

Community-Based Care Our Community Our Kids Stage II Joint Operations Manual

May 2024



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What is Community-Based Care?

[Community-Based Care \(Internal Webpage\)](#) and [Community-Based Care \(Public Webpage\)](#)

This operations manual provides Child Protective Investigations (CPI), Child Protective Services (CPS), and Our Community Our Kids (OCOK) staff an in-depth look at the protocols for case actions in Department of Family and Protective Services (DFPS) cases involving substitute care placements and case management services that are affected by Community-Based Care (CBC) in Metroplex West (3W).

To begin, staff must understand Community-Based Care.

CBC is a new way of providing foster care and case management services. It is a community-based approach to meeting the individual and unique needs of children, youth, and families. Within a geographic designated community area (DCA), a single contractor (officially a Single Source Continuum Contractor (SSCC)) is responsible for finding foster homes or other living arrangements for children or youth in state care and providing them a full continuum of services.

DFPS began expanding the community's role to meet the challenges of serving children and youth in foster care under Foster Care Redesign. Under Foster Care Redesign, the SSCC was responsible for:

- Developing foster care capacity.
- Building a network of providers.
- Engaging the community to help.
- Foster care placement services.
- Coordinating and delivering services to children and youth in foster care and their families.

In 2017, the Texas Legislature directed DFPS to expand this model to include both foster care and relative or "kinship" placements and give the SSCC sole responsibility for case management rather than sharing that responsibility with DFPS.

As CBC takes shape statewide, DFPS' focus will shift to ensuring quality oversight of foster care and services for children, youth, and families. The SSCC will be responsible for case management and services, that safely maintains children in foster care or kinship care, with the goal of positive permanency for all youth in care.

Office of Community-Based Care Transition (OCBCT)

With the passage of Senate Bill 1896, 87th Regular Texas Legislative session, the Office of Community-Based Care Transition was created to help assist with the transition to and implementation of the Community-Based Care Model in Texas. OCBCT is an independent office that is administratively attached to DFPS and reports directly to the Governor. OCBCT

serves as the office who project manages the implementation of CBC across the state with the support of other key players and provides ongoing support to the SSCC.

Community-Based Care Administrator (CBCA)

Under the direction of the CBC Director of Implementation, the CBCA is responsible for CBC implementation and operation activities and serves as the CBC area liaison to OCOK. The CBCA interacts routinely with DFPS staff, the SSCC, other agencies in the community, community boards, judges, schools, and the public during and after the implementation of the CBC model. This position reports to the Implementation Director, Holly Ramos.

CBCA for the Metroplex West:

Jarome Watts

Cell Phone: (737) 802-6694

Email: Jarome.Watts@dfps.texas.gov

Case Management Oversight

The Case Management Oversight team provides technical guidance and subject matter expertise regarding DFPS and the CBC programs. This team will support, collaborate, assist, and work to facilitate the success of OCOK during and after the transition. They ensure compliance of federal and state requirements and report results of quality assurance reviews. Their goal is to support OCOK and its success for children and families in Metroplex West (3W) This team is a part of DFPS and reports to the Deputy Regional Director, Lindsay Poynor.

Community-Based Care Quality Indicators:

1. Children and youth are safe in their placements.
2. Children and youth are placed in their home communities.
3. Children and youth are appropriately served in the least restrictive environment that supports minimal moves for the child or youth.
4. Connections to family and others important to the child or youth are maintained.
5. Children and youth are placed with their siblings.
6. Children and youth remain in their school of origin.
7. Services respect the child's and youth's culture.
8. To be fully prepared for successful adulthood, children and youth are provided opportunities, experiences, and activities similar to those experienced by their non-foster care peers.
9. Children and youth are provided opportunities to participate in decisions that impact their lives.
10. Reunification of children and youth with their biological parents.
11. Promotion of the placement of children and youth with relative or kinship caregivers.

CBC is intended to allow the SSCC and the community more flexibility to innovate to meet the unique needs of the children, youth, and families in each designated service area. This increased flexibility comes with greater responsibility and accountability for overall safety, permanency, and well-being outcomes.

