What is the child's current health status? Are there any ongoing medical conditions requiring services, medical supplies, nursing care? Does the child have any allergies? Are ongoing medical examinations needed as well as treatments recommended? We must be certain that we, as well as the caregivers, have copies of any medical or dental records on file. We will be having consistent and meaningful conversations during our day to day work to discuss any needs identified for the child/youth in these areas (with the child, caregiver, and service providers). This provides us ongoing opportunities to discuss any recommended services and treatments, including who is responsible for ensuring follow through and within what timeframe.

- Physical Needs – What are the child’s needs for clothing, dietary requirements, exercise and activities for physical development? (non-medical physical needs)
 - Appropriateness and safety of the placement – Describe specifically how the placement is safe and how it promotes the well-being, safety and security of the child – How is the placement specifically promoting the child’s best interest? What are we doing specifically to support the placement?
 - Behavior Management and Discipline – Considering the child’s age, circumstances and developmental needs – what reward systems or positive behavioral interventions can assist the child with behavior management? Corporal punishment is not permitted in any circumstance, nor requiring the child to perform physical exercise, hold a physical position or doing any form of unproductive work. If you discover any caregiver is disciplining a child inappropriately, discuss with your supervisor immediately.
 - Is the child/youth identified as a victim of or at risk of being a human trafficking victim – Answering this specific question is required by federal law. If a child or youth has been identified as a victim or at risk of being a victim of human trafficking, we must determine what services and support is needed to assist the child/youth specifically in this circumstance.
 - Support for the caregiver – Describe specifically what we are doing to support the caregiver with this child and this placement. Include how often we will be visiting the home to help the caregiver in meeting the child’s safety and security, his or her needs, best interest and permanency plan.
- B. Two Permanency Goals must be selected to include a primary permanency goal and a concurrent permanency goal. The primary goal and target date for when the permanency goal is anticipated to be achieved must be selected. If there is a difference between the Target Date and estimated time in care, a detailed explanation is required.
- C. A Concurrent Goal must also be selected. The CPOS must contain tasks necessary to obtain the Primary and Concurrent Goal. The Primary and Concurrent Goal must be worked on simultaneously.
- D. Permanency Specialists, along with the Permanency Supervisor should periodically review each CPOS (a minimum of bi-weekly) to assess progress and any revisions that may need to be made as the child/youth move forward toward positive permanency.

Since you, as the Permanency Specialist, are speaking and visiting regularly with service providers, the child, caregivers, CASA, relatives and others throughout our day to day work, this gives you the opportunity for ongoing assessments of the efficiency and effectiveness of the CPOS.

These ongoing interactions also give you opportunities to ensure services are tailor-made for the child’s individual needs and strengths, as well as focusing on creative strategies and services for every child.

Any change in legal status or significant change in circumstances requires an updated CPOS.

- E. Local jurisdictions may require each CPOS and any revisions be attached to the court report.
- F. The initial CPOS must be submitted to your supervisor for approval within three days of the CANS assessment completion. Your supervisor will review and approve/disapprove the CPOS within three days of your submission. If the plan is not approved, your supervisor will provide guidance and direction in order for the plan to be approved.

Consult with your supervisor regularly regarding service planning, assessments and evaluating your plans. Your supervisor can assist you and provide support, ideas and feedback for you. Together, along with our partners, you will develop effective, safe and strategic plans to ensure child safety, permanency and well-being in each of your cases.

Special Populations

Incarcerated Parents		
Domain	Special Populations, ACH Client Rights and Responsibilities	
Effective	3-01-2020	Revision Dates
Documents		
Reference	DFPS Policy 6351	

Purpose:

We understand our work with incarcerated parents and their children presents unique challenges; however, we value the role of every parent in the life of their child. This includes parents who may be incarcerated.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

OCOK is committed to affording the same rights and duties to parents who are incarcerated as to parents who are not incarcerated, unless restricted by a court.

OCOK understands that although a parent may be incarcerated and unable to fully participate in their child’s case, we value the importance of their inclusion in the child’s life and in all case planning.

OCOK will actively engage with incarcerated parents regarding their child and their case.

This includes notifications of all court hearings and legal actions, interviewing and visiting with them personally, when possible, obtaining their feedback about their child, family and relatives, providing them with services (to the extent available) and including them in case planning.

There are several types of incarceration facilities in Texas:

- County Jails – Managed by the county sheriff or a designee. Their primary role is to hold defendants awaiting trial or those who have been convicted of a crime and are sentenced to the county jail.
- Federal Prisons – Managed by the United States Government Federal Bureau of Prisons. These inmates have been convicted of violation of federal law.
- State Jails – These facilities house individuals who have committed felony crimes that have a maximum sentence of two years and mandatory community supervision. (Some are privately operated and house state felons as well as transfer offenders).
- Texas Prison System – Managed by the Texas Department of Criminal Justice. These inmates have been convicted and sentenced to prison for a variety of criminal offenses.
- Texas Juvenile Justice System – Managed by the Texas Juvenile Justice Department who operates juvenile correctional facilities. They also partner with youth, families and communities to provide a safe and secure environment for youth in their care. The youth receive

individualized education, treatment, life skills, employment training, access to positive role models and aid in successful community reintegration.

