



our community our kids

a division of ACH Child and Family Services

# OCOK Case Management Operations Manual

Rev. 09-2022

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## **Section 1**

### **Purpose and Philosophy**

**1.01 Philosophy and Logic Model**

**1.02 Client Rights**

**1.03 Therapeutic and Emergency Behavior Interventions**

**1.04 Discipline**

1.01 Philosophy and Logic Model			
Domain	Purpose and Philosophy, ACH Performance and Quality Improvement		
Effective	3-01-2022	Revision Dates:	8-2022
Documents	OCOK Adoption Program Logic Model, OCOK Case Management Program Logic Model		
Reference	ACH Child and Family Services – Performance and Outcome Measures, THRC, TFC, TAC, US Constitution/Federal Law, Title IVA, B, E, CAPTA, ICWA, MEPA, DFPS Policy, Community Based Care Region 3b Policy and Procedures, COA AS 1.01, AS 1.02, FKC 1.01, FKC 1.02		

**Purpose:**

The purpose of OCOK’s Policies 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.

**Policy:**

ACH Child and Family Services commits resources to support the Performance and Quality Improvement (PQI) program. The PQI program defines the process by which data is collected, analyzed and utilized in supporting strategic priorities and goals, program outcome measurement, quality improvement processes, service delivery excellence, and positive outcomes for clients served. The PQI process involves broad-based participation from staff and stakeholders for continuous improvement through the utilization of data and feedback in order to maintain programs that meet a need in the community and deliver quality outcomes for those participating in services.

**Procedure:**

OCOK uses strategic planning and a program logic model to help guide us and ensure we are supporting the achievement of positive outcomes for our children and families. OCOK Case Management Program (Permanency and Kinship) Logic Model addresses our goal/need to promote positive safety, permanency and well-being outcomes for children, youth and families and improve the overall process and quality of case management services in our community (Region 3b). While our Adoption Program Logic Model addresses our goal to improve positive adoption outcomes and the overall adoption process for children in Region 3b.

Both identify our internal and external resources including financial, community resources and partners, outlines “how” we will do the work or the activities we will complete in order to achieve our goal including how we approach safety, permanency and well-being and work with children, parents and families and outlines our short term and long-term goals such as increasing the number of kids placed with family and reducing the amount of time to permanency through reunification, family placement and adoption. Through these models we are attempting to improve the overall quality of life (which includes safety, permanency and well-being) of children, help families achieve their individualized goals and thereby make life-long changes that will help sustain them through the years and ultimately improve relationships in and create a system that that meet the needs of our community.

OCOK is committed to engaging and collaborating 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

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

OCOK ensures 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.

OCOK also ensures 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, OCOK staff must discuss these with their Supervisor or leadership network.

1.02 Client Rights			
Domain	Purpose and Philosophy, ACH Client, Family and Agency Rights and Responsibilities		
Effective	8-2022	Revision Dates	
Documents	Rights of Children and Youth in Foster Care		
Reference	ACH Child and Family Services – Client Rights and Responsibilities Information Provided, IMPACT, COA FKC 1.04		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK ensures that all children in care are notified of and provided with a copy of the document titled “Rights of Children and Youth in Foster Care.” This document and information are provided to children and youth at the time of all placements and at every Service Plan Meeting and review. Staff must ensure that children review the document, have an opportunity to ask questions and sign (as appropriate for their age and developmental level) and that a copy of the signed form is uploaded into OneCase by the following business day.

1.03 Therapeutic and Emergency Behavior Intervention			
Domain	Purpose and Philosophy, ACH Behavior Support and Management		
Effective	8-01-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services – Risk Prevention and Management, OCOK Operations and Network Management Manual, CareMatch, COA AS 1.03, FKC 1.03, FKC 20.01(b), FKC 20.01(c), FKC 20.02, FKC 20.03, FKC 20.04		

**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 and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**Procedure:**

OCOK has a trauma-informed approach to the work we do and as such ensure all staff (including Permanency, Kinship and Adoption) are trained in Trust-Based Relational Interventions (TBRI), Trauma-Informed Care (TIC) and the Sartori Alternatives to Managing Aggression (SAMA) prior to having contact with clients. This helps staff not only in their day-to-day interactions but also provides them with knowledge on how to assess and monitor therapeutic interventions in children’s placements. OCOK does not license foster or adoptive homes but does rather manage a Network of child placing providers and place with relative/kinship caregivers. As such OCOK does not practice the use of therapeutic interventions directly but rather would monitor the providers use (Refer to OCOK Operations and Network Management Manual) in licensed placements and OCOK does not allow for the use of therapeutic interventions such as restraints in kinship homes. OCOK does allow for verbal de-escalation techniques and encourages this above all else to both kinship and licensed caregivers.

As OCOK manages a Network of Providers who do utilize various therapeutic interventions/restraints, we ensure that Providers adhere to the same standard of ensuring all staff are trained prior to coming into contact with children and that they only conduct physical restraints as outlined by the approved model their particular agency uses and abides by. For example, if their agency utilizes the SAMA model for Emergency Behavior Interventions, the foster parents may only employ restraints per SAMA guidelines which includes defining when, how long and under what circumstances it is appropriate to administer a restraint. Providers must ensure their caregivers receive annual refresher trainings as well. The training should address when it is appropriate to use physical interventions, how to administer them properly including time limits, how to assess the child’s physical and mental status (to include but not limited to any signs of physical distress), when to discontinue and any negatives side effects that can result from misuse of restraints. The caregivers should experience the training in person so as to better understand the experience not only for themselves but in the place of the child as well and to practice techniques to ensure they reduce a chance of injury.

The Provider's use, training and reporting of therapeutic interventions are monitored by the OCOK Quality Improvement and Contracts team. All use of physical restraints is required to be reported via a Serious Incident Report in CareMatch within 24 hours of the restraint/incident occurring. These are initially reviewed by the Quality Improvements and Contracts team for compliance with all reporting requirements, and then reviewed for appropriate follow up by the OCOK Care Coordinator and OCOK Permanency Specialist assigned to the case. The OCOK Quality Improvement and Contracts Specialist and/or the OCOKK Care Coordinator will contact the Provider to review the course of action taken by the Provider, including any risks associated with the intervention and will determine as a team if further interventions are needed. This would include, but is not limited to, a corrective action plan, additional wraparound services, and training. It is the expectation of OCOK that should an intervention have any adverse side effects (i.e., cause injuries to the child, create an unsafe situation, etc.) that the intervention be stopped immediately and that OCOK be contacted as soon as possible but no later than 24 hours. Any injuries as a result of a therapeutic hold/restraint must be reported to the DFPS hotline no later than 24 hours after the incident occurred. Providers should ensure that all those involved with the restraint debrief the situation after and document accordingly.

Additionally, only a caregiver/foster parent or another approved adult (i.e., trained staff person) should ever administer a physical intervention. These may not be used as a form of punishment or out of convenience. OCOK believes restraints should be used as a last resource only when the child is in imminent danger of hurting themselves and/or others and not just property damage. The use of any EBI should be planned for in the child's plan of service and the caregiver and provider agency should take into consideration the child's developmental and actual age, any special medical/physical/behavioral health needs when determining if physical restraints are appropriate and under what circumstances. Restraints should be as short as possible and last only until the child is out of immediate danger but should never be more than 15 minutes in length at a time for a child under 10 years and no more than 30 minutes in length for a child 10 years and older.

1.04 Discipline			
Domain	Purpose and Philosophy, ACH Behavior Support and Management		
Effective	8-01-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services – Discipline, COA FKC 1.04, FKC 20.01(a)		

**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 and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**Procedure:**

OCOK prohibits the use of physical discipline both by staff as well as any other caregiver. In regards to discipline children have the right to:

1. Be free of any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This means I should never:
  - Be shaken, hit, spanked, or threatened with being shaken, hit, or spanked
  - Be forced to do unproductive work
  - Be denied food, sleep, access to a bathroom, mail, or family visits
  - Have myself or my family made fun of, or
  - Be threatened with losing my placement or shelter
  - Be treated in a way meant to embarrass, control, harm, intimidate, or isolate me by use of physical force, rumors threats, or inappropriate comments.
2. Be disciplined in a manner that is appropriate to how mature I am, my developmental level, and my medical condition. I must be told why I was disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment, or threat of corporal punishment.
3. Be informed of emergency behavioral intervention policies in writing. I have the right to know how they will control me if I cannot control my behavior, and to know how they will keep me and those around me safe.

Additionally, OCOK prohibits the use of all of the above types of punishment in addition to the use of aversive stimuli, punishment by peers or group punishment associated with an individual behavior.

The use of locked seclusion and mechanical restraints by caregivers is prohibited and a physical restraint may not be used as punishment. The use of forced physical exercise or unwarranted invasive procedures as discipline is not allowed.

OCOK does not allow for the use of physical discipline in kinship homes. OCOK reviews the discipline guidelines with caregivers during the home study process and reviews as necessary throughout the placement.

## **Section 2**

### **Personnel and Training**

**2.01 Hiring and Qualifications**

**2.02 Training**

**2.03 Caseloads and Case Assignments**

**2.04 Mobility and Teleworking**

**2.05 On-call Procedures**

2.01 Hiring and Qualifications			
Domain	Personnel and Training, Human Resources Management		
Effective	8-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services – Credential and Training Verification, COA AS 2.01, AS 2.02, FKC 2.01, FKC 2.02		

**Policy:**

ACH Child and Family Services verifies the credentials of all professional personnel and independent contractors who provide direct program services to clients.

**Procedure:**

OCOK will ensure that all job descriptions and policies are written and stay in compliance with all legal statutes and requirements. OCOK requires Permanency Specialists, Kinship Family Specialists, Home Assessors and Adoption Care Coordinators to have a minimum of a bachelor’s degree in a human services field with a minimum of two (2) years of related experience.

Additionally, Permanency, Kinship and Adoption Supervisors/leadership must have a master’s degree and/or licensure in a human service-related field and have a minimum of two (2) years of experience working in their respective field (i.e., adoption for Adoption Supervisor etc.).

Any staff currently employed who do not meet these requirements will be provided with additional clinical support and supervision to ensure they obtain the appropriate experience and can demonstrate the core competencies required for their respective position. Additionally, all supervisors must complete the National Child Welfare Leadership Certification and maintain their bi-annual certification renewal requirements.

2.02 Training			
Domain	Personnel and Training, Training and Supervision		
Effective	8-2022	Revision Dates	
Documents	Individualized Training Plan		
Reference	ACH Child and Family Services – Personnel Training and Development, Caseworker Professional Development Training Curriculum, OCOK ICWA Policy, COA AS 2.03, AS 2.04, AS 2.05, AS 2.06, FKC 2.03, FKC 2.04, FKC 2.05, FKC 2.06, FKC 2.09		

**Purpose:**

OCOK supports and promotes its employee’s competence by providing regular supervision and training on relevant child and family safety, well-being and permanency topics.

**Policy:**

ACH Child and Family Services verifies the credentials of all professional personnel and independent contractors who provide direct program services to clients.

**Procedure:**

Prior to beginning job functions, all OCOK staff receive various Orientation and job-specific trainings. The trainings they are required to complete are all part of their job training checklists and they are provided with a copy of this list on their first day of employment. Staff must demonstrate particular competencies associated with their position in order to begin performing job duties on their own.

OCOK Permanency Specialists, OCOK Kinship Family Specialists and OCOK Adoption Care Coordinators must complete the curriculum developed by DFPS for Caseworker Professional Development (CPD) training prior to being case assignable. (Note- exceptions can be made on a case-by-case basis for instance when staff transfer from DFPS from an equivalent position and have approval, or if coming from another SSCC in an equivalent position and having already completed the training elsewhere, etc. All exceptions must be approved by the Senior Director over the department, or their designee and all Permanency exceptions must be reported to DFPS). This training is made up of classroom, computer based and on-the-job or “field” training on various subjects. The CPD training curriculum is outlined in an “Individualized Training Plan”(ITP) which covers 9 Core Competencies (Engaging, Assessing, Teaming, Planning, Intervening, Evaluating, Domestic Violence, Mental Health and Substance Abuse) as well as six other “professional” competences (Communication, Critical Thinking, Stress Management, Responsiveness to Constructive Feedback, Work Habits and Behavior and Ethical Standards). The training is a minimum of 13-weeks long but can be extended as necessary (but not shortened) and provides a timeline for post-CPD and on-going training. Staff are assigned to a “mentor” or tenured worker on their team who has successfully demonstrated the competencies and the ability to train on them. Staff must demonstrate the ability to meet each competency before being able to be case assignable. They are evaluated throughout the training process and again at the end prior to approval of successful completion/graduation.

## Core Competencies:

Staff receive training in the following areas and learn the following competencies:

1. Engaging
  - a. Articulates how family engagement is critical to achieving safety, permanency, and well-being.
  - b. Can identify basic strategies for engaging children and families (both biological parents and relatives).
  - c. Clarifies for children and families the role and responsibilities of caseworker and agency.
  - d. Understands and appreciates the different views, expertise and experience of others; takes into account the perspectives of other individuals.
2. Assessing
  - a. Articulates safety concepts and how to assess safety and risk. This includes safety in the parents and substitute care (i.e., kinship, foster, adoptive, residential setting) home.
  - b. Uses assessment tools accurately and conducting comprehensive assessments of needs, strengths and protective factors.
  - c. Identifies own biases and is willing to challenge one's own thinking.
  - d. Regularly seeks new information from a variety of sources to revise assessments.
  - e. Makes judgments based on factual information vs. assumptions.
3. Teaming
  - a. Understands the need to expand the child's safety network beyond caregivers and to other adults who care about the child and can participate in day-to-day safety of the child. How to collaborate with different organizations, agency and systems to serve our children and families (this includes health/mental health, educational, judicial/legal systems).
  - b. Interviews caregivers to identify individuals who may be supportive of the caregiver and/or child. How to empower, provide timely and responsive support and mentor parents, children and caregivers (this includes kinship placements, adoptive placements, foster parents and other types of caregivers.) How to assist caregivers and ensure they provide safe and nurturing homes that meet the needs of child/ren.
  - c. Interviews children to identify individuals who may be supportive of the child and/or caregiver.
  - d. Facilitates initial and follow-up meetings with members of the safety network to share information, permanency, family connections and community supports. How to facilitate relationships between parents and caregivers as appropriate. This includes adoptive families too, and how to whenever possible and appropriate promote openness, as well as attachment and bonding.
4. Planning
  - a. Articulates components of a goal (expected outcome, tasks to be completed, who is responsible, and when).
  - b. Considers ways to ensure personal safety in addition to safety of children and families during interviews and other meetings.
  - c. Co-creates plans with children, families, and safety networks. Collaboration with families to identify their strengths and needs and develop appropriate plans. This includes plans children in kinship/foster care, children in adoptive placements and children who have returned home or are aging out of care.
  - d. Writes goals that include each the identified components of a goal.

- e. Develops plans to achieve goals that describe the presence of a protective action vs. the absence of a problem. Develops plans that address day-to-day dangers to the child. How to conduct productive, well-planned home visits that focus on service planning and any current/ongoing safety/risk issues.
5. Intervening
    - a. Articulates what an intervention is and the variety of interventions CPS/OCOK might use under which circumstances. How to follow OCOK's protocols for responding to allegations of abuse/neglect both in the parents' home (monitored returns) and other caregivers (i.e., foster homes, facilities, kinship placements, etc.)
    - b. Includes people who are not the child's caregivers in intervention plans.
    - c. Explains interventions to children and families in a way that the children can understand.
    - d. Maintains and develops a child's connection to others, including the child's caregivers and other people who are not the child's caregivers.
  6. Evaluating
    - a. Articulates personal responsibility for outcomes in a case.
    - b. Monitors whether caregivers are following through on plans. How to evaluate progress on goals and whether there is a continued need for placement.
  7. Domestic Violence
    - a. Understands and is able to identify power and control.
    - b. Distinguishes domestic violence from other types of violence.
    - c. Recommends DV services to the adult victim, tell her what DV programs have to offer, and discuss any fears the adult victim has about the services.
    - d. Refers the DV perpetrator to a Batterer Intervention Program (BIP) or to individual therapy with a therapist knowledgeable about DV if a BIP is not available.
  8. Mental Health
    - a. Can articulate symptoms of broad mental health diagnostic categories.
    - b. Is able to make appropriate referrals for crisis intervention, psychological and psychiatric evaluations.
    - c. Articulates mental health resilience factors and recovery process.
  9. Substance Abuse
    - a. Distinguishes between substance use, abuse and, and chemical dependency.
    - b. Articulates physical and behavioral warning signs of substance use and abuse.
    - c. Administers/makes referrals for a variety of drug screens available.
    - d. Makes referrals to community and contracted services available to treat substance abuse.
    - e. Articulates substance abuse resiliency factors and recovery process.

In addition to the Core Competencies staff are trained on more specific areas and tasks such as how to make placements, understanding child development/normalcy and family functioning, special populations (Human Trafficking protocols, children on run, children without placement, etc.) through computer-based and online training approved by both ACH Child and Family Services and DFPS.

#### Pregnant and Parenting Teens Training

Before staff work with pregnant or parenting teens, supervisors must ensure that in addition to the above competencies, that staff learn how to present information about what they can expect and their options in a sensitive but informative manner that they can understand. They must be able to address

the needs of the youth along with their developing baby and/or child and promote and assist their independence and transition to adulthood. This includes not only the pregnant/teen mom but also the father as appropriate as well.

#### Adoption Services Training

Staff who work with families and children who are receiving adoption related services must demonstrate an understanding of the ethical and professional guidelines that guide the work we do. Staff are trained on adoption laws and other OCOK/ACH policies that govern our program. This includes both laws (i.e., MEPA, ICWA, etc.) and policies that relate to race, ethnicity, religion, culture, tribal affiliation and language. Staff are trained during CPD training on factors that lead to removal/termination/the need for an adoptive home and the types of trauma they experience as a result of their abuse/neglect. Through Trauma-Informed Care training and on-the-job training, staff learn about how children and families can experience feelings of loss, separation and grief throughout the entirety of the adoption process, and how that can manifest as medical, psychological, developmental and identity issues. Staff are provided with training on how to help plan for and intervene appropriately when these needs arise whether related to trauma or not and how to support the adoptive caregiver and where they can receive post-adoption services/supports. Staff are also trained on the short- and long-term effects of out of home care (both foster and residential) and how this can affect their ability to function in a family-like setting. Annually, staff are provided with on-going adoption related trainings that address relevant adoption topics as well as any updates to agency, state or federal requirements.

#### Indian Child Welfare Act Training

Staff (Permanency, Kinship and Adoption, including Supervisors) are trained on how to handle cases involving children/youth with Native American/Alaska Native heritage in accordance with the Indian Child Welfare Act (ICWA). Staff must demonstrate an understanding for the importance of ICWA and the special considerations for working with Native children and families. They must be able to demonstrate the ability to identify Native children/families including both through engagement/interviews with the parents/family/children as well as researching records. Staff are trained on the ability and must demonstrate how to notify legal who will help them determine and address any jurisdictional issues and how to any other court requirements, processes and procedures (i.e., burdens of proof, notification/collaboration with the tribe/tribal child welfare team etc.). Staff are trained on the OCOK ICWA policy that requires and prioritizes relative and Native/Tribal placement options over non-relative, non-tribal options and the requirement of family finding on all ICWA cases where children are not already placed with a relative AND member of the tribe at the time of removal (or who are moved during a subsequent placement disruption). Staff must also demonstrate an understanding how to provide “active efforts” that will meet the legal requirements both for reunification and termination.

#### Legal Training

In addition to the legal training provided in CPD training and as a part of the ITP, which includes how to write an affidavit and the basics of court proceedings, court reports and orders, staff receiving training in the field and from the OCOK Director and Consultant of Legal on additional legal topics such as how to prepare a case for trial, how mediation works, mediation, etc. Staff must demonstrate an understanding of identifying all parties (especially those who require consent) and the processes for providing notice to them. Staff are trained on how to handle difficult legal discussions such as when the goal is changing to termination and how to talk to parents about their options including relinquishment of parental rights.

This includes both what to and what not to say/offer and how to handle any situations where there is a concern that inappropriate incentives, influence or pressure has been offered/or applied. Additionally, staff are provided with training on how to handle various jurisdictional issues that could affect both the original case as well as adoption petitions/orders.

### Professional Competencies

In addition to OCOK's Leadership Competencies, the ITP addresses several "professional" competencies that are vital to a new employee's development. These competencies address areas such as:

- How to communicate effectively, support respectfully and collaborate with supervisor, co-workers, and clients from different ethnic, cultural, and linguistic backgrounds.
- How to exhibit clarity of thinking to process information and apply it when addressing child safety and general work situations.
- How to demonstrate reason and judgment consistent with professional ability to deal with stressful situations, demanding expectations and unexpected situations. How to place an importance on self-care and how our culture and policies contribute to and/or prevent secondary traumatic stress.
- How to demonstrate a willingness to receive and accept feedback and supervision in a positive manner.
- How to exhibit behaviors that are in compliance with the department's policies, procedures, state laws, job description/expectations, and standards of conduct.
- How to demonstrate adherence to the ethical standards, practices, expectations, and obligations.

2.03 Caseloads and Case Assignments			
Domain	Personnel and Training, ACH Human Resources Management		
Effective	8-2022	Revision Dates	
Documents	Individual Training Plan, Competency Evaluation		
Reference	ACH Child and Family Services – Employee Workload Review, CPS Generally Applicable Internal Caseload Standards, IMPACT, DFPS Data Warehouse, OCOK Section 3.03 Case Transfer and Reassignment, COA AS 2.07, FKC 2.07, FKC 2.08		

**Policy:**

ACH Child and Family Services annually reviews employee workload including case load sizes and client to staff ratios.

**Procedure:**

**Case Assignments for Permanency Specialists**

All children and their families are assigned to an OCOK Permanency Specialist shortly after intake. Upon receiving a new referral, the OCOK Intake Specialist notifies the outlying county staff of a new removal based on the county and the case is assigned by the supervisor within 24-48 business hours of removal. Case assignments in Tarrant county are made by the legal unit (the legal unit identifies the unit/Supervisor it will be assigned to, and the Supervisor assigns to a Permanency Specialist, and this is done within 24 business hours.

OCOK will ensure that caseload standards are maintained as ordered on December 17, 2019, by the United States District Court. The caseloads sizes will increase as experience is obtained by the Permanency Specialist and will not exceed the approved limit. A Permanency Specialist is not considered case assignable until the receipt of approval by the Training Department confirming that the Individual Training Plan and Competency Evaluation was completed for that staff.

**Graduated Applicable Caseload Standards Following Case Assignability**

To ensure proper ongoing training is received by the newly assigned Permanency Specialist, the Supervisor will ensure the worker does not receive more than six child-unique stages as primary assignment during the first month of case assignability. *Child-unique stages are considered any of the following: SUB, ADO, C-PB, PAL.*

The second month of case assignability should begin on day 32 of case assignability and the Permanency Specialist should not receive more than twelve child-unique stages. *Child-unique stages are considered any of the following: SUB, ADO, C-PB, PAL.*

The third month of case assignability should begin on day 62 of case assignability and the Permanency Specialist is eligible for a full caseload of 17 child-unique stages as primary assignment. *Child-unique stages are considered any of the following: SUB, ADO, C-PB, PAL.*

**Ongoing Expectations for Caseload Standards**

Supervisors are required to ensure the workloads within the unit stay within the caseload standards set forth by the United States District Court. Caseloads must not exceed 17 child-unique stages for each fully

case assignable worker on an ongoing basis. Although the State allows for 17 children, Permanency Specialists at OCOK are assigned to no more than 14-15 children and their families unless an exception is made (i.e., keeping siblings assigned to the same Permanency Specialist, keeping a minor mother and her child/ren assigned to the same staff, or in times of staff vacancy.) Case assignments are monitored closely and any assignments over 15 are assessed on a monthly basis to ensure staff are meeting the needs of the children and families and managing their workloads properly.

When assigning cases to the Permanency Specialists within the unit, the Supervisor should consider the complexity of a new case along with the following:

- Number of high-profile cases a Permanency Specialist may have. *High-profile cases could include any of the following circumstances: media attention, legislative attention, well-known principals or family members.*
- Travel distances the Permanency Specialist is performing on existing cases and would be required for the new case.
- Language barriers on the new case; and
- Permanency Specialist's experience, with providing new Permanency Specialists with the less complex cases, assigning cases to Specialty Permanency Specialists, and providing additional support to a Permanency Specialist when assigned their initial complex case.

### **Complex Cases**

Supervisors should consider complex cases in their case assignments within their unit. The following may increase case complexity at any time:

- Large sibling groups with multiple placements
- A case that has gained media attention
- A case that involves criminal charges and criminal court
- Cases involving severe abuse
- Complex needs of the parent
- A case involving a child with high medical needs or behavioral needs

### **Monitoring Case Assignments**

The Supervisor is responsible for ensuring accurate monitoring of the caseload sizes by utilizing the following available tools:

- Conservatorship Caseload Report (sa\_82) located in DFPS data warehouse
- Internal tracking sheets approved by the Program Director of Permanency

OCOK believes that a case should be worked from beginning to end by the same Permanency Specialist whenever possible and as such, case reassignments should only be done when absolutely necessary and is not done arbitrarily or indiscriminately. See 3.03 Case Transfer and Reassignment for more information about transferring a case.

### **Case Assignments for Adoption Coordinators**

Adoption Coordinators are assigned to any child who is in need of recruitment activities (i.e., children with a goal of unrelated adoption AND whose parental rights are terminated, currently on appeal from termination or who are considered "legal risk" for adoption). They conduct recruitment activities including posting them on TARE, conducting Legal Free and Legal Risk Broadcasts, hosting recruitment

events, coordinating and facilitating selection and presentation staffings and other adoption task as necessary. They are not the primary “caseworker” and do not have responsibilities around seeing the child or family, but rather are a support to the Permanency Specialist and the child and family’s team. OCOK Adoption Coordinators are assigned by unit and cover all children meeting the criteria for recruitment belonging to each unit and have approximately 70-80 children that they are assigned to at any given time. They should be assigned secondary as soon as termination is achieved but no less than 30 days after termination or earlier for cases needing legal risk searches. OCOK Adoption Coordinators meet with their OCOK Adoption Supervisor monthly to review their cases and ensure all tasks are being completed. They meet with their units monthly to ensure that all children who are in need of recruitment are being assigned secondary to them and to review progress and barriers to the adoption process.

### **Case Assignments for Kinship Family Specialists**

Kinship Family Specialists are assigned to any relative or fictive kin family that has children already placed in their home. They are to be assigned at the time of placement and work with the family to support them to either licensure or until the child/ren in the home achieve permanency. When children are placed with a kinship caregiver, they continue to keep their Permanency Specialist who works with the parents and child/ren to achieve permanency. The OCOK Kinship Family Specialist (KFS) works specifically with the family and although additional eyes and ears in the home is not the child’s primary worker. They provide the kinship family with support and training as necessary, conduct home visits to ensure safety, provide referrals and services to ensure the needs of the family are met and can assist in referrals for the child/ren. They process financial requests and other needs. They provide services to families that live in the Region 3 (both east and west), whether the child is from region 3b or not. They are assigned approximately 25-30 kinship families. They receive monthly conferences with their Supervisor to ensure they are meeting the needs of all the families they are assigned to and review any progress and barriers as necessary to the licensure process and/or permanency.

2.04 Mobility and Teleworking			
Domain	Personnel and Training, Human Resources Management		
Effective	3-01-2020	Revision Dates	8-2022
Documents			
Reference	ACH Child and Family Services – Discrimination Prohibition, COA AS 2.03, AS 2.04, AS 2.05, AS 2.06, FKC 2.03, FKC 2.04, FKC 2.05, FKC 2.06, FKC 2.09		

**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.

**Policy:**

ACH Child and Family Services is an equal opportunity employer. ACH Child and Family Services maintains a policy of nondiscrimination with respect to all employees, volunteers, interns and applicants for employment, placement or internship. All employment, placement or internship decisions will be made without regard to race, color, religion, national origin, gender, gender identity or expression, sexual orientation, pregnancy, age, disability, veteran status, or any status protected by applicable law. Decisions are based solely on the individual’s qualifications, merit, and performance, subject to the business requirements of ACH Child and Family Services. Reasonable accommodations will be made in accordance with applicable law.

In addition to compliance with federal EEO statutes, ACH Child and Family Services complies with applicable state and local laws governing nondiscrimination. This policy applies to all terms and conditions of employment, including but not limited to the following:

- Recruitment, hiring, placement, transfer, promotion, and demotion
- Training, development, and educational assistance programs
- Compensation and benefits
- Social and recreational programs
- Discipline
- Termination of employment

Each employee will be treated fairly and with respect. Harassment and discrimination of any kind is a violation of this policy and will result in disciplinary action up to and including termination.

**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/working from home. Some employees may not be eligible due to specific job requirements, negative 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. Employees must discuss concerns about accommodation-related telework requests with OCOK HR department.

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 positively and 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 (children, families and stakeholders) 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.

Employees that desire to be considered for teleworking, and available, must submit a request to their Supervisor via email.

2.05 On-call Procedures			
Domain	Personnel and Training, ACH Behavior Support and Management		
Effective	3-01-2020	Revision Dates	8-2022
Documents			
Reference	ACH Child and Family Services – On-call Support, IMPACT, AS 2.03, AS 2.04, AS 2.05, AS 2.06, FKC 2.03, FKC 2.04, FKC 2.05, FKC 2.06, FKC 2.09		

**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.

**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 and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**Procedure:**

A rotation that includes six on-call Permanency Specialists, one Permanency Supervisor and one Permanency Director will be created and distributed to the Department of Permanency, Care Management, DFPS SharePoint 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 Administrative Assistant to the Senior Director of Permanency.

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.

The On-call Permanency Supervisor will be the first person for contact. Other staff will be contacted as needed to ensure child safety and excellent service delivery.

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)

On-call procedures are flexible and may be changed to accommodate the changing needs of children, families and the community. Any change in on-call procedure requires the approval of the Senior Director of Permanency.

## **Section 3**

### **Initial Intake and Assessment**

**3.01 Admissions**

**3.02 Initial Tasks**

**3.03 Case Transfer and Reassignment**

**3.04 Collaboration Conference**

**3.05 Collaboration with DFPS Specialists**

3.01 Admissions			
Domain	Initial Intake and Assessment, OCOK Behavior Support and Management		
Effective	8-2022	Revision Dates	
Documents	Common Application		
Reference	IMPACT, CareMatch, FKC 3.01, FKC 3.02, FKC 3.03		

**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 and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**Procedure:**

Our Community Our Kids (OCOK) accepts referrals 24-hours a day, 7 days a week. Referrals are directed to the Intake Department toll free at 844-777-6265 (OCOK). Information on how to access network services is available to the public on the OCOK website at [www.oc-ok.org](http://www.oc-ok.org) and provided to clients at the time of intake as well. OCOK has a “no-reject, no-eject” policy and all referrals are accepted for children and families who are legally from or the responsibility of the 3B catchment area and the intake worker will advise of all services available at that time. OCOK prohibits discrimination during the admission selection process based on the race, color, religion, national origin, gender, gender identity or expression, sexual orientation, pregnancy, age, disability, or veteran status of any individual or family.

If a child or family that is not from the 3b catchment area and is the legal responsibility of another county in the state of Texas, is requiring placement or other courtesy services, OCOK will review to see if they meet the requirements for a courtesy referral or a Runaway Recovered from out of Region/State otherwise OCOK will refer back to DFPS for placement and/or services. Any services not available at the time of intake are addressed through the care coordination process by the on-going assigned OCOK Care Coordinator or OCOK Permanency Specialist.

All referrals are triaged at the time of intake and priority is given to children requiring emergency placements and/or for emergency removals. OCOK encourages DFPS to notify the OCOK Intake department as soon as they realize a removal may be imminent so that the OCOK Intake department can begin to search for placement and prepare for any additional referrals, supports and/or services. OCOK must find all emergency placements within 4 hours of notification/receiving the referral. If OCOK cannot locate a placement within the 4 hours, OCOK makes arrangements with DFPS to take physical custody of the child or sibling group and make alternative arrangements for their care.

At the time of intake, DFPS submits and electronic referral for both the child/ren and the family. Once a Common Application for all of the children is received OCOK Intake acknowledges the referral in IMPACT and the 4-hour clock starts. In addition to the common application, OCOK Intake complete an intake referral (located in CareMatch) and gather information from the removal CPI worker about the child/ren and their parents. Information about the child/ren’s needs (medical/dental, behavioral, educational, psychological, etc.) are gathered and used to determine the child’s level of care and to make the best

placement match. OCOK uses matching software to evaluate the best placement options for children and youth in foster care that take information about the child's needs and calculate against the caregivers' preferences/abilities and take least restrictive, keeping siblings together and distance from removal when determining the best match.

If the child has any emergency medical needs, the child must be cleared by medical before placement can occur. If any child exhibits behaviors and/or express thoughts of being a risk of harm to themselves or others at the time of removal/admission, DFPS must notify OCOK Intake and take the child for an assessment or contact the mobile crisis unit for an evaluation to ensure the child is not in need of immediate hospitalization. If the child is not in need of hospitalization but requires additional supervision or supports, OCOK will ensure that DFPS, the parents, the caregiver and the Provider put a safety plan in place to ensure the child's immediate well-being and safety needs are met.

OCOK accepts all companion Family Service Referrals, and they are assigned based on county/court jurisdiction. Cases from outlying counties (Johnson, Hood, Somervell, Palo Pinto, Erath and Parker county) are routed to the OCOK Permanency Supervisor assigned to each respective county for assignment of an OCOK Permanency Specialist who will assess the family for further services. In Tarrant county, cases are assigned the following business day based on the court of jurisdiction/rotation assignment. The DFPS Legal Liaison will advise of the unit assignment and the OCOK Permanency Supervisor for the corresponding unit will notify all parties as to which OCOK Permanency Specialist is assigned.

3.02 Initial Tasks			
Domain	Initial Intake and Assessment, ACH Behavior Support and Management		
Effective	3-01-2022	Revision Dates	7-01-2022
Documents			
Reference	IMPACT, Texas Family Code 264, TAC 700.1301, SSA Title IV-B, SSA Title IV-E, RCCL Minimum Standards, COA AS 3.02, FKC 4.03		

**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

**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 and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**Procedure:**

The following tasks will be completed by the OCOK Permanency Specialist in accordance with identified timeframes:

Within 24 hours of case assignment, the OCOK 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 and DFPS history
- 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

- 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.

Within 72 hours of case assignment, the OCOK Permanency Specialists will:

- Discuss current case facts and details with the Supervisor
- Review common application short form in IMPACT to gather initial facts about the child/ren including trauma history, trafficking history, health care summary, behavioral health, substance use or abuse, if pregnant/parenting, risk behavior (including suicide, bullying and runaway history), sexualized behavior, education, juvenile justice involvement, and family history
- 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 which includes the following:
  - Physical health/physical disability- including both current and long term/chronic conditions
  - Child Development- both physical and cognitive development of the child
  - Education- academic achievement/issues and attendance
  - Emotional/Behavioral health- including any current/past risk of harm to self or others as well as their overall emotional stability, this would include any exposure to trauma
  - Family Relationships- this includes siblings and extended family and the how they experience being a member of the family
  - Placement or Staff Family Relationships- relationships the child has in their out of care placement, this includes other informal relationship (not children their age)
  - Peer Relationships- how they interact with other children their age
  - Substance Use/Abuse
  - Delinquent/Criminal Behavior
  - Preparation for Adulthood
  - Other-Permanency Specialist will ensure any additional topics are covered as well as the following:
    - Human Trafficking
    - Gender identity and/or sexual orientation needs
- Develop safety plans with caregivers or ensure current safety plans are in place with caregiver that meet the child's needs
- Identify critical service needs and/or determine if a more intensive service is necessary
- Complete the rapid screening tool for child trafficking for all children 12 years and older

The OCOK Permanency Specialist will participate in the Initial Coordination Meeting (ICM) which will occur within 7 days of a new child and family referral. The ICM provides relevant information such as evaluations, medical reports, home study status, recommended services, and all other information that pertains to the child and family's individual needs:

- Other OCOK participants will include OCOK Care Coordinator, OCOK Kinship Specialist and Supervisor, and OCOK Family Finding Specialist. At minimum, OCOK will invite the Provider's case manager.

Within 72 hours of the Initial Coordination Meeting, the OCOK Permanency Specialists will:

- Review the Child Caregiver Resource Form completed by the family with CPI or FBSS 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)
- In a Child Caregiver Resource Form was not provided, provide one to the family to complete and begin contacting each person on the form for possible home assessment/placement. You will also gather information about ICWA status and whether or not they or the child/ren is a member of any tribe
- 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
- Gather information about the parent/s’ immediate needs and any open or ongoing investigations
- 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](http://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 Exam. Speak with your supervisor if there is a question about scheduling this medical exam.
- 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)
- Make arrangements (preferably unannounced home visit) to meet with the parent/s or other caregivers involved in the removal of the child/ren
- Gather information on and 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 within 24 hours of making them (in IMPACT)
  4. Note- this allows you to be proactive should goal become adoption and notifications/consent be required

**\*NOTE:** Staff should explore gender identity and sexual orientation with open-ended questions that prompt discussion and help establish rapport, rather than asking direct questions. While information shared should be used to inform service planning, it should not be included in written plans unless the child has given explicit consent

3.03 Case Transfer and Reassignment			
Domain	Initial Intake and Assessment, ACH Human Resources Management		
Effective	8-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services – Employee Woarkload Review, IMPACT		

**Purpose:**

OCOK will make every effort possible to ensure that a minimum number of workers are assigned to children and families throughout their involvement with us.

OCOK will display a thorough understanding of the importance of excellent transition plans and continuity of care for all children and families.

**Policy:**

ACH Child and Family Services annually reviews employee workload including case load sizes and client to staff ratios.

**Procedure:**

**Initial Case Assignment**

Initial case assignments are made within 24 business hours of notification that a child has been removed by DFPS CPI.

**Reassignment of Cases (Case Transfers)**

When an OCOK Permanency Supervisor is notified that an OCOK Permanency Specialist is unable to perform ongoing case duties by either resigning or going on extended leave (including FMLA), the Supervisor should contact the OCOK Director of Permanency to staff the workload for reassignment.

The OCOK Permanency Supervisor must consult with the OCOK Program Director before reassigning any cases to a OCOK Permanency Specialist. This includes cases that would place a workload out of compliance with caseload standards, the cases to be redistributed include a high-profile case or is sensitive in nature; the cases must be reassigned outside of their unit, or they need support and guidance with caseload sizes.

Any case that requires reassignment (transfer) is staffed in its entirety prior to case movement. Staffings involve OCOK Permanency Directors, OCOK Permanency Supervisors and OCOK Permanency Specialists.