Single Source Continuum Contract: ACH Child and Family Services/Our Community Our Kids (OCOK)

On December 16, 2013, DFPS awarded the first metropolitan Foster Care Redesign Single Source Continuum Contract (SSCC) to ACH Child and Family Services of Fort Worth for 7 counties in Metroplex West. Through its division Our Community Our Kids (OCOK), ACH Child and Family Services has continuously served the 7 counties, including assuming case management responsibilities in March 2020. On October 27, 2023, DFPS awarded a new Single Source Continuum Contract to ACH Child and Family Services/Our Community Our Kids. OCOK, with a home base in Fort Worth, serves children and families in the following counties: Cooke, Denton, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise.

To learn about Our Community Our Kids, visit the website at [Our Community Our Kids | Transforms Kids Lives in North Texas \(ourcommunity-ourkids.org\)](https://ourcommunity-ourkids.org).

Mission Statement:

Protecting Children. Preserving Families.

Through strength-based partnership, ACH Child and Family Services brings resources and skills to children and families struggling with life's challenges. Together, we develop solutions that create safety, hope, love, and the capacity to thrive.

Vision Statement:

Through leadership, research, and training, ACH will set a recognized example for replicable programs in child welfare that dramatically strengthen families and reduce child abuse. Our vision is to be a leading agency in the communities we serve, so that families thrive, and children experience safety, hope, and love.

Values:

CHILDHOOD We believe all children deserve a childhood which provides safety, love, nurturing, fun, and opportunities to learn skills needed to reach their maximum potential.

FAMILIES We understand that a child's needs are best met in a family environment. We strive to partner with families and support their efforts to provide environments for children to thrive. We work to secure a family setting when one is unavailable to children.

EFFECTIVE SERVICES We will provide services which are built upon clearly defined intervention models, research, and best practices. Effective programs respond to an identified need and impact it positively.

STEWARDSHIP We will use our financial and human resources to address the needs of those we serve using cost effective and transparent practices.

SPIRITUALITY We build upon our Christian foundation in our belief that unconditional love and hope are essential for healing. We recognize and respect the individualized spiritual backgrounds of those we serve and support family efforts to continue in their faith traditions.

ADVOCACY In addition to helping children and families through our programs, ACH will strive to leverage our skills and knowledge to shape public policy, opinion, and response to children and families in need.

LEARNING We strive to learn from our work through thoughtful analysis of our results and methods. We aim to develop knowledge that is helpful to children and families and to share this knowledge with others.

Value Themes

Kids Can't Wait.

Relationships Get Results.

Start with "YES".

The Community Is Counting On Us To Get It Right.

Plan Together, Work Together, Improve Together.

Operating Policies and Rules

[Texas Family Code §264.15 \(c\)](#)

[Modified Final Order](#)

[CPS Handbook](#)

The protocols detailed in this operations manual are for children and youth from the Metroplex West (3W) placed with and receiving services through OCOK as the Single Source Continuum Contractor.

The CPS Handbook policies and rules, as well as the Modified Final Order, as rendered by the Corpus Christi Division of the United States District Court, remain in effect unless expressly waived. However, this manual may identify that the actions previously completed by DFPS are now completed by OCOK. DFPS and OCOK staff should refer to the Community-Based Care Texas Administrative Code (TAC) Rules Waiver for more information.

Additionally, since this operations manual identifies responsibilities for the SSCC that include access to sensitive information in the DFPS IMPACT system, the SSCC has adopted policies and procedures, OCOK's Operations Manual, to minimize the risk of data breaches.

Senate Bill 1896 of the 87th Regular Texas Legislative Session required DFPS to transition fully to an electronic case management system. DFPS Records Management Division is working

through a staged approach to fully transition to a solely electronic case management system statewide. All documents should be uploaded into OneCase in the IMPACT system going forward and further instructions will be provided when the transition reaches your area.