Once it is determined that a parent is incarcerated, we *must* attempt to locate the facility where they are housed by contacting:

- [Texas Department of Criminal Justice](#) (if they are in prison or state jail in Texas) - Visit this website or call 1-800-535-0283.
- [Federal Bureau of Prisons \(BOP\)](#) - Federal Bureau of Prisons - Visit this website, call 202-307-3198, or email them at webmaster@bop.gov
- [Victim Information and Notification Everyday](#) Victim Information and Notification Everyday (VINE LINK) – Visit this website to locate a parent who may be incarcerated in another state
- [Corrections Department by State](#) – Visit this website to locate a parent who may be incarcerated in another state
- County Jails – Visit the website of the county jail or contact the county jail directly by phone (in Texas and outside of Texas)

1. Service of an incarcerated parent

Once a parent is located, Permanency Specialists must ensure they are served with the petitions for the legal case. If they have not been served, we arrange for them to be served at the facility where they are located. Discuss this on a case by case basis with your supervisor and legal staff to ensure service on each case.

2. Arranging a meeting with an incarcerated parent

- Call the facility first to determine visiting times and rules for your visit
- Know the full name and identifying ID number of the incarcerated parent
- Have your driver's license with you
- Know the visitation policy, procedures and any restrictions of the facility
- Business professional dress is required when visiting an incarceration facility
- Communicate with your supervisor and facility staff any safety concerns you may have

3. Engaging with an incarcerated parent

Engaging an incarcerated parent in service planning and building or maintaining a healthy relationship with their child can present a unique challenge. Incarcerated parents should be involved in case planning, receive copies of their service plan and their child's service plan, and receive consistent updates about the case, just like parents who are not incarcerated. Incarcerated parents generally have the same rights and duties as those who are not incarcerated, unless restricted by a court.

- Meet with the parent personally when possible. This collaboration and engagement with the parent allows an exchange of information and inclusion of the incarcerated parent. If a face to face meeting is not possible, you can engage with the parent via mail, or other approved technological methods as allowed by the incarceration facility.

- Share with the parent all concerns, allegations and services as well as expectations of them during their case.
- Explain your role in the process and provide the parent with contact information to reach you during and after regular business hours.
- Keep in mind, an incarcerated parent is still the child's parent. We will treat them with dignity, respect and consideration, just as with any other parent.
- Inform them of any future court dates or meetings and any inform them of any information about their attorney, if they have been appointed one to represent them.
- Provide them with printed information regarding while their child is in foster care and other printed material that may be helpful to them as allowed by their facility
- Obtain identity of any relatives or fictive kin of the parent who may be considered as a placement or support for the child
- Obtain input from them about what they want for their child and what services they believe would benefit their child and themselves.
- Ensure all correspondence is written in a manner that is understandable to the parent
- Determine what services are available at the incarceration facility and incorporate them into the parent's service plan and encourage their participation.
- Incarcerated parents may be included by conference call or other technological means for meetings and conferences involving their child and case

4. Service Planning with an incarcerated parent

- Determine what services are available for the incarcerated parent through the facility in which they are housed. For those incarcerated in Texas, this website is helpful regarding services and resources: <http://tdcj.state.tx.us/>

Most Texas correctional facilities have a designated chaplain assigned to each inmate. The chaplain can assist you in determining what services are provided at their facility or unit. You can contact the Department of Chaplaincy at 936-437-4965 to locate the chaplain for a specific facility.

- For offenders housed in the Texas Prison System, the Windham School District offers several programs for them, including academic classes, behavioral change programs, career and technical programs. This website is helpful regarding the resources available through the Windham School District <https://wsdtx.org/en/students/services/classes-new/special-education>

5. Arranging visitation with an incarcerated parent

When possible, children may have face to face visits with an incarcerated parent. This decision is based on the child, the case, the parent, the facility, and partnering with our team (supervisor, the child, parent, relatives, foster parent, placement, the child's attorney ad litem, CASA, our legal staff and other stakeholders involved in the case). This is not a decision that is made by us alone. This decision is complex and requires collaboration with our partners. If it is agreed to proceed with visitation at the incarceration facility:

- Contact the facility to determine their rules and regulations regarding visitation with the child
- Ask if there is a social worker or chaplain at the facility who can assist with arranging the visits