For cases that are being transferred between Permanency Specialists, units or programs, a formal case staffing must occur. This staffing will involve the sending OCOK Permanency Specialist, OCOK Permanency Supervisor and OCOK Permanency Director and the receiving OCOK Permanency Specialist, OCOK Permanency Supervisor and OCOK Permanency Director. The following, at a minimum, must be discussed and documented in IMPACT as a case transfer staffing:

- Age of children
- Current placement

- What therapeutic services is the child/family receiving and provider of those services
- Last contact made with the provider
- Date of last face to face with the children and location of visit
- Date of last face to face with any siblings not in care and location of visit
- Date of last face to face with the parents (all identified parents) and the location
- Efforts to locate missing parent(s)
- Reason for removal of child(ren) and continued need for foster care
- Barriers to placing the child(ren) with family in kinship placement
- Barriers to returning the child(ren) to the parent(s)
- How safety of the child(ren) has been verified and safety measures currently in place
- Drug testing history
- CPS history
- Review of service plans for each parent and each child
- Medical/Dental updates
- Uploaded documentation
- Permanency goal/concurrent goal
- Ongoing kinship efforts
- Pending home assessment and previously requested/denied home assessments
- Family finding results and efforts to identify and make contact with maternal, paternal and fictive kin family
- CASA assigned and their recommendation for the case
- Ad litem assigned and their position on the case
- DFPS District Attorney assigned and date of last legal staffing
- Date of last Family Group Conference, if any, and the results
- Legal status and action to ensure completely and accurately updated
- Court records, court orders and court report review, to include ensuring they are uploaded into OneCase prior to transfer
- Date of upcoming court hearings

Upon completion of the transfer staffing, the sending OCOK Permanency Supervisor will document the staffing with the above information into IMPACT within 24 hours of the staffing. The case will then be transferred to the receiving OCOK Permanency Supervisor for OCOK Permanency Specialist assignment within 72 hours of case staffing being held.

After documentation of the staffing has been entered, notifications will be sent by the sending OCOK Permanency Supervisor to all legal parties to the case informing them of the case transfer, name and contact information for the new OCOK Permanency Specialist and date of transfer. *The legal parties should include: Guardian Ad Litem, Court Appointed Special Advocate, child, parent(s), kinship family members, current caregiver of the child (regardless of type of placement) and all appointed attorneys. This will be completed within 72 business hours via email or telephone call.*

Documentation of the notifications will be entered into IMPACT at the time they are made.

Case records will be physically delivered to the receiving unit (within region) by the sending unit. Case records will be sent via certified mail (return receipt requested) to areas outside of the region. Case records will be sent via mail or physically taken to the receiving unit within five (5) days of case transfer.

Any deviation from this procedure requires consultation with a Permanency Director and/or Senior Permanency Director.

3.04 Collaboration Conference			
Domain	Initial Intake and Assessment, ACH Training and Supervision		
Effective	3-01-2022	Revision Dates	8-2022
Documents	Collaboration Conference form		
Reference	ACH Child and Family Services – Staff Supervision, COA AS 4.03, FKC 5.02, FKC 7.06		

**Purpose:**

The purpose of a Collaboration Conference (Case Conference) is to provide OCOK 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 OCOK Permanency Supervisor is to provide each OCOK Permanency Specialist with support, guidance, direction and expertise. One of the primary goals of the OCOK Permanency 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.

OCOK Permanency Supervisors and OCOK Permanency Specialists will meet together formally at a minimum of once per month to discuss each child and family on the worker’s caseload. This is also a time to discuss important details of the case, the progress, needs, strengths and permanency goals.

The Collaboration Conference should be consistent, timely, private and as uninterrupted as possible. This time ensures both OCOK 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.

**Policy:**

ACH supervisors are responsible for the quality of work performed by individual personnel under their supervision. ACH’s organizational structure and job responsibilities provide supervisors with sufficient time to meet with individuals and/or groups to address the needs of staff, the department and program and to conduct evaluations and training activities as necessary.

Before assigning supervisor responsibilities, ACH Child and Family Services will review the qualifications of the worker and supervisor, consider the complexity and intensity of the job responsibilities for the program and administrative staff and assess all other organizational responsibilities.

**Procedure:**

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

2. During the conference, OCOK Permanency Specialists and OCOK Permanency Supervisors should be prepared to collaborate and partner together regarding:
  - Ongoing and current assessment of child safety and wellbeing - 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 and the continued appropriateness of the goals (this includes family reunification, relative/kinship placement and adoption as well as any other goal)
  - 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)
  - Review the appropriateness of the child/ren’s placement and anything that may be needed to support their best interest and permanency goals
  - Upcoming court dates, deadlines, goals, legal concerns
  - Have parents been located and served, diligent efforts made (what are they)
  - What are the family members’ perspectives on progress and do they have any concerns about the case
  - Sign any revisions to plans, goals or other documents
  - 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
  - Service planning – Implementation and progress
  - Progress toward permanency goals
  - Are current goals appropriate
  - ICWA compliance
  - Family plan discussion, revisions as needed
  - For any child, whose plan is adoption, the need to update their background or get an adoption or updated home study
  
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 with a signed copy provided to the OCOK Permanency Specialist at that time. (Email documentation/signature is acceptable)

3.05 Collaboration with DFPS Specialists			
Domain	Initial Intake and Assessment, ACH Behavior Support and Management		
Effective	3-01-2022	Revision Dates	8-2022
Documents			
Reference	IMPACT, DFPS website		

**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.

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

**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 and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**Procedure:**

OCOK will 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 Specialists working with PMN children. You can locate the DFPS Regional nurse at <http://intranet/CPS/Regional/nurse.asp>. They can assist by interpreting medical information and medications through one-on-one consultation, helping 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.
6. **Substance Abuse Specialists** at DFPS are experts in the area of substance abuse. They are available to help with substance abuse-related issues or questions. The Substance Abuse Specialist for our area can be located on the DFPS Substance Abuse Specialist intranet page.

## **Section 4**

### **Comprehensive and Ongoing Assessments**

**4.01 Family Strengths and Needs Assessment (FSNA)**

**4.02 Child and Adolescent Needs and Strengths (CANS) Assessment**

<b>4.01 Family Strengths and Needs Assessment (FSNA)</b>			
Domain	Comprehensive and Ongoing Assessments, ACH Behavior Support and Management		
Effective	3-01-2022	Revision Dates	7-14-2022
Documents	Family Strengths and Needs Assessment, Child and Adolescent Needs and Strengths Assessment		
Reference	ACH Child and Family Services – Service Modalities and Interventions, DFPS Family Strengths and Needs Assessment Resource Guide, Family Plan of Service, Rapid Child Trafficking Tool, OCOK CANS Assessment Policy, COA FKC 4.01, FKC 4.02. FKC 4.03, FKC 4.04		

**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 and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**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 OCOK Permanency Specialist within 14 days of the removal date. The Assessment will be completed and faxed to Superior Health (1-866-274-5952) with the cover sheet within 48 hours of completion.

The FSNA’s results guide the tasks and completion of the Family Plan of Service as well as the Child and Adolescent Needs and Strengths (CANS) Assessment.

OCOK 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 OCOK 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, communicate with a grandparent who resides in Florida via Skype, Facetime).
  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? The Assessment looks at both the parent/s as an individual as well as a part of a larger family system and addresses how they have functioned and managed successfully through challenges in the past as well as any resources and strengths they brought and bring to the table.
  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. Utilize the 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, OCOK Permanency Specialists may be asked to testify regarding the Assessment.
  7. It is recommended no more than three (3) 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.

The FNSA is made up of 10 "Parenting Role" Domains and 10 Child/Youth Domains including the following:

1. Resource management/Basic Needs- how the parent is meeting basic needs and managing their financial resources including housing, food and clothing.
2. Parenting Skills- the parents' knowledge/skills around parenting and any needs, behaviors/routines they have that support a child's growth and development, this includes how a parent discipline.
3. Social Support System: Non-Household- the parents social support, both informal and formal including things like extended family, community and cultural resources.
4. Intimate Partner Violence- any patterns or history of violence in their history or current relationships that affects their ability to parent.

5. Other Adult Household Relationships- conflicts in the home or within the family and how that affects the child/ren, family supports to the child/ren and parents.
6. Physical Health- any struggles or ways the parents are able to manage their physical health or any chronic health problems.
7. Cognitive Abilities- any struggles with the parent's cognitive/developmental abilities or ways their abilities support the child or how they address and/or compensate for any challenges they may have.
8. Coping Skills/Mental Health- ways the parent may struggle with mental health and ways they have responded successfully to mental health problems in the past.
9. Substance Abuse/Use- any struggles the parents have with substance use/abuse and ways that appropriate use of substances has helped them manage problems in the past and any support systems they may have formal or informal for their substance abuse issues.
10. Other- the FSNA will be utilized to identify any additional parent and youth/child strengths/needs not covered by Box 1-9.

For example – OCOK Permanency Specialist will ensure any additional topics are covered as well as the following:

- i. Human Trafficking
  1. Have you ever traded sex for money, drugs, food, a place to stay, or any other necessities?
  2. Are you made to work for pay that is under minimum wage?
  3. Does someone else control your pay/money?
- ii. Trauma Exposure
  1. Staff will complete a trauma screening to identify a parent's trauma exposure and reactions

The second part of the FSNA assesses the child/ren in the home and any needs they have. The children also receive a CANS Assessment (Refer to CANS Policy for more information) that is completed by the Provider and/or a Superior Certified Provider within 21 days of removal and at least annually, however, the child/ren's information is important to take into consideration when assessing family functioning as a whole.

Like the Parent's portion there are also 10 Domains that cover the following area:

1. Physical health/physical disability- including both current and long term/chronic conditions
2. Child Development- both physical and cognitive development of the child
3. Education- academic achievement/issues and attendance
4. Emotional/Behavioral health- including any current/past risk of harm to self or others as well as their overall emotional stability, this would include any exposure to trauma
5. Family Relationships- this includes siblings and extended family and the how they experience being a member of the family
6. Placement or Staff Family Relationships- relationships the child has in their out of care placement, this includes other informal relationship (not children their age)
7. Peer Relationships- how they interact with other children their age
8. Substance Use/Abuse
9. Delinquent/Criminal Behavior
10. Preparation for Adulthood

11. Other- Permanency Specialist will ensure any additional topics are covered as well as the following
  - i. Human Trafficking\*
    1. Have you ever traded sex for money, drugs, food, a place to stay, or any other necessities?
    2. Are you made to work for pay that is under minimum wage?
    3. Does someone else control your pay/money?
  - ii. Any exposure or history of family/domestic violence
  - iii. Gender identity and/or sexual orientation needs\*\*

\*The OCOK Permanency Specialist will also record results of the Rapid Child Trafficking Tool completed for children over the age of 12 in this section

\*\* Staff should explore gender identity and sexual orientation with open-ended questions that prompt discussion and help establish rapport, rather than asking direct questions. While information shared should be used to inform service planning, it should not be included in written plans unless the child has given explicit consent

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

A Family Strengths and Needs Assessment – Reassessment must be completed prior to a review of the Family Plans of Service regardless of the reason the review is needed, however it may be completed at any time during the case when circumstances change for either the family or child/ren and/or when determining whether to change a goal or if it is time for reunification. (Refer to CANS Policy for frequency of CANS Assessment)

4.02 Child and Adolescent Needs and Strengths (CANS) Assessment			
Domain	Comprehensive and Ongoing Assessments, ACH Behavior Support and Management		
Effective	3-01-2020	Revision Dates	6-2022
Documents	CANS Assessment		
Reference	ACH Child and Family Services – Service Modalities and Interventions, Texas Family Code 266.012, OCOK Operations Manual – Section 6.02, CANS Manual -Texas Version, Community-Based Care Region 3b Operations Manual, Health Passport, Single 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 and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**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 Assessment 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.

OCOK Permanency Specialists will ensure the CANS Assessment results guide the tasks and completion of the Single Child Service Plan. Recommendations from the CANS Assessment 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 Assessment. 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 Assessment.

OCOK 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, OCOK 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, OCOK Permanency Specialists:

1. Go to [www.fostercaretx.com](http://www.fostercaretx.com) to register and set up your account in the Health Passport.

2. All OCOK 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.

**Section 5**  
**Service Planning**

**5.01 Family Plan of Service (FPOS)**

**5.02 Single Child Plan of Service (SCPOS)**

5.01 Family Plan of Service (FPOS)			
Domain	Service Planning, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2022	Revision Dates	8-2022
Documents	Family Plan of Service		
Reference	ACH Child and Family Services – Service Planning and Support Services, 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 ICWA Policy, Community-Based Care Region 3b Operations Manual, Single Child Plan of Service, Family Strengths and Needs Assessment, IMPACT, OCOK ICWA Policy, COA AS 4.04, FKC 5.01, FKC 5.02, FKC 5.03, FKC 9.01, FKC 9.03, FKC 9.04		

**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.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will utilize a partnership approach in the development of the Family Plan of Service. The team includes at a minimum the child/ren, 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.

Involving the supportive family team in full participation developing the Family Plans of Service should be tailored to the specific circumstances of the family for example in cases where domestic violence or human trafficking and family members may be complicit in the trafficking is an issue, involve law enforcement to determine the appropriate level of participation. You should develop procedures to promote safe and healthy participation of family members or making a determination that meetings

involving both the perpetrator and victim/survivor would pose a safety risk or be otherwise in appropriate, in cases involving domestic violence.

The Family Plan of Service must be completed within 21 days of the removal of the child/ren. Together, the team will identify services and resources to help the family set and meet goals, setting timeframes for the plans, and the responsibilities of each person initiating and completing plan tasks. OCOK and the team determine and discuss the Permanency Goal and the Concurrent Goal when developing the written plan.

All Family Plans of Services will be specific and clearly written in language that the parents/youth understand.

### **Family Plan of Service**

OCOK will utilize the Family Strengths and Needs Assessment results to guide in the development of the Family Plan of Service.

OCOK will ensure that each statutory requirement is met for the Family Plan of Service in each case.

OCOK understands 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 (3) days of the FSNA completion, or within 10 business days of learning the whereabouts of an absent parent.

### **FPOS Procedure**

#### **1. SERVICE PLANNING TEAM MEETING**

OCOK Permanency Specialists will collaborate with other team members to schedule one Initial Service Plan team meeting. 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. When a child is in foster care, the provider is required to schedule a service plan meeting regarding the child that can include and incorporate the needs of this meeting.

- 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 (5) 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. Each parent is to receive their own, individualize FPOS.

In collaboration with each parent, the OCOK Permanency Specialist will complete and obtain supervisory approval for the initial FPOS within three (3) days of the completion of the FSNA or within 10 days of learning a parent's whereabouts.

#### 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.

When partnering with the parents, OCOK will minimize the negative effects of separation and will promote the families' commitment to services by:

- explaining the rights and responsibilities of the placement;
- providing clear, transparent, and comprehensible information that enables family members, according to their abilities, to understand the organization's role, processes, concerns, and expectations, including potential ramifications of not participating in services;
- explaining how service plans will be implemented to ensure involvement and contact with their children, and communication with the organization and the resource family;
- valuing family members' input and perspectives regarding their experiences, strengths, risks, and needs; and
- offering choices that respect the role of parents in the lives of their children and help family members retain a sense of control.

Even when it may be difficult to develop a FPOS with a parent (for example, an incarcerated parent or a parent who resides outside our area/area), OCOK will still develop a FPOS and include the parent in its development. Such situations may require additional creative engagement strategies. These situations must be discussed with the OCOK Permanency Supervisor for additional guidance, direction and input.

The parents' attorney must also be invited to any meeting about Family Plan of Service development.

In addition, OCOK 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 concerted efforts are made to engage each parent in service planning and the parent refuses to cooperate, OCOK will 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)

OCOK will 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 Plan of Service, OCOK will request the parent to sign it and will 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. Signatures from the children and family members should also be obtained whenever possible.

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.”

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. Service interventions are designed to help parents evaluate the impact of their past experiences on current functioning and parenting practices, target situations that pose challenges for the family, develop and strengthen the skills they need to manage challenging situations, strengthen and repair parent-child relationships, as needed, and access trauma-informed services.

Content must include:

- Plan participants; the parents and child should have an opportunity to invite anyone to be a part of the plan development that they believe will be beneficial/a support to the process;
- safety network and community support (this includes both family and non-family social supports and how to maintain or strengthen as necessary);
- the permanency goal for the child;
- the steps that are necessary to achieve the permanency goal (the specific services and/or tasks to be completed, to include whom it is assigned to and by when it should be completed);
- agreed upon goals during the period of the service plan, and the assistance to be provided to the parents by the permanency worker or other professional involved to address any needs and or challenges;
- 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;
- expectations for parent child visitation;
- intensive services for the family to address domestic violence, mental health, and substance use treatment as needed;
- a plan for obtaining or continuing with safe and stable housing and maintaining their households; to include money management and budgeting;

- a plan for complying with judicial determinations regarding the parents;
- the appropriate deadlines for achieving change; and
- the Permanency Specialist's contact information and information on how they can give the parents information about the child as well as their primary contact for expedited service planning when crisis or urgent need is identified.

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 are 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)

A thorough assessment of all needs will include the parent's need for community resources, public assistance, and further education in addition to the FSNA questions. If any additional need is identified in those areas, a resource will be provided to the family to meet those additional needs.

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.

OCOK will 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 OCOK believes that a parent has an intellectual or developmental disability, this must be discussed with the OCOK Permanency Supervisor to request any accommodations, as needed.

#### D. If there is a child under the age of two (2) in the home

If the family has a child under the age of two (2), the OCOK 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. OCOK will discuss this with the parents and ensure that these skills and knowledge are incorporated into the FPOS, as appropriate.

In addition, OCOK will 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

OCOK Permanency Specialists must file the Plan with the court within 30 days of the first order naming DFPS as Temporary Managing Conservator.

## F. Ongoing Evaluations and Assessments

OCOK Permanency Specialists and the OCOK Permanency Supervisor should consistently be reviewing, assessing and evaluating the Family Service Plan throughout the case; at a minimum of monthly, to determine progress and any revisions needed. These reviews should be documented in IMPACT by the Supervisor or Permanency Specialist no later than five (5) business days from the date of occurrence.

Permanency Specialist will be seeing the child and family consistently and visiting with our partners frequently. This gives the Permanency Specialist the opportunity to ensure the Plan is being implemented as planned, to conduct ongoing assessment 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. Additionally, the OCOK Permanency Specialist will continue to assess the appropriateness of the goals and permanency goals and any time frames as applicable. The Supervisor should assess whether or not the efforts continue to meet and comply with ICWA standards (Refer to ICWA Policy for more information).

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 (4) 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

The OCOK Permanency Specialist should review the Family Plan of Service with the parents a minimum of monthly and every time they visit the parent's home. They should include any supportive family members or other individuals whenever possible and when the parents are in agreement and should address and document progress made towards individual goals and any barriers to completing any tasks/goals. They should discuss any insights the parents have gleaned from their services to assess for progress/understanding of the changes they need to make as well as any concerns the parents have about their case or child/ren. If any formal changes are made, the OCOK Permanency Specialist should ensure the parent and/or their attorney sign off on the plan and file with the court within 10 days.

Note- This policy applies to all families no matter what the goal is, including but not limited to when the goal is reunification, relative placement/permanency, adoption, etc.

5.02 Single Child Plan of Service (SCPOS)			
Domain	Service Planning, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2022	Revision Dates	8-2022
Documents	Single Child Plan of Service		
Reference	ACH Child and Family Services – Service Planning and Support Services, 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, Community-Based Care Region 3b Operations Manual, Family Plan of Service, CANS Assessment, RCCL Minimum Standards, OCOK ICWA Policy, COA AS 5.04, FKC 5.02, FKC 5.03, FKC 6.02, FKC 6.04, FKC 10.06, FKC 10.09		

**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 Single Child Plan of Service 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 Plan of Service guides us in providing specific and unique individual services and resources to every child/youth during their time in care. The Child and Adolescent Needs and Strengths (CANS) Assessment provides the framework for the development of the Child Plan of Service.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will utilize a partnership approach in the development of the Single Child Plan of Service. 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.

Involving the supportive family team in full participation developing the Child Plan of Service should be tailored to the specific circumstances of the family including the following:

- Prioritizing input of the child, and child welfare law enforcement systems, to determine appropriate level of family involvement in cases where the child is a victim of human trafficking and family members may be complicit in trafficking.
- Developing procedures to promote safe and healthy participation of family members or making a determination that meetings involving both the perpetrator and victim/survivor would pose a safety risk or be otherwise inappropriate, in cases involving domestic violence
- Demonstrating children's full participation in the development of their Service Plan when children have no family involvement

OCOK will schedule and/or participate in one (1) Service Plan Team Meeting within 30 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 Plan of Service. 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 Child Plans of Service will be specific and clearly written in language that the parents/youth understand.

### **Single Child Plan of Service**

OCOK will utilize the results of the Child and Adolescent Needs and Strengths (CANS) Assessment (for children age 3 years and older) to guide us in the development of the Child Plan of Service.

OCOK will also utilize the Family Strengths and Needs Assessment results to guide us in the development of the Child Plans of Service.

If a child is placed in a paid placement, the facility's Service Plans will also be included in the Child's Plan of Service, as required under the RCCL Minimum Standards requirements for the facility.

The Initial Child Plan of Service will be completed within three (3) days of the CANS Assessment completion (no later than 24 days from the date of removal).

OCOK understands the importance of collaborating with every child/youth (considering their age and developmental capabilities) in the development of their unique plan of service.

OCOK will ensure all Child Plans of Service meet state and federal statutory guidelines, as well as local court jurisdiction preferences.

### **SCPOS Procedure**

#### **1. SERVICE PLANNING TEAM MEETING**

OCOK Permanency Specialists and other team members will collaborate to schedule one initial Service Plan team meeting within 30 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 (5) business days of the plan's completion.

## 2. 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 Assessment completion date and prior to the development of the CPOS. OCOK will 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, OCOK will utilize other technological methods such as FaceTime, Skype and other methods, as appropriate. Statutorily, OCOK must provide an approved copy of the plan to each participant above, whether they participated or not in the development of the Plan.

### 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 Plan of Service.

Even when it may be difficult to develop a CPOS with a parent (for example, an incarcerated parent or a parent who resides outside our area/jurisdiction), OCOK will still develop an CPOS and include the parent in its development. Such situations may require additional creative engagement strategies. Permanency Specialists must discuss these situations with their Supervisor for additional guidance, direction and input.

OCOK will make concerted efforts to engage each child and parent in service planning and the child or parent refuses to cooperate, OCOK will develop the plan without them. (Seek collaborative and supervisory guidance in these situations for creative and innovative ways to engage the child and/or parent)

OCOK will specifically document in the plan:

- the reasons for the child or parent's lack of participation; and
- OCOK's efforts to engage the child or parent's participation and cooperation.

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. OCOK makes every effort to collaborate with all parties including the child and parents, caregivers, any close or supportive relatives/fictive kin who may or may not want to be a placement or permanency resource as well as any providers, legal parties, etc. Children should be engaged in the process of permanency planning (including adoption plans) and should have a say in their goals, be able to voice any concerns and the worker should discuss and document ways in which they can be involved in their permanency process.

B. 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 will we 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 years and older) – 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? Why they are in the child’s best interest and meet their needs for safety and well-being? Why other goals are not appropriate, as necessary and how what services will be provided both to parents and/or caregivers in order to support the permanency plan and the child’s well-being needs?

\* If a child was in foster care for 15 of the last 22 months, or if the court determined that a child is abandoned or made an aggravated circumstance finding, and it was not already done at the time of removal, OCOK must seek termination and begin recruitment for adoption unless:

the child is being cared for by a relative;

OCOK has documented in the case plan a compelling reason why termination would not be in the child's best interest; or

OCOK has not made reasonable efforts to reunify.

- 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 should not participate, OCOK will have meaningful conversations with the child/youth and their caregiver regarding any concerns. OCOK and the team will 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? OCOK will be certain that we, as well as the caregivers, have copies of any medical or dental records on file. OCOK 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 OCOK 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 OCOK discovers any caregiver is disciplining a child inappropriately this must be discussed with the 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, OCOK will determine what services and support is needed to assist the child/youth, specifically in this circumstance.
- Youth who are pregnant or parenting- Describes specifically where the youth is currently residing, how the placement supports the youth and prepares them to become a parent, whether or not a new placement will be needed when the youth begin parenting, and the parenting youth’s involvement/expected involvement in parenting their child.
- Support for the caregiver – Describe specifically what we are doing to support the caregiver with this child and this placement. Include procedure for expedited service planning when crisis or urgent need is identified, 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.
- Communication – Assess the need for additional services to assist the child in effective communication and positive relationship building with both adults and peers.
- When Children are 14 years or older the Plan of Service must also address and plan for how the caregiver and youth will provide for the following:
  - Instruction on basic living and social skills including conflict resolution and other interpersonal communication skills
  - How to manage their medical/behavioral health needs
  - How to obtain housing and manage a household
  - How to access educational opportunities and how to obtain/maintain employment
  - Opportunities for learning through the use of experiential life skills activities
  - How to access Experiential Life Skills Activities provided by community resources and how to navigate public assistance and/or other government programs
  - How to appropriately care for themselves and function in the community
  - If the youth has a source of income, he/she are taught how to establish a saving plan and/or savings account to manage their money
  - Youth ages 18 to 21 who have a source of income are taught how to obtain a savings or checking account with a financial institution in accordance with Texas Finance Code 201.101
  - Assistance in applying for and securing services to aid in their transition to adulthood.

OCOK Permanency Specialists should ensure that this planning is done in an age and developmentally appropriate manner that allows the youth to participate in their decision making as much as possible.

- C. Two (2) 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.

- D. 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.
- E. OCOK Permanency Specialists, along with the OCOK Permanency Supervisor should periodically review each CPOS (a minimum of monthly) to ensure proper implementation, assess progress and make any revisions that may need to be made as the child/youth move forward toward positive permanency. Additionally, the OCOK Permanency Specialist and OCOK Supervisor must assess whether or not the goals continue to remain appropriate or whether it should be staffed for a change with the Program Director. Compliance with active efforts for ICWA cases should be staffed and documented as well as any family time plans.

The tasks, services, and goals must have specified time frames for completion and must be designed specifically for each unique and individual child in mind. There are no services that every must participate in for every case. Each case and each family is unique; therefore, each CPOS is designed uniquely and individually.

The OCOK Permanency Specialist will be speaking and visiting regularly with Service Providers, the child, caregivers, the parents, CASA, relatives and others throughout the day-to-day work, and will give them the opportunity for ongoing assessments of the efficiency and effectiveness of the CPOS.

These ongoing interactions also give the OCOK Permanency Specialist 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.

#### F. Ongoing Evaluations and Assessments

OCOK Permanency Specialists and the OCOK Permanency Supervisor should consistently be reviewing, assessing and evaluating the Child Plans of Service throughout the case; at a minimum of monthly, to determine progress and any revisions needed. These reviews should be documented in IMPACT by the supervisor or Permanency Specialist no later than five (5) business days from the date of occurrence.

The OCOK Permanency Specialist will be seeing the child and family consistently and visiting with our partners frequently. This gives the OCOK Permanency Specialist the opportunity for ongoing assessments of the efficiency and effectiveness of the SCPOS to determine if the child's needs are being appropriately addressed and met in an appropriate way. 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 (4) 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)

- G. Local jurisdictions may require each CPOS, and any revisions be attached to the court report.

- H. The initial CPOS must be submitted to the OCOK Permanency Supervisor for approval within three (3) days of the CANS Assessment completion. The Supervisor will review and approve/disapprove the CPOS within three (3) days of your submission. If the plan is not approved, the Supervisor will provide guidance and direction in order for the plan to be approved.

Children who are placed in paid placements receive regular treatment/service plan reviews depending on their level of care/modifier, any significant changes to their service planning and and/or any time they move. OCOK will take advantage of these staffings to do planning with the whole team and utilize their plans to inform yours.

OCOK Permanency Specialists should review the Plan with the child and caregiver every time they make a visit and document progress both in their monthly narratives as well as on service plan reviews. Monthly narratives must include the caregiver's assessment of the child's progress or any concerns/barriers they express to permanency or a child's safety/well-being needs. Additionally, the Permanency Specialist will receive a signed copy of the Plan and any revisions, and provide to all parties including Provider, caregivers, CASA, attorney ad litem, parents, child, etc.

The Permanency Specialist will consult with the Supervisor regularly regarding service planning, assessments and evaluating your plans. The OCOK Permanency Supervisor can assist and provide support, ideas and feedback for you. Together, along with our partners, OCOK will develop effective, safe and strategic plans to ensure child safety, permanency and wellbeing in each of its cases.

#### **Adoption Child Plan of Service**

When a child is to be placed in an adoptive placement, the OCOK Permanency Specialist should create an Adoption Child Plan of Service with the child and caregiver collaboratively. Similar to a SCPOS, this Plan is specific to children in adoptive placements and should address the child's goals, their understanding of an adoption, any concerns they may have and ways in which they can be included and/or involved in the adoption process. All other processes including documentation, required signatures, court filings etc. that apply to regular SCPOS apply to Adoption Child Plan of Service as well.

**\*NOTE:** Staff should explore gender identity and sexual orientation with open-ended questions that prompt discussion and help establish rapport, rather than asking direct questions. While information shared should be used to inform service planning, it should not be included in written plans unless the child has given explicit consent.

**Section 6**  
**Permanency Planning**

**6.01 Permanency Planning**

**6.02 Permanent Managing Conservatorship (PMC)**

**6.03 Another Planned Permanency Living Arrangement (APPLA)**

6.01 Permanency Planning			
Domain	Permanency Planning, ACH Ethical Practice		
Effective	3-16-2022	Revision Dates	7-8-2022, 8-11-2022
Documents			
Reference	ACH Child and Family Services Staff Rights and Responsibilities, DFPS Permanency Planning Resource Guide, IMPACT, Rule 11 Agreement, TAC 700.1201; 6241.22 Review of Child's Plan of Service; 5530 Permanency Hearings for Children Under Temporary DFPS Conservatorship; 5580 Permanency Hearings After Final Orders for Children Under DFPS Permanent Managing Conservatorship (PMC); Texas Family Code 263.304 & 263.305; 6416.1 Sibling Visitation; Texas Family Code 263.305 & 263.306; Texas Family Code 262.2015; DFPS Rules, 40 TAC 700.1205; Texas Family Code 263.103; 6237.1 Time Frames for Permanent Family Placements, COA AS 3.01, AS 3.05, AS 4.01, AS 4.02, AS 4.05, AS 8.03, AS9.01, AS 11.08, FKC 6, FKC 6.01, FKC 6.02, FKC 6.03, FKC 6.04, FKC 6.05, FKC 6.06, FKC 6.07		

**Purpose:**

ACH Child and Family Services desires children are placed in family foster care and kinship care settings to live in a safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.

All children receiving services in OCOK conservatorship must have a permanency plan. OCOK permanency planning begins the moment OCOK makes contact with a child and the family and does not end until a child exits conservatorship, preferably to a permanent family/kinship setting. Engaging the family and support network may also generate an array of permanent placement options for the child if they cannot return home and is an important part of concurrent planning and as such OCOK works with the child and family's entire team to complete permanency planning. The team includes relatives/fictive kin, service providers and other supports/extended family as necessary. OCOK will work with the family to ensure that the entire team can participate in planning and coordinates around their schedule. Planning is also child-driven and OCOK encourages the involvement of the child based on their appropriate age/developmental level of functioning.

**Policy:**

All employees, volunteers and interns of ACH Child and Family Services are required to know and follow the code of ethics for their respective positions and professions.

**Procedure:**

**Selecting Permanency Goals**

Before assessing and selecting the permanency goal/s, the OCOK Permanency Specialist must discuss them with:

- the child (if developmentally and age appropriate);
- parents (if parental rights have not been terminated); and

- the representatives in the case – that is, the appointed volunteer from the Texas Court-Appointed Special Advocates (Texas CASA), the child’s attorney ad litem and the child’s guardian ad litem.

The OCOK Permanency Specialist must also discuss the permanency goals with any of the following individuals who may be involved in the case:

- the child’s extended family;
- other significant people in the family’s life;
- the caregiver, including foster parent or facility permanency specialist or adoptive parent;
- any relative or other close supportive adult who may be considered as a permanency option (this should be done whether or not they will qualify for adoption or PMC or might just be a support to the child/ren and/or family);
- other professionals and specialists, both those involved with the case and others who may have knowledge or expertise about the issues in the case; and other CPS Permanency Specialist.

If the parent disagrees with the permanency goal, the OCOK Permanency Specialist must document the parent’s reasons for disagreeing. OCOK can still select the permanency goal, even if a parent or other party disagrees.

When determining the best permanency goals for a child, the OCOK Permanency Specialist must consider the child’s best interest, long-term needs, and existing relationships, including the child’s need for:

- safety, permanency, and well-being;
- an enduring and nurturing family relationship;
- life-long relationship and support from being a part of a family unit; and
- a legal status that protects the child without CPS involvement.

**Issues to consider when selecting an appropriate goal for the child:**

- Permanency goals must serve the child’s best interest and long-term care needs.
- Permanency goals must provide permanency and stability.
- Permanency goals must be realistic and have the potential of being achieved.
- Permanency goals should not be selected for the purpose of satisfying the need to have a concurrent goal.
- Permanency goals must address the need for an enduring and nurturing family relationship.

**Timeframes for Permanent Family Placements in Temporary Managing Conservatorship**

OCOK will make reasonable efforts to reunify or place children in permanent family placements within 12 months from the date a child enters care. The court dismisses the suit at the 12-month mark unless the court finds extraordinary circumstances and extends the deadline for up to six months.

In the permanency review hearings, the court determines whether the department has made reasonable efforts to finalize the permanency plan in effect for the child. Federal law requires the court to make this determination.

### **List of Permanency Goals**

Federal and state laws outline four (4) permanency goals. To provide additional specificity and clarity, OCOK subdivides the acceptable permanency options into nine subsets. These subset goals are the ones shown in IMPACT.

The categories are as follows:

- Family Reunification
  
- Adoption
  - Relative/Kinship Adoption
  - Unrelated Adoption
  
- Permanent Managing Conservatorship to a Relative or Suitable Individual
  - Relative/Kinship Conservatorship
  - Unrelated Conservatorship
  
- Another Planned Permanent Living Arrangement (APPLA)
  - Placed with a foster family
  - Placed with another family
  - Independent Living
  - Community Care

The OCOK Permanency Specialist must consider permanency goals in the following order of priority:

1. Family Reunification
2. Alt. Family: Relative/Kinship Adoption
3. Alt. Family: Relative/Kinship Conservatorship
4. Alt. Family: Unrelated Adoption
5. Alt. Family: Unrelated Conservatorship
6. APPLA Family: Foster Family DFPS Conservatorship

7. APPLA Family: Other Family DFPS Conservatorship
8. APPLA: Independent Living
9. APPLA: Community Care

While this is the general order of priority, there are other factors that the OCOK Permanency Specialist must consider in assessing the goals, including a preference for existing relationships in the child's life. Permanent placement with relatives or fictive kin takes priority over placement with persons who were not known to the child before coming into substitute care.

### **Permanency Goal: Family Reunification**

The permanency goal of family reunification identifies a child's own home as the safe and permanent living situation towards which OCOK resources and services are directed. Family reunification may be with the parent from whom the child was removed or the parent who did not have custody at the time of removal.

When family reunification is the permanency goal OCOK:

- has removed the child from the home;
- will provide services to the child, the child's family, and the child's temporary substitute caregiver; and
- has determined that the child's parents are willing and, after completing services, able to provide the child with a safe living environment.

Family reunification is the preferred primary permanency goal for every child in substitute care who is in temporary managing conservatorship of the state. However, it may not be an appropriate goal in certain circumstances.

In cases in which OCOK has been awarded permanent managing conservatorship of the child, the permanency specialist must re-evaluate family reunification as a permanency option as appropriate to the circumstances of the case.

### **Examples**

If a child or youth has been in care for a number of years, the safety threats present at the time of removal may no longer be a concern, given changes in the parent's circumstances or the age of the child. Therefore, the permanency specialist would re-evaluate the situation to determine if family reunification is an appropriate permanency option.

In other cases, circumstances surrounding the case, or a particular family member may suggest an alternative goal or for different permanency goals for the child in relation to different family members.

### **When Family Reunification is not appropriate**

Family reunification should be the primary permanency goal for every child in OCOK care except when a court has determined that reunification efforts are not necessary due to aggravated circumstances.

Under state and federal law, reunification is not required and OCOK does not have to consider family reunification as a permanency goal or make reasonable efforts to return the child to a parent if:

- certain aggravated circumstances are present in the case; or
- one or both parents have been convicted of certain criminal offenses.

A finding of aggregated circumstances against one parent does not waive the requirement of a reunification plan with the other parent unless there is a finding on that other parent, as well.

In some cases, however, the court may also determine that no efforts are reasonable because the child's parents:

- cannot be found despite due diligence; or have:
  - executed an affidavit of relinquishment;
  - had their parental rights terminated by the court; or
- been part of ongoing reunification efforts that are no longer consistent with meeting the child's needs to achieve permanency.

If family reunification is not an appropriate goal for the reasons discussed above, then the permanency specialist chooses between adoption and a transfer of conservatorship as the child's primary permanency goal.

### **Permanency Goal: Adoption**

A permanency goal of adoption indicates that:

- CPI has removed the child from his or her home;
- family reunification is not appropriate;
- adoption is in the child's best interest;
- OCOK intends to pursue termination of parental rights to the child;

- a safe and permanent family living arrangement has been found or is being sought that is willing and able to:
  - protect the child;
  - assume long-term responsibility for the child’s care and upbringing; and
  - adopt the child;
- OCOK provides services to the child and the family where the child is placed until the case can be closed; and
- following the consummation of an adoption, the adoptive parents become the parents of the child for all purposes.

When the goal or concurrent goal is adoption, the OCOK Permanency Specialist must notify the parents as well as any prospective adoptive parent that is currently known (i.e., a relative placement or if the foster parents are adoption motivated) and provide them with accurate information about the process and any services provided by OCOK. If the caregiver is already licensed, they can work with their agency to support them through the adoption process and if the family is a non-licensed kinship relative, the OCOK Kinship Family Specialist will refer them to an agency to become licensed for the purposes of adoption.

At the point at which adoption becomes a goal, the OCOK Permanency Specialist and/or OCOK Kinship Family Specialist (for kinship placements) will discuss with both caregiver the adoption process providing information on the services available and what to expect. They are given information about any laws and/or policies that may affect the adoption, eligibility criteria for subsidy and/or Post-Adoption Services as well as any financial costs (i.e., fingerprinting, legal fees, etc.) that the family may incur. If the family needs assistance with these they should address with their Permanency Specialist or their Provider Case Manager to see if there are community resources, attorneys or other supports that may be available to assist financially. They are also given information about expected timeframes for the adoption process, though these are all contingent upon many things (i.e., court, appeals, etc.).

**When a Parent wants to Relinquish their Rights**

When a parent has decided they want to relinquish their rights in order for their child/ren to be adopted whether by a relative or unrelated individual the Permanency Specialist will work with the parent and their attorney to ensure they receive written information which includes:

- a. disclosure of the requirements relating to notice and relinquishment;
- b. provisions for contact with prospective adoptive parents, as appropriate;
- c. steps to be taken if the parent believes that any undue pressure or influence is occurring; and
- d. circumstances under which services may be terminated by either party.

NOTE- OCOK staff cannot and does not offer or receive any money for the voluntary relinquishment of parental rights as this is a conflict of interest and considered illegal and would null/void any termination order. Please see Conflict of Interest Policy for more information.

When obtaining the relinquishments OCOK must work with the DFPS legal department or local attorney representing DFPS/OCOK to ensure that all applicable legal requirements are met and verifies each individual providing consent:

- has read the necessary documents and had their questions about those documents answered;
- understands the significance and meaning of the information in the documents;
- has had sufficient time to consider the decision;
- is not under the influence of any substances or conditions that could compromise their understanding or decision making;
- understands the need for their consent and any conditions under which they can revoke their consent;
- has not experienced any undue pressure or duress for their consent;
- has not received or been promised any compensation or other consideration in exchange for their consent; and
- is not aware of any fraud having been committed in relation to the adoption.