If you have questions about any information in this manual, please contact your supervisor, Program Director or the [Metroplex West \(3W\) Community-Based Care Administrator \(CBCA\)](#).

Legal Basis for DFPS and Single Source Continuum Contractor Relationship

Legal Basis for Single Source Continuum Contractor to Act on Behalf Of DFPS

Source:

[Texas Family Code §264.151](#)

Related Resources and Policy:

[CPS Handbook §1200 Legal Foundation for Child Protective Investigations and Child Protective Services](#)

Texas statute provides authority for the Single Source Continuum Contractors (SSCC) in the State of Texas either directly or through subcontractors, to assume the statutory duties of the Texas Department of Family and Protective Services (DFPS) in connection with the delivery of foster care services, relative and kinship caregiver services, and case management services in the SSCC's defined designated community area (DCA).

In accordance with Texas Family Code §264.151, the provision of case management services to a child for whom DFPS has been appointed Temporary Managing Conservator (TMC), Permanent Managing Conservator (PMC), or Joint Managing Conservator (JMC) to the child's family, a young adult in extended foster care, a relative or kinship caregiver, or a child who has been placed in the designated community area through Interstate Compact on the Placement of Children, and includes, but is not limited to:

1. Caseworker visits with the child, family, and caregivers.
2. Convening and conducting permanency planning meetings.
3. Development and revision of child and family plans of service, including a permanency plan and goals for a child or young adult in care.
4. Coordination and monitoring of services required by the child and the child's family.
5. Assumption of court-related duties regarding the child.
6. Any other function or service that DFPS determines necessary to allow an SSCC to assume responsibility for case management.

Visit the [Community-Based Care page on the public DFPS Website](#) to view the most recent Implementation Plan.

Authority

Source:

[Texas Family Code §264.163](#)

[Texas Government Code Chapter 552](#)

Under Texas statute, the Legislature required DFPS to contract with community-based nonprofit and local governmental entities to provide child welfare services. These statutes provide authority for the community-based entities, known as the SSCC, to either directly or through subcontractors, assume the statutory duties of DFPS to deliver foster care services and services for relative and kinship caregivers in the SSCC's defined designated community area (DCA). Delivery of foster care services and services to relative and kinship caregivers can include, but is not limited to:

- An SSCC staff member's direct contact with a child or youth in DFPS Conservatorship who they are serving under the SSCC continuum of care.
- An SSCC staff member's ability to visit privately with a child or youth in DFPS Conservatorship at schools, foster, or kinship homes or any other meeting site.
- Entities providing confidential information to a SSCC staff member upon request about a child or youth in DFPS Conservatorship who is served under the SSCC continuum of care.

Under Texas statute, an SSCC in a contract with DFPS will, at a minimum:

- Assume the statutory duties of DFPS in connection with the delivery of foster care services and services for relative and kinship caregivers in a defined designated community area.
- Provide or protect records as outlined in the Open Records Act found in Texas Government Code Chapter 552.
- Be afforded protection of communication that may occur between the SSCC's employee, agent or representative when considered a client's representative of DFPS for purposes of attorney-client privilege.

Under Texas statute, DFPS will, at a minimum:

- Contract with community-based nonprofit and local governmental entities that can provide child welfare services.
- Develop and maintain a plan for implementing Community-Based Care.
- Develop a formal review process to assess the ability of a Single Source Continuum Contractor to satisfy the responsibilities and administrative requirements of delivering foster care services and services for relative and kinship caregivers.
- Expand community-based care.
- Review contractor's performance.

The Texas Family Code provides additional statutory details regarding the requirements of the SSCC and DFPS.

In summary, the SSCCs, under contract with DFPS, assume the statutory duties of DFPS in connection with the delivery of child welfare conservatorship, kinship, and reunification services in a defined DCA. This does not include Intake, Investigations and Family Based Safety Services. Vendors and other organizations should treat the SSCCs as an agent of DFPS as it relates to the child welfare services being delivered by the SSCCs.