- Ask about any special family visitation programs such as the MATCH/PATCH program. (This program stands for Mothers and Their Children and Papas and their Children. It helps incarcerated parents to become better parents.)
- Always use a strength-based case management approach to effectively engage an incarcerated parent in visitation planning. Be detailed and direct.
- Discuss and share information about visitation – issues that may impact the quality and quantity of their contact with their child (legal recommendations, our recommendations based on team assessments thus far in the case, restrictions imposed by the court, facility regulations) Explain the purpose of the visit and the benefits.
- Prepare the child and their current caregiver for the visit and what it may be like at a jail or prison, such as:
 - Many people waiting to visit their loved one
 - Glass partitions between the child and parent
 - May be talking on a phone
 - May not be able to touch or hug their parent
- Be prepared for resistance from the caregiver and discuss with them the importance of the child maintaining a connection with their incarcerated parent, as it may allay their anxiety about where their parent is, and their safety.
- Be prepared to assist the child and incarcerated parent in talking through and answering difficult questions regarding incarceration, foster care or other difficult topics.
- Upon completion of the visit, prepare the child and caregiver that there may be difficulties and emotional times. The child may miss their parent and may be worried about them. These are normal reactions and should be openly discussed with the child, caregiver and others as appropriate.

There are several community resources that may be beneficial to you as you engage with current or formerly incarcerated parents. Texas prisons have a reintegration program with case managers for those exiting their system. In addition, you can refer incarcerated parents who are scheduled for release to local community programs for housing, employment, clothing and other services.

These situations may be difficult, and they require collaboration and teamwork with our partners to ensure child safety, engagement with the parent, and that the child’s best interest is served.

Circumstances must be discussed with the Supervisor as they arise.

Military Families	
Domain	Special Populations, ACH Client Rights and Responsibilities
Effective	3-01-2020 Revision Dates
Documents	Form 2068
Reference	Texas Family Code 153 (L), SCRA (Service Members Civil Relief Act)

Purpose:

There are rights that those serving in the United States military have under the law. Federal Law prevents anyone from obtaining a default judgment against a person while they are serving in the military. As such, we must make reasonable efforts to locate and contact any parent we believe could be or is serving in the military.

Policy:

ACH Child and Family Services assure that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

Procedure:

If a parent’s whereabouts are unknown at the time of the status hearing, the Permanency Specialist will take appropriate steps to determine if the missing parent could have a military connection or could currently be serving in the military. All efforts made will be documented in the case narrative and discussed with the supervisor and legal staff, as applicable.

The Permanency Specialist takes the following steps to determine if a missing parent could be connected to or is currently serving in the United States military.

1. Interview all family members or other persons who have information about the missing parent to obtain any information about the parent’s possible military service, including current or previous military service.
2. Request a Certificate of Service or Non-Service from the U.S. military’s data center. To do so, go to the [Service members Civil Relief Act \(SCRA\) External Link](#) website and chooses *Single Record Request*. (If the message *There is a problem with this website’s security certificate* appears, scrolls down to select *Continue to this website (not recommended)*. Enter the following information in the fields:
 - the individual’s first and last names; and
 - the individual’s birth year or Social Security number.
3. Print the Certificate of Service or Non-Service and submit it to the court with Form 2068 Affidavit Regarding Military Service.
4. Always request a manual search if:
 - information is missing;
 - the response is inconclusive; or

- we have information that conflicts with the result of the Web search. For example, we may be aware that the parent is in fact in the military, but this is not reflected in the search results.

Request a manual search by sending a **stamped, self-addressed envelope** to the address below and including as much identifying information as possible about the person who is the subject of the search:

Defense Manpower Data Center
Attention: Military Verification
1600 Wilson Blvd., Suite 400
Arlington, VA 22209-2593

Or, you may also contact the data center by phone or fax:

Telephone: (703) 696-6762 or 5790

Fax: (703) 696-4156

5. If the search produces a Certificate of Service for the parent, alert the attorney representing DFPS immediately. The court will stay (suspend) the court proceedings because an attorney appointed for a military service member can neither:
 - waive any of the parent's rights; nor
 - bind the parent (constrain the parent through legal authority).
6. If the search produces a Certificate of Non-Service, we provide the Affidavit of Military Service and Certificate of Non-Service to the attorney representing DFPS to place in the court file and present at the status hearing or next court hearing.

When a Parent Is Deployed

If we determine that a parent has been or is likely to be deployed, we must determine what arrangements have been made to designate a caregiver for the child during the service member's absence. The arrangement may be informal or may be a formal designation of a caregiver with court approval, as provided in Texas Family Code Chapter 153, [Subchapter LExternal Link](#).

Whether the agreement is informal or formal:

- document detailed information in the case narrative regarding any designation by a parent of a caregiver; and
- inform the attorney representing DFPS

Document all efforts and notifications in your case narrative no later than 72 hours after the event occurs.

Discuss these situations as they arise with your supervisor.

It is important that we ensure all efforts regarding locating and contacting those who may be serving in the United States military are exhausted and adequately documented for both legal and casework purposes.