OCOK Permanency Specialists should not attempt to do this alone and should work closely with legal to ensure that a parent's rights are not violated as this is a difficult decision, one that should not be entered into without informed consent.

As the parent awaits trial and the judge's ruling on their relinquishment OCOK can arrange for services and supports needed to help prepare parents for the child's placement including:

- a. planning for the immediate future and referral for needed services;
- b. assistance as needed in planning for details of the child's placement and for the adoption process;
- c. counseling and support relating to grief, separation, loss, and the lifelong implications of placing a child for adoption;
- d. discussion of changing roles and relationships in the case of a relative adoption or when the parents will have an ongoing relationship or maintain contact with the child or adoptive parents;
- e. support for maintaining relationships with friends and family who can provide support; and
- f. information on post-adoption services and the potential for search and reunion in the future.

Although OCOK does not typically work with a family following termination of their rights, if the family so desires OCOK can provide referrals to the parents to supportive services including: information and counseling and ongoing receipt and maintenance of updated medical or social information, including, contact information so that it can be made available to the adoptee if a Rule 11 Agreement has been

made (See Mediation and Rule 11 Agreements for more information). Additionally, referrals for support or advocacy groups can be made upon request.

### **Ruling Out Family Reunification and Adoption Before Pursuing Permanency Care Assistance**

To seek Permanent Managing Conservatorship and permanency care assistance for a child's relative or fictive kin caregiver, a permanency specialist must establish (with approval from his or her supervisor and permanency director) that:

- family reunification and adoption are not appropriate permanency options; and
- transferring permanent managing conservatorship to a relative with the support of permanency care assistance is in the child's best interest.

The OCOK Permanency Specialist must document this determination in the Child's Plan of Service.

### **Permanency Goal: Permanent Managing Conservatorship to a Relative or Suitable Individual**

The permanency planning goal of Permanent Managing Conservatorship to a relative or suitable individual indicates that:

- family reunification is not appropriate;
- adoption is not appropriate;
- the goal is in the child's best interest;
- OCOK is seeking or has identified a relative or suitable individual; and
- OCOK plans to transfer conservatorship to the relative or suitable individual.

### **Permanency Goal: Another Planned Permanent Living Arrangement**

Another Planned Permanent Living Arrangement (APPLA) is the least preferred permanency goal. APPLA should be the youth's primary permanency goal only when a youth is 16 and above and there is a compelling justification for why none of the other goals are in the youth's best interest.

**The permanency goal of APPLA indicates that:**

- the youth is age 16 or above;
- OCOK has explored and ruled out preferred permanency goals (family reunification, adoption, permanent managing conservatorship (PMC) to a relative or other individual);
- there is a compelling reason why reunification, adoption, or a transfer of conservatorship are not appropriate permanency goals in the youth's best interest; for example, the youth is very close to turning 18 years of age and has no desire for a legal relationship with another adult;
- the OCOK Permanency Specialist has documented and continually updated the compelling reason for selecting APPLA in the youth's case plan;

- the safe and permanent living situation towards which OCOK services are directed is the independent living situation or the assisted community placement that the youth will live in when he or she leaves OCOK care; and
- this option can best meet the youth’s best interests and long-term needs.

**The categories of APPLA are as follows:**

**APPLA: Other Family, DFPS Conservatorship**

OCOK is awarded permanent custody of the child. The child would live in the least restrictive and most family-like setting possible (such as with fictive kin or a relative).

**APPLA: Foster Family, DFPS Conservatorship**

OCOK is awarded permanent custody of the child. The child would live in a foster home until he or she reaches adulthood.

**APPLA: Independent Living**

OCOK is awarded permanent custody of the youth. The youth live in a setting other than a family setting, such as a foster group home, a residential treatment setting, or other institutional setting until he or she is age 18 and exits to an independent living situation.

**APPLA: Community Care**

OCOK is awarded permanent custody of a youth with an intellectual or developmental disability. The youth live in a setting other than a family setting, such as an HCS home, or an institutional setting. When the youth reach adulthood, a legal guardian will be needed to look after the youth’s well-being.

**Identifying Support of a Family or Other Caring Adult**

If the permanency goal is Another Planned Permanent Living Arrangement (APPLA) with a foster family or other family arrangement with OCOK maintaining conservatorship, the OCOK Permanency Specialist must take steps to review and consider other permanency options that would not involve OCOK maintaining conservatorship. Such steps may include:

- re-contacting relatives to review their interest and circumstances;
- revisiting the parent’s situation to determine if the safety threats are controlled; and
- identifying or strengthening support systems that could assist a parent or relative in caring for a child.

The OCOK Permanency Specialist works with the youth to identify a family or other caring adult with whom the youth can identify and have a sense of belonging. The family or caring adult must offer a safe, parental relationship and be supportive of the youth’s aging-out-of-care needs. Such families or adults may include a:

- youth's biological family, relatives, or extended family;
- current or a former foster family;
- sponsor or mentor's family; or
- faith-based support family.

### **Documenting the Permanency Plan**

Permanency goals should be documented in both the Single Child's Plan of Service (SCPOS) and in the monthly narrative. The Single Child's Plan of Service (SCPOS) addresses, at a minimum, all federal requirements for case plans that the Family Plan of Service (FPOS) does not address. The initial SCPOS and the SCPOS reviews in IMPACT contain these federal requirements. The SCPOS must document why the goals are in the child's best interest and how it addresses their well-being needs. Staff must document why other plans are not appropriate at this time and what services/supports/tasks will be implemented to achieve the permanency, safety and well-being goals. This must be documented for both the Primary and Concurrent Permanency Plans.

The OCOK Permanency Specialist does the following by the 45th day after the date DFPS removes a child:

- Completes the initial SCPOS and documents the selected Permanency and Concurrent Goal.
- Gets the supervisor's approval of the initial SCPOS and goals.

OCOK develops the SCPOS in coordination and collaboration with all people involved in the child's life who have a stake in the child's well-being.

The OCOK Permanency specialist reviews and updates the SCPOS, and the goals based on the following:

- The child's legal status
- The child's service level
- Any significant changes in the child's situation

The Supervisor approves each SCPOS review. (See Single Child Plan of Service policy for additional information.) The Plans should be filed with the court and no later than 60 days after the removal, the court must approve the Primary and Concurrent Permanency Plans.

### **Changing or Revising the Permanency Goal**

OCOK reviews the permanency goals:

- when the child's service plan is evaluated and updated;
- during family group conferences;
- during permanency hearings; and
- as needed.

Staff must review the permanency goal no less than every 180 days.

The OCOK Permanency Specialist must update the child and family service plans within 30 days whenever the permanency goal changes.

### **Permanency Timeframes**

OCOK strives to keep every child's and youth's stay in OCOK as brief as possible. To this end, permanency specialists should follow the guidelines specified below:

1. Every child's or youth's permanency specialist is required to periodically review the original reasons for the child's or youth's removal and the situation that currently exists. The crucial question is whether the parent's protective capacities will manage the danger indicators to allow the child to return to a safe home, and not whether the parent has completed all the services and achieved goals specified in the FPOS. It is important to review and reflect on the parent's ability to demonstrate behavioral change, not only that they have completed required services. If necessary and appropriate, parents can continue to work on their FPOS and continue their services with the child or youth in the home.
2. If parents have made significant progress in reducing danger indicators and increasing their protective capacities, the OCOK Permanency Specialist should permanency specialist the case with the Supervisor and program director to discuss possible family reunification planning.
3. If parents have not made significant progress in reducing the danger indicators and improving their protective capacities for the child to return home, the OCOK Permanency Specialist should staff the case with the supervisor and assess if the services identified were a good fit for the parent or if there are alternative services available to support the parents' change in behavior.
4. If a final order has been entered and the child or youth is in OCOK Permanent Managing Conservatorship, (with or without termination of parental rights), the OCOK Permanency specialist should continuously re-evaluate the child's or youth's circumstances, and address challenges and barriers to the child or youth achieving the permanency goals.

### **Concurrent Permanency Planning**

Concurrent permanency planning is the process by which OCOK pursues two different permanency goals simultaneously. Reasonable efforts to finalize an alternative permanency plan may be made concurrently with reasonable efforts to reunify the child and family. The concurrent plan should be discussed openly with the family, the child, child advocates, and substitute caregivers.

The OCOK Permanency Specialist must use concurrent planning when children are in OCOK Temporary or Permanent Managing Conservatorship or Extended Foster Care to increase the likelihood of achieving positive permanency for youth exiting care. Like planning for the primary goal, concurrent planning should be done early in the case, at the same time the primary goal is set and no later than the 45<sup>th</sup> day from removal. The Permanency Specialist should follow the same priority order of goals when concurrently planning, putting relative adoption/relative placement (assuming reunification is the primary goal) above permanency/placement with an unrelated foster parent/individual. The parents, child/ren and all other interested parties should be notified simultaneously of the concurrent goal as when told of the primary permanency goal and notified of any expectations, implications and all supports and timelines. Any current relative or foster parents who are interested in being the permanent caregiver for the child/ren should be included and participate in the concurrent planning process. If adoption is a concurrent goal, the OCOK Permanency Specialist should advise the parent on

their options in regards to relinquishing their parental rights vs. other permanency options and refer them to their attorney whenever one is assigned for additional information and counsel. The worker should be careful not to pressure or coerce the parent in anyway.

### **Staying Focused on Permanency**

During the life of the case, events may occur that may have direct or indirect impacts on achieving permanency goals. The following is a non-exhaustive list of factors to consider:

- Whenever possible, try to keep a child or youth in the same placement. Transferring children to new caregivers tends to disrupt their progress towards achieving permanency.
- If a child's or youth's placement changes, make sure that decisions about the child's next placement address the child's need for a safe, permanent home and their ability to remain connected to their family and community, if appropriate.
- If possible, the child's or youth's next placement should represent a step towards achieving permanency. The child's caregiver (relative or foster parent) should be informed of the goal and considered as a support in the permanency planning process. Should the goal change to related or unrelated adoption or conservatorship, they should be assisted in pursuing those efforts by the permanency worker.
- The child should be consulted in an age-appropriate manner regarding any placement changes before the placement change occurs to ensure that any factors that are important to the child are considered.
- When a child's progress towards achieving permanency appears to be stalled, involve the Permanency Director in the case (or anyone else who may be helpful) to:
  - (i) identify the obstacles to achieving permanency, and to
  - (ii) specify tasks and time frames for overcoming the obstacles.

### **Implementing the Permanency Plan and Documenting the Efforts**

To assist with implementing the permanency plan, OCOK may also consult with a variety of professionals and community resources that can assist with the necessary steps to achieve the permanency goal.

Examples of specific actions that may be needed to implement the permanency plan are:

- referring parents for testing, counseling, parenting classes, alcohol or drug addiction rehabilitation services, or other specific services;
- meeting with parents on a regular basis to discuss ongoing issues;
- facilitating frequent parent-child visits and modeling parenting skills as necessary;
- arranging for siblings to maintain frequent contact;
- completing home assessments on families for potential long-term placement;

- helping a relative find resources to be able to support a child;
- identifying steps for relatives or fictive kin to become verified foster care placements for possible preparation for permanency care assistance;
- making specific adoption recruitment efforts when termination of parental rights has occurred (e.g., registering children on adoption exchanges, making presentations, or setting up media events);
- developing specific steps and resources to help a 17-year-old prepare for transitioning to adulthood;
- placing coordinating with the Developmental Disability Specialist to place a child on a Medicaid Waiver list; and
- ensuring the child has consistent therapy that meets their needs including, assisting caregiver in arranging for that therapy and accessing needed Superior Health assistance; and
- sharing case information with other state and private agencies to obtain long-term services or locate families.

All efforts made to support parents towards reunification should be documented in the monthly narratives and service plan reviews. This includes the assessments/service planning and selecting as well as diligent efforts made to connect parents to services. Permanency Specialists should document the parents progress each month and their contact with the parents including a monthly Face to Face contact preferably in the home as well as how they are progressing on their goals and how they are doing during visits with their child/ren and/or their ability to provide for and involvement in their child/ren's care. If parents are unable to be located, all efforts made to locate them, including any family finding, calls, search efforts, etc. should be documented monthly. Staff should be making efforts frequently but at least every month and attempting multiple efforts/tactics each month.

For any child/family with identified ICWA status, remember that all efforts must meet the legal definition of active efforts in order to meet the burden of proof necessary to support your permanency outcome in court.

### **Permanency Court Reports**

The permanency plan addresses the efforts made by OCOK to achieve the permanency goals. OCOK documents and reports efforts to achieve permanency for a child in the:

- Permanency Report to the Court – Temporary Managing Conservatorship, which is completed for permanency hearings before final order; and
- Permanency Report to the Court – Permanent Managing Conservatorship, which is completed for permanency hearings after final order OCOK ensures that the information in IMPACT is

accurate and updated promptly, particularly the permanency goals, legal status, placement information, and child characteristics.

### **Permanency Hearings and Other Procedural Safeguards**

With respect to each child, procedural safeguards must be applied to ensure that:

An initial permanency hearing for each child is held no later than 180 days at the date the court enters a temporary order appointing the department temporary managing conservator; and subsequent hearings should be held no later than the 120th day of last permanency hearing until final order is issued. After final order, permanency hearings must be held at least once every six months, with the first hearing being held no later than 90 days after final order was issued if parental rights were terminated.

The purpose of the hearings is to evaluate the permanency plan and goals for the child (this includes all permanency goal including family reunification, relative placement/permanency, adoption, etc.), including:

- (i) when the child will be returned to the parent, if applicable;
- (ii) whether the child will be placed for adoption; or
- (iii) whether the child will be placed in a non-parent sole permanent managing conservatorship with another adult.

Additionally, OCOK must:

- consider in-state and out-of-state placement options for a child who will not be returned to the parent and determine whether any current placement continues to be appropriate and in the best interests of the child;
- if a child is 16 years of age or older and has a permanency plan of another planned permanent living arrangement, demonstrate that there is a compelling reason for determining that another permanency goal is not in the child's best interests to return home, be adopted, be with a fit and willing relative, be placed in a permanent managing conservatorship, or be placed in another planned permanent living arrangement, and
- if a child is 14 years of age or older, consider the services needed to assist the child in successfully transitioning from foster care to adulthood.
- Determine if there is a need for an alternative goal.
- Review any timeframes for the goals

If a child was in foster care for 15 of the last 22 months, or if the court determined that a child is abandoned or made an aggravated circumstance finding, and it was not already done at the time of removal, OCOK must seek termination and begin recruitment for adoption unless:

- the child is being cared for by a relative;
- OCOK has documented in the case plan a compelling reason why termination would not be in the child's best interest; or

- OCOK has not made reasonable efforts to reunify.

Note- all planning, timeframes, supports/services, documentation and signature requirement's procedures apply when the goal/plan is adoption as well.

6.02 Permanent Managing Conservatorship (PMC)			
Domain	Permanency Planning, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services – Client Rights and Responsibilities Information Provided, 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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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 OCOK Permanency Specialist, the OCOK Permanency Specialist is responsible for ensuring the safety, security, welfare and best interest of every child on their caseload. When this involves a child or youth in the permanent care of DFPS in particular, OCOK acts 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 OCOK Permanency Specialist, the above rights and duties are the OCOK Permanency Specialist's responsibility. OCOK will 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, OCOK will continue to diligently pursue other options for every child who is currently in the PMC of DFPS. OCOK will 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

OCOK Permanency Specialists must discuss each of these situations with their OCOK Supervisor as they arise.

*OCOK acknowledges and thoroughly understands 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.*

6.03 Another Planned Permanent Living Arrangement (APPLA)			
Domain	Permanency Planning, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services - Client Rights and Responsibilities Information Provided, 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.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

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, 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

OCOL will utilize concurrent permanency goals, consisting of a primary goal and at least one alternate permanency goal.

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 OCOK Permanency Supervisor and OCOK Permanency Director.

There are four (4) 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 both the OCOK Permanency Supervisor and OCOK Permanency Director. If the OCOK Permanency Specialist believes that APPLA should be utilized in one of their cases, this must be discussed with the OCOK Permanency Supervisor for additional guidance, direction and approval.

***OCOK staff must remember that these APPLA case situations are extremely complex and have life-long impact and implications on children and their families. OCOK will 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. OCOK will utilize all resources available to assist us in decision making prior to selecting one of these permanency goals.***

Types of APPLA:

- 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.

## **Section 7 Placements**

**7.01 Placement Process**

**7.02 Sibling Placement**

**7.03 Placements Outside of Region 3b**

**7.04 Interstate Compact on the Placement of Children (ICPC)**

7.01 Placement Process			
Domain	Placements, ACH Organizational Service Delivery		
Effective	3-01-2020	Revision Dates	9-2022
Documents	Common Application, Attachment A		
Reference	OCOK Operations Manual, CareMatch, CLASS, RCCL Minimum Standards, OCOK IWCA Policy, OCOK Dispute Resolution Process, IMPACT, COA AS 8.09, AS 10.01, AS 10.02, AS 10.04, FKC 7.01, FKC 7.02, FKC 7.03, FKC 7.04, FKC 7.05, FKC 7.07, FKC 10.01, FKC 10.02, FKC 10.03, FKC 14.06		

**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, the OCOK Permanency Specialists becomes 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.

When making a request for a paid placement the requesting worker (this will typically be the CPI Investigator at the time of removal and OCOK Permanency Specialist for all subsequent placements) will complete a common application form in IMPACT and make a referral to the OCOK Intake department (See OCOK Residential Services Operations Manual for more information on how to make a referral).

OCOK does not license home directly but rather manages a network of provider including CPAs, GROs, RTCs, Sub-Acute programs etc. and ensures that each agency follows minimum standards for licensing homes (both foster and adoptive) and meet all local, state and tribal training requirements and regulations prior to becoming licensed and taking any placements.

### **Common Applications**

It is vitally important that the Common Application be completed fully and thoroughly. The Common Application can be thought of as a document that will prepare the Provider for how to care for the child and thus it is extremely important that the OCOK Permanency Specialist fills out every section with as much knowledge and detail as possible, focusing on both strengths as well as any concerns that may be noted. When describing behaviors, in particular negative or maladaptive ones, staff should be sure to document things like the frequency, intensity and duration of behaviors leaving as much emotion out of the equation as possible. Staff should not use “euphemisms” or acronyms as much as possible, as the readers do not often use the same ones as OCOK, and it is important that OCOK communicates effectively what the care of the child will require.

The Common Application is provided to Intake at the time of a placement search, along with any other available documentation like psychological assessments, medical records, educational records, court orders, discharge notes, current and/or previous child plans, CANS Assessments, information from the current or past caregivers etc. and information is provided to the OCOK Intake Specialist and entered into the CareMatch system for a placement search. CareMatch is a placement matching software system that uses an algorithm to identify the best placement matches based on the child needs, the caregivers’ preferences as well as keeping siblings together and keeping children close to home. Although it is no substitute for clinical assessment, Intake uses these matches as a starting point to assess the best placement for our children each and every time a placement is requested. When a family is identified as a match, OCOK Intake staff will reach out to the provider to assess whether or not the home or facility is a good match. The Provider must take all of this information into consideration as well as the needs and ability of the foster home and/or facility including the needs of any other children already in the home/facility.

OCOK must assess any safety concerns at the time of intake and prior to any placement. Before making any placement (i.e., foster, adoptive, GRO/RTC etc.), OCOK Intake staff must run criminal background checks on all adult caregivers living in the home in IMPACT and CLASS, review all history and any open investigations and request all necessary approvals if the provider is on Heightened Monitoring or Probation as necessary and assesses if there are any safety concerns. It is the providers responsibility to have also run background checks on all caregivers and frequent visitors prior to licensing and ongoing per RCCL Minimum Standards. OCOK ensures this standard is met. Additionally, the state of Texas prohibits the placement of more than six (6) children in foster home. Exceptions can be made in certain circumstances with State Office approval (including keeping siblings together, keeping a minor parent with their minor child, etc.) but only when there is a 24-hour awake supervision plan in place. Note- OCOK Intake encourages providers to place no more than five (5) children in the home total and does not place more than six (6) without appropriate approvals. Providers may not have more than two (2) children under two (2), four (4) children over the 13 or no more than two children in treatment foster

care. When this is not possible, Intake in conjunction with the OCOK Care Coordination will work with the Provider to ensure there are plans in place for additional supports and supervision in order to meet the child and family's needs. For every kinship placement, while the state does not limit the number of children in the home, OCOK assesses every family at the time of the home assessment to determine the ability of the family to care for the number of children that will be placed in the home taking into consideration the needs of the children, the abilities of the caregiver/s, the additional supports as well as any other children in the home already.

OCOK Intake and Permanency must work together to ensure that all ICWA standards are followed and that Native American and Native Alaskan children are placed with a related native/tribal family over other options first, then a non-related native/tribal family, followed by family and an unrelated foster parent/facility last. Note- all children with identified Native American or Alaskan heritage must be referred to Family Finding for a search to ensure all active efforts are made to locate a native family member for the child to ensure their cultural heritage is maintained.

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.
- Placement with relatives/fictive kin
- close proximity (defined as within 50 miles of the removal home)
- ICWA preferences, as appropriate

The same factors which apply in making an initial placement will also hold true when a subsequent placement is necessary.

OCOK will place the child in a home that provides:

- a safe, pleasant, and welcoming atmosphere;
- nurturing and nonjudgmental family relationships that promote positive attachment and support emotional development and well-being;
- age- and developmentally-appropriate boundaries, supervision, and discipline;
- an orderly but flexible daily schedule that is balanced with attention to development and well-being;
- space in their room to personalize;
- a physical environment and materials that support healthy development;
- regular access to a telephone to contact workers, advocates, service providers, and approved family and friends.
- sufficient and nutritious meals and snacks;
- clothing that is clean, seasonal, age appropriate, and comfortable;
- an allowance for personal needs, as appropriate;
- assistance in meeting personal care needs, as appropriate; and regular access to a

telephone to contact workers, advocates, service providers, and approved family and friends.

### **Making the Placement**

An OCOK Permanency Specialist or trained designee should make all placements and whenever possible, it should be the OCOK Permanency Specialist assigned to the child or sibling group. OCOK takes all measures to ensure the placement is made in secure and appropriate circumstances. At the time of placement, OCOK will ensure that someone goes over the placement paperwork with the child/ren and/or caregiver. They will do a walk through with the child and ensure that they feel safe before they leave and will document their contact and discussions in IMPACT under the Placement Detail entry.

The OCOK Permanency Specialist will ensure that the child is provided with a developmentally appropriate orientation to the placement to include:

- their rights and responsibilities when they are not living with their parents or primary caregivers;
- what they need to feel safe, what to do and who to contact when they feel unsafe or their rights are violated, and the risks and alternatives to running away;
- the rules in the program and in the resource family's home and their response to the rules;
- their ongoing contact with their parents, siblings, extended family, friends, and community.

### **Documenting a Placement**

Following a placement, the placement must be entered into IMPACT and CareMatch within 12 hours but no later than 10 am the following day when a placement is made afterhours, this ensures all necessary parties can locate a child whenever possible and triggers a new Medicaid card to be sent to the caregiver. Paid placements are entered in CareMatch and IMPACT by the Intake team and all other placements (i.e., Kinship, adoptive placements, etc.) are entered in IMPACT by the OCOK Permanency Specialist and in CareMatch by Intake or the Data team. (See OCOK Residential Services Operations Manual for more information on entering placements) The placement entry must document the discussions had with the child/ren about and during the placement, whether or not it is intended to be permanent or not and the reasons the placement meets the child's needs and is in their best interest.

### **Promoting Stability and Success in Placements**

One of OCOK's outcome goals is for children to have stability in placements and to reduce the number of moves a child experience while in care. In order to promote this outcome, OCOK provides the agency Providers and caregivers as necessary with support to maintain the placement. The OCOK Permanency Specialist and/or Kinship Family Specialist is available to explain the placement process to the family and child/ren, providing information on what to expect, different steps or phases of the process, timeframes and other information that might be needed or helpful. OCOK expects for foster parents that this will be completed by the Provider's case manager, however, OCOK Care Coordination can set up a staffing for a pre-placement planning call upon request or when it is deemed necessary by any party. OCOK provides the Provider and/or caregiver with all legally permissible information including anything on the Common Application and Attachment A, any court orders, any previous assessments of the child/ren and anything else that may have information about the child's needs, behaviors, history, goals or other information vital to caring for the child so that the caregiver can make an informed decision about taking the child. Whenever possible, OCOK attempts to do a pre-placement visit, and although not always possible due to timing or location of the child (i.e., if a child is incarcerated or in the hospital), OCOK will allow for and help arrange for other options for face to face or virtual contact/interviews, training, etc. to be

completed prior to placement. When a child cannot physically make a pre-placement visit, the caregiver is encouraged to visit or reach out to help the child become better acclimated to the caregiver and have an opportunity for both parties to get to know each other better. Any safety plans or precautions that can be put in place before a child is placed is preferred to be managed before placement whenever possible.

Regardless of the placement type, upon placement, the OCOK Permanency Specialist and the Provider's case manager must visit within 72 hours and at least once monthly after that to both evaluate any needs or safety concerns and should be available to the caregivers and child/ren for any issues that may arise. The OCOK Care Coordinator and/or Kinship Family Specialist can be available to assist in setting up a conference call with all parties in order to implement any safety plans or other services/supports.

### **Discharges/Disruptions**

Although OCOK does promote stability, OCOK also understands there are times when a child needs to make a placement change. Whether the change is considered positive (stepping down to a less restrictive home, moving to relative, returning home, going to an adoptive placement or being reunited with siblings) vs one that is considered negative (requests made due to a child's behavior, not being able to meet their needs, safety concerns, needing more restrictive environment, etc.), OCOK staffs all disruptions (exceptions are made on a case by case basis) to ensure a planful move is made.

Most frequently, discharges or move requests are made by the Provider. Providers can request 24-hour discharges for any child in a psychiatric hospital and/or who is incarcerated. They can request a 14-day notice for any child who is on run (indicating if they are willing to take the child back or not. (Refer to the OCOK Provider Manual and OCOK Residential Services Operations Manual for more information on this) or when a clinician determines that a child cannot remain in a program or home for more than 14 days safely. Additionally, and most frequently, providers may submit a 30-day notice for a variety of reasons. When a discharge is submitted, a new referral is created by the OCOK Intake team who will begin to initiate the process, obtain a new Common Application and gather all necessary information to begin a placement search. The assigned OCOK Intake Specialist will work with the OCOK Permanency Specialist to determine the best placement and will coordinate a placement change with the OCOK Child Care and Transportation Supervisor, the OCOK Permanency Specialist and/or Supervisor, the Provider and others as necessary. When there is a planned placement, OCOK will give the caregiver 14-day notice whenever possible.

Although an OCOK Permanency Specialist can request a discharge/move at any time during a case, if it is not for a positive move or due to an immediate safety concern, a staffing should be held first with all parties and PD approval must be obtained. Any concerns regarding the decisions around placement or moves should follow the OCOK Dispute Resolution Process which includes staffing up both chains of command (OCOK Permanency and Intake) and if no resolution can be made by the time it reaches the Senior Director level, the COO will make the final decision.

OCOK does attempt to get kids to a lesser restrictive environment whenever possible, but if there is not an appropriate home at the time of their discharge, OCOK will assess the options and do a waiver to allow a child to stay in a therapeutic environment if that is in their best interest and possible. Any Primary Medical Needs child should have a PMN staffing prior to placement unless it is an emergency in which case it should be staffed as soon as possible the following day.

OCOK does not make placement changes arbitrarily and does a disruption mitigation staffing to attempt to save any placements that can and/or should be saved. The goal of the staffing is twofold- first to save the placement and secondly, if it cannot be saved, to gather information to about the child/ren and their needs in order to ensure the next placement is well suited and supported to meet their needs. The OCOK Care Coordinator coordinates and facilitates the call and includes the OCOK Permanency Specialist/Supervisor, the Provider's case manager, Ad Litem, the caregiver, child (when appropriate), CASA and other parties as determined by the team. The reasons for the move are discussed along with any information about what services/supports might be necessary and if a placement has been located, they are included so as to make introductions and provide information to them about the child/ren and their needs/goals. For kinship placements, the worker may request a Family Group Conference to address the same needs, sharing of information and include any family or community supports that may be available to the caregiver to ensure the placement is successful.

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.

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.

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.

7.02 Sibling Placement			
Domain	Placements, ACH Child, Family, and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	6-2022
Documents			
Reference	ACH Child and Family Services – Sibling Contact and Visitation, 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.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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.

If siblings are not placed together, OCOK 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.

7.03 Placements Outside of Region 3b		
Domain	Placements, ACH Child, Family and Agency Rights and Responsibilities	
Effective	3-01-2020	Revision Dates: 8-2022
Documents	Form K-908-2077	
Reference	42 USC <a href="#">622(b)</a> ; <a href="#">624(f)</a> ; 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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK understands 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.

OCOK will ensure all children are seen face to face at a minimum of once per month according to statutory requirements.

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.

OCOK will make ongoing, diligent efforts to ensure all children are seen consistently face to face by the primary OCOK 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.

OCOK understands that the primary OCOK 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 OCOK Permanency Specialist will discuss the facts and circumstances with their Supervisor and obtain approval from the Permanency Director or designee 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 OCOK 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 (3) months, a Local Permanency Specialist or Courtesy Supervision Worker may be requested to visit the child/youth every other month.
3. The primary OCOK 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 OCOK 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 OCOK Permanency Supervisor.
6. The Local Permanency Specialist or Courtesy Supervision Worker act as an extension of the primary OCOK 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 the OCOK Permanency 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 Supervision Workers can assist the primary OCOK Permanency Specialist 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 in finding the appropriate individualized services for children and families outside of Region 3b.

The OCOK Permanency Specialist must consult with their Supervisor if a question regarding the eligibility of a child/youth for Local Permanency Supervision or requesting courtesy supervision procedure.

7.04 Interstate Compact on the Placement of Children (ICPC)	
Domain	Child Placement, ACH Client, Family and Agency Rights and Responsibilities
Effective	3-01-2020   Revision Dates: 8-2022
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 [§162.101](#)

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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.

OCOK 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 Permanency Director(s) or designee, in partnership with DFPS ICPC Regional staff, is responsible for all communication, distributions, notifications and discussions between OCOK 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 OCOK 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 OCOK 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, 162.107*
- 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 OCOK 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 OCOK 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 OCOK 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*

#### 5. Closing of the case

The OCOK 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.

The OCOK Permanency Specialist must consult with their Supervisor and/or the OCOK Director for any questions regarding this process. Exceptions may be approved by the Permanency Director.

OCOK understands that 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 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 at their website.

**Section 8**  
**Case Management**

**8.01 Child Safety**

**8.02 Case Documentation**

**8.03 Consistent Communication**

**8.04 Child and Family Visits**

**8.05 Face to Face Contact with Children and Caregivers**

**8.06 Face to Face Contact with Parents**

**8.07 Collateral Contacts**

**8.08 Required Staffings with the Program Director**

8.01 Child Safety			
Domain	Case Management, ACH Risk Prevention and Management		
Effective	3-01-2020	Revision Dates	8-2022
Documents			
Reference	ACH Child and Family Services – Risk Management Governing Bard Review, RCCL Minimum Standards 746.501 (9) and 747.501 (6), Safebabysleep.org, Child Safety Home Checklist, IMPACT, COA AS 11.04, AS 11.05, FKC 14.08		

**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 to the Board of Directors which outlines significant program and organizational risks.

**Procedure:**

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

- Make both announced and unannounced visits to the foster home/placement (the majority of which are unannounced).
- 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 monthly for all persons in the home or frequent visitors and document in IMPACT).
- Observe the physical home environment during each visit; noting and addressing *and having corrected* anything that could be considered a safety risk (based on child’s age and developmental level). View and discuss the following: unlocked cabinets, uncovered electrical outlets, unsecured televisions and furniture, unsecured swimming pools, unsecured trampolines, unsecured weapons and ammunition storage, safe sleeping arrangements, stairways, chemical storage, age-appropriate car seats, hot car safety, weapons safety, water safety, furniture safety, chemical storage safety, transportation safety, etc.) Ensure documentation of safety discussions in contact narrative in IMPACT.
- Ensure there are safe sleeping arrangements in the home/placement and provide the printed Safe Sleeping information to all and document in your case narrative.
- Engage with the children and their caregivers to discuss and assess ongoing safety in the home (i.e., age-appropriate supervision and activities, visitors in the home, sleeping arrangements in the home, sleeping schedules of caregivers, discipline practices, mealtime, daily schedules, etc.).
- Visibly examine each child from head to toe to ensure there are no injuries or physical concerns (based on age and developmental level of child and critically thinking through the appropriateness of the situation). For example, a female OCOK Permanency Specialist would not visibly examine a 12-year-old male child. For infants and toddlers, clothing should be

removed to visibly examine the child from head to toe. (Utilize the caregiver to assist in this whenever possible – to ensure the child is as comfortable as possible).

See the Child Safety Home Checklist for additional physical home safety-related items

When there are allegations of abuse and neglect in a caregiver's home OCOK will work collaboratively with DFPS/CPI, Licensing and/or the tribal government through the investigation process to ensure the safety of our children but still keep the integrity of the investigation. OCOK takes allegations seriously and any concerns must be reported to the hotline no later than 24 hours from the time that OCOK learns of the allegations. OCOK takes prompt action when there is concern that a child may be in danger and or a placement is in crisis and/or a child may need to be moved from their placement (including adoptive placements that are pre-consummation). If there are any concerns, or evidence of abuse/neglect at the time of a visit, the OCOK staff will never leave the children without first staffing with an OCOK Supervisor and/or OCOK Program Director (PD). If there are immediate safety concerns, the OCOK Permanency Specialist can contact the local Law Enforcement for additional immediate assistance.

When a new allegation or intake is received, the OCOK Permanency Specialist will staff the case with their OCOK Supervisor and/or OCOK Program Director as soon as possible but no later than 7 pm for next steps which make include visiting the home, assessing whether or not it is in the child/ren's best interest to remain in the home, putting a safety plan in place, requesting respite, request a new placement, etc., and document the staffing in IMPACT the same day. If the decision to move the child/ren is made, the OCOK Permanency Specialist will assist in the transition so as to ensure the move is as smooth as possible.

Although OCOK puts safety first, OCOK will also remember to respect the rights and the needs of children, their families and the caregiver during this sensitive time. OCOK will explain the process to all involved and advise of the ability to request an appeal following the resolution of the investigation. If a safety plan is being implemented, OCOK will work with the family to provide services and resources, and to provide support during the investigation.

8.02 Case Documentation		
Domain	Case Management, ACH Risk Prevention and Management	
Effective	3-01-2020	Revision Dates: 8-2022
Documents		
Reference	ACH Child and Family Services - Case Records Entry, IMPACT	

**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 also be scanned into the computer system into OneCase. The OCOK Data Department assists with this task once they receive the documents.

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

OCOK understands 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 provides an annual report to the Board of Directors which outlines significant program and organizational risks.

**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.

4. Case documentation should be professionally written in a chronological, detailed and narrative manner. Utilize grammar and spell check prior to saving the documentation in the computer system.

8.03 Consistent Communication		
Domain	Case Management, ACH Client, Family and Agency Rights and Responsibilities	
Effective	3-01-2020	Revision Dates: 8-2022
Documents		
Reference	ACH Client Rights and Responsibilities Information Provided	

**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,” OCOK will ensure that we are consistently visible and are actively engaged with the children and youth for whom we are responsible.

OCOK will maintain consistent visibility with children, youth, caregivers, families and stakeholders.

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

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

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK Permanency Specialists will have frequent and consistent communication and conversations with children/youth, their caregivers, their parents, and community stakeholders. This is in addition to the required minimum monthly required face to face contacts. Ongoing communication and timely response is vital to a child and family’s success.

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

OCOK’s communication should always reflect:

- That we are knowledgeable about the case and are prepared to ask and answer any relevant questions that the child, caregiver, parents, family or stakeholders may have
- Our assessments of ongoing child safety, permanency and wellbeing through our conversations, visits, collateral contacts and communication with all parties in the case
- Our ability to acknowledge progress and strengths 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, their birth family, relatives and stakeholders

8.04 Child and Family Visits			
Domain	Case Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates:	6-2022
Documents	Form K-908-2110 - Visitation Plan		
Reference	ACH Child and Family Services – Client Rights and Responsibilities Information Provided, Risk Reassessment Tool, Family Plan of Service, IMPACT, Texas Family Code Sec 263.107, COA FKC 8.01, FKC 8.02, FKC 8.03, FKC 8.04, FKC 8.05, FKC 8.06, FKC 9.07		

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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 parents, siblings, and other safe and caring individuals of their choosing.

Additional Supportive Individuals that Should be Considered for Visitation Could Include:

- extended family;
- peers;
- former resource families;
- other individuals with whom they had a prior relationship; and
- members of their community, ethnic group, faith group, clan, or tribe.

Each individual considered for visitation with a child in care should be assessed for safety, any concerns identified, and their relationship with the child confirmed.

Permanency Specialists will conduct consistent sibling visits at a minimum of once per week whether parent/child visitation is or is not occurring. Sibling visits will occur within seven (7) days of initial placement.

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.

When assigned to a case, 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. Parent/child visitation will be scheduled weekly following the initial contact visit.

Visitation restriction or cancellation will never be used as a tool for “disciplining” or “punishing” either parents or children.

The Visitation Plan will be developed by the OCOK 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 reviewed and reassessed with the information gathered from the Risk Reassessment Tool when each new Family Plan of Service is reviewed.

The Visitation Plan will include:

- start dates, frequency, time, length, and location of in-person contacts;
- participants;
- transportation arrangements;
- supervision or monitoring requirements, if any;
- developmentally appropriate and interactive activities;
- opportunities to practice caregiving skills and activities;
- cancellation arrangements; and
- preparation and debriefing arrangements.

The Visitation Plan will be entered in to IMPACT and approved by the supervisor within 5 days of any change to the visitation agreement.

The Visitation Plan will be provided to the court no later than the 10<sup>th</sup> day before the date of a status hearing (Texas Family Code 263).

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

OCOK 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 OCOK Permanency Specialist, along with the OCOK Permanency Supervisor no less than once per month.

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

1. At the initial visit, OCOK 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:
  - OCOK will 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
  - OCOK’s 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.
  - OCOK will utilize interactions and observations to assist in the development of creative, innovative and individualized service planning for the child and family.
  - The results of each Risk Reassessment Tool
  - 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)

When documenting visitation, detailed and thorough documentation must be entered regarding the exchange. Documentation should include:

- Time, place, and participants present at the visitation
- Detailed description of the exchange between the participants
- Progress and/or concerns noted during the visitation
- Appearance of all participants
- Behaviors of all participants
- Length of the visit

Supportive Services Providers should be included in visitation when appropriate. Providers could include providers such as Safe Babies, ECI, HIPP, etc. These Supportive Service Providers must promote the development of knowledge and skills a parent need to;

- provide nurturing care that promotes secure attachment and healthy development;
- provide appropriate supervision and monitoring; and
- meet any special needs that children may present, including needs related to medical conditions or mental health diagnoses.

Documentation of any visit will be entered into IMPACT within 24 hours of the contact.

OCOK 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.

OCOL will remain creative, flexible, innovative, and considerate of each individual child's needs when planning visits. OCOK will 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.