Appropriate Disclosures of Confidential Information

It is sometimes necessary to share confidential information during a case to support a child's care or supervision, or to support the provision of appropriate services. Federal and state law authorize this disclosure for certain purposes.

Review the following CPS policies to confirm when it is appropriate to share confidential information.

Confidential Information During Typical Casework

Related Policy:

[CPS Handbook §1453.2 Releasing Information to Locate Missing Parents or Children](#)

[CPS Handbook §1454 Releasing Information to Obtain Services for the Child](#)

[CPS Handbook §1454.1 Releasing Information to the Caregiver of a Child in Conservatorship](#)

[CPS Handbook §1454.2 Releasing Information during Family Meetings](#)

[CPS Handbook §1454.3 Releasing Information to Access Health Care or Social Services](#)

[CPS Handbook §1454.4 Releasing Information to Access Education Services](#)

[CPS Handbook §1454.5 Releasing Information to Adoptive or Prospective Adoptive Parents](#)

[CPS Handbook §1454.6 Sharing Information with Certain Providers Who Serve Children and Youth](#)

[CPS Handbook §1454.7 Sharing Information with Texas State and Local Juvenile Justice Agencies](#)

[CPS Handbook §1456.2 HIV Information](#)

[CPS Handbook §1456.3 Drug or Alcohol Treatment Records about a Child](#)

Confidential Information with Special Rules

Sharing Information with Specific External Groups

Related Policy:

[CPS Handbook §1453.43 Sharing Information with Law Enforcement about Criminal Activity at Any Case Stage](#)

[CPS Handbook §1453.5 Releasing Information to the Family Court, or to Comply with a Court Order](#)

[CPS Handbook §1453.6 Releasing Information to Court-Appointed Attorneys and Guardians Ad Litem](#)

[CPS Handbook §1453.61 Releasing Information to CASA Staff and Volunteers](#)
[CPS Handbook §1456.4 Disability Rights Texas](#)
[CPS Handbook §1456.5 Releasing Information to Military Personnel](#)

Confidential Information That Cannot Be Disclosed

Related Policy:

[CPS Handbook §1453.3 General Prohibition against the Release of Criminal History Records Information](#)

[CPS Handbook §1453.31 Exception Allowing Release of Information for Court and Administrative Hearings](#)

[CPS Handbook §1453.32 Exception Allowing Release of Information for Child Safety or to Carry Out Certain DFPS Functions](#)

[CPS Handbook §1453.33 Releasing Information for the Child's Safety](#)

[CPS Handbook §1453.34 Criminal History Information Policy](#)

[CPS Handbook §1453.7 Protecting Locating Information of Victims of Family Violence, Sexual Assault or Abuse, Trafficking, or Stalking](#)

Considerations for Photos and Images

Related Policy:

[CPS Handbook §1455 Releasing or Using Children's Photos and Images](#)

[CPS Handbook §1455.1 When Children May Release or Use Photos of Themselves](#)

[CPS Handbook §1455.2 When a Caregiver May Release or Use Photos of the Child](#)

[CPS Handbook §1455.3 When the Child's Consent Is Not Required for Use of Photos](#)

Caseworkers must be very careful when it comes to photos, videos, or other likeness of a child being served by an SSCC. Social media is often an integral part of life for older children and some foster or relative caregivers, which means that caseworkers may need to address social media privacy to protect a child's confidential information.

Normal Use

A photo or image of a child can always be shared with the child's biological family.

A child or caregiver is allowed to share a photo or image of a child with the child's friends or the caregiver's friends or family.

A photo or image of a child is shared as part of a normal school or extracurricular activity. For example, photos published in a school yearbook, or the child's sports team or other extracurricular group is featured in a community publication (i.e., the publication's focus is not the child).

Prohibited Use

A child or caregiver may not share a photo or image of the child in a way that is accessible to the general public without permission from both the child and DFPS.

A photo or image of a child may not stigmatize the child in any way.

A photo or image of a child may not refer to the child as being in foster care.

