

**CHILD/FAMILY CASE PLAN &
REVIEW OF CHILD/FAMILY CASE PLAN
RESIDENTIAL PLACEMENT - SUPPLEMENT**

The Child/Family Case Plan and Review of Child/Family Case Plan documents are designed to provide a case management tool to address identified needs of the child and family and to satisfy requirements for TJPC Case Management Standards and Title IV-E Standards. In developing the case plan, all goals should be clearly defined and interventions should be measurable in order that the child's level of progress can be determined when the case plan is reviewed. It should also be noted that every child may not have goals in every domain; goals should be based on the individual child's specific needs. The information provided below will assist you in developing the child's case plan/review.

In order to assist you in developing a case plan, the following items are explained:

GOAL: The goal identified in a domain is a description of what is to be achieved. What is the end result that is desired? For example, if a child has substance abuse issues, the end result that is desired might be for the child to cease using drugs.

INTERVENTION: The intervention is the action or task that is to be taken by the party to achieve the desired end result. In the example above, the intervention might be for the child to participate in substance abuse education program three (3) times a week.

PERSON RESPONSIBLE: The person responsible should be the party who is expected to complete the task described above. Each goal should identify one person as being responsible for completing the identified intervention. The person responsible for attending the substance abuse education program (in the example above) would be the child.

TIME FRAME: The time frame identifies the period of time in which the task is expected to be completed. Time frames can be either short term (such as getting a cavity filled), or long term (such as participating in counseling). An example of a time frame (in the example above) might be "for the next 6 months."

PRIOR SERVICES: Federal standards require that reasonable efforts be made prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child's home. This section requires a summary or list of services offered to the child and/or family to prevent the removal. These services may have been offered by the probation department or any other public or private agency. Examples include counseling, intensive supervision, psychological evaluations, parenting classes, MHMR services, special education services, etc.

If the child has previously been on probation, do not list "probation," but document what services were provided to the child and/or family while on probation.

If no services were provided, there must be an explanation. "N/A" is not acceptable.

NEED FOR PLACEMENT: Why is it necessary to remove the child from his/her home? The discussion in this section must identify issues specific to the child that resulted in the child's removal from the home and subsequent placement in foster care. This section must also discuss the family circumstances and what familial issues contributed to the decision to remove the child from the home. Identifying specific needs for both the child and family here is critical and will provide the foundation for goals and interventions to be developed in the case plan for both the child and family (*family services domain*).

(Case Plan Reviews): The *continued* need for placement should discuss why the child needs to remain in placement at the time of the review. This information should be updated to reflect the current status of the child's placement and why he/she cannot return to the home at the time of the review. Again, the discussion must include reference to both the family situation and the child's behaviors which prevent the child's return to the home at the time of the review.

WERE THE PARENTS NOTIFIED OF THE CHILD'S REMOVAL? (Initial Case Plans Only)

The case plan must state, specifically, how the family was notified that the child would be removed from his/her home. Examples would be, "present at detention/disposition hearing," "notified via telephone call," "verbally during home visit," etc. The date of the notification must also be documented.

APPROPRIATENESS OF PLACEMENT: Why is the placement selected the most appropriate setting for this particular child? What specific services are being provided by this facility to address the needs of the child identified in the 'Need for Placement'? Documentation should reflect what services the facility will provide to meet the child's specific needs given the best interests and special needs of the child as opposed to a 'brochure blurb' of all the programs and/or services offered by the facility. A general statement such as "The placement is appropriate" will not be sufficient to meet the requirements of this standard.

(Case Plan Reviews): The appropriateness of placement should be updated to reflect why the facility is currently the most appropriate setting for the child and what services they are currently providing to meet the child's specific needs. Be sure to incorporate services for any new needs that have been identified since the last case plan or review.

DESCRIPTION OF THE CURRENT PLACEMENT: The case plan must include a description of the type of home or institution in which the child is placed. This information should provide a 'literal description' of the physical environment of the facility. The plan must describe the child's physical living arrangement as opposed to how the facility was licensed as previously required.

SAFETY OF PLACEMENT: The case plan must include a discussion of how the placement will ensure the safety of the child while in placement. The discussion should include a holistic review of how the placement is safe in terms of the child's needs and the services that are to be provided. The discussion should provide specific information about how the foster parents or facility staff will ensure the child's safety.