**Following the visitation, OCOK Permanency Specialists will promote meaningful and constructive contact by:**

- helping children, parents, and resource families prepare for and transition to and from in-person contact;
- following-up with children, parents, and resource families after in-person contact to process the experience, ascertain progress, and assess for concerns that may indicate the need to modify plans or services; and
- documenting the activities that occurred and behaviorally specific observations that pertain to family relationships and parenting to be considered in assessing case progress.
- Ensuring that the temporary caregivers (foster parents, kinship caregiver, etc.) maintain connections with parents to mutually share information about their children and support parents' involvement in their children's care, unless contraindicated.

**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 naptime if possible)
- Providing that the child be picked up from and returned to the foster/kinship home (and not childcare or school) if 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
- OCOK 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

8.05 Face to Face Contact with Children and Caregivers			
Domain	Case Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates:	9-2022
Documents			
Reference	ACH Child and Family Services – Client Rights and Responsibilities Information Provided, OCOK 7.3 Placement Outside of Region 3b, 42 USC 622(b)External Link; 624(f), Texas Family Code §263.306, COA FK 14.01, FK 14.02, FK 14.03, FK 14.04		

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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. OCOK will utilize child and family engagement strategies based on each child age, strengths, needs and developmental level (child/family).

Contacts with children, caregivers and parents are utilized to build strong, supportive and productive relationships. They are also utilized to monitor and promote safety, permanency and well-being.

Information should be readily shared amongst parents and caregivers, as appropriate, to promote parental involvement in the child’s care and activities.

OCOK understands that in some cases, there is a need for children and families 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 OCOK Permanency Specialist will visit every child and family 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 these visits will occur in the child's placement and in the family home and should be unannounced.

Safety, permanency, safe sleep and well-being will be discussed in every visit with children, caregivers and parents.

Children will be seen and interviewed 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. will 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, strengths and needs.

During the first 120 days of a child's placement, the OCOK Permanency Specialist will visit the child in their home (placement) only (for the targeted monthly visit). Upon a new removal or subsequent placement change, the OCOK Permanency Specialist must visit the child and caregiver within 72 hours of placement in the home.

These face-to-face contacts and consistent conversations and engagement with the child, their caregivers, and families and their placement provide us the opportunity for ongoing assessments of child safety, well-being, progress and permanency throughout the case. They are meant to cultivate a strong, positive and supportive relationship with the child and caregiver.

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, monitor and support the safety, permanency and well-being of the child, family and caregiver and sharing information about the child's care and activities
- Be able to identify any services and follow-up recommendations to meet the child's and family and caregiver identified needs, who is responsible for the follow up tasks, and that they are completed in a timely manner. The worker should be available to clarify the caregiver's role in supporting and contributing to the permanency plan/goals
- The OCOK Permanency Specialist can use this time to inform and encourage the caregiver to attend any upcoming meetings and/or court hearings, to provide feedback on their strengths and needs and assess if additional support is needed as well as respond to any questions, concerns or issues as they arise
- 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 OCOK Permanency Specialist to physically see them (i.e., OCOK 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 OCOK 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 OCOK Permanency Specialist. Refer to 7.03 regarding Courtesy Visits.

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

8.06 Face to Face Contact with Parents			
Domain	Case Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	8-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services – Client Rights and Responsibilities Information Provided, IMPACT, COA FKC 14.01, FKC 14.03		

**Purpose:**

Families involved with our system understandably have many questions. As the person and face they come to know as their “caseworker,” OCOK will ensure that we are consistently visible and are actively engaged with them in a meaningful way, and on a consistent basis. This will include birth parents whose rights have not been terminated as well as those whose rights have been terminated, on some occasions

OCOK will maintain consistent visibility with parents.

OCOK will remain actively engaged with all parents, whose children we are responsible for.

OCOK will have consistent and meaningful face to face communication with the parents and families of children on our caseload.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK Permanency Specialists will ensure that:

- Face-to-face (FTF) contact with each parent of the child is made at a minimum of once per month. (FTF contact at parent/child visits does not constitute a FTF contact for the purpose of this procedure). Contact should be consistent and primarily unannounced but scheduled when possible and at mutually agreed upon location
- The contact is made at the parent’s residence or where the parent is currently residing.
- The contact is meaningful and thoughtful – to engage the parent in participating and completing services that may make it safe for their child/ren to return home and assess and promote the permanency, safety and well-being of the child. This is the time to converse about how the children are doing, how the parents are doing, what their strengths are and what needs remain to be met for the children to return home. Discussion of relative placements as well as progress in services should also be discussed. The worker should allow for private discussion time so that all parties feel comfortable sharing information. The contact should be used to cultivate a strong and supportive relationship.
- Photographs may be shared with the parents, as appropriate.
- FTF contact is documented in IMPACT within 72 hours of the contact being made
- The majority of the FTF contacts are unannounced (7 of 12)

- Telephone calls do not constitute efforts to locate or engage parents
- If the parent's whereabouts are unknown, attempts must be made to locate and engage with the parents:
  - Social media searches
  - Contact with relatives to locate
  - Referral to Family Finding program
  - FINDRS search
  - Diligent search efforts
- Field attempts to locate parent/based on the information obtained from the above efforts
- Documentation of all efforts to locate are documented in IMPACT within 72 hours
- Efforts must continue monthly, even if previous efforts to locate parents have not been fruitful
- Staff case with Supervisor throughout to determine appropriate next steps

## 8.07 Collateral Contacts

Domain	Case Management, ACH Client, Family, and Agency Rights and Responsibilities	
Effective	3-01-2020	Revision Dates 6-2022
Documents		
Reference	ACH Child and Family Services – Client Rights and Responsibilities Information Provided, IMPACT	

### **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.

OCOK utilizes 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.

OCOK 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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

### **Procedure:**

Collateral contacts play a vital role in OCOK's 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, OCOK is 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

OCOK will consistently utilize and communicate with collateral contacts in the case planning. By teaming together with collaterals, it assists OCOK in:

- making sound assessments
- service planning
- identifying barriers

- recognizing progress
- establishing positive permanency goals

OCOK's 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.

8.08 Required Staffings with the Permanency Director			
Domain	Case Management, ACH Risk Prevention and Management		
Effective	8-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services – Risk Management Governing Board Review, IMPACT		

**Purpose:**

Child safety and excellent service delivery are paramount in OCOK’s work. OCOK wants to ensure the collaboration with leadership, families, children/youth and stakeholders as we work together to reach positive outcomes for all.

**Policy:**

ACH Child and Family Services provides an annual report to the Board of Directors which outlines significant program and organizational risks.

**Procedure:**

The following case situations and circumstances must be staffed with an OCOK Permanency Supervisor and OCOK Permanency Director:

- Child Fatalities
- Unauthorized Placements
- Any Injury to any child
- Legal Extensions (OCOK does not agree to extending a case past 12 months unless there are extenuating circumstances. Extending a case past 12 months requires approval of an OCOK Permanency Director)
- Permanency Goal Changes
- A pregnant parent
- Serious Incidents (i.e., child hit by foster parent, inappropriate restraint at a mental health facility, teens running away from placement, missed medication involving a Child Without Placement, etc.)
- Home Studies with identified concerns by the home assessor/Permanency or where a denial is being recommended
- Identified barriers to a child returning home or returning to their family
- Mediations – Staff case prior to mediation date (OCOK Permanency Specialist must step out of mediation and contact their OCOK Permanency Director, prior to making any agreement, as needed)
- Significant changes in case circumstances (For example, a parent moves someone new into their home, someone was at the home and is not supposed to be there, a new outcry made by a child/youth, parent passes away)

## Family Reunification Staffings

- Required Documents:
  - FRE Assessment (IMPACT)
  - Pictures of the parents' home (taken within the last ten days during an unannounced visit)
  - Updated criminal histories for everyone 14 years and older (must have been run within the previous 30 days)
  
- Additional Information that will be discussed includes, but is not limited to:
  - Home Environment – OCOK Permanency Specialist must have visited the home unannounced within the ten days prior to the staffing
  - Therapeutic services being provided to the children
  - Therapeutic services being provided to the parents
  - Therapeutic services being provided to the family unit
  - Medical/Behavioral Needs of each child
  - Childcare arrangements
  - Service Provider Recommendations
  - AGAL / CASA Recommendations
  - Support for the family
  - Collateral contacts

Refer to Section 14 - Family Reunification for additional information

All staffings should be documented at the time the staffing occurs and must be documented in IMPACT as a "staffing" within 24 hours. Staffing documentation is completed by the OCOK Permanency Specialist or OCOK Permanency Supervisor.

**Section 9**  
**Services to Parents**

**9.01 Services and Supports to Parents**

**9.02 Resource Coordination Outside Region 3b**

9.01 Services and Supports to Parents		
Domain	Services to Parents, ACH Client, Family and Agency Rights and Responsibilities	
Effective	3-01-2020	Revision Dates: 9-2022
Documents		
Reference	ACH Child and Family Services Policy – Service Planning and Support Services, FSNA, POS, HSEGH, OCOK Daycare Policy, OCOK Utilization Management – Family Services Providers, OCOK Enrollment of Providers, COA FKC 9.02, FKC 9.03, FKC 9.04, FKC 9.05, FKC 9.06, FKC 14.05	

**Purpose:**

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

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

To assist with implementing the Permanency Plan, OCOK may either directly deliver services/supports or contract/consult with a variety of services that are designed to meet the needs of and help stabilize families. Families receive intensive services that are tailored to meet their needs from qualified, Medicaid credentialed (as appropriate) specialists. The services and interventions are designed to help parents evaluate the impact of their past experiences and decisions on their current function and parenting practices and target specific goals related to the safety and risk concerns identified during the removal investigation and/or through the Family, Strengths and Needs Assessment (FSNA). The services are designed to develop and/or strengthen their skills needed to manage challenging situations as well strengthen parent-child relationships and build protective capacities. OCOK ensures that the services are trauma-informed and culturally relevant. Parents are offered a choice in services whenever possible and are empowered to have a role in the success of their goals by participating in the planning and development of their service plan. Services include but are not limited to:

- Substance Abuse/Drug Testing Services- including urine analysis, alcohol testing, oral fluids testing as well as nail and hair testing. A worker can also request confirmed testing results for most types of drug testing.
- Substance Abuse Evaluations and Counseling- both group and individual as well as an assessment for services.
- Evaluation and Treatment Services (non-substance abuse)- this includes individual, group and family counseling as well as domestic violence and battering intervention prevention training. Counseling can be done in the home, at an office or at another location. This also includes psycho-social assessments.
- Parenting/Caregiver Training-this includes parent/caretaker training, fatherhood training, co-parenting training and anger management. Parenting training is designed to help parents

understand the physical, cognitive, social and emotional development of children as well as any thing that may impede their development, teach parents how to provide nurturing care and build healthy secure attachments with their child/ren, how to provide appropriate supervision and care-based on their child/ren's actual and developmental age and/or based on any special medical/mental health needs the child/ren may have and how to maintain a safe home environment.

- Psychological/Psychiatric Evaluation- psychological and psychiatric assessments/evaluations
- Permanency Planning- Permanency Planning Conferences or Family Group Conferences
- Camping- NOTE- this service is for therapeutic camps for children
- Concrete Services- financial assistance for things like groceries, rent, utilities, transportation and other supports
- Translator Services- this includes translations services for staff to utilize during visits/ face-to-face contacts as well as Providers (Refer to Plan of Service (POS) guide for how to process both requests as it is a different process for each type)
- Court-Related Services- this includes having Providers testify in court hearings and/or mediation
- Kinship/Relative Caregiver Home Assessments- instate, ICPC and HSEGH reports
- Supervised Visitation/Hospital Sitting Services- this includes visitation both recorded and unrecorded as well as discussion of the plan as well as hospital sitting
- Daycare- Kinship, Foster Care and General Protective (Refer to OCOK Daycare Policy for additional information)
- Housing Referrals
- Assistance with public benefits
- Referrals to community resources
- Immigration services and referrals
- Medical/Dental Care Referrals
- Vocational/Educational Assistance

During the monthly visits with parents OCOK Permanency Specialists work with the parents to ensure appropriate service coordination is being done consistently and timely. They should help the family access needed services and navigate through the various systems. They should confirm that services have been initiated and continue to be appropriate to addressing the needs of the family and follow up both the parents and providers regarding progress and participation. When multiple Providers are serving a family, the OCOK Permanency Specialist should facilitate the coordination and communication between the Providers to ensure maximum benefit and that no unnecessary overlap/duplication of services is taking place. The OCOK Permanency Specialist must be available to help mediate any barriers to getting services including any issues with a provider or community resource.

In an effort to help parents sustain progress even after OCOK is no longer involved in the family's case, parents are encouraged and assisted in identifying healthy sources of support, to develop plans for managing any negative influences in their lives and exploring and expanding positive support systems or networks.

Refer to OCOK Utilization Management – Family Services Providers procedures and OCOK Enrollment of Providers for more information on how to process requests for services.

9.02 Resource Coordination Outside Region 3b		
Domain	Services to Parents, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates: 9-2022
Documents		
Reference	OCOK Placements Outside of Region 3b	

**Purpose:**

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

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

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

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

The OCOK 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 Service Providers.

OCOK Permanency Specialists will maintain consistent contact with the OCOK 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.

For additional information refer to OCOK Placements Outside of Region 3b.

## **Section 10**

### **Services to Children/Youth and Caregivers**

**10.01 Services to Children and Normalcy**

**10.02 Daycare**

**10.03 Education Documents and Portfolio**

**10.04 Educational Needs**

**10.05 Children with Primary Medical Needs/Special Health Needs**

**10.06 HIV Testing and Status**

**10.07 Transportation**

**10.08 Respite**

10.01 Services to Children and Normalcy			
Domain	Services to Children/Youth and Caregivers, ACH Child, Family and Agency Rights and Responsibilities		
Effective	8-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services – Service Planning and Support Services, COA FKC 10.04, FKC 10.05, FKC 10.08, FKC 11.06		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and

**Procedure:**

OCOK will ensure that the caregiver and/or provider according to the service plan provides age and developmentally appropriate supports, services and/or education to children. Children and youth should receive information about any medical conditions they may have and how to maintain good health, proper nutrition and exercise tips on personal hygiene and grooming techniques. They will receive information about substance use and abuse and smoking. Additionally, they will be provided with age-appropriate sex education on sexual development, family planning, pregnancy, prenatal care and effective parenting, prevention and treatment of STIs/STDs including HIV and AIDS. They will be given information about how to develop safe and healthy relationships with peers and adults.

Services provided to youth will always be trauma-informed and OCOK will ensure that children and youth are connected to providers who are trauma-informed in order to maximize their sense of safety and help them to understand and heal through their traumatic experiences/past. OCOK will facilitate the development of skills and strategies to support them when they are triggered by reminders of their trauma. The OCOK Permanency Specialist will help the child or youth create and sustain positive attachments to caring adults and peers by encouraging them to participate in both treatment as well as other normal activities that promote the desired outcomes. The OCOK Permanency Specialist will also be available and make the therapist and/or other educational opportunities available to the caregiver and/or parents to help them better understand how the child’s past trauma and experiences may have impact on their present behavior and be a support to them through the child’s processing of emotions and trauma.

OCOK will ensure that children and youth have opportunities to participate in a range of age and developmentally appropriate activities including social, recreational, cultural, educational, religious and community activities of their choice. OCOK empowers the caregiver to determine based on prudent parenting standards what activities may be appropriate. The child’s caregiver has the ability and authority to make day-to-day decisions regarding the child/ren’s participation in activities but should always take into consideration the child’s developmental status, any behavioral needs, the child’s preferences, input from the parents, as well as any stipulations on the child’ plan of service, any legal

ramifications/orders that may be in place and must always assess the safety of the situation before allowing for the activity. So long as the caregiver is using good or prudent judgement when making the decisions, the caregiver will not be held liable for any harm to the child during the course of the activity.

10.02 Daycare Services			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-15, 1-2020, 4-2022, 6-2022
Documents	Foster/Relative & Other Designated Caregiver Daycare Verification (Form K-908-1809)		
Reference	OCOK Provider Manual, ACH Child and Family Services – Referrals and Family Support Services		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will ensure initial daycare requests and daycare renewals are submitted to DFPS. There are several types of daycare, Foster Care, Kinship and General Protective, based on the type of placement the child is in.

**Foster Care Daycare**

Children placed in a foster home are only eligible for Foster Care Daycare.

1. Foster Care Daycare is a two-step process involving both the Family Eligibility Verification as well as the Child(ren) Eligibility Verification.
2. The Provider Case Manager will submit the following documentation to the OCOK Care Coordinator for Family Eligibility:
  - a. Foster Child Care Referral Form and,
  - b. The completed Foster/Relative & Other Designated Caregiver Daycare Verification (Form K-908-1809) unless an exception is met as described below:  
 For the initial daycare authorization, the requirement for the foster parent 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 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 the requirement must be approved by OCOK Permanency Director and should only be utilized where the foster parent has exercised reasonable diligence but has been unable to verify community resource unavailability. If such a waiver is approved, the foster parent will be required to verify the unavailability of community resources at the time of the first daycare renewal. Otherwise, programs such as Head Start and Early Head Start should be utilized whenever possible first.

If no child is currently placed in the home, this part may be left blank and completed at a later date. OCOK then provides all documentation to CCS to be processed and

approved for “prior authorization/eligibility.” The family can be approved for up to one year.

3. Provider is responsible for submitting all daycare requests with appropriate documentation (initial and renewals) to OCOK in a timely manner in order to avoid lapse in services. OCOK will provide effective date of services to Provider once approval has been granted by DFPS.
4. Once the Family Eligibility is completed and received from CCS , OCOK may submit the child(ren) placed in the home for Child Eligibility Verification by completing the Form K908-1809 with the child’s information to be submitted to CPS for approval. This process may take up to 10 business days to be processed.
5. If the family is not approved/does not meet the daycare requirements as determined by the State of Texas (CPS), OCOK can request a waiver that is subject to approval from DFPS State Office. The waiver process can take up to 30 days and must be started as soon as the family becomes aware that they are not eligible/a waiver may be needed (note if a waiver is to be renewed annually, the Network Provider should provide all information at least a full month in advance to avoid a lapse in daycare). The Network Provider must provide all documentation (examples include letters, paystubs, proof of disability) etc. to OCOK and reasoning why a waiver is necessary for the continued placement of the child. Once received, OCOK will compile and submit for approval by DFPS State Office and notify the Provider of final decision. Note- to be eligible for daycare, all caregivers must work at least 32 hours per week. A full-time student, volunteer or foster parent does not fulfill this requirement.

### **Kinship Daycare**

Kinship daycare is for children in relative or fictive kin placements whose caregivers work at least 32 hours a week and have an approved home assessment.

The OCOK Kinship Family Specialist will assess the needs of each family (home) to determine any daycare/childcare needs, and if services have been already initiated or started. In order to apply, the KFS will need to request and collect the necessary documents per contractual guidelines, such as but not limited to;

- Each designated caregiver must provide their most recent three pay stubs, this includes anyone in the household aged 18 years old and older that has approved unsupervised access or provides respite to the child.
- Complete and sign the Daycare Verification, Form K-901-1809. This form must complete and dated within the 30 days in which a request is submitted.

The eligibility of the caregiver determines the funding of daycare that the caregiver will be approved and will be provided by CCMS to the chosen facility once the services are approved to begin.

### **General Protective Daycare**

General Protective Daycare is for children who are at home with a parent or with a kinship family, who does not have an approved home assessment but where there is a safety need for daycare.

For all non-Kinship GPD requests the OCOK Permanency Specialist should send the following information and/or make sure the information is updated in IMPACT to the OCOK Daycare Box

- Make sure the parent (s) are in the Person’s Tab in FRE Stage
- Make sure address, SS#, phone number and DOB have been entered for parent (s)
- Make sure that placement has been approved and Legal has been entered

Email [daycare@oc-ok.org](mailto:daycare@oc-ok.org) with Subject line as follows:  
General Protective-County, Parent (s) name, Child (s) name, Case ID#

The email should contain the Daycare Name, Address, Phone Number of the Facility the child is to attend. The facility should be a Texas Rising Star (TRS) if at all possible. The daycare MUST be contracted with CCMS. ALL Daycare Enrollment paperwork MUST be completed BEFORE we can start to process daycare. The daycare requires shot records and paperwork holds their spot. This paperwork is typically completed during the parents' tour of the Daycare.

**Helpful Information about Requirements and Stipulations:**

- General protective daycare is only for 6 Months total
- Daycare is for children ages Zero up to age 6
- At age 5 they must be enrolled in school and CCMS can cover afterschool care
- Once in 1<sup>st</sup> grade or age 6 CCMS will no longer cover after school care
- Spring Break and Summer break can be covered. Requests must be submitted 2 weeks prior to need for school aged children up to age 12
- Paystubs are NOT required for parents requesting GPD

The OCOK Kinship Family Specialists will continue to process the requests for GPD for Kinship Families.

10.03 Education Documents and Portfolio			
Domain	Services to Children/Youth and Caregivers, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	6-2022
Documents	Form 2085, Form 2085 E		
Reference	<i>Fostering Connections 42 U.S.C. 675, Texas Education Code §25.002(g), Education Portfolio, OCOK Case Management Manual</i>		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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.

1. Upon case assignment, the OCOK Permanency Specialist 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)

All children’s Education Portfolios must contain:

- Placement Authorization Form 2085;
- Form 2085E 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 schoolwork;
- 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.

2. The OCOK 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.

3. When a school-age child is being discharged from DFPS conservatorship and the case is being closed, the OCOK 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.

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

- Form 2085 Placement Authorization; and
- Form 2085E Designation of Education Decision-Maker and Surrogate Parent, if applicable.
- our community our kids – OCOK Case Management Operations Manual
- education-related documentation and records (physical or computer-documented);
- education components of the child's service plan; and
- the child's Education Portfolio information

5. The OCOK Permanency Specialist, partnering with the caregiver, ensures the child's education record remains current and correct.
6. At a minimum of quarterly, the OCOK 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.

10.04 Educational Needs		
Domain	Services to Children/Youth and Caregivers, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates: 6-2022
Documents	Form 2085E	
Reference	ACH Child and Family Services – Client Rights and Responsibilities, 42 USC 675, TEC 25.002, Rehabilitation Act 1973 – Section 504, Individuals with Disabilities Education Act (IDEA), 20 USC 1400, COA FKC 10.07	

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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.

OCOK 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](#)*

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\(g\)](#)*

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\(g\) and \(g-1\)](#)*

The OCOK 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. OCOK collaborates 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, the OCOK 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 2085External Link](#) Placement Authorization and [Form 2085EWord 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;
- ensure the child/youth receives any services or supports that promote positive development
- ensure that tutoring will be provided to all students in need regardless of diagnosed developmental delays or issues.
- 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;
- ensure children receive all necessary testing and/ ARD meetings and IEPs

- advocate for the child’s educational needs/interests
  - work with the education specialist to determine if home schooling is appropriate and obtain proper permissions. If this is determined to be in the child’s best interest the Permanency Specialist should monitor to ensure stability and that all educational needs are being met; and
  - consult with the child’s school and teachers and maintain regular communication and ensure collaboration between the caregivers, parents, teachers and other parties regarding the child’s educational achievements and any challenges/issues they may be experiencing in school as well as any social, emotional or behavioral problems at school. The Permanency Specialist will work with the school district’s 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

<b>10.05 Children with Primary Medical Needs/ Special Health Needs</b>		
Domain	Services to Children/Youth and Caregivers, ACH Child, Family and Agency Rights and Responsibilities	
Effective	3-01-2020	Revision Dates: 6-2022
Documents		
Reference	ACH Child and Family Services – Client Rights and Responsibilities, Residential Child Care Licensing Minimum Standards 749.61(2) (D), Health Passport	

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK 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. OCOK will ensure that each child is timely receiving and participating in all recommended services. Throughout the case, the OCOK 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.

OCOK 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 OCOK Permanency Specialist requests a PMN meeting through the DFPS Regional Wellbeing 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 DFPS 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. The PMN staffing will be scheduled through the DFPS 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 OCOK Permanency Specialist 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 OCOK 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 OCOK Permanency Specialist 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 the OCOK Permanency Specialist when you have a child with primary medical needs on your caseload. Please contact them directly, as needed.

##### **1. Wellbeing Specialists (WBS)**

Wellbeing 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 Wellbeing Specialist for help with STAR Health.

The Wellbeing Specialist can assist 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

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

## 3. STAR Health Passport

OCOK will regularly review the child's STAR Health Passport to review and understand their medical and health-related information. The Permanency Specialist may register for and access the Health Passport at [www.fostercaretx.com](http://www.fostercaretx.com).

## 4. Regional DFPS Nurse Consultant

The Regional Nurse consultant is also a resource for Permanency Specialist 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 wellbeing/safety assessments specifically involving children with primary medical needs. The Permanency Specialist will collaborate with the Supervisor as needed regarding any child with primary medical needs.

10.06 HIV Testing and Status		
Domain	Services to Children/Youth and Caregivers, ACH Client, Family and Agency Rights and Responsibilities	
Effective	3-01-2020	Revision Dates: 6-2022
Documents		
Reference	ACH Child and Family Services – Client Rights and Responsibilities, 40 TAC §700.1405, 40 TAC §700.1403, 40 TAC §700.1401, 40 TAC §700.1404(a), 40 TAC §700.1404(b)	

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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.
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.
  - 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 §700.1403
- 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.

6. 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.

<b>10.07 Transportation</b>	
Domain	Services to Children/Youth and Caregivers, ACH Client, Family and Agency Rights and Responsibilities
Effective	3-01-2020   Revision Dates: 8-2022
Documents	
Reference	ACH Child and Family Services – Client Rights and Responsibility, OCOK Operations Manual, COA AS 10.06

**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.).

OCOK will assist and collaborate with paid placements, kinship placements, children/youth, birth parents and families to resolve any barriers they may experience with transportation.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK Care Coordinators will partner with OCOK 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, the OCOK Care Coordinators will collaborate with the OCOK Permanency Specialists to ensure alternative transportation is arranged.

OCOK Care Coordinators and OCOK 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.

OCOK 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.

Note: Any foster parent who transports children in their own vehicle must:

- Use age-appropriate passenger restraint systems
- Properly maintain vehicles and obtain required registration and inspection
- Provide their CPA with validation of their driving records
- Have appropriate insurance coverage

<b>10.08 Respite</b>			
Domain	Services to Children/Youth and Caregivers, ACH Client, Family and Agency Rights and Responsibilities		
Effective	9-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services – Client Rights and Responsibilities, RCCL Minimum Standards, COA FKC 22.01, FKC 22.02, FKC 22.03, FKC 22.04, FKC 22.05, FKC 22.06		

**Purpose:**

To ensure caregivers have appropriate alternative caregiver support in order to reduce stress, promote placement stability and ensure child safety.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

**Paid Placements**

OCOK does not license respite caregivers directly, but rather as the Network manager, OCOK works with providers to ensure they have provided respite to caregivers and meet all of the RCCL Minimum Standards and contract requirements. OCOK ensures that the agency collaborates with foster parents to develop a written respite plan that is reviewed regularly and address any available respite care options, the frequency and duration of planned respite and who the approve respite caregivers will be. Though the provider must first obtain OCOK approval from the OCOK Permanency Specialist prior to placing in respite, the provider is able to approve their own respite homes and is responsible for ensuring the alternative caregiver has the capacity to meet the individual child or sibling group’s needs. When planning for respite the provider must take into consideration the duration of the respite period, the number of children including any already in their home and the needs of the children needing respite as well as the needs of the children in the home already. Additionally, the respite caregiver must be assessed to determine their ability to meet/respect the child’s cultural, gender identity, sexual orientation and racial/ethnicity needs. Any prior relationship to the child is taken into account. The provider must ensure the family has any necessary training and/or skills in place to provide therapeutic or medical care as needed and ensure there will be proper sleeping arrangements according to age, gender, special needs etc. when the respite care will be overnight.

Based on the length of stay and any services that may be needed during the stay, the Provider must ensure that the respite caregiver is familiar with the child’s daily routines and should be provided with a service plan whenever possible. The Provider will ensure the current foster parents document and advise of any preferred food/nutritional needs, activities, safety plan or other therapeutic or medical care that may be needed during the respite stay. The respite caregiver will be expected to provide

activities that are age appropriate to meet the child's interests, age, developmental, physical ability, interpersonal characteristics, culture and any other special needs. They will work with the foster parents to plan for their continued participation in any services, school or employment opportunities as appropriate and when applicable.

Though respite should primarily be a planned process used to help support the stability of the placement and caregiver, when there are concerns of abuse and/or neglect, OCOK may ask a provider to put a child or sibling group in respite in order to ensure safety. Though we try to always do the least restrictive response so as not to disrupt a child's stability when safety cannot be ensured in the current home with a safety plan in place, respite would typically be preferred over a placement move/disruption. It is the provider's responsibility to have respite options or seek approved respite options from other providers before requesting a placement discharge or search by OCOK Intake. During this time of crisis intervention, the provider must ensure the child or sibling group is provided with age/developmentally and culturally appropriate trauma informed supports to help them cope through the process.

If any serious incidents, accidents or health problems should occur while in respite, the Provider is typically a backup medical consentor and should be able to meet the emergent needs of the child, but they should complete a serious incident report, contact the OCOK Permanency or on-call OCOK Permanency Specialist depending on the time of day and the Provider's case manager will ensure any follow up including documentation is completed as necessary.

At the end of respite, the respite caregiver will return the child or sibling group only to the foster parent or another approved person (i.e., the Permanency Specialist, the Provider's case manager, etc.) and follow any safety precautions or procedures for any situations where there might be a safety concern or when a child needs immediate protection.

### **Kinship**

While OCOK does not have or provide paid or licensed respite to unlicensed kinship homes, OCOK does work with the kinship placement to determine who can be a respite option for the family, conducting any background checks, training, provide with supports and information to ensure the safety and well-being needs of the child or sibling group are met while in alternative care. OCOK will plan for this both during the home assessment and gather information on any caregiver that the relative may want to be a respite option prior to placement as well as ongoing so that the family is prepared for both a planned or emergent situation.

### **Turning Point**

Turning Point is a local option for therapeutic respite. It is a crisis psychiatric bed diversion program that can house up to 10 children at a time. Any foster parent, kinship caregiver or parent can contact them so long as the child is still covered by Superior Medicaid for an assessment and possible admissions. The respite can last up to 14 days. The caregiver is still expected to participate in counseling and treatment while the child is in this specialized respite program. The facility is currently only licensed for children 10-17 years of age. For more information, please contact 817-355-HOPE.

## **Section 11**

### **Physical and Behavioral Healthcare**

**11.01 Medical Consent and Services**

**11.02 3-Day Medical Exam**

**11.03 Medical Requirements**

**11.04 Dental Exam**

**11.05 Behavioral Health**

11.01 Medical Consent and Services			
Domain	Physical and Behavioral Healthcare, ACH Client, Family, and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	6-2022
Documents	Form 2085B		
Reference	Texas Family Code <a href="#">Subchapter G</a> (153.371-153.377) and <a href="#">Chapter 266.004(c)</a> , 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.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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 Consenter is not available, such as:
  - In court
  - Hospitalized
  - Vacation
  - Unable to be reached
  - Unable to attend an appointment
6. Both Primary and Backup Medical Consenters must be knowledgeable about the child's conditions. Permanency Specialists 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 Consenter Form 2085B contains a clause allowing the Medical Consenter and Backup Medical Consenter 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](mailto:regulatorycompliance@centene.com) and Behavioral Health court orders are sent to [MedQuestions@Cenpatico.com](mailto: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 consenter about the order and provide instruction to the consenter 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\*](#)

11.02 3-Day Medical Exam			
Domain	Physical and Behavioral Healthcare, ACH Client, Family, and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	6-2022
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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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 Permanency Specialist schedules the appointment or requests the caregiver to 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 Exam.
  - 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](http://www.fostercaretx.com/for-members/find-a-doctor)
  - OCOK confirms that the appointment is made, who the appointment is with, the date, time and location of the appointment.
  - Permanency Specialists should partner with the caregiver regarding the transportation of the child to the examination.
  - The Permanency Specialist 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 the Permanency Specialist is not accompanying the child to the 3-day Medical Exam, he/she must 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 Exam 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. Permanency Specialist may assist the medical professional in contacting the parent; however, Permanency Specialists 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 the Permanency Specialist does 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.
- Caregiver/Foster parent must send this information to the Permanency Specialist within 24 hours via email or fax.
- If the medical findings are urgent, the Permanency Specialist must 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 the 3-day Medical 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.

11.03 Medical Requirements			
Domain	Physical and Behavioral Healthcare, ACH Client, Family, and Agency Rights and Responsibilities		
Effective	8-2022	Revision Dates	
Documents	DFPS Medical/Dental/Vision Examination Form (2403)		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Client Rights and Responsibilities, Health Screening; Medical, Dental, and Vision Care; Emergency Medical or Dental Attention; Health Passport; 3-Day Medical Exam; Texas Health Steps Medical Checkup; Texas Provider Gateway; COA AS 10.03, FKC 11.01, FKC 11.02, FKC 11.03, FKC 11.04		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will ensure that all children receive comprehensive healthcare services within appropriate timeframes to promote optimal physical, emotional, behavioral and developmental health. OCOK will ensure all Providers and/or caregivers access medical, dental, vision and behavioral healthcare services for children in substitute care through STAR Health Network Provider. OCOK will work with the Providers and/or caregivers directly to coordinate healthcare services for the child, and that caregiver(s) (foster parent, Provider, adoptive parent, kinship caregiver, etc.) is/are trained to respond to the healthcare needs of the child/youth.

1. Providers/Caregivers are responsible for transportation of the child/youth to all medical, dental, vision and behavioral healthcare appointments.
2. Person consenting to medical care for a child must participate in each appointment for the child with the Healthcare Provider.
3. Participation in each appointment must be in person or, if appropriate and acceptable to the Provider, by telephone.
  - a. Level of participation depends on the nature of the medical care the child is receiving, except medical consenters must attend in person any appointments when a child may be prescribed psychotropic medications.
  - b. Healthcare Providers may have varying requirements for participation.
  - c. Medical Consenters must discuss with Healthcare Providers their expectations for participation.
4. OCOK will require the DFPS Medical/Dental/Vision Examination Form (2403) from the Provider.
  - a. The doctor and caregiver jointly complete the form at the child’s medical, dental or vision appointment.
  - b. Provider/Caregiver will ensure that within three (3) business days, children entering DFPS custody visits a qualified medical practitioner to determine and identify if they

have any health conditions that require immediate or prompt medical attention, or if there are any conditions that should be considered in the placement making decision process and get any treatments they need (this is required by law). The 3-Day Medical Exam is an added medical screening and does not replace the [Texas Health Steps Medical Checkup](#). Providers will ensure the Texas Health Steps Medical Checkup is completed within 30 days of placement (children must see a doctor for a complete check-up with lab work). Providers will follow the Texas Health Steps schedule for subsequent medical/dental/vision appointments. Just as the 3-Day Medical Exam does not replace the 30-day Medical Checkup, neither does the 30-day Medical Checkup replace the 3-day Medical Exam. (Note- children who are removed from a hospital setting or who were seen by a qualified medical professional at the time of removal are exempt from the 3-day Medical Exam ONLY.)

5. For children enrolled in STAR Health who are six (6) months and older, the first Texas Health Steps dental checkup must occur within 60 days after the child comes into DFPS conservatorship. Children who turn six (6) months old while in DFPS care must have their first Texas Health Steps Dental Checkup within 30 days of turning six (6) months old. After that, children should get Texas Health Steps dental checkups every six (6) months. The checkup is due six months after the month in which the child received the previous checkup. Children six (6) through 35 months of age who are identified by their dentist as being a moderate to high risk for the development of early childhood caries (cavities) may get regular dental checkups on a more frequent basis such as every three (3) months.
6. Providers can utilize their own Medical/Dental/Vision Examination form as long as it meets the minimum requirements as per DFPS/RCCL at the time of the appointment.
7. Within 72-hours after the child's appointment, the Provider will send the completed Examination Form (2403) to OCOK at the 3in30 email box [3in30@oc-ok.org](mailto:3in30@oc-ok.org).
8. OCOK will ensure Network Providers or the OCOK Permanency Specialist inform youth ages 16 to 22 of their right to request to become their own Medical Consenter. Documentation of this conversation will be noted in the youth's record.
9. If a STAR Health Denial Letter is received, no later than the second business day the Network Provider will email a scanned copy of the denial letter and the date of such receipt to the OCOK Care Coordinator.
10. Providers will maintain records of all Healthcare Providers visits in accordance with SSCC policies and RCCL requirements, screenshot of the Health Passport is not sufficient evidence as there needs to be a written notice/document from the attending physician.
11. OCOK will ensure Providers or caregivers access Medicaid through STAR Health for Medicaid Covered Behavioral Health Services, unless the court orders DFPS/OCOK to provide Behavioral Health Services for the child from a Non-Network Provider.
  - a. Providers and/or caregivers must utilize community resources to obtain Behavioral Health Services not covered by Medicaid.
  - b. OCOK Care Coordinator or OCOK Kinship Family Specialist will assist the Provider in locating services as needed.
  - c. In the event that community resources are not available for Behavioral Health Services and/or Medicaid does not cover services, the Provider shall be financially responsible for providing Behavioral Health Services.
12. OCOK will ensure any child who is under the age of three (3) and is suspected of having a disability or developmental delay or whose 3-day Medical Exam identified a developmental needs is referred to Early Childhood Intervention (ECI) by the Provider's case manager within three (3) business days of placement and is documented in the child's record. All children under

three (3) regardless of suspected disability will be referred within 30 days. Ongoing developmental screenings will be completed according to the well-child guidelines to identify any need for further assessment.

13. In an emergency situation the Provider is responsible for having mobile capability and/or can send practitioners or teams into the home, school, emergency room, or policy department for immediate evaluation and crisis intervention.
14. When indicated, a child will receive a mental health screening within 30 days of removal or as needed ongoing.
15. In the event that a child requires psychiatric hospitalization, the Provider must notify OCOK immediately of any psychiatric hospitalization by emailing OCOK at [psychhospitalization@oc-ok.org](mailto:psychhospitalization@oc-ok.org) and OCOK Care Coordinator, as soon as a child is admitted, but no later than 12 hours after being admitted. Provider is also required to submit a serious incident report via the Texas Provider Gateway (TPG) for all psychiatric hospitalizations within 24 hrs. of the occurrence.
16. If the Provider takes the child/youth to a hospital that is not under contract with Superior Health or does not have a child specific contract with Superior Health for the hospital stay in question, the Provider will be responsible for any payments incurred during the hospital stay not covered by Superior.
17. If there is an indication of alcohol and/or substance abuse issues, a screening will be completed within 30 days of the removal or known issue to determine the need for diagnostic assessment.
18. Medical Consenters have access to all necessary and relevant health information through the Health Passport. This includes but is not limited to information about the child's:
  - a. Physical and mental health history
  - b. Family history
  - c. Trauma history
  - d. Prescribed medications, including their dosages, targeted symptoms, side effects and monitoring process for any psychotropic medications.
19. Anyone acting in the capacity of Medical Consenter must be trained annually (must complete the required DFPS training).
20. Providers or caregivers will ensure that any services needed to address issues or conditions identified during the health screenings, assessments or examinations are provided by a qualified professional and will consult with Superior as needed.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

11.04 Dental Exam			
Domain	Physical and Behavioral Healthcare, ACH Client, Family, and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	6-2022
Documents			
Reference	Minimum Standards and Guidelines for Child-Placing Agencies, Child Care Licensing Division, <a href="#">749.1153</a> and <a href="#">749.1409, Texas Health Steps Schedule</a>		

**Purpose:**

To ensure all children and youth in DFPS conservatorship ages six (6) months and older receive dental care through Texas Medicaid. OCOK will collaborate with caregivers, medical consenters and dental professionals to ensure all children ages six (6) months and over timely receive the dental care they need.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

**Texas Health Steps Dental Checkup**

1. Permanency Specialists team with caregivers to ensure that each child on their caseload, six (6) months of age or older, receive an initial dental exam, known as a Texas Health Steps Dental Checkup.
2. Initial Texas Health Steps Dental Checkup:

For children enrolled in STAR Health who are six (6) months and older, the first Texas Health Steps dental checkup must occur within 60 days after the child comes into DFPS conservatorship. The checkup is considered overdue 61 days after removal.