Placement and Family Service Referrals

Source:

[Texas Administrative Code §700.108](#)

Related Resources and Policy:

[CPS Handbook §4000 Placing Children in DFPS Conservatorship Care](#)

[Placement Process Resource Guide](#)

[Sexual Incident Resource Guide](#)

Metroplex West (3W) DFPS staff will work directly with OCOK following the determination that a child or youth in DFPS conservatorship requires placement in a substitute care setting.

DFPS staff must follow CPS Handbook related to the assessment, consideration, and selection of the least restrictive placement for every child or youth's initial or subsequent placement (new placement or placement change) in substitute care.

OCOK will be paid one blended foster care rate for all children or youth placed within OCOK's provider network. Therefore, DFPS will no longer submit service level requests to Youth for Tomorrow (YFT). Regardless of the child or youth's needs or services to meet those needs, OCOK is responsible for providing a continuum of care to each child or youth placed within their provider network. CPS Handbook policy items related to requesting a service level for a child or youth, therefore, is waived.

General Requirements for all SSCC Placements

Sources:

[Texas Family Code §262.0022](#)

[Texas Family Code §262.011](#)

[Texas Family Code §264.018](#)

[Texas Administrative Code 40 TAC §700.1351](#)

- Regardless of the type of placement, DFPS Workers must staff the child or youth's case with their Supervisor and Program Director (PD) and obtain approval prior to requesting a substitute care placement and case management services from OCOK.
- In situations where the DFPS Worker has identified that a child or youth *may* require a paid foster care placement, the supervisor may direct the DFPS Worker to provide OCOK advance notification of a child or youth's need for possible paid foster care placement.

- *If paid placement is no longer needed, the DFPS Worker will notify OCOK by email or phone within one hour of the determination.*
- If a court orders anything regarding the placement of a child or youth (i.e., a placement move or for a child or youth to remain in a particular foster home), DFPS Worker will notify OCOK immediately and provide a copy of the court order as soon as possible. When possible, DFPS Worker will notify OCOK prior to any anticipated court rulings that may affect the placement of a child, youth, or sibling group.

Rights of Children and Youth in Foster Care

Sources:

[Texas Administrative Code §749.1005](#)

[Texas Family Code §263.008](#)

[Modified Final Order](#)

Related Resources and Policy:

[Rights of Children and Youth in Foster Care](#)

[CPS Handbook §6420 Rights of Children and Youth in Foster Care](#)

The CPS Rights of Children and Youth in Foster Care, also known as the Foster Child’s Bill of Rights, is an important document that outlines the rights children and youth have when they are placed in foster care. It is required by federal law, Texas law, and CPS Handbook.

Every time it is reviewed with the child or youth, it must be signed by the child or youth, the caseworker, and the caregiver.

The primary caseworker is responsible for reviewing the Bill of Rights with the child or youth every six months, to also include the following instances:

- Within 72 hours of the child or youth entering foster care (i.e., at initial placement following the child’s removal).
- Within 72 hours of the child or youth changing placements into a DFPS Foster and Adoptive Home Development (FAD) program.
- Every time the Child’s Plan of Service (CPOS) is reviewed, including the first time the CPOS is developed.

The primary caseworker must review the [Form 2530 Rights of Children and Youth in Foster Care](#) with the child or youth. Upon completion of the review, the primary caseworker must have the child or youth and caregiver sign on the appropriate signature lines, provide a copy to the child or youth, document the date reviewed and sign on the child’s *Placement Information* page in IMPACT, and upload a copy of the signed document to OneCase.

Initial Bill of Rights Review

Source:

[Texas Family Code §263.008\(c\)](#)

[Remedial Order A-6 of the Modified Final Order](#)

The date of the initial Bill of Rights Review is captured on the Child Placement Information page as part of the placement documentation. The signed Initial Bill of Rights must be uploaded into the OneCase tab titled "Foster Care Bill of Rights."