LEAST RESTRICTIVE (MOST FAMILY LIKE) PLACEMENT: The intent of this requirement is to ensure that the child is placed in the most family like setting that can meet the child's specific needs. An explanation is not required only if the child is placed in one of the following settings:

- Foster family-home (6 or fewer children);
- Emergency shelter;
- Assessment center being evaluated for further placement or awaiting location of a family home.

All other types of placements, including group home, institutions, basic care, etc. require an explanation regarding why the "more restrictive" placement was necessary to meet the specific needs of the child.

If the child was not placed in a foster family-home, explain why not. If the placement is not least restrictive, explain why this placement was chosen over a "least restrictive" placement. Remember

that a “group” home (7-12 children) is not considered least restrictive. Some examples of acceptable explanations would be as follows:

- The child needs the 24 hours supervision the facility provides due to his aggressive behavior;
- The therapist recommended the child be placed in an RTC to receive treatment;
- A foster group home was chosen instead of a foster family-home because....(comparison of placement selected to a foster family home).

CLOSE PROXIMITY – SCHOOL: The intent of this requirement is to ensure continuity in the child’s education and to minimize disruptions in his/her learning. Assurances must be given that the child’s placement in foster care takes into account the proximity of the school in which the child is enrolled prior to placement. Although it is not often possible for the child to continue to attend the same school, there is an expectation that the child should be able to attend school in the same district, because schools in the same district use the same curriculum.

This standard is met if the child had to change schools but is in the same school district, or if there is documentation explaining why attending the same school is either not in the child’s best interest or does not meet the special needs of the child.

If the current placement is too far from the child’s school for the child to remain in the same school, some examples of acceptable explanations include:

- The most appropriate placement for Mary was in another city therefore she could not attend the same school;
- The child could not attend the same school because she went to live in a facility in another county.

The explanation must be individualized and specific to the child being placed.

CLOSE PROXIMITY - PARENTS: This standard requires that if a child is placed a substantial distance from the home of the parents the reasons why such an action is in the best interest of the child must be documented in the case plan. “Substantial distance” is defined as being outside the county of the parent’s residence or at a distance greater than 50 miles from the parent’s home. If this placement is not in the same county as the parents’ home or within 50 miles of the parents’ home, document the exception and explain why the placement is in the child’s best in the child’s best interest.

All placements not in close proximity require an explanation. Following is an example of an appropriate statement:

“There were no placements in close proximity to the parents that would meet the child’s special physical needs.”

An acceptable statement must demonstrate that the agency considered the proximity issue and that placement was due to the particular circumstances or special needs of the child for which the case plan is being developed. The explanation must be individualized and specific to the child being placed.

This standard is met if the child is placed within close proximity of the parent’s home, or if there is documentation why the child special needs required placement not within close proximity.

If this placement is not in the same county as the parent's home or within 50 miles of the parent's home if near the county boundary line, document the exception and explain why the placement is in the child's best interest. For example:

- An out of county placement was chosen as the child needed specialized treatment at a facility which was located in another county;
- Although the child is not placed in the same county, the placement is within 30 miles of her parents;
- This was the closest facility that was able to provide the specialized treatment required for this child.

OUT OF STATE PLACEMENT: If the child is placed out of Texas, you must explain why this is necessary. Documentation must include reasons why placement in an out of state facility is necessary and why the facility can meet the child's needs better than a Texas facility. Issues regarding '*close proximity*' and '*least restrictive*' shall be carefully documented. Standards require that any child in an out-of-state placement be visited (face-to-face) by department staff at least once every month.

(Case Plan Reviews): This section should be updated to reflect why the child's placement outside the state of Texas continues to be necessary.

PERMANENCY PLAN: Document the anticipated permanency plan and date. If the permanency plan is *emancipation/independent living*, or *other permanent living arrangement*, you must explain why this is in the best interest of the child. "Other permanent living arrangement" would be any other permanency plan not specifically listed and could include long-term foster care for children who will be in placement for an extended period of time.

TERMINATION OF PARENTAL RIGHTS (Case Plan Reviews): If the child has been in foster care for 15 of the last 22 months, termination of parental rights (TPR) must be addressed. When conducting a 6-month Administrative Review or a 12-month Permanency Hearing this will be marked 'N/A.'. Since case plans are reviewed every 6 months, you will need to address this issue beginning with the 18-month administrative review and with each subsequent review thereafter.