Children who turn six (6) months old while in DFPS care must have their first Texas Health Steps Dental Checkup within 30 days of turning six (6) months old. The checkup is considered overdue 31 days after turning six (6) months old. After that, children should get Texas Health Steps Dental Checkups every six (6) months.

3. Subsequent Texas Health Steps Dental Checkups:

Subsequent Texas Health Steps Dental Checkups are due six (6) months after the month in which the child received the previous checkup.

Children six (6) through 35 months of age who are identified by their dentist as being a moderate to high risk for the development of early childhood caries (cavities) may get regular dental checkups on a more frequent basis such as every three (3) months.

Texas Health Steps Dental Checkups 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.

[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**

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, 749.1153 and 749.1409; *and* Texas Health Steps Schedule

11.05 Behavioral Health			
Domain	Physical and Behavioral Healthcare, ACH Organizational Service Delivery		
Effective	3-01-2020	Revision Dates	8-2022
Documents	Medical Consenter Form, Form 4526 – Psychotropic Medication Treatment Consent		
Reference	OCOK Operations Manual, Texas Health and Safety Code §572.001, Texas Family Code §266.0042, Texas Family Code §266.011, Texas Family Code §266.010, Texas Family Code §266.004, Trauma-Informed Care National Child Traumatic Stress Network, COA FKC 11.05		

**Purpose:**

OCOK will collaborate with its partners, and the child (as age-appropriate) regarding their emotional wellbeing 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. The OCOK Permanency Specialists provides 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 (5) days of the placement if subsequent placement
  - Within seven (7) days of the court’s authorization of a child or another person (other than the OCOK Permanency Specialist) being designated as a Medical Consenter
2. Always encourage the caregiver/medical consenter and child, if age appropriate, 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.

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 Medical Consenter will notify the OCOK Permanency Specialist 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 OCOK Permanency Specialist. 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 OCOK 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) This document will be filed in the child’s case record.

### **Using Superior Health Medicaid Approved Providers**

OCOK will ensure children utilize qualified mental health professionals for all behavioral health needs. OCOK requires caregivers to seek Superior Medicaid approved Providers whenever possible in order to ensure the Providers utilize evidence-based psychosocial services and pharmacological treatments and that there is appropriate oversight and monitoring of children who receive multiple medications or any medication for off-label uses. Superior will conduct medication reviews at any time upon request or triggered by the usage of multiple psychotropic medications and/or combinations of particular medications. If a child is court ordered to use a non-Superior approved provider or if a Medical Consenter refuses and/or cannot locate a Superior Provider, the OCOK Permanency Specialist must ensure that the Provider uses evidence-based practices, and that appropriate follow-up is completed.

### **Follow Up Visits-Psychotropic Medications**

1. The OCOK Permanency Specialists ensure that every child prescribed a psychotropic medication attends an office follow up visit with the prescribing Healthcare Provider and Medical Consenter 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 Consenter must attend the medical appointments with the child and provide documentation. This documentation must be filed in the child's case record. (NOTE: If the OCOK Permanency Specialist is the Medical Consenter, OCOK will attend each office visit in person and all documentation received will be filed in the child's case record).

### **Non-Pharmacological Interventions**

There are other behavior strategies and interventions that should be considered before, or alongside, medications. OCOK Permanency Specialists collaborate with the child (as age-appropriate), their caregivers, and our team of professionals to ensure the services:

- Increase a child or youth's sense of safety.
- Are trauma-informed strategies and interventions designed to help children understand and process their traumatic experiences, facilitate the development of skills and strategies to use when confronted with reminders of trauma, help create and sustain positive attachments with care adults and peers, and help caregivers and parents understand how children's past experiences may impact their present behavior, and support the child's recovery.
- Once the strategies and interventions are agreed upon, the Medical Consenter 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**

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

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

**Section 12**  
**Special Populations**

**12.01 Baby Moses Cases**

**12.02 Expectant and Parenting Youth**

**12.03 Human Trafficking (Suspected & Confirmed)**

**12.04 Missing Children - Collaboration with Special Investigations**

**12.05 Military Families**

**12.06 Incarcerated Parents**

12.01 Baby Moses Cases	
Domain	Special Populations, ACH Client, Family and Agency Rights and Responsibilities
Effective	3-01-2020 Revision Dates: 8-2022
Documents	
Reference	Texas Family Code 262.301-303; 262.308-309; 263.407; 262.308

**Purpose:**

An abandoned child meets criteria for a Baby Moses Case when the child:

- has been known to be or appears to be 60 days old or younger
- Has not been harmed
- voluntarily delivered to a Designated Emergency Infant Care Provider (DEIC) Provider; and
- has been delivered by a person (presumed to be a parent) who does not express intent to return for the infant.

If any of the above are not met, the situation does not meet the requirements for a Baby Moses Case.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

When the Permanency Department receives notification from CPI about a Baby Moses Case:

- Permanency Specialist and Supervisor will staff the case with the Permanency Director upon receipt
- Permanency staff will also discuss case details with their assigned attorney

For Baby Moses Cases, it is presumed that the person who delivers an infant to a DEIC Provider:

- is the infant’s biological parent;
- intends to relinquish parental rights and consents to termination of parental rights for the infant; and
- intends to waive the right to notice of the suit terminating the parent-child relationship.

*Texas Family Code §263.407(a)*

**No Attempt to Identify Family**

With Baby Moses Cases, Permanency Specialists are not to attempt to identify or locate the parent of an infant left under the Baby Moses Law, unless a court order requires it. This is to protect the

confidentiality of the parent. This includes not listing any identifying information about known parents in the legal affidavit.

Similarly, the caseworker does not conduct a search for the relatives of the infant, as this would violate the confidentiality protection provided to the parent. *Texas Family Code §262.308-309*

### **Confidentiality**

Any pleading or other documents filed with the court is confidential, is not a public record, and must not be released other than to a party in a suit affecting the child, the party's attorney, attorney ad litem, or guardian ad litem.

All identifying information about a person who delivers the infant to the DEIC Provider is confidential and must not be released other than to a party in a suit affecting the child, the party's attorney, attorney ad litem, or guardian ad litem. *Texas Family Code §262.308*

### **Claims of Parenthood or Kinship**

If we know of the presumed father, or the father files an acknowledgment of paternity, we must contact the parent to determine his intent to parent the child. The Permanency Specialist must then staff with the Supervisor and attorneys representing us to determine whether the case can continue as a Baby Moses Case.

If a parent comes forward before the final order terminating parental rights, we must inform the court. *Texas Family Code §263.407(b)*

If a person claiming to be a relative of the child comes forward before the final order terminating parental rights, we must not share any details of the case outside of the case number of the legal case and inform the person that it is his or her responsibility to intervene with the court.

12.02 Expectant and Parenting Youth			
Domain	Special Populations, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-16-2022	Revision Dates	6-16-2022, 8-11-2022
Documents			
Reference	ACH Child and Family Services – Client Rights and Responsibilities Information Provided, CPOS, FPOS, Acknowledgement of Paternity, Texas Family Code §266.010, Texas Family Code §33.003, Texas Family Code §264.130, Youth Who Are Pregnant or Parenting in OCOK Conservatorship Resource Guide, Procedures for IMPACT Data Entry Associated with Youth Parents in OCOK Conservatorship Word Document, 5750 Judicial Bypass Alternative to Notifying a Parent About Abortion, COA AS 3.03, FKC 12, FKC 12.01, FKC 12.02, FKC 12.03, FKC 12.04, FKC 12.05, FKC 12.06, FKC 12.07		

**Purpose:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that ensure the needs of expectant and/or parenting youth can be met with their child in the most family-like setting that best meets their needs.

OCOK will ensure an expectant and/or parenting youth in conservatorship (including a male youth who is parenting) is referred to community-based services to receive developmentally appropriate information and support in providing a safe environment for the expectant and/or parenting youth and their child, including instruction on all the following topics:

- a. Safe sleeping arrangements.
- b. Suggestions for childproofing potentially dangerous settings in a home.
- c. Child development and methods to cope with challenging behaviors.
- d. Selection of appropriate people to help the youth parent care for the child.
- e. A child’s early brain development, including the importance of meeting an infant’s developmental needs by providing positive experiences and avoiding adverse experiences.
- f. The importance of paternal involvement in a child’s life and methods for co-parenting.
- g. The benefits of reading, singing, and talking to young children.
- h. The importance of prenatal and postpartum care for both the mother and child, including the impact of and signs of perinatal mood disorders.
- i. Infant nutrition and the importance of breastfeeding.
- j. Healthy relationships and family planning, including the prevention of intimate partner violence and counseling about the prevention of unplanned subsequent pregnancies.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

**When a Youth in Substitute Care is Expectant and/or a Parenting**

If an expectant and/or a parenting youth in conservatorship informs an OCOK Permanency Specialist that she is, or believes she may be, pregnant, or the OCOK Permanency Specialist otherwise becomes aware of the youth's pregnancy or possible pregnancy, the OCOK Permanency Specialist makes sure that the youth have an appointment with a qualified mental health professional to evaluate pharmacological treatments for safety, risks, and benefits during pregnancy and make appropriate adjustments to the treatment plan, such as tapering or adjusting dosages or referring to prevention and intervention services.

Within seven (7) calendar days after learning that the youth is pregnant, the OCOK Permanency Specialist and OCOK Permanency Supervisor consult with the OCOK Permanency Director, and the OCOK Permanency Specialist advises the expectant and/or a parenting youth that she has the right to be free from pressure when deciding how to deal with her pregnancy. The youth must be informed of their legal rights to custody of the child/ren and OCOK will work with the youth to maintain the minor parent and their child/ren together unless there is an identified safety concern.

OCOK will work with the pregnant/parenting youth, their co-parent, the biological parents, caregivers, attorneys, CASA and other providers and supports as appropriate to develop an individualized plan to address the rights and responsibilities of the youth parent/s and determine/define the role for all involved in supporting the youth parent/s in caring for their child/ren. Additionally, OCOK will assist the pregnant/parenting youth with identifying, notifying and engaging the father as appropriate in planning.

The purpose of the plan is to:

- Identify any medical needs including prenatal health care, diagnosis and treatment of any health concerns include STIs/STDs, genetic risk identification and testing, food and nutrition needs, mental/behavioral health needs, substance use/abuse issues, medication including psychotropic or anything that may affect a pregnancy and/or the fetus, smoking cessation and labor and delivery.
- Create a plan for how support will be provided to the expectant parenting youth.
- Discuss and provide tribal enrollment information, if they wish to explore tribal enrollment eligibility for their child, when applicable.

It is the role of the OCOK Permanency Specialist to team with the pregnant/parenting youth and their legal team, caregiver, biological parents, supportive relatives, etc. to ensure the youth develops knowledge and skill needed to parent their child/ren. These skills include basic caregiver routines, infant and child development/growth, how to meet a child's social, emotional and physical health needs, how to address the physical environment in a developmentally appropriate way and prevent injuries, how to build secure attachments between the child and parent, age-appropriate behaviors and discipline techniques, family planning and how to establish a positive support network for the parent and child/ren.

In addition, the OCOK Permanency Specialist does the following tasks:

- 1) Interviews the expectant and/or a parenting youth to assess whether she was a victim of incest, sexual abuse, or a criminal offense.

- 2) Encourages the expectant and/or a parenting youth to discuss options about the pregnancy with supportive people, such as the expectant and/or a parenting youth parents, caregivers, therapist, spiritual leaders, guardian ad litem, attorney ad litem and OCOK treatment and permanency team members.
- 3) Makes sure that the expectant and/or a parenting youth is aware of her options and available community resources and provides the booklet *So You're Pregnant, Now What?*, available on the [Texas Health and Human Services Women & Children](#) webpage.
- 4) Assists the expectant and/or a parenting youth who are pregnant to notify birth fathers and engage them in service planning, when appropriate.
- 5) Helps the expectant and/or a parenting youth plan for the alternative she chooses, including providing her with referrals to the following:
  - a. Appropriate providers of pre- and postnatal care, including obstetric services provided through Superior Health.
  - b. A family planning clinic, if appropriate.
  - c. An expectant and/or a parenting youth who chooses to have an abortion must obtain one of the following in order to have the abortion:
    - i. The consent of her parent or legal guardian.
    - ii. A judicial bypass (a court order allowing the youth to have an abortion without receiving consent from or telling her parent or legal guardian).
  - d. The permanency specialist and medical consentor must **not** do any of the following:
    - i. Approve or authorize an abortion.
    - ii. Sign abortion-related consent forms.
    - iii. Help the youth apply for a judicial bypass.
  - e. If the permanency specialist has questions about an expectant and/or a parenting youth's request for an abortion, the permanency specialist may consult with the regional attorney.
- 6) Addresses the expectant and/or a parenting youth's plans for the child in the parenting youth's Child's Plan of Service (CPOS).
  - a. Assisting youth who are pregnant to notify birth fathers and engage them in service planning, when appropriate.
- 7) Works with the youth to decide whether it is feasible and appropriate to work with the child's father. If so, the permanency specialist may do the following:
  - a. Connect young fathers to services that help them understand their legal rights and responsibilities.
  - b. Encourage the father to participate with the mother in considering alternatives for the child's care.
  - c. Help the father participate in planning for the alternative chosen.
  - d. Help the father plan for the child's financial support.
  - e. If the father is in substitute care, his Permanency Specialist addresses the plans for the child in the father's CPOS.
- 8) If a youth is considering putting their child up for adoption, the OCOK Permanency Specialist together with their attorney ad litem and any other supportive adults, will meet with the youth to provide age and developmentally appropriate information about the meaning of adoption, the adoption process and any services that may be provided/available to them. OCOK will work with the attorney on any referrals to a private adoption agency as appropriate.

OCOK will also make sure an expectant and/or a parenting youth is referred to a Superior Health service management program, such as the Superior Health - STAR Smart for Your Baby program, if the

expectant and/or a parenting youth is eligible for Superior Health Medicaid. Superior Health can be contacted at 1-866-912-6283 for enrollment in service management.

### **Effective April 2022**

#### **Informing Parents and Legal Guardians about Pregnancy and Abortion-Related Information**

- 1) Federal laws and state licensing standards requires OCOK to share an expectant and/or a parenting youth's medical information with the expectant and/or a parenting youth's parents and legal guardians unless there are reasons not to do so.
- 2) OCOK must share pregnancy and abortion-related information with an expectant and/or a parenting youth's parents and legal guardians, unless one or more of the following apply:
  - a. Disclosure would put the expectant and/or a parenting youth at risk of harm or abuse.
  - b. The expectant and/or a parenting youth express an interest in obtaining a judicial bypass (a court order allowing the youth to have an abortion without receiving consent from or telling her parents or legal guardians).
  - c. The court has ordered a judicial bypass.
- 3) Unless one or more of the above conditions are met, OCOK informs the expectant and/or a parenting youth that the expectant and/or a parenting youth parents, and legal guardians will be informed about the pregnancy.
  - a. When OCOK is not disclosing pregnancy or abortion-related information to parents or legal guardians, the OCOK Permanency specialist does the following:
    - i. Obtains approval from the OCOK Permanency Director.
    - ii. Documents the reasons in the youth's case record.

### **Effective April 2022**

#### **If OCOK Is Appointed as Guardian Ad Litem for a Youth Who Has Applied for Judicial Bypass**

- 1) If a court authorizes an expectant and/or a parenting youth to consent to some or all of her own medical care under Texas Family Code §266.010, the authorization does **not** authorize the expectant and/or a parenting youth to consent to an abortion. In order for an expectant and/or a parenting youth to have an abortion without her parents' or legal guardians' involvement, the court must grant a judicial bypass.
- 2) A court may appoint a OCOK staff member to be the guardian ad litem for an expectant and/or a parenting youth who has applied for a judicial bypass.
- 3) A staff member appointed as guardian ad litem immediately begins.

### **Effective April 2022**

#### **Documenting Pregnancy and Abortion-Related Information for Youth in Conservatorship**

- 1) In All Cases
  - a. OCOK staff document pregnancy- and abortion-related information in the case record.
  - b. Pregnancy- and abortion-related information includes any information about the following:
    - i. The youth's pregnancy.
    - ii. The abortion, if any.
    - iii. Any judicial bypass proceedings related to the abortion.

- 2) In Cases of Judicial Bypass
  - a. Although OCOK documents pregnancy and abortion-related information in the case record, if the youth is successful in getting a judicial bypass that specifically prohibits OCOK from disclosing the abortion-related information, OCOK redacts that information before disclosing information from the case record to a parent, legal guardian, or prospective adoptive parent.
  - b. If the permanency specialist does not disclose the pregnancy- or abortion-related information to the parents or legal guardians, the permanency specialist documents the reasons in the case record. Examples include:
    - i. Disclosure of that information would put the youth at risk of harm or abuse.
    - ii. A court has ordered OCOK not to inform the parents or legal guardians.

### **Birth of the Child**

Immediately following the birth of the parenting youth's child, the assigned OCOK Permanency Specialist must:

- 1) Notify the OCOK Permanency Supervisor
- 2) Conduct a face-to-face visit with the parenting youth and the child to assess safety and well-being.
- 3) Discuss safety and well-being with the hospital and obtain discharge planning information.
  - a. Follow-up as needed to obtain and arrange necessary community resources, services and supports related to:
    - i. postpartum health care;
    - ii. postpartum depression, including screening for and addressing changes in the new mother's mood, emotional state, behavior, and coping strategies;
    - iii. prescriptions for medications or other therapies
    - iv. maternal and child health programs;
    - v. contraceptive counseling and prevention of sexually transmitted infections.
    - vi. affordable and quality childcare;
    - vii. community resources, such as free clinics;
    - viii. breastfeeding education and assistance; and
    - ix. pediatric care, including well-baby visits and immunizations.
- 4) Contact Superior Health for additional guidance as needed.

### **Service Planning**

#### **When OCOK Has Conservatorship of the Parenting Youth's Child**

The assigned OCOK Permanency Specialist will:

- 1) Collaborate with the expectant and/or parenting youth and their caregivers, co-parents, and other family members when appropriate, to develop plans of service according to the Child's Plan of Service (CPOS) and the Family Plan of Service (FPOS).
- 2) Designate in IMPACT a medical consentor and backup medical consentor. The parenting youth and the child may have the same or different medical consentors. Medical consentors and backups must be individuals, not a facility or a facility's shift staff.
- 3) Follow health and safety visit requirements and discuss:
  - a. Any needed medical services and applying for Superior Health medical insurance for the parenting youth's child.

- b. To apply, contacts the regional foster care eligibility specialist to verify whether the expectant youth's child is eligible for Superior Health.
      - i. Hospitals may also assist with obtaining medical coverage for newborns.
- 4) Discuss the expectant and/or parenting youth's role, including successes, challenges, and resources needed.
  - a. Referral to community resources that ensures the expectant and/or parenting youth receives developmentally appropriate information related to:
    - WIC, TANF, SNAP, Medicaid and other public benefits
    - Transportation
    - Maternal and child health programs
    - Legal advocacy
    - CCMS/ Early Head Start/Head Start and other childcare options
    - Free clinics and other supports
    - Educational/vocational programs such as the Workforce Commission that may have programs to support the pregnant/parenting youth
- 5) Importance of ongoing engagement of the parenting youth who is not providing primary care of the child.
- 6) Conduct monthly visits with the child and the caregiver (placement) as well as the parenting youth and caregiver.
- 7) Additionally, the OCOK Permanency Specialist should meet with the parenting youth and the child together to evaluate and discuss parenting and progress with service plans.
- 8) Take immediate protective action if present danger exists. A decision to remove a child that is not dependent requires legal authorization.
  - a. Report any allegations of child abuse or neglect to statewide intake.
- 9) At the first opportunity, assist the expectant and/or parenting youth to obtain or enroll in assistance that will support them to care for their children and work towards financial independence, in addition to provide information about the expectant and/or parenting youth's rights and responsibilities. Opportunities include during the,
  - a. health and safety visit,
  - b. case planning,
  - c. court hearings,
  - d. child support meetings
  - e. job readiness,
  - f. educational needs,
  - g. establishing healthy relationships and a support network.
- 10) Documentation in IMPACT should include the following:
  - a. All placements, medical examinations and hospitalizations,
  - b. If an expectant and/or parenting youth refuses pre-natal care, and other medical services,
  - c. Whether the expectant and/or parenting youth child resides with them.
  - d. The identity of the mother and father once paternity is established.

**When a Youth in DFPS Conservatorship May be a Father**

If a youth in OCOK conservatorship thinks he is the father of a child, the OCOK Permanency Specialist should:

- 1) Advise the youth he may have rights as the father but must pursue those rights.
- 2) Discuss paternity and paternity testing with the youth. Provide information about the

Attorney General of Texas website. Refer the youth to the Attorney General's office and other supports as appropriate. Assistance with establishing paternity will be provided upon request.

- 3) Inform him he may have the right to be involved in his child's life.
- 4) Interview the youth to assess his understanding and adjusting to his role as a father. The permanency specialist should use open-ended questions and provide support to the youth to help him understand the value of being a father in the life of his child. Examples of open-ended questions to ask are:
  - a. "What do you want for your child?"
  - b. "What type of father do you want to be?"
  - c. "What does being a father mean to you?"
- 5) The OCOK Permanency Specialist will document the father's identity/status in IMPACT, whether in custody of the DFPS or not. This includes the relationship between the expecting parents as well as any safety concerns or precautions that must be taken when planning with the two together (i.e., domestic violence, human trafficking concerns, restraint orders, etc.).

### **Attorney General's Office**

- 1) The Attorney General of Texas website provides a wealth of information, which includes these topics and more:
  - a. Child Support
    - i. Paying child support
    - ii. Receiving child support
    - iii. Modifying child support
- 2) Paternity
  - a. Establishing paternity
  - b. Adding the father to the baby's birth certificate
- 3) Co-parenting and adjusting to the parenting role
- 4) Access and Visitation
- 5) Resources to help with family violence

The Attorney General's Office is a vital resource to help a youth father understand paternity, being a legal parent, custodianship, support, and how being a minor affects child support and other issues. The OCOK Permanency Specialist will reference this OAG website with the expectant and/or parenting youth when discussing any questions or topics.

### **Paternity**

Paternity may be voluntarily established by agreement of both the mother and the father of the baby. The parents can sign an Acknowledgement of Paternity (AOP), which becomes a legal finding of paternity when it is filed with the Texas Vital Statistics Unit. If the mother or alleged father is not sure about the paternity of the baby, neither should sign an AOP. Paternity should be established through the courts.

### **Completing an Acknowledgement of Paternity (AOP)**

Texas law states that a biological father will become the legal father if both he and the mother sign an AOP. This makes him legally responsible for paying child support if he lives apart from the baby and enables the court to grant him visitation or custody. In order to obtain child support and visitation rights that are enforceable, a parent must go to either a child support office or a private attorney.

**DNA Testing**

If an expectant and/or parenting youth opens a child support case with the Office of the Attorney General (OAG) and the OAG determines that a DNA test is necessary, generally one will be provided at no cost.

**Legal Guardian / Adult Representation in Civil Matters**

Under Texas law, minors are not seen as adults in civil legal matters and must have an adult representative during legal matters, including child support suits. The adult representative is responsible for protecting the legal rights of the minor.

**HHSC Benefits**

For an expectant and/or parenting youth to receive Temporary Assistance for Needy Families (TANF) benefits through the Texas Health and Human Services Commission (HHSC), recipients must cooperate with the Office of the Attorney General's efforts to identify the baby's noncustodial parent and collect child support. TANF recipients must assign to the State their right to child support collections.

It is recommended that a father pay his child support through the designated system because only a court can modify the child support order. It cannot be done by agreement of the parties.

<b>12.03 Human Trafficking (Suspected &amp; Confirmed)</b>			
Domain	Special Populations, ACH Client, Family and Agency Rights and Responsibilities		
Effective	9-1-2022	Revision Dates	
Documents	Protocol for Care Coordination, DFPS Human Trafficking Response Protocol (HT Protocol), Commercial Sexual Exploitation- Identification tool (CSE-IT), Family Strengths and Needs Assessment (FSNA), Single Child’s Plan of Service (SCPOS)		
Reference	Texas Penal Code 20A.02, Penal Code 22 U.S.C 7102(10), 204.02(a)(7) or (8), 43.02(b), 43.05(a)(2), Texas Family Code 261.001(1)(G), Penal Code Section 20A.02(a)(5),(6),(7) or (8), Texas Family Code 261.001(1)(L), Penal Code 22 U.S.C. 710(9)(B)), 4.01 Family Strengths and Needs Assessment (FSNA) Policy, CBC-DFPS Joint Operations Manual, 12.04 Missing Children - Collaboration with Special Investigations Policy		

**Purpose:**

To establish a specific protocol when a youth in the care of DFPS (and within our area) is identified as a suspected or confirmed victim of human trafficking. These procedures should be followed in conjunction with existing OCOK policies and procedures as well as any procedures by the local jurisdiction for the child’s county of removal.

**Human Trafficking Definitions**

The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, or for labor or services.

- i. It is a crime for any person to knowingly engage, or attempt to engage, in human trafficking with the intent or knowledge that the trafficked person will be subjected to forced labor or services or engaged in prohibited sexual conduct; or to benefit financially by receiving anything of value from participation in a venture that has subjected a person to forced labor or services or engaged a person in prohibited sexual conduct (Texas Penal Code 20A.02)
- ii. Children can be victims of human trafficking regardless of their citizenship, residency, or alien or immigrant status.

**Sex Trafficking**

The recruitment, harboring, transportation, provision, obtaining, patronizing, or solicit of a person for the purpose of a commercial sex act (22 U.S.C 7102(10)). For minors, the use of force, fraud, or coercion is not required. This includes the exchange of anything tangible for a sexual act or the promise of a sexual act.

- i. Compelling or encouraging the child in a manner to engage in sexual conduct that constitutes an offense of trafficking or persons under 204.02(a)(7) or (8). Penal Code, prostitution under 43.02(b), Penal Code, or completing prostitution under 43.05(a)(2), Penal Code. Texas Family Code 261.001(1)(G)

- ii. Knowingly causing, permitting, encouraging, engaging in, or allowing a child to be trafficked in a manner punishable as an offense under Section 20A.02(a)(5),(6),(7) or (8), Penal Code, or the failure to make a reasonable effort to prevent a child from being trafficked in a manner punishable as an offense under any of those sections. Texas Family Code 261.001(1)(L)

### **Labor Trafficking**

The recruitment, harboring, transportation, provision, obtaining, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (22 U.S.C. 710(9)(B)).

- i. Knowingly causing, permitting, encouraging, engaging in, or allowing a child to be trafficked in a manner punishable as an offense under Section 20A.02(a)(5), (6), or (8), Penal Code, or the failure to make a reasonable effort to prevent a child from being trafficked in a manner punishable as an offense under any of those sections. Texas Family Code 261.001(1)(L)

### **Key Partners**

#### **Care Coordination Teams**

The Office of the Texas Governor – Child Sex Trafficking Team (CSTT) and local communities are in the process of establishing Care Coordination Teams (CCT) to provide children and youth victims with continuity of care. This organization is comprised of professional organizations who provide services for trafficking victims, those who investigate and/or prosecute perpetrator on trafficking cases.

#### **Children’s Advocacy Center**

Children’s Advocacy Centers (CAC) provide a variety child-focused services including:

- Multidisciplinary Team Case Reviews
- Joint Investigation Coordination
- Specialized Forensic Interviews
- Family Advocacy and Victim Support
- Trauma-Focused Therapy
- Medical Evaluations

#### **Human Trafficking Advocacy Agencies (HTAA)**

The Office of the Texas Governor – Child Sex Trafficking Team (CSTT) provided funding to establish HT advocate services across the state of Texas. These advocacy agencies provide trafficking advocates who are trained to offer services to included crisis intervention, case management, and healthy, supportive long-term relationships with survivors.

Any child/youth identified as a clear concern for or confirmed victim of Human Trafficking is to be referred to a HTAA. Although participation in the program is option, Permanency Staff are required to provide clear documentation within the case narrative regarding the decision to opt in or out of HTAA services.

A referral to HTAA may occur at any point during a youth’s case.

### **Additional Key Partners**

- **Assistant District Attorney's Office**
- **Local Law Enforcement Agencies**
- **County HT Task Force**
- **Homeland Security**
- **Federal HT Task Force**
- **DFPS Special Investigators**
- **Juvenile Probation Officers**
- **Court Appointed Special Advocates (CASA)**

### **Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

### **Procedure:**

There are screenings required to determine if a child/youth has been trafficked.

### **Required/Initial Screenings**

Any youth entering foster care who is 12 years of age or older is to be screened for trafficking while completing the Family Strengths and Needs Assessment (FSNA). This is done when we are completing Section B, Box 10. We do this by addressing the following topics:

- Has the youth ever traded sex for money, drugs, food, a place to stay, or any other necessities
- Has the youth been made to work for pay that is under the minimum wage
- Does someone else control the youth's pay/money

Please refer to 4.01 Family Strengths and Needs Assessment (FSNA) Policy for specific guidelines regarding the completion of the FSNA and gathering information from the family.

### **Commercial Sexual Exploitation- Identification tool (CSE-IT)**

The CSE-IT is a screening tool developed and validated by WestCoast Children's Clinic to improve early detection of youth who are being sexually exploited, or at risk of sexual exploitation. The CSE-IT is designed to be a tool that gathers and organizes information from multiple sources such as child welfare professionals, caregivers, juvenile probation officers, and case files. The information that is gathered is then assessed to determine the likelihood and risk of sexual exploitation.

The Permanency Specialist must ensure a CSE-IT is completed any time a youth meets the criteria below or is recovered from runaway. The Permanency Supervisor will be responsible for completing the tool with input provided from the Permanency Specialist as well as the youth's treatment team.

A CSE-IT is to be completed within 72 hours of determining a youth's circumstances warrant one. The Permanency Specialist should consult with their Supervisor if you have concerns, at any time, for a youth being trafficked.

A CSE-IT is completed for all youth in DFPS Conservatorship that meet the following criteria:

- Youth 12 years and older who are identified as a concern while completing the FSNA for Child Trafficking
- Youth 10 years and older who are an alleged victim in a sex trafficking investigation
- Youth 10 years and older who are suspected of being at risk of sexual exploitation
- Youth at Risk- youth 12 years and older with 5 or more placements
- Youth at High Risk --youth 10 years and older who are recovered from a missing or runaway episode.

A new CSE-IT is completed when youth meet the following criteria:

- Youth at high risk who have not scored a clear concern on a prior CSE-IT
- Youth 10 years and older who is specifically suspected of being at risk of sexual exploitation

The CSE-IT will be completed by Special Investigators, in conjunction with assigned Permanency Staff, when a child /youth has been recovered from runaway.

In situations outside of an active recovery, in which you, or members of the youth's treatment team, have identified concerns for trafficking or the child meets the criteria of a Youth at High Risk, the CSE-IT will be completed by trained staff assigned to the case who are supervisor-level and above, using the Allies Against Slavery, Lighthouse, platform. <https://lighthouse.alliesagainstslavery.org/>

**\*\*Please note that while responsibility of completing the CSE-IT falls to the DFPS Special Investigator and/or the Permanency Supervisor, the tool should be done in partnership with the primary Permanency Specialist to ensure the assessments includes each individual's knowledge of the child/youth.**

The completed CSE-IT will result in a score that indicates the youth's level of risk:

- No concern- continue working case according to OCOK Policy
- Possible concern – please see *When a Youth Scores Possible Concern* for required actions
- Clear concern – please see *When a Youth Scores Clear Concern* for required actions

If the youth disclose sexual exploitation, the Permanency Specialist must:

- Immediately notify the appropriate law enforcement jurisdiction
- Immediately notify Statewide Intake of the outcry
- Provide a copy of the CSE-IT to CPI or SI
- Participate in the investigation

### **Care Coordination Teams**

*As of 9/9/2022 this applies for children who have been trafficked in the following counties: Erath, Hood, Johnson, & Somervell. If assistance is needed in determining a child's eligibility for Care Coordination the Permanency Specialist may contact the OCOK Trafficking Liaison.*

In counties where Care Coordination Teams have been established, Permanency Staff are required to comply with the Protocol for Care Coordination.

Care Coordination protocols exist in several counties served by OCOK. In accordance with the Joint Operations Manual with DFPS, counties outside of Tarrant County, shall follow the Protocol for Care Coordination. Tarrant County staff are to follow the DFPS Human Trafficking Response Protocol.

CCT Team recommendations are to be strongly considered, and Permanency Staff should clearly document any recommendations made or the reason for not following these recommendations within 72 hours of the Care Coordination Meeting occurring.

For youth included in CCT multi-disciplinary meetings, that occur monthly, a Permanency Specialist or Supervisor is required to attend.

### **Human Trafficking Response Protocol (Tarrant County only)**

In accordance with our Joint Operations Manual with DFPS, all staff are required to comply with Human Trafficking Protocols outlined in the DFPS Human Trafficking Response Protocol (HT Protocol). For Region 3b, this is currently only applicable to Tarrant County. This protocol addresses the following:

- Identification of victims through the use of the CSE-IT Tool
- Service Planning for at risk youth and confirmed victims of sex trafficking
- How DFPS/SSCC's collaborate with key partners in the identification, recovery of and services to victims of trafficking

### **When a Youth Scores Possible Concern**

**Staffing:** Permanency Specialist and Supervisor will conduct a staffing with all OCOK staff involved with the youth including the youth's treatment team to identify risks and recommend services as needed to reduce associated risks

- All staffings should be documented in IMPACT to reflect the staffing and decisions made within 24 hours
- Within one (1) business day of the staffing, Permanency Supervisor will finalize CSE-IT, submit it to Lighthouse and also document it as an External Document in IMPACT
- Permanency Specialist and Supervisor are to ensure referrals for recommended services are made, risks are assessed every 30 days and a re-assessment completed

### **When a Youth Scores Clear Concern or is Confirmed Victim**

When a youth scores a clear concern, he/she is considered a "presumed victim." When a youth is identified as a presumed or confirmed victim, a staffing will be conducted to determine necessary services to reduce the risk of sexual exploitation. A referral will be made to a local Human Trafficking Advocacy Agency (HTAA) so that the youth may be assigned a sex trafficking advocate. Permanency Specialists will send referrals to HTAA's based on protocols established for the local jurisdiction/county from which the child was recovered. Referrals are to be sent within 48 hours of the CSE-IT being completed. Each county has different HTAA's and referral processes.

For further information regarding HTAA's, please see DFPS Intranet – [HTAA Resources](#)

### **Special Considerations for Suspected or Confirmed Victims**

#### **Family Strengths and Needs Assessment (FSNA)**

Permanency Specialist will consult with the youth, the parents, and other individuals who have knowledge of the youth's history of human trafficking victimization and will utilize Box 10, Section B, to

document the information gathered during the assessment. The Permanency specialist will also record results of the rapid child trafficking tool completed for children 12 years of age and older in this section.

Please refer to 4.01 Family Strengths and Needs Assessment (FSNA) Policy for specific guidelines regarding the completion of the FSNA and gathering information from the family.

### **Single Child's Plan of Service (SCPOS)**

The Emotional/Therapeutic/Psychological section of the SCPOS addresses the youth's human trafficking victimization to ensure service needs are met for a child who is a confirmed and/or a suspected-unconfirmed victim of human trafficking. In this section, you, as the permanency specialist will document if the youth has received Care Coordination Services within the last six (6) months, has received Human Trafficking Advocacy Services within the last six (6) months, received counseling specific to human trafficking victimization within the last 6 months, had a CSE-IT completed within the last six (6) months, or if the youth's placement has provided any human trafficking services to the youth within the last six (6) months. You will be able to determine this information upon review of the physical case file, Impact narratives, and information obtained during any staffings regarding the case such as the Initial Coordination Meeting, Transfer Staffings, or Initial Case Staffings, etc.

### **Runaway Protocol**

The Permanency Specialist (primary or on call) must notify Law Enforcement (unless already completed by placement), the National Center for Missing and Exploited Children (NCMEC), and all identified required parties of the youth's missing status by completing the Runaway Protocol within eight (8) hours of being notified that a confirmed victim of human trafficking is missing/has runaway from care.

Required parties are:

- Appropriate law enforcement agencies;
- Court with jurisdiction over the Department's managing conservatorship of the child;
- Child's attorney ad litem;
- Child's guardian ad litem;
- CASA;
- Child's parent unless an exception applies;
- Child's probation or parole officer, if applicable.

Please refer to 12.04 Missing Children - Collaboration with Special Investigations Policy for additional information

### **Placement**

Prior to placement of a suspected or confirmed victim of Human Trafficking, a Care Coordination Meeting shall be held to provide additional information regarding the youth's history of trafficking and/or sexual abuse victimization. Permanency Specialists will coordinate with OCOK Intake and Care Coordination in scheduling this meeting and inviting all members of the child's treatment team including the prospective caregivers and their agency if they are a licensed placement. During the course of the coordination meeting OCOK and placement providers can share additional trainings, expectations regarding runaway notifications, cell phone policies, and any specific needs for the child shall be discussed. Safety planning based on the child's specific needs should be discussed and a written plan implemented. Discussion of safety plans should include the reasoning for these safety plans and strategies for successful implementation.

\*OCOK Kinship and ACH Kinship Connections will be invited to Care Coordination Meetings when placement is with a kinship or fictive kinship placement.

Please see proposed training that we could consider having ever caretaker complete - <https://love146.org/resources/#youth-and-families>

12.04 Missing Children – Collaboration with Special Investigations			
Domain	Special Populations, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2022	Revision Dates	8-2022
Documents			
Reference	ACH Child and Family Services Policy – Service Planning and Support Services, NCIC Database, NCMEC, CSCAL, IMPACT, 42 U.S.C §671(a)(35)(B), Texas Family Code §264.123, 42 U.S.C §671(a)(35)(A), 42 U.S.C §671(a)(34)(A), DFPS Policy 6400, COA FKC 14.07		

**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.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will collaborate with its partners and will notify an OCOK Supervisor and Law Enforcement *immediately upon receiving information* regarding a missing or abducted child or youth in foster care. OCOK will provide all necessary information to Law Enforcement authorities and or tribal governments 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. OCOK will assess the risk of abduction vs. running away; however, no matter what the circumstances the child is considered missing and actions must be taken quickly.

A child or youth in DFPS conservatorship is considered *missing* if any of the following apply:

- The child or youth runs away.

- The child or youth is abducted by a known or unknown person.
- The child or youth is otherwise absent from care with no known location.

When a child or youth in DFPS conservatorship is missing, it is extremely important that OCOK makes every effort to quickly locate and ensure the safety of the child or youth. OCOK will work to create an environment that provides a sense of safety, support and community to the child.