The primary caseworker must review the Bill of Rights orally and in the child's primary language. There are no exceptions for age or disability. Caseworkers will need to provide accommodations where needed, such as translators or sign language interpreters. If a child cannot sign the Bill of Rights (e.g., infants), this must be noted on the form by the caseworker. The review must still occur with the caregiver and a signed copy must be uploaded into OneCase.

The Bill of Rights contains language and words that will not necessarily be understood by all children and youth. Some notable examples from the Bill of Rights are:

13. "Participate in... unsupervised childhood and extracurricular activities."
18. "Have my personal belongings transported in luggage...when being placed in foster care or changing placements, and the luggage be my personal property."
20. "Healthy foods in healthy portions for my age and activity level."
27. "Be informed of emergency behavioral intervention policies in writing..."
45. "Make calls, reports, or complaints" to
 - The HHSC Ombudsman for Children and Youth currently in Foster Care at 1-844-286-0769.
 - The DFPS Office of Consumer Affairs at 1-800-720-7777.

The primary caseworker should check for understanding and explain anything the child or youth does not understand in a developmentally appropriate way.

The review of the Bill of Rights can be done by a virtual meeting, in-person/face-to-face, over the phone, or an application such as FaceTime (available on DFPS-issued iPhones). Regardless of the method of review, the primary caseworker must provide a written copy of the foster children's bill of rights to the child, as required by Texas Family Code §263.008(c).

Child Sexual Aggression

Source:

[Remedial Order 28-CSA of the Modified Final Order](#)

Related Resources and Policy:

[CPS Handbook §6419 Working with Children Who Are Sexually Aggressive, Have Sexual Behavior Problems, or Are Victims of Sexual Aggression](#)
[Sexual Incident History Resource Guide](#)

The OCOK Sr. Director of Permanency is the designated individual responsible for determining if a child or youth's behavior meets the definition of being sexually aggressive and has specific protocols and definitions that guide in that decision.

If sexually aggressive behaviors are suspected while a child is under DFPS conservatorship, the OCOK Sr. Director of Permanency is notified, and a Child Sexual Aggression (CSA) staffing is held as soon as possible but no later than 24 hours after being made aware of the behaviors.

- The OCOK Sr. Director of Permanency reviews the investigation and/or information from current or past CPI, CCI, RCCL, FBSS, or CVS cases, as well as any other documentation on the child and potential victims, along with the Sexual Behavior Chart to determine if the behavior and/or incident meets the definition of sexually aggressive behavior.
- Whether the behavior and/or incident does or does not meet the definition of sexually aggressive, the [SSCC equivalent to DFPS CVS Program Administrator] documents the CSA staffing in the alleged aggressor's SUB stage using the 'CSA staffing' drop-down box and includes at a minimum, the following information:
 - Staffing attendees.
 - The victim's name and PID.
 - The alleged aggressor's relationship to the victim. ○ A description of the behavior and/or incident.
 - Whether or not the alleged aggressor meets the definition of sexually aggressive behavior.
 - The date of the incident.
 - The placement at time of the incident.
 - If the child was in DFPS custody at time of the incident. *If multiple incidents are staffed, the above must be documented for each.

If the incident is determined to be aggressive, the OCOK Sr. Director of Permanency documents the sexual aggression and sexual victimization incidents on both the victim (if victim has a PID and is in IMPACT) and aggressor's Sexual Incident History pages in IMPACT.

If the Child/Youth is determined to have Sexually Aggressive Behavior at the time of removal:

If DFPS staff have a child/youth entering DFPS conservatorship from a Metroplex West (3W) county who needs to be assessed for sexually aggressive behavior, DFPS must:

- Contact the applicable Senior Director of Permanency and OCOK Legal and Policy Compliance Director to set up a staffing with the Senior Director of Permanency, who is responsible for the CSA designation in IMPACT for any child or youth legally from Metroplex West (3W).
- As soon as the removal worker is made aware of possible sexual aggression, they will alert their chain of command and the removal Program Director will email the applicable Senior Director of Permanency indicated below and Megan.Wilkinson@oc-ok.org to set up a child sexual aggression staffing.
Applicable Senior Director of Permanency
 - [Ruthie Cherry](#)- All outlying counties
 - [Jalah Lawrence](#)- Tarrant County
- The OCOK designee will schedule the staffing. The staffing is held as soon as possible but no later than 24 hours after being made aware of the behaviors.
 - Participants include:
 - DFPS Removal Worker (required)
 - DFPS Supervisor (required)
 - DFPS Program Director (required)
 - OCOK Permanency Specialist
 - OCOK Permanency Supervisor
 - OCOK Director of Permanency
 - OCOK Sr. Director of Permanency
- The removal worker will be prepared to share all known information required for the staffing.
- The OCOK Sr. Director of Permanency will be responsible for documenting the staffing in IMPACT and, if determined, adding an aggression incident to the aggressor child's page, and adding a victimization incident to victim child's page (if victim has a PID) in IMPACT.

If a Child/Youth is determined to have Sexually Aggressive Behavior:

The OCOK Sr. Director of Permanency notifies the OCOK PD, Supervisor, and Worker of the decision, including the rationale for the decision made.

- If the Child/Youth is determined to have Sexually Aggressive Behavior at the time of removal: If the child or youth has not been placed, the removal worker updates the Alternative Application for Placement of Children (Form 2087ex) in IMPACT before submitting to OCOK for placement.
- If the child or youth has already been placed, the Removal Worker IMMEDIATELY notifies the OCOK Intake Specialist and the placement about the child or youth's behavior and documents the notification in IMPACT. An updated Attachment A that includes the newly added aggression incident must be provided to and signed by all required caregivers and uploaded to OneCase within 3 business days.
- If the Child/Youth is determined to have Sexually Aggressive Behavior after the Child/Youth is in Conservatorship: If the child or youth is pending a new placement,

OCOK Permanency Specialist launches a new application for placement. The new application for placement will autofill with the information from the Sexual Incident History page in IMPACT.

- If the child or youth is currently in placement, the OCOK Permanency Specialist updates Child Plan of Service (CPOS) for the child or youth who was determined to have sexually aggressive behaviors and the child or youth who was the victim of child sexual aggression (if the victim is in DFPS custody) to include services and supports.

Within 24 hours of the child or youth being identified as being sexually aggressive, the OCOK Program Director will send an e-mail to the OCOK Permanency Specialist asking that they confirm that they have updated the application for placement, updated the Child Plan of Service, and notified the placement

The OCOK Supervisor has 24 hours to respond to OCOK Permanency Director confirming the above activities required of the OCOK Permanency Specialist have been completed.

If a child/youth is suspected to have sexually aggressive behaviors after entering DFPS conservatorship during an investigation:

CPI investigation:

- CPI notifies the caseworker of the Intake. CPI works with the caseworker to refer the child victim to a CAC for a forensic interview, if necessary.
- If findings include the discovery of sexually aggressive behavior, the caseworker notifies the aggressor child's [Senior Director of Permanency](#) as soon as possible but no later than 24 hours.
- The OCOK Sr. Director of Permanency holds a CSA staffing as soon as possible but no later than 24 hours after being made aware of the behaviors.
- The OCOK Sr. Director of Permanency must document the staffing in IMPACT using the 'CSA Staffing' drop-down box.

If CSA is determined:

- The OCOK Sr. Director of Permanency adds an aggression incident to the aggressor child's page and adds a victimization incident to victim child's page (if victim has a PID) in IMPACT.
- The caseworkers for the aggressor and victim provide updated Attachment A's capturing the newly documented incidents to their caregivers for signature immediately but no later than 3 business days. The signed Attachment A's are uploaded into OneCase.
- The caseworkers for both children launch new Applications for Placements.
- The caseworkers for both children update the children's Child Plans of Service.

RCI investigation:

- RCI notifies the caseworker on the Intake.
- If child sexual aggression is suspected, the RCI investigator notifies their chain of command, including the RCI PA.