If not filing for TPR, you must provide a compelling reason why TPR is not in the child's best interest. Examples of reasons not to file for TPR may include:

- *"The child's therapy needs require that he/she continue in the treatment program at this time. However, the permanency plan continues to be reunification with the parent. No grounds exist for TPR"*
- *"The parent has not received sufficient services to ensure the safe return of the child to the home at this time. However, the permanency plan continues to be reunification with the parent."*
- *"The child will be transitioning into independent living upon completion of the treatment program. However, the child wishes to maintain a relationship with his/her parent(s) and no purpose would be served by filing for TPR."*
- *"The child will be residing with a relative upon completion of the placement program. He/she wishes to maintain a relationship with his/her parents and no grounds exist to file TPR."*

MEDICAL/DENTAL DOMAIN: The medical/dental domain is related to a child's physical health. It includes, but is not limited to, medication management, medication monitoring, and management of acute and chronic medical conditions (diabetes, asthma, etc.) and any identified dental needs. The initial case plan should reflect the child's most recent healthcare providers *prior to the child's placement*. Documentation must reflect the name of a specific doctor and dentist, not a clinic name. If medications are listed, you must specify for what conditions they are being taken. You must document the date the medical and dental records were provided to the caregiver.

(Case Plan Reviews): The medical information must be updated to reflect the child's current healthcare providers or who would provide medical/dental care, if needed, while in placement. Again, documentation must reflect the name of a specific doctor and dentist, not a clinic name.

SAFETY/SECURITY DOMAIN: The safety and security domain should address the child's propensity for self-harm (*i.e. suicide issues, self mutilation, or other behaviors which might prove injurious to the child*), harm to others (*i.e. issues relating to aggressive behaviors*) or other destructive acts and/or behaviors. Any issues related to the child's safety and security would be appropriate for inclusion in this domain.

EDUCATIONAL DOMAIN: The educational domain is related to a child's performance, progress, and conduct in the most appropriate and least restrictive academic or vocational setting. The initial case plan should reflect the child's most recent educational provider *prior to the child's placement*. Documentation must include "*current grade level placement*" (actual grade in which the child is enrolled) and "*current grade level performance*" (the level at which child is functioning). "*Grade level performance*" is usually determined by an educational assessment conducted as part of a complete psychological evaluation and the results are included in the completed report. You must document the date the educational records were provided to the caregiver.

(Case Plan Reviews): The educational information must be updated to reflect who is providing educational services to the child while in placement and the child's current grade level placement at the time of the review. The educational program in which the child is enrolled could be either an on-campus educational program or a local school in the community.

EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN: The mental/behavioral health domain refers to the behavioral and emotional functioning of the child, as well as any psychiatric symptomatology that may be present.

PREPARATION FOR ADULT LIVING (PAL)/VOCATIONAL DOMAIN: The PAL domain refers to any child aged 16 years of age or older learning skills designed to assist the child to transition into adulthood. Areas of training could include, but are not limited to, job seeking skills, vocational training, housing, money management, consumer awareness, hygiene, nutrition, housekeeping, transportation, etc.

Goals should be included in this domain for any youth who is currently 16 years of age, or will become 16 years of age before the next case plan review. If the child is not participating in formal PAL classes, the child must be provided some sort of informal training by the facility or the juvenile probation department in the areas mentioned above.

TRANSITIONAL SERVICES DOMAIN: The transitional services domain should describe services provided to a child in order to assist in transitioning back to his/her community upon discharge from residential placement. These services should aid children with social adjustment, employment, and educational success once they return home. Services provided could include, but are not limited to; life-skills training (budgeting, money management, nutrition, etc.), education and/or special education services, employment training, specialized treatment programs (substance abuse, mental health, counseling, etc.), parenting and relationship-building classes.

FAMILY SERVICES DOMAIN: The family services domain includes services provided to the family (or other person to whom the child will return upon discharge from foster care) which address identified family needs/issues that contributed to the child's removal from the home. Referrals to community resources (i.e. substance abuse programs, local housing authorities, or employment assistance programs) to address the needs of the family are also considered 'services' which would be appropriate in this domain. These needs should have previously been identified and documented in the "*Need for Placement*" or "*Continued Need for Placement.*"

Documentation must reflect that appropriate services are being made available to the family and that these services are consistent with the stated permanency plan (i.e. if the child is to return to a grandparent, services should be provided to the grandparent instead of the parent). If the goal is for the child to return home, the services must be targeted at resolving the problems in the home (and previously identified in the case plan/review) that contributed to the child's removal. It is insufficient merely to list visits or contacts since this does not, in itself, specify the services being provided to the family.