If a child or youth runs away or is otherwise missing and his or her location is unknown, the OCOK Permanency Specialist or assigned on-call staff must notify each of the following:

- Primary or On-call OCOK Supervisor.
- Law Enforcement in the jurisdiction where the child went missing.
- National Center for Missing and Exploited Children (NCMEC) at the [Report a Missing Child web portal](#) for child welfare reports or the 24-hour call center: 1-800-THE-LOST (1-800-843-5678).
- The designated special investigator regional mailbox and the regional director's assistant. Include identifying information about the child, the law enforcement report number, and the NCMEC report number.

The OCOK Permanency Specialist or assigned on-call staff must notify all parties that the child is missing or has run away. Unless otherwise specified, OCOK will provide notice to:

- the child's parent;
- the parent's attorney, if applicable;
- an Attorney ad Litem appointed for the child;
- a Guardian ad Litem appointed for the child;
- a volunteer advocate appointed for the child (CASA);
- the licensed administrator of the Child-placing Agency (CPA) responsible for placing the child or the licensed administrator's designee;
- the foster parent, kinship caregiver, prospective adoptive parent, or director of the group home or general residential operation where the child is residing (child's placement); and
- any other person determined by a court to have an interest in the child's welfare.

Exceptions to the parent notification:

- a court has restricted the parent's access to information;
- the child is in the permanent managing conservatorship of CPS and the parent has not participated in the child's case for at least six months;
- OCOK cannot locate the parent
- the parent's rights have been terminated; or
- OCOK has documented that it is not in the child's best interest to involve the parent in case planning.

## Other Initial Tasks

### Amber Alert

The Amber Alert Network was developed as a statewide emergency response system for abducted children. The Network is designed to be activated in instances involving true child abductions.

If OCOK believes that a child has unwillingly left the substitute care placement or has been removed by an unauthorized person, the OCOK Permanency Specialist requests that the child be placed on the Amber Alert System when making the report to local law enforcement. The local law enforcement officials will work with the Texas Department of Public Safety (DPS) to decide if Amber Alert criteria are met and will activate the Amber Alert Network, if appropriate.

### Child Safety Check Alert List

When a child runs away or otherwise goes missing, OCOK will request that local law enforcement file a missing person report with the National Crime Information Center (NCIC).

If the appropriate law enforcement officials decline to file a missing person report on the missing child, OCOK will, immediately following the event, notify an OCOK Supervisor and the Special Investigator Program Director (SIPD). If immediate notification is not possible, the notifications must be made within eight (8) hours.

The SIPD must request that DPS place the child and the family on the Child Safety Check Alert List (CSCAL).

### Ongoing Recovery Efforts

OCOK will continue ongoing efforts to recover the child. OCOK does this by making attempts to locate the child in the field, as well as collaborating efforts with the Special Investigator assigned to the case. OCOK will maintain ongoing communication with the Special Investigator until the child is located or a court dismisses our conservatorship case. OCOK will staff with the Special Investigator a minimum of once per month and document within 24 hours in IMPACT.

Ongoing efforts may include at least monthly contacts, as applicable, with the following:

- National Center for Missing and Exploited Children (NCMEC)
- Appropriate law enforcement agencies
- The child's relatives
- The child's former caregivers
- Any social service agency that may be providing services to the child
- Social Media Searches
- Collaboration with Special Investigator

The assigned Special Investigator must actively assist us in searching for the child until the child is found or the court dismisses conservatorship of the child.

The Special Investigator must remain in contact with law enforcement and the NCMEC, if applicable, weekly until the child is recovered, and a plan for sharing information will be created.

When OCOK receives notice that a child is missing, OCOK will enter the Missing Child Episode into IMPACT by doing the following:

- Enter information in all required fields on the *Missing Child Detail* page within 24 hours of notification.
- Complete *Missing Child Detail* page within 48 hours of receiving notification that the child is missing.
- Enter the National Crime Information Center (NCIC) case number on the *Missing Child Detail* page.

Until the child is recovered, OCOK, along with the assigned Special Investigator, will document in IMPACT all efforts to recover the child.

OCOK will include efforts to recover the child in the *Contacts Performed* and in the *Contact Evaluation* portions of the record, which are reviewed monthly by the OCOK Supervisor.

The OCOK Permanency Specialist and OCOK Supervisor will meet at least monthly with the OCOK Program Director, and other appropriate staff members to determine whether sufficient efforts have been made to recover the child and whether other actions are needed. All efforts and contacts must be documented within 24 hours.

#### When a Missing Child Returns to Care

If a child returns to substitute care after being reported to law enforcement as a runaway or missing, the child's OCOK Permanency Specialist or assigned on-call staff must provide notice as described above when notifying parties of a missing child.

The OCOK Permanency Specialist or the Special Investigator, whoever made first contact with the child, must interview the child in a welcoming way to do the following:

- Determine the reasons the child ran away or was absent from care.
- Get information about the child's experiences while absent from care.
- Screen to determine whether the child was a victim of abuse or neglect, or a victim of sex or labor trafficking, while absent from care.
- As appropriate ensure the child or youth is cleared by medical and has any necessary clinical consultations with the guidance and collaboration of Law Enforcement.

If the interview identifies the child as a victim of a crime, including trafficking, OCOK will immediately, but no later than eight (8) hours after the interview, report the situation to local Law Enforcement.

If the child is identified as a victim of abuse or neglect or trafficking, we must also notify Statewide Intake to make a report immediately, but no later than eight (8) hours upon becoming aware of this information.

If OCOK completes the interview, OCOK will share the information with the Special Investigator, and if the Special Investigator completes the interview, the Special Investigator will share the information with OCOK.

If the reasons the child ran away or was absent from care are revealed during the interview, OCOK will, to the extent possible, address those factors in the child's current and future placements.

When a missing child is recovered, OCOK facilitates a Youth Recovery Roundtable, also called a Wraparound Meeting, with the child. This meeting allows the child an opportunity to discuss the reasons for running away and to develop alternatives to running away in the future and address any issues that make have happened while they were missing by providing needed supports and ensuring the child is in their proper placement.

#### **Notifications for Identified or *Suspected/Confirmed Victims of Human Trafficking***

When a missing child or youth is recovered, OCOK will also screen them during an interview to determine whether the child or youth was a victim of sex or labor trafficking during the absence and document the findings in IMPACT. Each *Sex or Labor Trafficking* event that is *Suspected-Unconfirmed* or *Confirmed* will be added to IMPACT as a trafficking record on the *Trafficking Detail* page.

OCOK will inform local law enforcement immediately, but no later than eight (8) hours after, identifying or suspecting that a child, youth, or young adult (ages 0 – 20) has become or may become a victim of sex or labor trafficking. (Refer to OCOK Human Trafficking Victims (Suspected and Confirmed) Policy)

OCOK will also make a report to Statewide Intake immediately, but no later than eight (8) hours upon becoming aware of this information.

In addition, when a missing child is recovered, OCOK will ensure the required child recovery information is documented. OCOK will complete the following in IMPACT:

- Complete the initial required fields on the *Child Recovery Detail* page in IMPACT within 24 hours of the child's recovery.
- Complete the *Child Recovery Detail* page in its entirety within seven (7) days of the child's recovery.
- Document the child's recovery information in a *Contact Narrative* in IMPACT, providing additional details of the missing event.

OCOK will work collaboratively with the Special Investigation Division and Child Protective Investigations to ensure child safety and excellent service delivery. (Refer to OCOK Human Trafficking Victims (Suspected and Confirmed) Policy)

The role of the Special Investigator in these cases 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 emails 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 OCOK Permanency Specialist, OCOK Permanency Supervisor, child's caregiver, and others as identified by the OCOK Permanency Specialist.

- b. Reviews information submitted in the original email request and obtains additional information from the OCOK Permanency Specialist as needed. This includes obtaining the LE and NCMEC case numbers obtained by the OCOK 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 OCOK 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 (9) digits.
- k. The SI provides OCOK with a copy of any fliers produced by the LEA or NCMEC.
- l. The SI remains in contact with the OCOK 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.
- m. 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.

- n. 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.
- o. 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.
- p. Until the child is located, the SI assigned to the case:
  - a. Remains in contact with the OCOK 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.
- q. As requested by the OCOK 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.
- r. If the SI locates the child, the SI takes the following actions:
  - 1) The SI notifies the RDA, OCOK 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 OCOK 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 OCOK Permanency Specialist when possible. The interviews should consist of questions to determine:
    - 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.
  - 4) If any child abuse and/or neglect occurred while the child was missing,
    - Share results of the interview with the OCOK Permanency Specialist, if not present for it.
- s. 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.

- t. The SI completes the Found Survey in Survey Monkey after the youth is interviewed.
- u. The SI documents the results of the interview(s) in IMPACT.
- v. 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.
- w. 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.
- x. Once the Special Investigator completes all required documentation, the SI forwards all hard copy documents to the OCOK Permanency Specialist to be placed in the case file.
- y. The Special Investigator arranges to be removed as a secondary worker on the case.

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

- Receives notification from the RDA or the OCOK Permanency Specialist.
- Contacts the OCOK 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 OCOK 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 OCOK Permanency Specialist that a child has been found and ensures the other has been notified. If the OCOK 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.

12.05 Military Families		
Domain	Special Populations, ACH Client, Family and Agency Rights and Responsibilities	
Effective	3-01-2020	Revision Dates: 6-2022
Documents	Certificate of Service or Non-Service, Form 2068 Affidavit Regarding Military Service	
Reference	Texas Family Code 153 (L), Service Members Civil Relief Act (SCRA)	

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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) 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, Permanency staff 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 L.

Whether the agreement is informal or formal:

- Permanency Specialist documents detailed information in the case narrative regarding any designation by a parent of a caregiver; and
- informs the attorney representing DFPS

Permanency Specialist documents all efforts and notifications in the case narrative no later than 72 hours after the event occurs.

Permanency Specialist discusses these situations as they arise with their Supervisor.

It is important that OCOK ensure of 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.

12.06 Incarcerated Parents			
Domain	Special Populations, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	6-2022
Documents			
Reference			

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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, OCOK makes attempts 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](mailto:webmaster@bop.gov)
- 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, OCOK arranges for them to be served at the facility where they are located. This is discussed on a case-by-case basis with the Permanency Supervisor and legal staff to ensure service on each case.

### 2. Arranging a meeting with an incarcerated parent

Permanency Specialist will

- 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 their driver's license with them
- Know the visitation policy, procedures and any restrictions of the facility
- Business professional dress is required when visiting an incarceration facility
- Communicate to their Supervisor and facility staff any safety concerns they 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.

Permanency Specialist will

- 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, the Permanency Specialist 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 their role in the process and provide the parent with contact information to reach them during and after regular business hours

- Keep in mind, an incarcerated parent is still the child’s parent. OCOK 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.
- Remind 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, the Permanency Specialist will:

- 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 engage with current or formerly incarcerated parents. Texas prisons have a reintegration program with case managers for those exiting their system. In addition, Permanency Specialists 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.

## **Section 13**

### **Preparation for Adult Living and Transitional Services**

**13.01 Preparation for Adult Living (PAL)**

**13.02 Driver's License for Youth**

**13.03 Transitional Living Services**

**13.04 Birth Certificate**

13.01 Preparation for Adult Living (PAL)			
Domain	PAL and Transitional Services, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	6-2022
Documents			
Reference	TAC 700.1601-700.1604, 42 USC, Social Security Act		

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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 years and older for Preparation for Adult Living (PAL) Services. If they turn 14 or older while in care, OCOK 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.

OCOK 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.

OCOK will arrange these services for each youth to begin within ten days of them being placed into foster care. OCOK will utilize the Ansell 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.

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 been 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 Ansell Casey Life Skills Assessment within seven (7) 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. OCOK 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.

OCOK will provide the PAL Life Skills training to all youth in the conservatorship of DFPS who are age 14 years and older. The Permanency Specialist is responsible for ensuring each youth on their caseload receives this training. In addition, OCOK partners 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.

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, OCOK will ensure each young adult at age 14 years and older are 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 years may qualify for free driver's license
- Credit Report – Each youth in care age 14-17 years 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.

Permanency Specialists, as the person responsible for the case management and service provision to young adults on their workload, will 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.

13.02 Driver's License for Youth			
Domain	PAL and Transitional Services, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	6-2022
Documents	Form 2042 (DFPS Foster Youth Driver's License Fee Waiver Letter), DPS Form DL-14A – Application for Texas Driver's License or Identification Card, DPS Form DL-5 - Texas Residency Affidavit		
Reference	Texas Transportation Code 521.1811		

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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)

Permanency Specialist 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 childcare 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.

13.03 Transitional Living Services			
Domain	PAL and Transitional Services, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	9-2022
Documents	Extended Foster Care Agreement form		
Reference	Transition Plan, ACLSA, CPOS, 42 USC 1396a(a), Social Security Act 475(5)(I), 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, COA FKC 15.01, FKC 15.02, FKC 15.03, FKC 15.04, FKC 15.05, FKC 15.06, FKC 15.07, FKC 15.08		

**Purpose:**

To provide transitional living services to youth in foster care age 14 and older. This includes life skills training, document provision for young adults, transitional living center services, higher education benefits, Preparation for Adult Living (PAL) services, and other resources and services dedicated to assisting our foster care youth in becoming successful adults.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Purpose:**

Preparation for adult living begins long before a child’s 18<sup>th</sup> birthday to ensure the best chances for success. 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 ensure the youth/young adults are instrumental in designing their own transitional activities and services and should participate in all aspects of exploring and planning for their future. OCOK will discuss and collaborate with each youth, birth parents, caregiver, CASA, ad litem attorneys, service provider 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.

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 been 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.

The OCOK Permanency Specialist will work with the youth to build an appropriate social support system that includes strong, consistent relationships with committed caring adults, access to community supports that meet the child social, cultural, religious, etc. needs and also have connections to a positive peer group.

When a youth turns 14, the OCOK Permanency Specialists will ensure the caregiver and/or Provider works with the regional PAL Provider to administer the Ansel Casey Life Skills Assessment (ACLSA) within 30 days. 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. OCOK 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 (CPOS). The ACLSA assesses the youth's needs around educational/vocational development, interpersonal skills, their ability to manage finances, the ability to manage a household and provide self-care. The ACLSA should be reviewed and debriefed with the youth and caregiver and reevaluated as part of the ongoing transition planning process.

OCOK will provide the PAL Life Skills training to all youth in the conservatorship of DFPS who are age 14 and older. The OCOK Permanency Specialist is responsible for ensuring each youth on their caseload receives this training. In addition, OCOK partners 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 OCOK involves and engages 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 older.

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

- Birth certificate
- Social Security card or number when a card is not available
- Texas ID or
- 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. OCOK will request it annually on their behalf until they are discharged from conservatorship (Social Security Act 475(5)(I)).

They will also receive assistance in obtaining/creating:

- A resume describing their work/education experience

- A bank account and access documents
- Religious documents/information
- Tribal membership and eligibility documentation
- Documentation of immigration or refugee status if applicable
- Death certificates if their parent/s is/are deceased
- A life book or pictures/photographs other items telling their personal history
- A list of known relatives including their relationship and contact information and permissions for contacting any relatives
- A placement history report
- Education records including a diploma, list of past schools attended, report cards, GED documentation, ARD/IEP documents, etc.
- Health/medical records including access to Health Passport which contains contact information for their doctors and diagnostic information, treatment information and medications.

Additionally, as young adults, a variety of complex and diverse situations may arise for some youth for which the OCOK Permanency Specialist is 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. The OCOK Permanency Specialist must consult with their 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 refer to the Texas Youth Connection website for center locations and additional information)
2. Higher education benefits
3. Medical Care  
DFPS is 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  
OCOK provides 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 does not 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. 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 older who were in foster care.
7. Former Foster Care Children Program
8. Extended Foster Care Program  
When a youth wants to remain in care, the OCOK Permanency Specialist should first check with the OCOK PAL Coordinator assigned to the youth to ensure they meet the requirements. A youth must be enrolled in school full-time or have employment or a disability that prohibits them from working/going to school full-time and must have a placement willing to keep/maintain them. The OCOK Permanency Specialist will work with the caregiver/Provider to obtain the Extended Foster Care Agreement form and check with the OCOK Intake team to ensure the Provider can maintain the placement. Once all requirements are met, the OCOK Permanency Specialist should work with the youth and caregiver to develop a plan for independence, clarifying the roles now that the youth is an adult and establish mutually agreed upon expectations.

### **Transition Planning**

When a youth turns 15.5 years, or upon entering into foster care after the age of 16, the OCOK Permanency Specialist will refer the youth for a Transition Plan Meeting. Meetings are coordinated and facilitated by either an OCOK PAL Specialist or a Provider's case manager depending on the type of placement. Plans should be reviewed informally monthly and formally once every six (6) months, more frequently the closer the youth gets to 18, and as needed when there are areas of concern that still need to be addressed. The plan should be individualized, strengths focused and youth- driven and must cover the following areas:

- Housing and transportation needs
- Education/Academic supports
- Employment/Workforce supports
- Finances/Income including SSI, public assistance etc.
- Superior Medicaid or other insurance
- Physical and behavioral/mental healthcare needs, including substance abuse/use treatment, medication management, etc.
- How to transition to adult systems of care such as MHMR, DADS, DARS, DSHS, etc.
- State/Federal services and supports that are available to youth who have aged out of foster care for education and independent living activities
- Social, peer, cultural, and community supports including any mentoring opportunities or community volunteers who have been successful in transitioning to adulthood, including any former foster youth support groups in the community
- Legal rights and requirements regarding consent to remain in care or return to care past 18

- How to contact OCOK or DFPS should they move out of region/state and what supports are available after case closure (Refer to OCOK Operations Manual for Return to Care procedures)

### **Services and Supports**

The OCOK Permanency Specialist, as the person responsible for the case management and service provision for young adults in their workload, must consistently actively engage, listen and assess the specific young adult's strengths and needs; understanding that their particular strengths, needs, hopes and dreams are specific to them as individuals as well as to their age. OCOK takes a strengths-based approach that promotes the safety, permanency and wellbeing of the youth by helping them :

- explore their family relationships including their readiness and their family's readiness to have them participate in a healthy way in the youth's life
- with relationship support with other peers and adults including how to determine the commitment to being in the youth's life
- with strategies for coping with healing from stress and trauma associated with their life circumstances
- with housing options including any tribal options. OCOK staff will help them weigh the pros and cons of each type of post-care housing options to determine what will be best for the youth and meet all of their needs.
- with academic/educational needs and interests including both secondary education, post-secondary options (college/university, technical or trade schools, certificate programs, etc.) and how to access educational waivers and supports
- And assist in supporting the youth determine career/employment interests and skill sets.

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.

### **Trial Independence**

When a youth turns 18 years, if they choose to leave care, they will begin what is referred to as Trial Independence. This period can last from 6 to 12 months. If the youth or court so desires, the legal case can continue to be monitored by the court system upon formal request. During this time period, the youth will be largely on their own and the OCOK Permanency Specialist is not required to visit them monthly but still may be a source of support as necessary. If the young adult wishes to return to care during this time at any time, they can contact their OCOK Permanency Specialist or the OCOK PAL Coordinator to initiate the process. At least six (6) months prior to Trial Independence, when aging out is the goal and/or no other permanency option has been located, the OCOK Permanency Specialist will notify the youth of their options for health benefits, education and financial benefits and ensure they are provided with in writing any deadlines, instructions, etc. and how to contact OCOK for support to ensure there is not a lapse and/or smooth transition of services/benefits as a result of the closure of a case.

Refer to Transitional Living Services in the OCOK Operations Manual for more information on the Provider's role in service planning and provision.

13.04 Birth Certificates			
Domain	PAL and Transitional Services, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2022	Revision Dates	
Documents			
Reference	VitalChek, CareMatch, OneCase		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will obtain a birth certificate for every child upon entering into care. An OCOK Care Coordination Administrative Assistant upon receiving notification of a new removal, will gather information about each child including the child’s name, Date of Birth, location of birth (City and State, and/or Country), the name of the parents and obtain a copy of the court orders granting DFPS custody of the child/ren. The OCOK Care Coordination Administrative Assistant will then request through VitalChek, an original birth certificate. Upon receiving the original birth certificate, a copy will be uploaded into CareMatch and OneCase and a copy sent to the Permanency Specialist. The original will be stored on file at an OCOK office securely and will be provided either to the youth/parents at the termination of the case, or to the Adoptive Parents for the purpose of adoption. The OCOK Care Coordination Administrative Assistant will track all requests and location of the document.

For cases requiring a delayed birth certificate, the OCOK Care Coordination Administrative Assistant will complete all forms and gather all documentation (see DFPS policy for Requesting a Delayed Birth Certificate) and obtain a money order or check from the OCOK Finance Department to be sent off with the request for the Delayed Birth Certificate.

The OCOK Care Coordination Administrative Assistant will notify the Permanency Specialist of any barriers to obtaining a birth certificate and document.

**Section 14**  
**Family Reunification**

**14.01 Family Reunification**

**14.02 Family Reunification Assessment Tool**

**14.03 Family Reunification Risk Reassessment Tool**

14.01 Family Reunification			
Domain	Family Reunification, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	8-2022
Documents			
Reference	ACH Child and Family Services Policy – Referrals and Family Support Services, FSNA, Safety Assessment, FPOS, Transition Plan, Family Reunification Risk Reassessment Tool, IMPACT, Request to Dismiss Affidavit, Texas Family Code 263, 274, CFR Title 45, Texas Administrative Code 700.1106, COA FKC 14.09, FKC 16.01, FKC 16.02, FKC 16.03, FKC 16.04, FKC 16.05, FKC 16.06, FKC 16.07, FKC 23.03		

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

Once it is believed that a child can safely return home, OCOK will be diligent and expedient in the reunification process. OCOK will ensure that parent/child therapeutic services are in place on cases where Family Reunification is a primary goal. OCOK will ensure that children and families receive the support and services they need to ease the transition to reunification, stabilize the home, and prevent re-entry into out-of-home care.

OCOK will ensure that parents are prepared for the return of their children by providing support and services to them. These services and support should assist them with understanding the expectations and responsibilities of their children’s return, through an individualized plan for promoting stability after the reunification by:

- Developing strategies for providing appropriate care, managing children’s behavior, meeting any special needs (behavioral, physical or otherwise) the children may present, and preventing reoccurrence of any safety concern that led to their original separation from their children
- Considering how everyday life and family relationships will be impacted by the children’s return
- Understanding how the children may react and behave as they adjust to being home
- Exploring any anxiety, uncertainty, ambivalence, or other feelings they may have about their responsibilities related to their children’s return.

- Communicating openly and transparently about any worries stemming from the children’s separation from their family, including any assistance needed to address separation and rebuild the parent/child relationship
- Discussing family progress, issues, behaviors and conditions that led to their involvement with the Child Welfare System
- Additional formal and informal support and services that the children and family may need moving forward

During the reunification process, OCOK 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.

OCOK will ensure that each child receives unique, individualized age-and developmentally appropriate support and guidance that helps them explore their feelings about reunification and prepares for them to return home.

OCOK will collaborate with kinship and foster families to ensure they understand their importance in this process and to:

- Explain their role in supporting and facilitating reunification
- Help them explore and cope with any anxiety, grief, or other emotions they may be feeling, as a result of the reunification
- Clarify what opportunities there may be for ongoing contact with the children following the reunification.

OCOK will ensure consistent communication 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.

Note: In the event the court orders a Monitored Return of a Child to Parent, with OCOK’s recommendation or otherwise, OCOK we will ensure adherence to all orders of the court.

Once determined that it is safe to consider a reunification and it is in the child’s best interest to return home, OCOK will schedule a reunification staffing between the Permanency Specialist, the Permanency Supervisor and the Permanency Director (within three (3) business days) to discuss the reunification and case facts. This discussion may be in person or via other technological methods, as appropriate.

The Permanency Specialist will be certain to be able to clearly articulate the transition plan for the child’s return – i.e., the 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 reunification and transition
- Discussion with CASA and the ad litem regarding the reunification and 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

The OCOK Permanency Supervisor and the OCOK Permanency Director may provide additional tasks to complete prior to consulting with Attorneys regarding the reunification. 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.

1. If the staffing results in approval for the child to return home, the OCOK 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 (3) days of approval to request a Reunification Legal Staffing (this staffing involves the OCOK Permanency Specialist, OCOK Supervisor and the DFPS Attorney); and
  - 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.

2. Once court approval is obtained the OCOK Permanency Specialist will:
  - Partner with the birth parents, child, foster parent/placement, relatives/fictive kin and other stakeholders regarding the physical move of the child/ren home. (Ensure that sufficient advance notice is provided – collaborating with the children, parents, caregivers, CASA and ad litem)
  - Ensure the process is graduated, as appropriate for the age of the child and the family circumstances (time to prepare and process for all).
  - 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).
3. Once the child is returned home, the OCOK Permanency Specialist must make a home visit to see the child and family the day following the return home.
  4. At the time of the reunification (when a child is returned home) the OCOK Permanency Specialist will provide the family with a Family Reunification binder (obtained through the OCOK Permanency's unit Administrative Assistant).

The binder should include the following for each child, as applicable:

- original birth certificate
  - photographs
  - original social security card
  - final court order and legal documents
  - educational records and report cards, most current Individualized Education Plan (IEP)
  - medical and dental reports/exams (Names and addresses of children's doctors, information regarding any special needs and appropriate/follow up treatment, medications)
  - immunization record
  - psychological evaluation
  - original Medicaid card
  - any remaining medications or needed refill
  - Texas Health Steps brochure
  - Family Plan which summarizes the children's placements, experiences and growth while separated from their family
5. The OCOK Permanency Specialist will ensure that all Service Providers that we are collaborating with to support the children and family are aware of the reunification and are notified the child/ren is home.
  6. OCOK will provide individualized services, support and mentoring for the child and family for up to six (6) months, while DFPS maintains conservatorship (although we can provide services and support for up to six (6) 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)
  7. The OCOK 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 (8) 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 the case, the OCOK Permanency Specialist, OCOK Permanency Supervisor and OCOK Permanency Director may determine that the child and family are ready for less frequent visits to the home. The OCOK Permanency Specialist, as the one most familiar with the case facts, will make sure

he/she is able to clearly articulate to the OCOK Permanency Supervisor and OCOK Permanency Director, a thorough assessment of child safety, the Transition Plan and reunification, as well as the input and feedback of those involved in the case regarding progress and any identified barriers.

8. 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 strengths and needs of the child and family at this point in time

They will occur at the home weekly for the first 90 days of the reunification. If facts support a different approach earlier than 90 days, the OCOK Permanency Specialist will consult with their OCOK Permanency Supervisor and OCOK Permanency Director.

9. The OCOK Permanency Specialist will update the Service Plans within ten (10) 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.
10. The Family Reunification Risk Reassessment Tool will be completed every 90 days after a child/children have returned home. (Refer to Family Reunification Risk Reassessment Tool Procedure) After completion it will be sent to the OCOK Permanency Supervisor for approval, the OCOK Permanency Specialists will consult with their Supervisor regarding any needed next steps.
11. 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 OCOK Permanency Specialist will consult with their Supervisor for case closure.
12. The Family Reunification Risk Reassessment Tool will be completed prior to staffing the case with the OCOK Permanency Supervisor for case closure. (Refer to Family Reunification Risk Assessment Tool Procedures)
13. OCOK will ensure that a discussion is held with the family regarding their successful changes in behaviors and conditions that have reduced risk to the child/ren and strategies for maintaining those changes. This discussion and these strategies will be documented in IMPACT.
14. After obtaining approval, OCOK 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 OCOK Permanency Specialist and their Supervisor and the DFPS Attorney may be beneficial prior to making the request)

The request is made by the OCOK Permanency Specialist contacting the DFPS Attorney on the case and requesting legal dismissal. The Attorney will likely ask the OCOK Permanency Specialist to complete a Request to Dismiss Affidavit. (Refer to Legal Section examples) This should be completed within three (3) business days of the discussion and submitted to the OCOK Permanency Supervisor and the DFPS Attorney. (Some courts may require a formal hearing to dismiss the legal case. If this is the court requirement in a specific county, OCOK will attend the hearing and provide testimony regarding the request, as applicable.)

15. 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.
16. 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.
17. Within five (5) business days of the court's approval dismissing the legal case, the OCOK Permanency Specialist will complete the closing narrative information in the computer and submit to the Supervisor for approval through IMPACT.
18. Once approved by the OCOK Supervisor in the computer system, the OCOK Permanency Specialist will send notification of case closure to all parties entitled to notification within five (5) business days.
19. The OCOK Permanency Specialist will prepare the physical case file for storage and send to the OCOK Permanency's unit Administrative Assistant within 10 days of case closure.

**Note:** In the event a new referral regarding abuse or neglect is received or a removal occurs during the open case, the OCOK Permanency Specialist must speak with their Supervisor immediately. (If there is a need to request previously closed physical case files from DFPS regarding the family, please request these through the Permanency's unit Administrative Assistant. The Permanency's unit Administrative Assistant will request these records through DFPS.)

14.02 Family Reunification Assessment Tool			
Domain	Family Reunification, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	8-2022
Documents	Reunification Assessment Tool		
Reference	Structured Decision-Making (SDM) Reunification Assessment Procedure and Reference Manual		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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.

Refer to the [Structured Decision-Making \(SDM\) Reunification Assessment Procedure and Reference Manual](#) for specific details on completion of the Reunification Assessment tool.

If additional guidance or training utilizing the tool is needed, Permanency Specialists must consult with their Permanency Supervisor.

14.03 Family Reunification Risk Reassessment Tool			
Domain	Family Reunification, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	8-2022
Documents	Risk Reassessment Tool		
Reference	Structured Decision-Making (SDM) Reunification Assessment Procedure and Reference Manual		

**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 also helps us assess whether the family’s behaviors and actions are changing throughout the duration of the reunification process.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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](#) for specific details on completion of the Reunification Assessment tool.

If additional guidance or training utilizing the tool is required, the Permanency Specialist must consult with their Permanency Supervisor.

## **Section 15**

### **Kinship**

**15.01 Family Finding and Engagement**

**15.02 Kinship Caregiver Home Assessment**

**15.03 Kinship Case Management and Supports for Kinship Caregivers**

**15.04 Kinship Caregiver Training**

**15.05 Disaster and Emergency Response Preparedness Plan (DERPP)**

15.01 Family Finding and Engagement			
Domain	Kinship, ACH Client, Family and Agency Rights and Responsibilities		
Effective	7-01-2022	Revision Dates	
Documents	Family Finding Request Form		
Reference	IMPACT		

**Purpose:**

OCOK will collaborate with families and the local child welfare agency network to identify, notify, and engage relatives and other close supportive persons that can be resources or supports for placement, permanency, and wellbeing for children of all ages. OCOK will practice due diligence and intensive efforts in identifying and locating familial connections to the fourth degree to be considered as placement options, support networks, and personal genealogical and cultural identifiers.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

1. OCOK conducts searches for missing parents (for both court notification/service as well as to work a service plan/make reunification efforts) and also searches for potential relative/family connections and placements.
2. Anyone needing a search for a missing parent or relative placements can make a referral to the OCOK Family Finding and Engagement (FFE) team by completing the Family Finding Request Form. All referrals will be sent to the [familyfinding@oc-ok.org](mailto:familyfinding@oc-ok.org) inbox. The Family Finding email box will be monitored by the OCOK FFE team and will be assigned to an OCOK FFE Specialist within 24 business hours of receipt. Any child/sibling group not placed with a relative at the time of removal should have a Family Finding Search no later than 14 days after the removal. OCOK FFE staff also attend all ICMs to mine for cases that do not have relative placement options and need family finding. All children identified as having Native American lineage/meet ICWA criteria will have all efforts exhausted to place them with family/tribal foster home according to the ICWA standards, and thus any child not placed with a tribal family member at the time of removal, requires an automatic referral for family finding.
3. Upon receiving a referral, the assigned Family Finding and Engagement Specialist will contact the request maker no later than the following business day to identify referral objectives and tasks. Referral objectives may include search or meeting request efforts.
  - a. Searches:
    - i. The assigned OCOK Family Finding and Engagement Specialist will utilize diligent search methods to identify, locate, notify, and engage relatives and other

supports per the objectives of the request. Diligent search methods include but are not limited to case mining and review of case related documents, review and search criminal history and activity, employment history, Registered Sex Offender registry, public and private internet search engines, social media review, international agency and ICWA identification and procedures, TIERS, DFPS FINDRS, collaboration with DFPS Special Investigations, SENECA searches and attempts to make contact with potential connections via phone call, text message, email, video conferencing, and in-person.

- ii. All referrals are tracked on an assignment spreadsheet and any referral resulting in a home assessment is also documented and tracked for follow-up.

b. Meetings:

The assigned OCOK Family Finding and Engagement Specialist will assist in identifying meeting agenda and objectives, potential participants, necessary information gathering and will contact, coordinate, schedule, and facilitate meetings via various platforms including but not limited to video conferencing, phone conferencing, and in-person. Meeting participants will be informed of meeting rules and requirements per statute requirements and meeting plan/notes will be completed and distributed to pertinent parties in digital and hard copy form per expressed preference. If language translation is required for meeting participation and documentation such accommodations will be applied and provided.

Meeting participants will be decided based on the objectives, needs, sensitivities, and requirements of the case. Possible meeting participants may include but are not limited to the Child(ren)/Youth, Parents, Family Members, Fictive Kin, OCOK Permanency Specialist, OCOK Permanency Supervisor, OCOK Kinship, OCOK Care Management, OCOK Leadership, Ad-Litem/Attorneys, CASA, Provider's case managers, Special Investigators, Probation Officers, Advocates, Therapists, Treatment Providers, Foster Parents, Caregivers/Babysitters/Respite, and/or any other person of relevance that is identified or approved for participation.

c. Other Collaborative Efforts

- i. Per considerations of the reasonable and manageable OCOK Family Finding and Engagement caseload and capacity, Family Finding and Engagement staff will assist and participate in collaborative family finding and engagement efforts within the OCOK agency and with community stakeholders, local child and family welfare networks, and other out of region state and SSCC agencies in order to provide assistance for children placed in foster care within OCOK conservatorship and/or region.

*Note: Collaborative efforts, requirements, roles and tasks in such instances will be designated and agreed upon based on each entity's requirements, policies, and procedures.*

*Note: Referrals may have overlap in family finding and engagement tasks and duties depending on referral objectives and case needs and considerations, i.e., family finding and search requests may yield the need for meetings, and meetings may yield the need for family finding and search tasks. The assigned OCOK Family Finding and Engagement Specialist will*

*collaborate with the referral requestor regarding these instances in order to determine search and meeting needs, methods, and procedures.*

4. Notification, engagement, and documentation of such events will be provided to pertinent parties as determined by case sensitivities and requirements through various methods and platforms including but not limited to verbal/phone calls, in-person visits, text messages, group meetings, video conferencing, email, and calendar invites. If language translation is required in these contact attempts such accommodations will be provided and applied.
5. OCOK Family Finding and Engagement staff will enter Family Finding and Engagement documentation into the designated recording keeping areas such as departmental datasheets and IMPACT.

15.02 Kinship Caregiver Home Assessment			
Domain	Kinship, ACH Client, Family and Agency Rights and Responsibilities		
Effective	9-2022	Revision Dates	
Documents	Home Assessments Tracking Spreadsheet, Kinship Home Assessment Template, Form 2049 Risk Assessment, Kinship Denial Form		
Reference	OCOK Operations Manual – 6.15 Adoption, Form 6581, Non-paid Information Request form, OCOK Kinship Home Assessment Referral form/2700, Removal Affidavit, Criminal Background Check procedures, Form 0398 Kinship Profile Questionnaire, Form 0399 Release of Information and Acknowledgement, Form K-905-0687 Medical Consent Training for Kinship Caregivers, Kinship Caregiver Safety Acknowledgement form, IMPACT, COA FKC 18.01, FKC 18.02, FKC 18.03, FKC 18.04, FKC 18.05, FKC 18.06, FKC 18.07, FKC 18.08, FKC 18.09, FKC 19.05		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

In order to assess safety and ensure that a relative caregiver has the ability to meet the needs of our child/ren, OCOK completes a home assessment on all caregivers either prior to or as soon as possible after a child or sibling group has been placed with a relative. The home assessment process is a standardized and collaborative process between OCOK and the potential caregiver, DFPS, Permanency, the child and others and is conducted in a culturally responsive manner using our defined Kinship Home Assessment Template and Risk Assessment Tool. OCOK ensures that the home study is completed by someone who speaks the same language of the family or at a minimum that there is an approved translator present during the entirety of the home visit process.

**When a child is placed by DFPS in a Kinship Home at the time of removal**

If a child or sibling group is placed with a relative at the time of removal, it is the responsibility of DFPS to conduct a preliminary assessment on the family including running criminal background checks, interviewing the family and collaterals, doing a walk thru of the home and assessing any immediate safety or well-being needs/concerns. Upon completing a preliminary assessment and obtaining Supervisor and Program Director’s approval, they can make placement with the relative but must still request a full home assessment from the OCOK Kinship Department.

OCOK has Home Assessors both in-house as well as contract Providers who complete home assessments on potential relative and fictive kin placements. All policies and procedures outlined below apply to both, in-house and contract home assessments assessors.

**Referral and Assignment**

Home assessment referrals can be made by either the OCOK Permanency Specialist or when a child is already placed in a kinship or relative home at the time of removal, by the Investigations CPI Specialist who was working with the family. Home assessment referrals will be made to the Kinship inbox

([ocok\\_kinship@oc-ok.org](mailto:ocok_kinship@oc-ok.org)) and include Form 6581, Non-paid Information Request form, OCOK Kinship Home Assessment Referral form/2700, Removal Affidavit, Background checks for household members ages 14+ and applicable court orders. The referring worker will ensure the child's SUBCARE stage is created in IMPACT, duplicate PIDs are merged, complete addresses, phone numbers and email addresses are entered, and correct dates of birth and social security numbers (if known) are entered for household members ages 14+. The referring worker will ensure the prospective caregiver receives Form 0398 Kinship Profile Questionnaire, Form 0399 Release of Information and Acknowledgement and Form K-905-0687 Medical Consent Training for Kinship Caregivers. The OCOK Kinship's unit Administrative Assistant will review referrals upon receipt for accuracy and request additional documents as needed before making an assignment. Referrals received after 4:00 PM or referrals with missing documentation will be assigned the next business day. Expedited referrals will be assigned by the end of the same business day they were received.

### **Assignment**

Assignments will be made to a Kinship Home Assessor (KHA) based on location, language needs and KHA's workload. Expedited assessments will be assigned on a rotating basis. KHAs will complete home assessments within 15 calendar days unless expedited due to court or requested by OCOK Permanency team. Referrals may be sent to a contract Provider based on KHA's workloads or out of region designation. Notification of assignment will be made via email to the referring worker. Referrals made to contract Providers will be completed according to the designated OCOK contract and when in house KHAs are not available or under special circumstances (i.e., OCOK has already completed one (1) in-house assessment and the family has requested another one). The KHA will document on the tracking spreadsheet and include the date of appointment and estimated due dates to Supervisor for review. The Kinship's unit Administrative Assistant will document on the tracking spreadsheet.

### **Assessment Completion**

Pre-assessment: KHA will review home assessment documents for accuracy, missing information and request additional documents/information as needed. Prior to the study the family will be provided with a Kinship Profile Questionnaire that the family is asked to fill out, preferably before the home visit and interviews, that is used as additional supportive information. The home assessment relies largely on self-reported information from the family and thus it is important to review any DFPS/criminal history, including Sex Offender Registries for all adults and any child over the age of 14 will be completed and reviewed, the preliminary assessment and/or if the family has ever been licensed or had an assessment completed before, any previous placement disruptions or been a Parental Child Safety Placement/voluntary informal placement for a child/ren before will be reviewed and assessed; as well as any other information gathered throughout the process.

KHA will staff with referring worker (Permanency team or DFPS) to discuss special handling, concerns or other considerations. KHA will contact prospective caregivers within one (1) business day. Upon initial contact, KHA will review the home assessment process with the prospective caregivers, review household members, explain home visit and interview expectations, discuss necessary documentation and answer questions regarding the process. An appointment time will be mutually agreed upon by the KHA and prospective family.

Home Visit and Interviews: KHA will interview all household members ages three (3) and older face to face and in person. Family members under the age of three (3) will be observed and documented. Any adult children living outside of the home will also be contacted and interviewed. Household members will be interviewed privately, and couples will have individual and joint interviews and should be age and developmentally appropriate. Permission is needed from the OCOK Kinship Home Assessment

Supervisor and OCOK Kinship Director to omit interviews and/or make alternative arrangements for interviews of household members or caregivers. During the process, between OCOK Permanency team and OCOK Kinship team, at least two (2) visits to the home will be made during the home assessment process. KHA will complete a walkthrough of the entire home and photograph the front of the home/front yard, backyard, subject child sleeping arrangements, bathrooms and any areas of concern or notable safety issues. Additionally, the KHA will observe interactions between the family members and document in the assessment. KHA will verify licensed drivers in the home, valid insurance coverage and verification of pay. KHA will have the family complete the Kinship Caregiver Safety Acknowledgement form and Form 0399 Kinship Release of Information and Acknowledgement. The Kinship Caregiver Safety Acknowledgement form is an informational form as well as an agreement on the part of the caregivers to report any suspected abuse or neglect, refrain from using physical discipline and/or degrading punishment, and instead employ positive discipline techniques, and ensure that all other caregivers/adults who may supervise the child/ren will also refrain from the use of physical discipline. The KSCA also addresses safe driving practices, safe sleep and water safety. KHA will collect the Kinship Profile Questionnaire if completed by caregivers. KHA will complete reference calls with all adult children of the prospective caregivers. KHA will complete reference calls with two relatives and three non-relatives including at least one individual with direct knowledge of the prospective caregivers' capacity to parent.

#### **Home Assessment Components:**

The assessment is a collaborative process that gives the family the opportunity to discuss their family story and reasons that lead them to becoming a kinship caregiver. Although not required, the home assessor does discuss the possibility of licensure and refers them to an ongoing OCOK Kinship Family Specialist to discuss their further options including any concerns they may have around becoming licensed or just placement in general. They are given the opportunity to discuss their role on their relationship of the parents and the child and can get more information on how to collaborate and support relationships with the child and their parents, other relatives or extended family members. The Kinship Home Assessment is comprised of nine (9) domains that each address several key areas regarding the ability of the caregiver to meet safety, well-being and permanency needs of the child or sibling group needing to be placed. The domains are as follows:

1. General Information
  - a. Case History and general information about the case
  - b. Contact with the requesting staff and/or Permanency worker
  - c. General Demographic information/identification of all household members- this includes names, DOB/age, relationship to the child, gender, religion, ethnicity, language, marital status, place of birth, highest level of education, military status, etc.
  - d. School information
  - e. Summary of Contacts
2. Safety
  - a. Kinship caregiver's understanding of why child(ren) was/were removed from the home

- b. Kinship caregiver's plan should a child or youth's behavior present a risk to themselves or others or significantly impairs daily functioning to ensure the child/youth and caregivers have the supports needed to prevent disruption of placement and promote a safe and therapeutic environment. This includes their adaptability, reliability, coping, communication and problem-solving skills.
  - c. Kinship caregiver's feelings and attitudes toward the child(ren)'s parent(s) and other family members and their willingness to collaborate with the parent(s), other family member and support the child's culture, family, peers and community
  - d. Kinship caregiver's initial reasons for wanting the child(ren) placed in the home/their motivation for providing care
  - e. Kinship caregiver's feelings and attitudes about the potential placement of a related child in their home and willingness to provide trauma-informed care, and work as a team to support the permanency of the child/ren
  - f. Kinship caregiver's future desires with respect to the placement including whether or not they are open to adoption or long-term placement
  - g. Kinship caregiver's history of alcohol and drug use or present use and tobacco use
  - h. Kinship caregiver's history of child abuse/neglect of kinship caregiver
    - i. Any rehabilitative efforts as appropriate
  - i. Findings from caregiver's abuse/neglect and criminal history checks (for the caregivers as well as anyone over the age of 14)
    - i. Any mitigating factors and/or rehabilitative efforts as appropriate
3. Family Relationships
- a. Family of origin- this includes a personal history of their trauma, and/or abuse or neglect. The caregiver's childhood, education, literacy/language skills and family relationships are explored here.
  - b. Previous Relationship
  - c. Current relationships (married/co-habituating couples)
  - d. Couples with children
  - e. Single parent caregivers
  - f. Children in the home
  - g. Other household members

- h. Frequent visitors
4. Family Functioning
- a. Caregiver's Health including physical and mental health
  - b. Family Rules and boundaries
  - c. Handling stress and expressing negative feelings
  - d. Kinship caregiver's home including community and social environment.
  - e. Situational safety issues including any issues related to transportation are addressed and the home assessor must ensure the caregiver as age-appropriate passenger restraint systems (if not, these can be provided prior to placement), that they can provide adequate passenger supervision as required by all Texas laws, that they maintain an appropriate vehicle with required registration/inspection, that they have a valid driver's license and insurance coverage. NOTE- if a caregiver cannot meet these requirements, this will not be a rule out, but rather, OCOK will work with the kinship caregiver to provide appropriate, safe transportation plans including using ride shares, other licensed relatives/supports, public transportation, Medicaid transportation, etc.
  - f. Safety issues related to the child
  - g. Discipline
  - h. Childcare knowledge including any previous experience with foster care, kinship care or adoption as well as their own child rearing experience.
  - i. Childcare management
  - j. Emergency Care Plan
  - k. Financial Situation and employment history
5. Permanency
- a. Child(ren)'s involvement with the kinship caregiver
  - b. Kinship Caregiver's plan to support the child(ren)'s permanency plan
6. Wellbeing
- a. Children to be placed
  - b. Dealing with children who have been physically, sexually abused and/or neglected
  - c. Relative Support systems or other social supports

7. References
8. Issues Identified in the Risk Assessment
9. Home Assessors Recommendations

### **Report Completion**

KHA will complete report on Kinship Home Assessment Template ensuring all prompts and guidelines are addressed. KHA will complete Form 2049 Risk Assessment based on the prospective caregivers. KHA will assess all information obtained through the home assessment process documenting the prospective caregivers' strengths and concerns before making a recommendation to make placement, deny placement or make placement with guidance (note- the contractor Provider is not required to complete this part but must address the strengths, concerns and make recommendations for additional supports/information). The KHA must assess the caregiver's ability, willingness and resources to meet the needs of the child or sibling group subject to the study. KHA will ensure the home assessment is professionally written, virtually free from errors and submit to the OCOK Kinship Home Assessment Supervisor for review by the specified due date.

### **Clinical Review and Submission**

The OCOK Kinship Home Assessor Supervisor will review reports within one to two (2) business days to ensure reports are clinically sound and professionally written. The Supervisor will utilize Microsoft track changes feature in the review and return to the KHA for changes or additions as needed. After KHA has made updates and returned the home assessment, the supervisor will close track changes and do a final review. The home assessment will be electronically signed by the KHA and Supervisor, with Word and PDF versions saved. The Supervisor will send the PDF version of the assessment along with supporting documents to the referring worker and/or OCOK Permanency Specialist and OCOK Supervisor, appropriate legal parties and any other pertinent recipients as needed. The OCOK Kinship Supervisor will complete tracking documentation and save files in the Kinship folder in the S: Drive. The OCOK Kinship team is tracking all kinship placements and home assessment approvals by Permanency team. If the Permanency team wishes to deny a home assessment, they must complete the Kinship Denial Form and get approval from the OCOK Senior Director of Permanency, explaining what their concerns are and why their concerns cannot be mitigated even with supports and services from the Kinship department. OCOK will ensure that all relative placements have appropriate approvals according to OCOK and DFPS policies. Note- there are no tribal regulations for the approval of a non-licensed kinship placement at this time.

### **Other Tasks**

The OCOK Kinship Home Assessment Supervisor will review final contracted email submissions and ensure reports are submitted to the appropriate referring worker, legal parties and other pertinent recipients by the due date; and save files in the Kinship folder in the internal S: Drive.

If an addendum is needed, the OCOK Kinship Family Specialist and/or OCOK Permanency Specialist will complete as necessary within two (2) weeks of any reported changes in the composition of the family. If after one (1) year of placement, the child and/or sibling group is still in care and not in the process of being licensed, the OCOK Kinship Family Specialist will review the Home Assessment as appropriate and will continue to do so annually every year thereafter the children remain in care.

<b>15.03 Kinship Case Management and Supports for Kinship Caregivers</b>			
Domain	Kinship, ACH Client, Family and Agency Rights and Responsibilities		
Effective	9-2022	Revision Dates	
Documents	Kinship Internal Risk Safety Evaluation, Permanency Care Assistance Notification Form		
Reference	OCOK Daycare Policy, CANS, CPOS, Kinship Manual, OCOK Kinship Caregiver Training Policy, IMPACT, RCCL Minimum Standards, COA FKC 21.01, FKC 21.02, FKC 21.03, FKC 21.04, FKC 21.05		

**Policy:**

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**Procedure:**

The OCOK Kinship Family Specialist (KFS) will provide support, resources, and consultation for all kinship caregivers. It is the role of the OCOK KFS to wrap services and support around the kinship caregiver and family to set the family up for success and assist them in meeting the safety, permanency and wellbeing needs of the child or sibling group placed in their home. OCOK takes a proactive, culturally informed, trauma-informed and collaborative approach to supporting kinship caregivers. OCOK believes that whether assessing, supporting or advocating for kinship families we must SPEAK Kinship- that is to have a Standard that we would practice with our own family, be Purposeful in our interactions and planning, emphasize Empathy over sympathy, Actively engage our families and Keep conscious of culture and any biases we may have.

**Assessing the Family's Needs**

An OCOK Permanency and Kinship staffing will be held within 48 hours of placement or before placement to discuss family needs, etc. The OCOK KFS must contact the family within 72 hours of receiving a referral/knowledge of placement and begin the ongoing assessment and planning process. In the first 30 days of placement, the OCOK KFS should visit with the family and complete an internal risk assessment known as the Kinship Internal Risk Safety evaluation (KIRS); this type of evaluation is completed at the initial opening of a Kinship home by the OCOK Kinship Family Specialist to determine any significant or immediate needs or concerns for the family or child. If provided at the time of referral, the home assessment assist with this evaluation by addressing all criminal and CPS backgrounds or charges, as well as outstanding financial needs identified by the Assessor of the home. The KIRS evaluation assesses the legal status and any services needed, any issues with the family's housing/their ability to provide as safe home environment, their ability to provide for the child/sibling group's basic and any specialized needs (i.e. food, clothing, education, medical, mental/behavioral health, developmental needs, etc.), any training that may be needed in regards to child-specific needs and or supportive in-home services or peers supports. Any family rated as having Moderate to High Risk will be referred to ACH Kinship Connections for intensive case management services automatically and staffed

jointly with the assigned specialist. If no referral is going to be made, this must be approved by the OCOK Kinship Director, and a plan must be in place for how to address the safety/risk concerns.

### **Services and Supports**

The OCOK KFS will provide any necessary referrals and supports including facilitating the networking and mutual support among kinship caregivers by providing opportunities for peer support groups through ACH Kinship Connections and other state support groups like Grandparents Raising Grandchildren. OCOK will ensure there are opportunities for recreational and social activities for kinship families and their children.

The OCOK KFS perpetually assesses the home and family's needs, strengths, barriers, or to ensure safety, all basic and special needs are met, and stability of the child(ren) in placement with the caregivers and home members and provide referrals to services such as:

- Both, in-house or public, to ensure placement stability such as but not limited to; Housing programs, WIC, Food Stamps, 2-1-1 utility/ rental assistance, Food pantries, and additional programs
- Daycare and/or Head Start/Early Head Start (Refer to Daycare Policy for procedures on how to access)
- Counseling and supports to address family relationships
- Educational Specialists for any special educational or assessment needs
- Academic or educational programs, such as tutoring
- Nursing services if the child or youth has medical needs that require medical expertise.
- Regional nurse and well-being specialist consultation.
- STAR Health Service Management for medical or behavioral health care needs. Contact the STAR Health Manager (1-800-218-7453 ).
- Transportation support including public transportation, Medicaid Transport, and other supports like bus passes and/or vouchers
- Peer support opportunities outside of the agency
- Cultural, recreation and social activities outside of the agency
- Informal resources that can offer support

OCOK does not have formal kinship respite for unlicensed kinship homes but does help families arrange for other relatives to provide assistance by running background checks and reviewing childcare guidelines with the family and/or caregiver.

The OCOK Kinship Family Specialist ensures that the child receives a Child Adolescent Needs and Strengths Assessment (CANS) at least annually and that the relative caregiver participates in the child plan review process to identify any area of strength and/or concerns and develop any plans for needed support or training. The OCOK KFS is available to put a training/development plan in place for the family should the need arise.

The OCOK KFS will provide agency's information such as the Kinship Manual and resource guide for public assistance and will discuss Medicaid Star Health benefits and the Provider listing to ensure referrals for appropriate and necessary medical evaluation and needs of the child. They will assist in scheduling the CANS. The OCOK KFS ensures that the kinship caregiver receives the latest version of the Child's Plan of Service (CPOS) and court report copies and is available to review and discuss progress, barriers and any other plans that need to be updated or put in place.

Although typically not assigned until a child is placed into the home, an OCOK KFS will be available upon request to meet with the family prior to placement to explain the home assessment/kinship placement process. In an effort to avoid placement disruptions, the OCOK KFS is available to coordinate a staffing or Family Group Conference to mitigate the disruption and gather information on why the home may want to disrupt. The OCOK KFS meets with the family for a closing visit to discuss any issues prior to case closure unless there are safety reasons not to. OCOK tracks all kinship disruptions and debriefs any cases where the placement “could have been saved or retained” and reviews annually to determine any strategies/practices that may need to be modified or eliminated.

### **Training**

The OCOK KFS assists with training, individually or in groups, to help the kinship caregiver gain additional skills and education to meet the child’s needs. (Refer to Kinship Caregiver Training Policy for additional information)

### **Financial Supports**

Families may qualify for additional financial supports. The OCOK Kinship Family Specialist will discuss the Kinship Financial Assistance eligibility criteria and overview of the Reimbursement payment application. The OCOK KFS will discuss financial assistance available for the child’s future with the kinship caregiver to include verification, program requirements, and network provider listing of contracted agencies for election.

Kinship caregivers will receive information both in writing, and in-person presentation about the licensing process for both Permanency Care Assistance Subsidy and Adoption Subsidy.

At the initial contact and throughout, the OCOK Kinship Family Specialist will perpetually assess the needs of the family and discusses all possible legal case outcomes to assist the caregivers in preparing for the future. The OCOK Kinship Family Specialist will provide notice to kinship caregivers about their options for caring for or supporting the child(ren) in placement both short-term, and long-term. This notice includes information about becoming a verified foster parent, and a copy of the Our Community Our Kid Provider Listing, which contains all contracted Child Placing Agencies (CPAs) within the OCOK Provider Network. The foster verification program will be reviewed with each kinship caregiver, the kinship caregiver will make a final selection of an agency.

If a relative or fictive kin indicates that they are not interested in pursuing foster home verification after being informed of the opportunity, the OCOK Kinship Family Specialist will ensure the kinship caregiver completes and signs the Permanency Care Assistance Notification Form, then document the reason for declining in the Contact Detail Narrative of the Kinship stage in IMPACT. Notice of the denial and a copy of the signed form will be provided to the OCOK Permanency Specialist.

### **Permanency Care Assistance Subsidy:**

Permanency Care Assistance (PCA) was created so that children who cannot return home to their parents can be permanently placed with relatives or fictive kin and receive ongoing assistance once the CPS case is closed. The program allows kinship caregivers to go through the process of becoming a licensed foster home for the child placed in their care. All RCCL Minimum Standards that apply to verified foster parents must be met by licensing kinship caregivers to obtain a dual license for the ability to foster and/or adopt. Once a kinship caregiver obtains their license, they must be monitored by their contracted agency for six (6) months at minimum prior to the award of Permanent Managing Conservatorship (PMC) to be eligible for PCA subsidy. Following the six-month period of monitoring, if all qualifications are met the kinship caregivers go through the process of signing a PCA agreement prior to

the court granting PMC of the child. The benefits of receiving PMC with PCA include monthly financial assistance and medical insurance to raise the child to adulthood. A State college tuition waiver is also available to the child when he/she enrolls in a State-approved, non-private college in Texas.

**Adoption Subsidy:**

Adoption by a kinship caregiver is the most stable and permanent option for a child who cannot return to the care of his or her parents. If the rights of the birth parents are terminated by the court, adoption provides the adoptive caregiver with the same legal rights as a birth parent. If the kinship caregiver chooses to pursue licensing to become a foster or adoptive parent, and eligibility requirements are met, adoption subsidy provides monthly financial assistance and medical insurance to raise the child to adulthood. A State college tuition waiver is also available to the child when he/she enrolls in a State-approved, non-private college in Texas.

**Custody without Verification or Subsidy:**

Kinship caregivers that either cannot become licensed for various reasons or elect to decline may still receive custodial rights to children. This can include Permanent Managing Conservatorship without Permanency Care Assistance and pursuing private adoption without receiving Adoption Subsidy. The criteria is that the caregiver is fully able and willing to provide long-term, permanent care for the child with the understanding that no benefits will be provided from the State; however, the caregiver will receive final court-orders allowing them to apply to public resources for the child, such as; WIC, Food Stamps, Housing, SSI, and Medicaid. These resources contain their own eligibility criteria that the caregiver will have to adhere to.

15.04 Kinship Caregiver Training			
Domain	Kinship, ACH Client, Family and Agency Rights and Responsibilities		
Effective	9-2022	Revision Dates	
Documents			
Reference	Child's Rights While in Care form, Kinship Caregiver Resource pamphlet, DFPS Kinship Manual, Office of Consumer Affairs and Ombudsman, DFPS Training Portal, COA FKC 19.01, FKC 19.02, FKC 19.03. FKC 19.04, FKC 19.06		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK provides kinship caregivers with education, information and training to prepare, support and strengthen the kinship caregivers' ability to provide for the child or sibling group placed in their care.

As many kinship caregivers already have the child/ren placed in their care at the time of removal/prior to a home assessment, OCOK does not require pre-service training for relative or fictive kin placements that are not licensed. However, in order to prepare them for success, during the home assessment process and once assigned to an OCOK Kinship Family Specialist, the family is provided with ongoing education and training to help them to both navigate through the system as well as provide for the child/ren.

At the time of placement or within the first 72 hours, the OCOK Permanency Specialist and/or the OCOK Kinship Family Specialist (KFS) will review information with the family about OCOK and the service array we off. The family is given a copy of the Child's Rights While in Care form. They will be provided with information on what to expect when a child is first removed including how to access services, such as medical/dental, behavioral/mental health services, educational services, etc. They are given a Kinship Caregiver Resource pamphlet and the DFPS Kinship Manual that outlines available supports and local services how to contact Medicaid or other community supports such as WIC, TANF, SNAP, etc. The manual outlines the court process and what to expect from court hearings and how to obtain an attorney. Additionally, information about other financial reimbursement programs is provided to the family both for during and after a case should the child/youth remain in their care. Although not required, the family is also provided with information on how to become licensed both for fostering or adoption and provided referrals upon request to an agency that will best meet their needs. They are given information about the Office of Consumer Affairs and Ombudsman line or how to make a complaint. Additionally, they are notified of what would happen if there were allegations of abuse/neglect against them, what to expect including that the child may be removed temporarily or permanently from their home and tips on how to keep a child safe and avoid false allegations.

Kinship caregivers must all take the DFPS Preventing and Recognizing Youth Sexual Abuse training, formerly known as Recognizing and Reporting Child Sexual Abuse training, on the DFPS training

platform. The OCOK KFS will set the caregivers up with a login upon placement and assist them with completing the training as necessary. This must be done as soon as possible but no later than 30 days after placement.

OCOK may offer trauma-informed care trainings, including TBRI (Trust Based Relational Intervention) training, available to families as necessary based on their needs through referrals to the ACH Kinship Connections Program. The OCOK KFS is also TBRI trained and can support and provide information to the kinship family on how to recognize trauma and triggers, how to provide positive discipline, how to protect against additional trauma and promote psychological safety to mediate the effective trauma from abuse/neglect and loss and also reviews runaway reporting and other incident reporting guidelines and how to support a child upon return.

The kinship caregivers must also complete Medical Consenter training and become educated on how to consent to the child's medical care including their physical and behavioral/mental health needs, how to discuss their medical needs with the doctor and OCOK Permanency Specialist, how to advocate for their medical needs and how to assess and consent to medications especially those that are psychotropic in nature. This must be completed upon placement and annually thereafter. Note- while CPR training is not required for non-licensed kinship homes, CPR and Basic First Aid training is recommended, and referrals will be provided as necessary. The family must put a Disaster and Emergency Response Preparedness Plan (DERPP) in place with the assistance of the OCOK KFS (Refer to DERPP Policy) and be educated on how to respond to emergencies as appropriate for the circumstance. If a child is deemed Primary Medical Needs (PMN), a PMN staffing and additional training will be provided by the child's Primary Care Physician or the local hospital prior to placement or as soon as possible after in the case of an emergency court ordered placement.

During the home assessment and upon placement, OCOK Kinship team assesses any additional needs for training and makes referrals as appropriate. Support groups are available and offered to families in lieu of more comprehensive training requirements.

OCOK will ensure that kinship caregivers have all required DFPS trainings in accordance with the Federal Lawsuit Remedial Orders. OCOK will internally review trainings requirements on an annual basis to determine if any changes or improvements needs to be made.

15.05 Disaster and Emergency Response Preparedness Plan (DERPP)			
Domain	Kinship, ACH Health and Safety		
Effective	3-01-2020	Revision Dates	9-2022
Documents			
Reference	ACH Child and Family Services Policy – Disaster and Emergency Response Plan, Emergency Situation Policy and Procedures, TAC 749.2908, COA AS 10.05		

**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 including accidents, serious illness, fire, natural disaster or other events requiring evacuation or quarantine, the caregiver is responsible for maintaining the safety and placement of all children in its care.

The OCOK 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 foster, adoptive, and kinship/fictive kin placements. The OCOK Kinship Family Specialist or OCOK 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 OCOK Kinship Family Specialist or OCOK 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 OCOK Kinship Family Specialist or OCOK Care Coordinator will:

1. Obtain and ensure they have current contact and locating information for every child and placement, and at least one (1) additional emergency contact person and their number in the

event of a disaster or emergency. OCOK will ensure this information is documented in the case narrative and is current and correct.

2. Provide every child and placement with their current contact information and at least one (1) other emergency contact person and contact information in the event of a disaster or emergency. OCOK will 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, OCOK Kinship Family Specialists, along with OCOK 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)

## **Section 16**

### **Adoption**

**16.01 Adoption Preparation**

**16.02 Adoption Recruitment and Placement**

**16.03 Selection Staffing**

**16.04 Presentation Staffing**

**16.05 Post-Adoption Services**

**16.06 International Placements and Adoptions**

16.01 Adoption Preparation		
Domain	Adoption, ACH Organizational Service Delivery	
Effective	3-01-2020	Revision Dates: 9-2022
Documents		
Reference	Texas Family Code 162.005(b), <i>DFPS Rules, 40 TAC §749.3341</i> , Texas Family Code §§ <i>162.005, 162.006, 162.008, DFPS Rules, 40 TAC §749.3349</i> , Minimum Standards, Subchapter Q, Division 3, MEPA, COA AS 5.01, AS 5.02, AS 5.03, AS 5.04, AS 9.02	

**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.

**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.

**Procedure:**

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.

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

- Engage with the child and assist them in understanding the meaning and process as well as the termination of their parent’s rights and how adoption may have lifelong impacts
- 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
- Providing them with opportunities to visit the prospective adoptive parents and provide support for such visits
- Have discussions regarding the changing roles and relationships in the case of a relative adoption or when biological parents will have an ongoing relationship/maintain contact
- Preparation for moving to a new community
- Opportunities for peer support
- Information on post-adoption services
- And ensuring they have an opportunity to be involved in the planning for the placement in an age and developmentally appropriate way

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 assessments and information gathered must be done so in a strengths-based, culturally and linguistically responsive manner to identify services and resources that support the achievement of agreed upon goal and increase engagement in service delivery.
  - 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

When working with a child or youth who is old enough to speak for themselves, the OCOK will ensure the youth is engaged in the process and participates by:

- a. Setting their goals;
- b. Discussing their understanding of and interest in adoption;
- c. Discussing any concerns they may have and
- d. Discuss ways in which they can be involved in the process.

We will provide any testing that a professional assessment recommends and document the assessments and results in the child’s record.

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. This information should come from both the parents as well as other relatives/extended family members or other individuals who may have knowledge of the child’s family history and should include:
  - a. Biological mother and father medical and social history, including any history of mental health and/or substance abuse
  - b. Biological parents relationship history
  - c. Support provided by the parents during the pregnancy and care, visitation and/or custody of the child
  - d. A physical description of the parents
  - e. Information about the child’s grandparents and siblings as well as any other close relatives

In addition to this information the Permanency Specialist should discuss the parents whenever possible, their hopes, dreams and preferences in regards to the child/sibling group's placement and/or their life in general, when it is safe and in the child's best interest, whether or not they have a preference for maintaining contact and or a line of communication regarding the child with themselves, siblings, other family members or fictive kin. It is also helpful to obtain any dated photographs, videos of the parents or other family members.

#### 5. Records Preparation

The OCOK Permanency Specialist should gather and review records and information about the child from the youth, birth parents, or other individuals who have or had custody or are responsible for care of the child, including:

- dated photographs or videos of the child;
- history and records of prenatal care and the child's birth;
- date the child entered into care, the circumstances of the child's entry into care and a placement log, including any placements prior to coming into custody
- history of abuse or neglect;
- an assessment of past trauma;
- the child's medical and social history including any significant illnesses, injuries, or diagnoses, hospitalizations, other special needs;
- all available medical records for the child including developmental status and data, test results, immunization records, dental records, and psychological records;
- results of a current medical examination;
- history and records of the child's education; and
- contact information for organizations, medical professionals or facilities, or others involved in providing services to the birth parents and the child.

Texas law requires that we provide a redacted copy of the case record to the potential adoptive parent/s before the adoptive placement.

Administrative Assistants will be responsible for these requests.

<b>16.02 Adoption Recruitment and Placement</b>	
Domain	Adoption, ACH Client, Family and Agency Rights and Responsibilities
Effective	09-01-2022      Revision Dates
Documents	Adoption Recruitment Referral form, Adoption Broadcast form, DFPS Confidentiality Agreement, Adoptive Placement Agreement
Reference	HSEGH, TARE, OCOK 16.03 Selection Staffing, OCOK 16.01 Adoption Presentation, COA AS 4.06, AS 4.07, AS 6.02, AS 6.03, AS 6.04, AS 6.05, AS 6.06, AS 6.07, AS 6.08, AS 8.01, AS 8.02, AS 12.08

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK does not license adoptive families directly rather contracts with and manages a Network of foster/adoptive and adoptive Child Placing Agencies (CPAs) that license foster and/or adoptive families. As such, OCOK works in active partnership with clients to:

- a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
- b. ensure that they receive appropriate advocacy support;
- c. assist with access to the full array of services to which they are eligible; and
- d. mediate barriers to services within the service delivery system.

**Recruitment**

An OCOK Adoption Care Coordinator will be assigned to OCOK Permanency Units and will meet with the unit on a monthly basis to track, identify and staff any children in need of recruitment or having ongoing recruitment efforts. The OCOK Adoption Care Coordinator will take the lead on most adoption recruitment activities. The OCOK Permanency Specialist will be responsible for completing the Adoption Recruitment Referral including Adoption Broadcast form, HSEGH, TARE (or other recruitment platform) profile and an Adoption Recruitment Approved Photo.

The OCOK Permanency Specialist will identify whether the recruitment is for a child/sibling group that is legally free for adoption (termination on all parents has been achieved and there is no pending appeal) or if the request is a legal-risk (termination is not achieved on all parents or there is a pending appeal). The legal or custody status must be determined prior to starting recruitment efforts, which should begin as soon as possible following termination of parental rights and/or the completion of an appeal or relinquishment consents being received. The OCOK Permanency Specialist should make all efforts to sufficiently and timely make diligent efforts to locate and provide notice to all parties who require notification of appeal and/or that the parents receive notice of termination (or consent) and document all efforts. They will work with the DFPS Legal Liaisons to ensure this is done prior to a termination hearing. Recruitment of all types may be completed for a child or sibling group that is legally free for adoption. This includes broadcasts, website recruitment (TARE, AdoptUS Kids, A Family For Every Child,

Provider's website, etc.), match events, videos, etc. Legal-risk recruitment is far more limited and cannot include the image of the child/sibling group. Any legal-risk recruitment activities must be approved by the OCOK Adoption Care Coordination Supervisor. If a child is not appropriate for legal risk recruitment activities but still in need of a home, the child will be referred to Intake for a new placement. A broadcast will be completed first and prior to any other adoption activities unless otherwise agreed upon by the OCOK Adoption Care Coordinator and OCOK Permanency Supervisor. The OCOK Adoption Care Coordinator will collaborate with the Permanency Specialist to complete any broadcast material and will submit the final documentation for production. The OCOK Adoption Care Coordinator will coordinate with the OCOK Community Relations department on Adoption Match and recruitment events and will ensure the child/ren register and have transportation, as necessary.

Any child who does have an identified adoption resource after 6 months of recruitment, or sooner at the discretion of the OCOK Permanency Supervisor, will be staffed with the OCOK Permanency and OCOK Adoption departments on a monthly basis for additional efforts (i.e., referral to Collaborative Family Engagement, specialize recruitment, case mining for relatives, etc.).

### **Home Studies**

OCOK will ensure that home studies on all potential adoptive homes are conducted and approved. The OCOK Adoption Care Coordinator will review all potential home studies for any matched adoption.

OCOK does not complete adoption home assessments themselves, but rather manages a network of providers who complete adoption home studies and license adoptive families. OCOK will ensure that they meet minimum standards and other contractual requirements including:

An adoptive home screening contains documentation of the following:

- Interviews with adoption applicants, their families, and collateral contacts as necessary including at least one individual in-person interview with each individual prospective adoptive parent and one joint for married or co-habituating couples. Additionally, there should be an age and developmentally appropriate interview with each child over the age of three (3) or adult child of the prospective adoptive parents living inside or outside of the home and any frequent visitors. There should also be at least three (3) written recommendations and/or interviews from people providing references that know about their ability to parent or about parenting related skills.
- Information obtained through review of documents, reports, and inspections including criminal and CPS background checks (in and out of state) and FBI fingerprinting background checks. They should also be reviewing any documents/home studies etc. related to previous licensure, adoption petitions, unfavorable home studies, disruptions, dissolutions, failed adoptions, other out of home child placements before making a final decision.
- Assessment of the information obtained to determine whether applicants meet the requirements for approval as adoptive families.
- Evaluation of the information obtained in order to make recommendations about the family's capacity for adoption, including the age, number, sex, and special needs of the children the family has the capacity to parent.
- Assessment of basic care and safety issues, including safety of the environment of the adoptive, this should be done through at least two visits to the home including one walk through assessing the safety and observations of the family members interacting together.
- Review and approval by child placement management staff, including the ages and gender(s) of the children for whom the home is approved, the special needs of the children for whom the home is approved, and the approved capacity of the home.

- Addendums/updates should be done when there are significant changes in the home to ensure relevant information is available to OCOK to make appropriate placement decisions and matches.

Additionally, OCOK will ensure the Provider addresses the following and the study should include:

- The age of the adoptive applicants. All adoptive applicants must be at least 21 years or older. You must include documentation verifying their age.
- The marital status of the adoptive applicants including any previous marriages. If the adoptive applicants are married, you must review and document the marriage license or declaration of marriage record. You must document information about any previous marriages, divorces, or deaths of former spouses, or other significant relationships and their family lifestyle.
- A history of the adoptive applicants' residence and their citizenship status. You must document the:
  - Length of time spent at each residence for the past 10 years (street address, city, state) and
  - Citizenship of the adoptive applicants.
- The financial status of the adoptive applicants, history of employment/education
- The results of the criminal history and central registry background checks conducted on the adoptive applicants and any non-client person 14 years of age or older who regularly or frequently stays or works in the home.
- Health status of the adoptive applicants include both physical and mental health
- Any disabilities of the adoptive applicants
- The adoptive applicants' motivation and expectations for adoption.
- The fertility of the adoptive applicants including any history of miscarriage or death of a child.
- The quality of the adoptive applicants' marital and family relationships.
- The adoptive applicants' feelings about their childhood and parents as wells as any history of abuse/neglect as a child, trauma , alcohol or drug use/abuse.
- The adoptive applicants' attitude about an adopted child's religion, culture, and willingness to maintain connections.
- The adoptive applicants' values, feelings, and practices in regard to childcare and discipline. This includes their ability to be adaptable, as assessment of their coping, communication and problem-solving skills.
- The adoptive applicants' sensitivity to and feelings about children who may have been subjected to abuse and neglect if the agency may place such children with the adoptive parents.
- The adoptive applicants' sensitivity to, and feelings for children's experiences of separation from, and the loss of, their biological families and their willingness to maintain and support connections.
- The adoptive applicants' sensitivity to, and feelings about, a child's biological family.
- The attitude of other family and household members regarding adoption.
- The attitude of the adoptive applicants' extended family regarding adoption.
- Support systems available to adoptive applicants and adopted children.
- The language(s) spoken by the adoptive applicants and any literacy issues.
- The adoptive applicants' expectations of and plans for adoptive children. Including any community supports and the social environment.
- Adoptive applicants' ability to work with specific kinds of behaviors and backgrounds and assess their ability to care for a child with complex needs.

- Background information from other child-placing agencies and previous experience with foster care and adoption.

OCOK believes the process should be an open and engaging one driven by the adoptive parents. The assessment OCOK should be able to evaluate the prospective adoptive parents' strengths and capabilities to provide for the long-term care and be able to support children who have experienced trauma and loss. The process should also be one that eliminates anyone who is not serious about adoption and help the caregivers assess for themselves if adoption is appropriate and whether or not any services might be needed including education, support or other continued assessments to help them be successful.

The OCOK Adoption Care Coordinator is responsible for driving the process of matching a family. Though most families come to fully licensed, the OCOK Adoption Care Coordinator will ensure families get referred to an agency for a study timely if one is needed for instance if they reach out to our Foster-Adopt Inquiry box or through TARE or a match event. Once we receive the studies, we must review them in a timely manner and assess if they are appropriate for the child/sibling group, triaging any that would not be a good match based on the child/ren's needs and the families assessed abilities/strengths/weaknesses. If a family seems like a good match but would need further assessments, counseling, supports or training or preparation work that should be noted as well. The OCOK Adoption Care Coordinator will also assess the family's eligibility and suitability for adoption and their ability and readiness to successfully complete an adoption in regards to a particular child or sibling group as well as in general taking into consideration the specific characteristics and special needs of the child/ren they are matching. If a home is not a good match for a child, OCOK will notify the Provider agency so they may communicate the specific reasons why they do not think the family would be a good match. If OCOK has any concerns that any agency has licensed a family is not appropriate for licensure/adoption at all OCOK will notify the Provider agency who will be responsible for assessing and providing a documented explanation to the family and what if any their appeal process is.

**NOTE-** as OCOK does not license homes, OCOK does have the ability to simply not make placements with our children and instead allow the family to be a match for an out of state or out of region child or sibling group, however, if there are safety concerns, OCOK will make the other region/state aware of any concerns as necessary.

As home studies are typically completed prior to the match, OCOK does not have a timeframe for completing the home study, but should any family require an addendum prior to an adoptive placement being made, OCOK will ensure the provider does so timely, completely and contains accurate and current information addressing their eligibility, suitability and all other requirements. All information received by OCOK during the adoption matching, selection or presentation process including any personal information or data gathered or transmitted will be used only for the purposes that it was intended for and that all confidentiality and protection safeguards will be in place to protect the sensitive information.

## 6. Preparing the Family

Once a family is selected OCOK will:

- 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 (2) weeks, make arrangements with the Provider (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, this must be discussed with the Supervisor and documented, then proceed to next family choice.

#### 7. Transition Plan for the Child – Presentation Staffing

See Selection Staffing and Adoption Presentation procedures for more detailed information on these processes

#### 8. 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.

- The Permanency Specialist, 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 OCOK Permanency Specialist 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, the OCOK Permanency Specialist will be present at the child's first contact with the family and when the child visits the adoptive home for the first two (2) pre-placement visits. The OCOK

Permanency Specialist will also have some involvement in other visits to help process with the child their feelings and any concerns they may have. At least one (1) of the pre-placement visits must take place overnight in the adoptive family's home (after shorter initial visits). This is determined together with the OCOK Permanency Specialist, the 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. OCOK will 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, the OCOK Permanency Specialist, 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, the OCOK Permanency Specialist (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.) At the time of placement, the OCOK Permanency Specialist must get the family to sign the Adoptive Placement Agreement. This agreement is a promise to follow through with the adoption, unless there is a safety concern that arises before the adoption can be finalized. As OCOK does not manage or pay the adoptive home directly it is the responsibility of the Provider to have a contract with the family that addresses the following:
  - a description of the services to be provided by the program and obligations of the prospective adoptive parents;
  - fees and expenses to be paid;
  - a provision relating to duty of candor and ongoing disclosure requirements;
  - post-placement and post-adoption services that will be available through the organization and details of any required post-placement visits and reports;
  - a plan describing the adoptive parents' and the organization's responsibilities if the adoption is disrupted or dissolved;
  - risks related to adoption services and waivers of liability only when such waivers are limited, consistent with applicable law and regulation, and based on the specific risks detailed in the contract; and
  - circumstances under which services may be terminated by either party.
- Some adoptive placements may be out of state. These placements must be discussed with the Supervisor as they arise.

## 9. 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 the OCOK Adoption Care Coordinator Supervisor. All activities must be documented in the computer system. OCOK 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 the Supervisor and OCOK 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. OCOK must utilize their Supervisor as well as the 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.

16.03 Selection Staffing			
Domain	Adoption, ACH Client, Family and Agency Rights and Responsibilities		
Effective	9-01-2022	Revision Dates	
Documents			
Reference	OCOK Operations Manual, IMPACT, DFPS Adoption Resource Guide, CPS Handbook Section 6931 Issues to Consider When Selecting an Adoptive Home, Multi-Ethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996, Indian Child Welfare Act, COA AS 8.04, AS 8.05, AS 8.06		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

The primary concern in selecting an adoptive home for a child is the child’s best interest. To that end, OCOK bases each placement on an informed evaluation and understanding of the child’s needs and on the adoptive family’s understanding of and potential for meeting those needs.

OCOK seeks to address the best interest of children through placements in families with a caregiver who can protect, parent and nurture abused and neglected children.