SUPPORT SERVICES PROVIDED TO CAREGIVER DOMAIN: This domain describes what specific supportive services the probation department will provide to the caregiver to assist them in the care and rehabilitation of the child. Such services could include participation in staffings, arranging and/or coordinating home visits, providing clothing and other supplies, etc.

It is insufficient merely to list visits or contacts since this does not, in itself, specify the services being provided to support the caregiver in caring for the child. Furthermore, monthly contact with the caregiver is required and should not be listed as a service to the caregiver.

NEW NEEDS (*Case Plan Reviews*): Any new needs that have been identified for the parties are listed in this area, along with their appropriate goals and interventions. At the time of the next review, the progress is measured and the goal is moved to the appropriate domain.

PARTICIPATION & DISTRIBUTION: This provides documentation that the parties were invited to participate (date and method of notification), and subsequently participated in the development of the case plan/review prior to its completion. Enter the date that each party was notified (afforded the opportunity to provide input), how they were notified, and when they provided input into the development of the case plan/review. This date must be on or before the date the case plan/review was completed by the probation officer as evidenced by the JPO signature. Participation of all parties does not have to occur on the same date. The date that the parties received copies of the case plan/review must also be documented.

CONTACT BETWEEN CHILD AND FAMILY: This section requires that you specify what the plan of contact is for the child and family. The frequency and method of contact must be specified.

JPO PLAN OF CONTACT: This is a statement reflecting that the JPO will maintain at least monthly contact with the child, family, and caregiver. This also includes the required monthly face-to-face contacts with each child. The majority of these visits should be in the child's residence. No additional information is required here.

SIGNATURES: All parties should sign and date the case plan/review. Signatures shall not be pre-dated; the signatory shall date his/her signature at the time the signature is affixed to the document. The date of the JPO signature will be considered the completion date of the case plan/review.

It is acceptable to fax the signature page to the caregiver for signature and have the signature page faxed back to the department.

If the signature for any party is not obtained, there must be an explanation.

FACILITATOR NAME/TITLE (*Administrative Reviews*): Administrative reviews must be facilitated by an individual who is not responsible for the case management of or the delivery of services to either the child or the family who is the subject of the review. The role of the facilitator is to ensure that the best interest of the child and family are addressed. Individuals who may serve as facilitators include, but are not limited to, volunteers for the department, advisory board members, department employees with no association to the case, or any other person deemed appropriate.

COMPLIANCE (*Case Plan Reviews*): The intent of this requirement is to determine whether the parties followed through with the assigned tasks (actions) listed in the case plan. Did the parents attend planned counseling as directed? Did the child attend anger management classes as directed? Compliance can be described as the child and family completing the tasks outlined in the case plan or review. Stating that the parties “complied with the case plan” is insufficient to meet the requirement.

Examples of compliance statements:

- “The child attended and participated in all counseling sessions as directed.”
- “The parent contacted the local housing authority and completed an application for housing.”

PROGRESS (CHILD & PARENTS) (*Case Plan Reviews*): This requirement focuses specifically on the impact of services provided or offered to the child and family. It should document whether things are better, whether there was no change, or if things have gotten worse. For example, has the child learned to control his anger or is he still having episodes of uncontrolled anger outbursts. Has the family’s ability to provide adequate supervision to the child during home visits improved?

Examples of progress statements:

- “The child no longer has the outbursts of anger that necessitated the counseling. The improvement in his control over his emotions precludes the need for further counseling.”
- “The parent’s work with the child regarding the control of his emotions has not been successful. The child continues to have uncontrolled outbursts. Since this strategy has not worked, the child will need to continue in counseling.”
- “The parents are demonstrating better parenting skills than they demonstrated 6 months ago. However, they continue to have issues regarding appropriate discipline.”

CAUTION: These are intended as examples only and should not be replicated verbatim in case plan reviews.

ATTENDED/PARTICIPATED IN REVIEW (*Case Plan Reviews*): All parties that either attended or participated in the administrative review must be listed. Participation may be via telephone. The parent and caregiver must be invited to attend the review and allowed sufficient time to make necessary arrangements (i.e. arrange time off from work, arrange for transportation, etc.).

This section may also be used to document parties who participated in a judicial review if not identified in the court order.

Case Plan review must document parties invited, but who did not participate in the review – document “DNP” under “Date of Participation.”

This section may also be used to document parties who were invited or summoned to participate in a judicial review and did not appear.