**Selection Staffing**

In cases where recruitment of unrelated adoptive families is necessary and home studies from adoptive families have been received, a selection staffing will be held and facilitated by the OCOK Adoption Care Coordinator between a child’s team and the agency representatives for the families selected. The goal of this staffing is to ensure that OCOK staff can make a well-informed decision using all available information about the child, their parents and prospective family in order to determine which prospective adoptive family would be the best match. The OCOK Adoption Care Coordinator will provide information about the prospective adoptive parents who were identified as possible matches to the youth, and/or the individual(s) who are responsible for making the placement decision and document the provision of this information in its records. Note: as parental rights are typically terminated at this point, information is not generally shared with the biological parents as DFPS is now the “legal” guardian/parent.

- Child’s team includes: OCOK Permanency Specialist, OCOK Permanency Supervisor, CASA Volunteer/Supervisor where applicable, and Guardian Ad Litem or Attorney Ad Litem. Option to include the child’s current foster parent or therapist.
- Topics discussed will include a strengths-based overview of the child’s history, well-being, needs, and understanding of adoption. The agency representatives will have the opportunity to present the family they represent, and the child’s team has the opportunity to discuss each of these families further, asking questions about the family or the home study that was previously provided.

## Factors to Consider When Selecting an Adoptive Placement

### 1. Needs of the Child

#### Safety

- Need for safety from prior abuser
- Need for safety in future (consider adopter's histories and information about extended family members and any denied visitors)

#### Permanency

- Ability of the child to commit to a family and family to commit to child
- Ability to function within a family (attachment capacity)

#### Wellbeing

- Behavioral Characteristics and Special Needs/Requirements
- Behaviors that must be tolerated/accepted
- Behaviors that still need interventions to improve/change/eliminate
- Degree of supervision or structure
- Ability to acculturate into the existing or future family constellation and is there potential to victimize or be victimized
- Birth order considerations
- Cultural, religious or other considerations

#### Familial and other significant connections

- Placement with siblings
- Placement near siblings and plans for contact if not placed together
- Placement that supports sibling connections in a healthy/therapeutic way
- Placement near other familial connections such as a supportive grandparent, etc.
- Placement that supports continued connection to extended family
- Placement that supports established ongoing relationships with church, church members, teachers, mentors, etc.

### 2. Child's Preference / Wishes / Hopes / Dreams

#### Geographical and systemic setting

- Rural v. urban (city v. country)
- Small school v. large school

#### Religiously active v. non active

#### Two parent home v. single parent home

#### Other kids in the home v. no other kids in the home

#### Common Interests

Active family v. less active family

- Indoor activities v. outdoor activities
- Hobbies, crafts, group or family based

### 3. Knowledge, Skills, Abilities, Experiences, Capacity and Resources of the Caregiver

Prior parenting or childcare experience

Prior childcare education or training

Prior parenting experience with challenging behavior or behavior similar to the subject child(ren).

Family's historical ability to demonstrate commitment

Any family experience with identified behaviors/needs and response to same

Number, ages and needs of children already in the home

Work schedules and flexibility

Financial stability and need for adoption assistance

Health of adoptive parents and ability to raise child to adulthood

Marital status and stability (Single parents cannot be denied solely based on the fact that they are single).

Parent's expectations of a child's behavior and abilities, short term and long term

Previous parenting experiences of non-challenging behavior

Parenting tools (skills) they possess

Parenting tools (skills) they are willing to obtain (by demonstrating in the past that they sought out training, new tools and support services).

Prior demonstration of longevity with a child or circumstance through challenging behavior and maintaining a healthy relationship today; commitment to the child; example: a parent maintaining a relationship with a child that lives with another parent.

Prior life experiences, other than parenting, working with challenging behavior and the degree of that work.

Acceptance of current behavior as a lifelong fact v. expectation for improved behavior and expected timeline for improvement.

Expectations of reciprocity; for example, some children do not openly show emotions and affection, are not grateful and some families can deal with this, and others cannot.

Ability to manage past personal trauma: How has the caregiver(s) handled past trauma.

Openness to individual and family counseling

Ability to manage daily stressors

Capacity to support religious differences

Capacity to live comfortably as an interracial or culturally diverse family considering relative or friendship connections, changes or interruptions because of the choice to live interracially or diverse.

Acceptance by Other Members of the Household and Extended Family

- How well do other children currently in the household support the idea of the new child or children being added.
- How supportive are extended family of the changing dynamics and needs to incorporate the new child(ren) into the existing family.
- Experiences with blending / accepting new members into the household.

Prior knowledge, contact or relationship with a specific child, if applicable

Cultural and language support

- Ability of potential family to recognize, accept, and act on child's cultural and ethnicity needs.
- Ability of potential family to help child to have real relationships and mentors from same race/ethnicity.
- Ability of potential family to assist child with identity issues in adolescence.
- Caregiver's capacity for accepting and promoting continued connections to siblings not placed with the child, extended birth family or others from the child's past.

#### 4. Caregiver Preferences / Wishes / Hopes / Dreams

Original motivation/capacity (number, age, gender, etc.)

Evolved motivation/capacity and the factors that altered the motivation (was it an evolution of the understanding of needs and a broadening of the caregiver's confidence of their capacity to support children after training and the screening process OR the length of time they have been waiting)

#### Special Considerations

OCOK takes all provision of applicable laws and regulations around determining what is in a child's best interest when making all placement decisions including adoption matching/selecting decisions. The OCOK Permanency Specialist must document in IMPACT the reasons why the chosen family was in the child's best interest and can meet all of their safety, permanency and well-being needs.

OCOK Permanency Specialists and OCOK Adoption Care Coordinators will follow guidelines set forth in the Multi-Ethnic Placement Act and the Indian Child Welfare Act and should consider the importance of keeping siblings together. When there is any conflict in these preferences or priorities the organization engages administrative personnel and legal counsel as needed to make its decision and carefully documents its deliberations and a rationale for its decision.

#### . In-state versus Out of State

- While federal law prohibits delay or denial of an adoptive placement based on geographic location of the adoptive family, continuity for the child can often increase their overall well-being. More specifically, keeping children close to members of their birth family, siblings, friends, schools, and religious institutions may be in their best interest. In such cases, it may be helpful to give priority consideration to in-state families who are more easily able to ensure that the child's most important support systems/relationships are maintained.

#### . Child's or Youth's Adoptive Home Preference

- OCOK staff must take into consideration the child or youth's preferences in an adoptive home.
- Staff should first engage the child to assess her or his hopes and dreams for a forever family. In talking to the child, staff should keep in mind what may be influencing the child's desires. For example, a child may say he or she wants to live in a big house and have expensive cars just like her or his favorite pop star. It is not uncommon for materialistic wishes to be made. Staff should help the child process and consider other factors, such as family connections, community connections, and educational needs.
- At times, a professional assessment (i.e., therapist assessment) may determine that it is not in the child's best interest to engage in recruitment discussions. In such instances, the worker should consult with the therapist to learn about the specific concerns and the proposed treatment plan to address the identified issues. Once the issues have been addressed and it is determined to be appropriate, the caseworker can initiate conversations with the child.
- It is important that the caseworker, therapist, foster family, and other professionals work together to help the child understand adoption and express what they prefer in an adoptive home.

#### . Race, Color, and National Origin

- 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 for rare situations in which staff can document compelling individualized circumstances that make this necessary.
- 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, per the Multi-Ethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996.
- In those rare circumstances when RCNO is considered as a factor, the selection decision must be made in a four-way collaboration (between the OCOK specialist and supervisor and the family's agency case manager and supervisor), and a program director must approve the final decision.

## **Providing Information to Parties:**

### CASA and Attorney/Guardian Ad Litem

If a court-appointed special advocate (CASA) is appointed to a child's case, the child's OCOK staff must provide the advocate and the CASA supervisor with an opportunity to review the home studies of the families under consideration for adoption. The advocate and CASA supervisor follow regional protocol for reading the home studies. The same privilege is also afforded to the child's attorney or guardian ad litem.

Both the CASA and guardian ad litem will be present for or debriefed following the selection staffing and should be informed about the prospective adoptive parents who are identified as a possible match to the youth. Additionally, they should be invited to attend the presentation staffing where they are able to meet with and gather additional information about the prospective adoptive parents.

All correspondence and staffings should be documented in Impact, specifically stating where provision of prospective adoptive parent information was provided to them.

### Providing Information to the Child Prior to an Official Match

OCOK staff may choose to share limited information about several prospective adoptive parents to give the youth a voice in selecting a family and determining which family would be the best match.

At this juncture staff carefully balances a possible rejection for the child versus potential progress towards permanency. It is important to remember children may continue to experience loss and fear while being approached about a possible adoptive family. Despite these concerns, youth often express the desire to have more involvement in their case, and this process can help gain additional insight into what the youth is looking for in a forever family. Additionally, there have been many instances where sharing information with children at this stage has helped contribute to successful adoptions. However, it is important to take into consideration the individual child and share information in a way that is in his or her best interest and will minimize any risk of feeling rejected.

Information should be shared in a developmentally appropriate manner with the support and guidance of the rest of the child's team (i.e., therapist). The worker can discuss information about the families with the child without revealing that there are specific families being considered. For example: "Remember when I told you I would be looking for a forever family, I was wondering what you thought about some of the kinds of families I am seeing. I want to get your opinion before I start talking to any families. What do you think your family looks like?" The worker could also share some family's short profiles.

### Providing Information to the Child After an Official Match

Providing information about the prospective adoptive parents to the child is part of the child's transition into the adoptive home. Once a prospective adoptive parent/family has chosen to move forward with the match following the presentation staffing, the child must be informed that a family has been identified.

The child's OCOK staff, therapist, or foster family should answer any questions the child has in developmentally appropriate ways and show the child pictures, a Life Book, or a videotape the adoptive family has made of their home, family and lifestyle.

All contacts with the child should be documented in IMPACT, specifically detailing when and how prospective adoptive parent information was discussed with them.

<b>16.04 Presentation Staffing</b>			
Domain	Adoption, ACH Client, Family and Agency Rights and Responsibilities		
Effective	9-1-2022	Revision Dates	
Documents	DFPS Confidentiality Agreement, Case File Receipt form, Adoption Readiness Summary		
Reference	10310 College Tuition and Fee Exemption Information, HSEGH, COA AS 8.07, AS 8.08, AS 9.04, AS 9.05, AS 12.07		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

**Selection Staffing**

Once an adoptive family is selected, the OCOK Adoption Care Coordinator will notify the Provider and all parties within one (1) business day of the decision to select a particular family. The OCOK Adoption Coordinator will ensure the provider notifies the prospective adoptive parents of the match and provides a referral package which includes the child study and all non-identifying information that can be provided.

OCOK Adoption Care Coordinator and/or OCOK Permanency Specialist will inform prospective adoptive parents in advance of any limits on information gathering and disclosure.

The OCOK Permanency Specialist will maintain detailed records of the receipt and provision of information.

The OCOK Permanency Specialist provide information in writing even when providing it verbally.

OCOK will train staff on procedures for collecting and disclosing information and documentation requirements.

OCOK will ensure a Presentation Staffing is held. The OCOK Adoption Care Coordinator will invite the following people to the presentation staffing:

- Prospective family
- Current family
- CASA
- Ad litem
- Guardian ad litem
- Permanency Specialist and Supervisor

The OCOK Adoption Care Coordinator will ensure that the prospective family is able to ask questions of the current family as well as any other members of the child's team. The OCOK Adoption Care Coordinator will facilitate a transition plan for the child into the adoptive home collaborating with the current and prospective family. The OCOK Adoption Care Coordinator will receive notice, no more than 1 day, no less than four (4) days from the provider if the family decides to move forward or not and ensure all parties are notified.

During the presentation staffing and ongoing, OCOK Permanency Specialist and OCOK Adoption Care Coordinator will discuss ensure the adoptive parents receive assistance in preparing for the child or sibling group's safety and healthy transition into their home through service planning, services and supports. A plan is developed to include if the child has a disability or has behavioral/emotional needs they are receiving therapeutic treatment, encourage the prospective adoptive parents to talk with the child's physician or therapist in order to understand the implications of the child's disability or need for treatment.

The OCOK Permanency Specialist will:

- attend the adoptive parents' meeting with the child's physician or therapist; and document the information shared in the meeting in the case records of both the child and the adoptive family;
- discuss the college tuition waiver (if the child will be eligible). Refer the adoptive family to 10310 College Tuition and Fee Exemption Information for further details;
- discuss how the prospective adoptive parents plan to deal with any behavioral, functional, or medical problems that the child may develop in the future. The OCOK Permanency Specialist will document this discussion in both the child's and the adoptive family's records;
- discuss counseling assistance with how to ease the transition from foster care to adoption given the child's history;
- discuss with the family the services the child and family may receive after placement to ensure the placement's success, to include services and supports for other individuals living or frequenting the home and how to obtain resources for the child's special needs;
- discuss the frequency and nature of postplacement contacts between CPS and the family;
- arrange for the child and family to meet each other if they have not already done so;
- schedule as many preplacement visits as necessary. At least one (1) of the visits must take place overnight in the adoptive family's home, unless the program director approves an exception;
- help the prospective adoptive family resolve its fears and concerns about the child, the child's background, the placement, and the parents' ability to raise the child; and
- tell the adoptive family how to apply for financial assistance including insurance to support the adoption and document the discussion in the case record.

Ideally, the child's current foster parent, therapist, and other important professionals will be present for the presentation staffing and can offer key insight to help support and prepare the adoptive parents. Following the presentation staffing, the adoptive parents will have continued access to these professionals and resources.

Throughout the transition process, OCOK staff will maintain communication with the adoptive family's case manager/agency representative to ensure the family is supported throughout the child's transition into the adoptive home.

### **Providing Information to Prospective Adoptive Parents**

Once a family has been selected, OCOK staff must inform the prospective adoptive parents of their right to examine redacted copies of records and other information relating to the history of the child before they decide to proceed with placement.

OCOK staff must present the redacted copy of the health, social, education, and genetic history (HSEGH) report to the prospective adoptive parents either before a selection staffing is held or within 48 hours after the selection staffing. The OCOK Permanency Specialist will also ensure that each licensed Child-placing Agency, Single Source Continuum Contractor, or other person placing a child for adoption receives a copy of any portion of the report prepared by OCOK.

Within two (2) weeks following the selection staffing, the worker should also make arrangements with the agency for the family to review the child's redacted file in accordance with all applicable legal requirements and contractual obligations. The family must sign the DFPS Confidentiality Agreement form prior to reading the record and must sign the Case File Receipt form documenting that the family received the records.

If the prospective adoptive parents initially decide to proceed with the placement after review of the health, social, education, and genetic history (HSEGH) report and any other information that OCOK has provided, OCOK staff must then give the adoptive parents an opportunity to review CPS/OCOK records of the child's history. The OCOK Permanency Specialist will provide the prospective adoptive parents two (2) weeks to review the records and consider the match and ensure the Provider supports them by providing all necessary information, counseling, training and ongoing assessment of the suitability of the match based on the information in the referral, the adoptive home study and any new information received. This review must take place before the child is placed with the prospective adoptive parents.

Families review redacted versions of the following sections of the case record:

- The Child's Section
- The Family Section
- The Sibling Section, but only sibling medical information regarding siblings included in the same legal case
- Legal
- Case Narratives
- Previous investigations, including any investigations conducted by Child Care Licensing in which the child to be adopted was an alleged or designated perpetrator or victim

The OCOK Permanency Specialist will document the prospective adoptive parents' review of CPS's records of the child's history in the child's case record. The OCOK Permanency Specialist will write a specific description of how the record was shared and what was discussed.

Once the OOCK Permanency Specialist completes the Adoption Readiness Summary, the OOCK Permanency Specialist will provide the family with a copy for review.

If, after receiving all of the information the family declines the placement opportunity, the OOCK Permanency Specialist will collect all the paperwork sent.

### **Providing Continuing Access to Information to Prospective Adoptive Parents**

OCOK staff must advise the adoptive parents in writing that OCOK will give them continuing access to a complete, redacted copy of the child's history records. Those records include the child's own case record and those parts of family and sibling case records that pertain to the child's history or are significant to his or her health and development.

After the prospective adoptive parents' initial review of those records, OCOK allows for subsequent access to times and frequencies that are reasonable for both OCOK staff and the family. Like the initial review, subsequent reviews must take place in supervised settings with qualified staff available to answer questions.

OCOK gives the prospective adoptive parents prompt continuing access to edited copies of the child's records in order to help them develop a deeper understanding of the child's history after the child has been placed with them. OCOK also encourages the parents to confer with the caseworker about the child's history after the child has been placed with them.

Additionally, the adoptee may also request copies of their file upon turning 18 or finalizing the adoption. These requests can be made through open records request with DFPS.

OCOK staff must document in the case record all of the information discussed with the family regarding the child's history, needs, problems, and potential.

<b>16.05 Post-Adoption Services</b>			
Domain	Adoption, ACH Client, Family and Agency Rights and Responsibilities		
Effective	9-1-2022	Revision Dates	
Documents	2054 Service Authorization		
Reference	ACH Child and Family Services Policy – Rights and Responsibilities for ACH Child and Family Services, Client Rights and Responsibilities, CPS Policy 6961 Post-Adoption Substitute Care Services, COA AS 11.01, AS 11.02, AS 11.03, AS 11.06		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

**Post Adoption Services**

Adopted children who have been abused or neglected often need help coping with the effects of abuse and the loss of their birth family. OCOK does not currently hold a contract or provide Post-Adoption Services directly, however, we do support all families of children adopted by making referrals through DFPS to obtain Post-Adoption Services. This service is available to families along with Title IV-E and state-paid adoption subsidies from DFPS. Depending on where the in the state the family resides, there are different Post-Adoption Services Providers. The OCOK Post-Adoption Liaison can assist a family with getting connected the appropriate provider for their location and coordinating the application process with DFPS. The Post-Adoption Services Provider cover an array of services including preventative and supportive services such as providing information, counseling and education to the child and family, social and cultural events/activities, preventative care for medical, developmental and/or mental/behavioral health needs, respite care planning and support or advocacy groups. The Provider will either provide directly or refer children and youth, adoptive parents/families to an array of intensive therapeutic services as needed based on the child and family’s needs including things like medical, developmental and psychological evaluations; crisis intervention services; individual/family/group counseling; early intervention and other educational supports; mental health/substance abuse referrals and medical or rehabilitative care or residential treatment placement.

The OCOK Permanency Specialist completes post-placement visits monthly until the adoption is consummated in order to ensure safety, permanency and well-being needs are met. If a child, sibling group or family is receiving Post-Adoption Services, those visits are made by the provider agency.

**OCOK Post-Adoption Services Liaison**

The responsibilities of the Post-Adoption Liaison include, but are not limited to:

- Fielding calls from post adoption families who may be in crisis or in need of Post-Adoption Services and referring them to the appropriate Provider.
- Working as a facilitator between, CPI, Post-Adoption Services Provider and the family.

- Be a subject matter expert for the 3b catchment and for CPI and other CPS staff to reach out to with questions.
- Review service plans completed by the Post-Adoption Services Provider as appropriate.
- Coordinate, facilitate, and attend staffings with post-adoption families, Post-Adoption Services Providers, CPI (If applicable) to assist in identifying steps and roles if needed for Return to Care placement.
- Be a point of contact for their regional Post-Adoption Services Providers.
- If any child/youth has the potential to enter Post Adoption Substitute Care Services and DFPS is seeking Joint Managing Conservatorship, notify the DFPS CBCA
- Process, which includes entering and approving the 2054 Service Authorizations for the post adoption cases.

In addition to referring for post-adoption services/supports, when an individual who was adopted through the foster-care system becomes 18, or for any parent who would want to make themselves available for contact for a child/ren that have been adopted upon turning 18, the Liaison will provide information on how the individual can register to search for and make contact and provide local resources for counseling or other services upon request. Note: OCOK will follow all DFPS confidentiality requirements in regards to contacting biological parents and/or adopted child/youth.

### **Post-Adoption Substitute Care**

Since funding is limited, there are times that children/youth require an out-of-home placement to meet their mental health needs and funds are not available through traditional Post-Adoption Services. Refer to CPS Policy 6961 Post-Adoption Substitute Care Services. To be eligible for this service, the child/youth must be under the age of eighteen (18) and the adoptive family must:

- be residents of Texas;
- have adopted a child directly from CPS custody;
- have followed through with all tasks addressed on the service plan developed with the post adoption service provider, to the extent the provider determines appropriate (service plan tasks may include family, group, or individual therapy for the parents or the child); and
- have exhausted all community resources, their insurance benefits, and available post adoption services.

### **Obtaining Post-Adoption Substitute Care Services**

When an adoptive family contacts CPS/CPI/OCOK to request placement for their adopted child, and they are not currently working with Post-Adoption Services, staff refers them to Post-Adoption Services for appropriate services. If the family is working with the Post-Adoption Services Provider, Post-Adoption Services are nearly exhausted, and the Post-Adoption Service Provider and OCOK find that it is in the child's best interest for the adopted child to:

- re-enter substitute care; or

- remain in out-of-home care if the child is already placed out of the home, and using Post-Adoption Services, transferring temporary conservatorship to CPS; then the Post-Adoption Services Provider will contact OCOK Post-Adoption Services Liaison.

The OCOK Post-Adoption Services Liaison will:

- Notify the Community-Based Care Administrator and CPS Adoption Program Specialist of any children/youth that are being considered for Post-Adoption Substitute Care Services.
- If the family resides in Tarrant County, notify the Legal Supervisor for the OCOK Permanency Unit assignment.
- Within four (4) business days, contact all required parties to hold a staffing to determine eligibility and next steps.

### **Staffing**

Purpose:

- Evaluate the child and family needs to determine if circumstances meet
  - policy requirements for Post-Adoption Substitute Care.
  - Evaluate if it is in the child’s best interest for CPS to be granted temporary
  - managing conservatorship and the child be placed into substitute care
  - with the adoptive family’s ongoing involvement.
  - Allow all parties to discuss the next steps and expectations.

Participants:

- Post-Adoption Service Provider;
- Adoptive parents (invited by the Post-Adoption Services Provider);
- Therapist (invited by the Post-Adoption Provider);
- OCOK Post-Adoption Services Liaison
- OCOK Intake Director
- OCOK Sr. Director of Permanency;
- OCOK Permanency Director and Supervisor
- Investigative Program Director to be assigned intake

\*At the discretion of participants, an internal pre/post-meeting may be held if additional discussion is needed without the family present. The OCOK Post-Adopt Services Liaison will coordinate the meeting if requested.

16.06 International Placements and Adoptions			
Domain	Adoption, ACH Organizational Service Delivery		
Effective	9-1-2022	Revision Dates	
Documents			
Reference			

**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:**

A child or youth can be placed with a parent or kinship caregiver in a foreign country, whether the child will be returning to his or her country of origin (repatriation) or will be placed for the first time in a foreign country. The placement decision is made based on:

- the individual child or youth’s needs;
- the proposed caregiver’s ability to meet the child or youth’s needs; and
- what option best serves permanency.

Special issues to consider include all of the following:

- the safety of a placement in a foreign country must be assessed based on supervision available from local child protection authorities, without CPS involvement;
- court approval is required for out-of-country travel by a foster child
- once a child or youth is placed in a foreign country, CPS has no legal authority to act; and
- if the child or youth is not a U.S. citizen, staff consults with the regional attorney to assess immigration consequences of residing permanently outside the U.S.

If a child’s or youth’s parent, relative, or other potential caregiver resides in a foreign country, the caseworker may, with supervisory approval, request a home study from that country. If a child or youth has special needs or there are any specific concerns about the placement, these must be communicated with the home study request.

Before placing a child in a foreign country, the OCOK Permanency Specialist must:

- obtain a favorable home study;
- inform all parties, the court, the child’s or youth’s guardian and attorney ad litem, CASA representative, the foster family or facility, and the consulate;
- set up any necessary monitoring and safeguards with child protection authorities in the area where the child or youth will reside;

- obtain and provide to the child’s caregiver a certified copy of the court order authorizing the placement; and
- verify the child or youth has necessary travel documents for entry into the placement country (and copies of U.S. citizenship or birth records, if applicable).

In all cases of a child being placed in a foreign country, the caseworker must consider that once the placement is made neither the state court nor DFPS has authority over the child.

If the child is not a U.S. citizen, OCOK will consult with DFPS legal about the impact of leaving the U.S. on the child’s immigration status. Also, OCOK will consult with the consulate for the child’s country to determine what documents they child will need to enter and take up permanent residence in that country. If OCOK decides to proceed with an adoptive placement with a relative residing in another country, the OCOK Permanency Specialist must first determine if the prospective adoptive family is a military family. If the child is being placed in adoptive placement with a military family. If the relative is not a military family, the OCOK Permanency Specialist shall:

- Determine if the country where the relative resides is part of the HAGUE Convention, which is similar to ICPC, but for international adoptions. If the country is part of the HAGUE Convention, there are certain requirements that have to be followed, which can be referenced on the website. OCOK will provide any documentation demonstrating its qualifications (i.e., current and historical information) before making any requests for placement. OCOK does not currently monitor any international placements in our catchment area.
- Contact the consulate for the country the family resides in to assist you in starting the home study process, finding an adoption agency, and setting up necessary services to ensure a successful transition and adoptive placement. For more information and guidance, International Social Services can assist when a OCOK Permanency Specialist has questions along the way, as this organization specializes in international adoptions. International Social Services understands the requirements for the Hague Convention, has a list of adoption agencies in each country and can provide specific information about how each country operates in regard to adoptions. Another resource could also be found at [Travel.State.Gov](http://Travel.State.Gov).
- Other things OCOK will consider when thinking about placing a child out of the country:
- Even with an approved home study, there are limitations to adoption assistance when a child is placed out of the country. The child will not be able to receive Medicaid in another country, so there will have to be arrangements for health insurance for the child.
  - The OCOK Permanency Specialist will need to find an agency to supervise the placement and ensure there are adoption services in place to meet the child and family’s needs, which will require a child-specific contract.
  - The OCOK Permanency Specialist will also consider the difficulty of intervening if the adoption is at risk of being disrupted. DFPS will lose jurisdiction once the child is placed in the other country. OCOK/DFPS may ask the local authorities to intervene if there are concerns. This needs to be discussed prior to placement.

## **Section 17**

### **Legal**

**17.01 Best Interest Decisions**

**17.02 Court Hearings**

**17.03 Mediation and Rule 11 Agreements**

**17.04 Monitored Return to Parent**

**17.05 End of Life Decisions and Organ Donation**

**17.06 Foreign-born Children**

**17.07 Indian Child Welfare Act (ICWA)**

**17.08 Multi-ethnic Placement Act (MEPA)**

17.01 Best Interest Decisions			
Domain	Legal, ACH Behavior Support and Management		
Effective	3-1-2022	Revision Dates	6-2022
Documents			
Reference	ACH Child and Family Services – Service Modalities and Interventions, 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.

**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 and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**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:
  - o minimally adequate health and nutritional care;
  - o 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.

17.02 Court Hearings			
Domain	Legal, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-1-2022	Revision Dates	
Documents	Family Plan of Service (FPOS), Form 2277 Diligent Search for Missing Parent, Form 2070 Status Report to the Court, Form 2637 Notification Regarding Relatives/Designated Caregivers, Form 2625 Child Caregiver Resource, Form 2110 Visitation Plan, Form 2088 Permanency Plan and Progress Report to the Court		
Reference	ACH Child and Family Services – Client Rights and Responsibilities Information Provided, Texas Family Code Chapter 153.004, 262, 262.101, 263, 263.003, 263.107(d), 263.307		

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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

OCOK collaborates 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. OCOK will ensure ongoing communication, partnership, and transparency with our partners. In addition, OCOK will 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. OCOK provides support to legal litigation in the following ways:

- Appears as professional witness in court hearings
- Prepares required documents for court hearings
- Prepares for court hearings by collaborating with the DFPS attorney and others prior to the hearing
- Keeps each partner 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. Permanency Specialist must confirm with their supervisor who is responsible for providing notice of hearings and legal proceedings in their area.

#### 5. Types of hearings involved when a child is legally in the care of DFPS. (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 – OCOK will file the Family Plan of Service (FPOS) within the timeframes required by your local court jurisdiction. Permanency Specialists must be aware of their local court’s expectations regarding all filing timeframes. (Texas Family Code §263.101 – 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 2277 Diligent Search for Missing Parent (if a parent cannot be located)
- Form 2070 Status Report to the Court
- Form 2637 Notification Regarding Relatives/Designated Caregivers, Texas Family Code §263.003
- Form 2625 Child Caregiver Resource that is not already filed with the court
- Form 2110 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
- 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;
- file Form 2088 Permanency Plan and Progress Report to the Court, Texas Family Code §263.303
- file any Form 2625 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.
- The child must attend the hearing unless specifically waived by the court

### **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

17.03 Mediation and Rule 11 Agreements			
Domain	Legal, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	9-2022
Documents			
Reference	ACH Child and Family Services Policy – Client Rights and Responsibilities Information Provided, Texas Family Code Chapter 261, Texas Rules of Civil Procedure Rule 11, Mediated Settlement Agreement, COA AS 9.03		

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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 an OCOK 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 (2) 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

OCOK 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. OCOK 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, how to proceed must be discussed with the OCOK Permanency 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. OCOK 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.

## 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. An OCOK Permanency Supervisor will be involved with the OCOK Permanency Specialist 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

OCOK Permanency Specialists, OCOK Permanency 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.

Mediations and Rule 11 Agreements are complex. These agreements impact the lives of children and families for years to come. OCOK Permanency Specialists must consult with their OCOK Supervisor and legal staff throughout this process. They will provide assistance, guidance, support and direction.

When the parties are considering adoption and specifically an open adoption or a desire to maintain connections between the child and the parents, relatives, siblings or others with whom they have a connection, OCOK will offer counseling and assistance to support them through the process of developing an agreed upon plan for the exchange of information and/or continued contact as well as a plan for how to resolve conflicts that might arise in the future.

17.04 Monitored Return to a Parent			
Domain	Legal, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-1-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services Policy – Client Rights and Responsibilities Information Provided, Texas Family Code Chapter 263.403		

**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.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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, OCOK will 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 OCOK 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 OCOK 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

17.05 End of Life Decisions/Organ Donation			
Domain	Legal, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-1-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services Policy – Client Rights and Responsibilities Information Provided, Texas Health and Safety Code Chapter 166, Chapter 692A.004, 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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by 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, OCOK:

- obtains 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;

- requests 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;
- informs 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);
- arranges for the parents to discuss any recommendation with the attending physician directly (by phone or in person); and
- discusses 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 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. OCOK will NOT do so.

If the parents refuse to consent to the DNR, advance directive, or recommended end of life care:

- OCOK will NOT take further action

If the parents cannot be located or are otherwise unavailable to make a decision:

- OCOK requests the attorney representing DFPS initiate proceedings to seek termination of parental rights and obtain PMC of the child.

OCOK 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 Specialist, 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.
- OCOK will 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, OCOK cannot 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.

OCOK 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.

17.06 Foreign-born Children			
Domain	Legal, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	9-2022
Documents	Form 2650 - Letter to Foreign Consulates		
Reference	ACH Child and Family Services Policy – Client Rights and Responsibilities Information Provided, USC 8 1101, USC 42 671, TFC 152.311, COA AS 11.07		

**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 informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

When OCOK becomes 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 will 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:

- Completes 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.
- When a child in DFPS custody who is not a US citizen has plan of adoption, OCOK will prior to finalizing the adoption work the DFPS Immigration specialist to obtain US citizenship for the child. This must be accomplished before an adoption can be consummated and documentation must be obtained prior to filing for the adoption and/or new birth certificates, SSNs etc. Once

this is received OCOK will work with the attorneys and provider agency involved to obtain an order for the adoptive parents that the adoption is final.

- When a child is being adopted internally by a relative, OCOK will work with DFPS to ensure the child maintains their citizenship or obtains dual citizenship status and documentation.

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.

17.07 Indian Child Welfare Act (ICWA)			
Domain	Legal, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	9-2022
Documents	Indian Child and Family Questionnaire (Form 1705)		
Reference	<a href="#">25 U.S. Code §1912(a)</a> , <a href="#">25 U.S.C. §1903</a> , COA AS 5.5, FKC 3.04		

**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.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

If there is any indication that a child or their family may have tribal connections, OCOK 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 in order to determine ongoing jurisdiction.

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 (3) 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 or Native Alaskan 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, and OCOK will ensure compliance with the Indian Child Welfare Act to include ensuring that parents are provided with information regarding their rights as well as the following:

- 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 will 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 OCOK makes active efforts to reunify the child and family and facilitate their participation in assessment and service plan to determine the most appropriate plan for the child/ren and parents/family;
- the child will be placed according to ICWA statutory preferences, and all efforts will be made to maintain connections between children and their extended family and their tribes;
- 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\(4\)](#)

OCOK 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, OCOK and its Providers 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 OCOK asks about Native American history, whether it is confirmed or denied, OCOK and its Providers document about asking the question, who OCOK asked the question of, and their response in:

- the removal affidavit; and
- any reports/plans filed with the court.

This is captured in computer documentation in the case narrative. Provider's will document in the Provider's client record.

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, OCOK will:

- complete [Form 1705](#) 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 OCOK 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\(a\)](#)

If the OCOK Permanency Specialist determines that a child on their caseload may be subject to ICWA, this must be discussed with the Supervisor upon learning of the possibility. Additional guidance will be provided, including discussing the information with the DFPS Attorney as soon as possible.

17.08 Multi-Ethnic Placement Act (MEPA)			
Domain	Legal, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3-01-2020	Revision Dates	9-2022
Documents			
Reference	Federal Multiethnic Placement Act/Interethnic Adoption Provisions, Texas Family Code §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.

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**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 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>

## **Section 18**

### **Aftercare and Case Closure**

**18.01 Case Closure and Records Retention**

**18.02 Discharging a Child/Youth from Care**

18.01 Case Closure and Record Retention			
Domain	Aftercare and Case Closure, ACH Record Retention		
Effective	9-1-2022	Revision Dates	
Documents	Closed Case Records Tracking Log		
Reference	Case Closure Summary, CareMatch, IMPACT, COA FKC 23.01, FKC 23.02, FKC 23.04		

**Purpose:**

Case closure is the final process once a case has been completed. This means that case management services are discontinued, and a Judge has determined that we are no longer needing to be involved with legal party or parties previously ordered to participate.

**Policy:**

ACH Child and Family Services (ACH) will adhere to legal, contract, and business requirements regarding the identification, retention, storage, protection, access, purging, and disposal of ACH records. ACH will follow the schedule of record retention that has been reviewed and approved by the legal counsel. The schedule of record retention will include all records including paper and electronic records and documents. Records that are not assigned a retention period under the schedule will be promptly brought to the attention of the designated Custodian of Records, who is responsible for record maintenance.

The President/CEO or his/her designee is appointed as Custodian of the Records and periodically reviews this Policy and the Record Retention Schedule to ensure compliance with new and amended laws and regulations.

**Procedure:**

OCOK will prepare the external and digital records to be submitted for closed case records upon orders from the court. Case closure is a clearly defined process that includes assignment specific staff to include the following:

- OCOK Permanency Specialist
- OCOK Permanency Unit Supervisor
- OCOK Permanency Unit Administrative Assistant

Planning for case closing begins at initial assessment and includes ongoing conversation throughout the duration of the case; to involve the OCOK Permanency Specialist, the child/ren, families, resource families, and other supportive people and legal parties involved, as appropriate. (Refer to Family Reunification Policy and Procedures)

Once a Judge has ordered the closure of a case and all staffings and documentation has been entered into the Case Narrative by OCOK Permanency staff, the following tasks must be followed in order to close the case in IMPACT:

1. Enter the legal status and actions in the legal tab of the SUB stage.
2. End the SSCC referral for the stage being closed.

3. End all 2054's in IMPACT and Purchase of Service (POS) requests in CareMatch.
4. If ending a SUB Stage, an email will need to be sent to the Eligibility Specialist to end the Eligibility of the child prior to case closure.
5. Enter the Case Closure Summary in the Case Narrative utilizing the drop down for all stages being closed. The OCOK Permanency Specialist should use this as a tool to plan for any services, referrals or supports that the family may need after the case has been closed. Any goals, referrals or supports that are needed will be addressed and planned for. This formal evaluation will be documented in IMPACT and will address any unmet needs or concerns should the family have another referral in the future. OCOK does not currently have a contract to provide aftercare services directly but can refer a family to supports and services as necessary.
6. Complete the Services and Referrals Checklist in the FSU.
7. Upload any remaining images to external documents or electronic and legal documents in OneCase.
8. Enter a brief comment regarding the closure rational in the case closure tab and submit the case to the OCOK Permanency Unit Supervisor.

Once all tasks have been completed in closing the stages of a case and all documents have been filed, the following tasks must be completed to send the records to the TDFPS Records Management Office (RMO) within 30 days of case closure:

1. Ensure both the FSU and SUB stages are closed in IMPACT.
2. Organize the case record to ensure all documents are present and categorized (Reminder that the Blue tabs MUST stay in place and cannot be removed)
3. Remove all staples and paper clips.
4. Original birth certificates and social security cards cannot be shipped to RMO (Refer to the Family Reunification Policy)
5. Put the case record into manilla folders.
6. Go into CaseTrack and enter a bar code for every folder in the case numbering tab starting at 1.
7. Print the bar codes and apply to every manila folder in order and place the folders in a file box.
8. Print the box code and put on the end of the box you are shipping to RMO.
9. Print a FedEx label and ship out.
10. Enter your closed case records on a tracking log.

Upon case closing, the OCOK Permanency Specialist notifies any collaborating service Providers, including the courts and tribal governments, as appropriate.

### **Records Retention**

OCOK will only retain case records that are considered active while it is being used on a day-to-day basis during the normal course of business. This means, as long as new information is accumulated and added to the record, it is considered active.

OCOK understands that the information in many DFPS records must be protected and maintained in a confidential manner throughout the retention period. A DFPS record can:

- contain a profoundly personal and private account of a person's life;

- provide a historical account of financial transactions; and
- uphold vendor and employee accountability.

OCOK understands that DFPS securely stores DFPS records to support decisions regarding client safety, facilitate internal business processes, and provide records to entitled requesters as mandated by state law. During the normal course of business DFPS determines the most efficient and cost-effective way to store a DFPS record. The long-term storage of a record may require conversion from electronic to physical or physical to electronic.

DFPS may contract with a third-party vendor to store electronic or physical files, but DFPS always retains ownership of all paper and electronic files.

The DFPS Closed Adoption Records unit maintains adoption records for individuals who have been adopted through the Child Protective Services program only. If the adoption was consummated through a private adoption placement agency, the records will be maintained either by that placement agency, or the Central Adoption Registry.

In the State of Texas, adoption records are sealed by law. However, an adoptee can obtain a redacted copy of their adoption record. The redacted copy will have certain personal information deleted to ensure privacy of the involved individuals. In order to honor a request for closed adoption records the Texas Department of Family and Protective Services must have been involved in the placement and adoption of the adoptee.

18.02 Discharging a Child/Youth from Care			
Domain	Aftercare and Case Closure, ACH Risk Prevention and Management		
Effective	3-01-2020	Revision Dates	6-2022
Documents			
Reference	ACH Child and Family Services – Case Records Entry, 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.

**Policy:**

ACH Child and Family Services provides an annual report to the Board of Directors which outlines significant program and organizational risks.

**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 Program](#) (CHIP) [Texas Health Steps](#) brochure