- If the RCI PA determines there are concerns for child sexual aggression, the RCI PA contacts the OCOK Sr. Director of Permanency to schedule a joint CSA staffing.
- A joint CSA staffing is held between the RCI PA and OCOK Sr. Director of Permanency.
- If both PAs agree the incident meets the criteria for CSA:
 - The OCOK Sr. Director of Permanency adds an aggression incident to the aggressor child's page and adds a victimization incident to victim child's page (if victim has a PID) in IMPACT.
 - The caseworkers for the aggressor and victim provide updated Attachment A's capturing the newly documented incidents to their caregivers for signature immediately but no later than 3 business days. The signed Attachment As are uploaded into OneCase.
 - The caseworkers for both children launch new Applications for Placements.
 - The caseworkers for both children update the children's Child Plans of Service.

If the PA's do not agree the incident meets the criteria for CSA, the decision is elevated to the RCI Division Administrator and SSCC Chief Operating Officer. The decision continues to be evaluated through the chain of command until a decision is reached.

Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification:

Source:

[Remedial Orders 25, 27, 28, and 31 of the Modified Final Order](#)

Relates Resources and Policy:

[Child Placement Forms Page](#)

Initial Placements:

- DFPS will complete the question under the Sexual Incident History page in IMPACT and enter any incidents if marked yes.
- If sexual aggressive behavior is identified, DFPS will follow the child sexual aggression designation process above.
- If applicable, DFPS will complete the trafficking information in IMPACT prior to printing the Attachment A form.
- DFPS will print the Attachment A form from IMPACT.
- If DFPS is transporting the child to the initial placement, DFPS will:
 - Discuss the information in the Attachment A form with the receiving caregiver (as required by Remedial Orders 25, 27, and 31 of the Modified Final Order).
 - Obtain signatures from all caregivers.
 - Provide the caregiver a copy of the Attachment A.
 - Use their work phone to scan the signed Attachment A form to PDF and email to themselves.
 - Upload Attachment A, Placement Summary Form [2279](#), and Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form [2279b](#)

(when applicable) into OneCase in IMPACT within one (1) business day for access by OCOK. DFPS will notify OCOK when this is complete.

- Form 2279b is a form used to certify that information about a child's sexual history was shared with an alternate, temporary, or GRO caregiver.
- For placements made by OCOK:
 - DFPS will launch the Attachment A, and provide the Placement Summary Form [2279](#), and Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form [2279b](#) (when applicable) ensure it is complete and send via email to OCOK.
 - OCOK, or their designee, will be responsible for discussing information in the Attachment A, the Placement Summary Form 2279, and Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b (when applicable) with the caregiver at the time of placement.
 - Obtain the signatures of all required caregivers on both forms.
 - OCOK will upload Attachment A, the Placement Summary Form 2279, and Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b (when applicable) into OneCase in IMPACT the same business day or by 7 pm the next calendar day. OCOK will notify DFPS when this is complete.

Subsequent Placements:

- OCOK Intake Specialist will update all information under the person detail page tabs prior to the placement change.
- OCOK Permanency Specialist, or their designee, will:
 - Discuss information in the Attachment A with all required caregivers at the time of placement,
 - Obtain all required signatures,
 - Record the date provided on the placement detail page, and
 - Upload a copy of the Form 2279, Attachment A and Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b (when applicable) to OneCase in IMPACT the same business day or by 7 pm the next calendar day.

Additional Notification Guidance:

DFPS/OCOK is required by federal court order Remedial Order 28 to provide **all caregivers** who care for children/youth in the conservatorship of DFPS with information regarding a child/youth's history of sexual victimization and sexual aggression. At initial and subsequent placements of a child/youth in DFPS conservatorship in any setting, staff must review the information contained in the placement summary form and the Child Sexual History Report Attachment A, obtain signatures, and provide a copy of the documents in accordance with the guidance in this chart.

Form	Which Placements	When and Who Signs	Timeline for Uploading into OneCase
<p>Attachment A</p> <p>*The Attachment A & 2279 (2279b when applicable) are needed for all children, regardless of the child’s victimization history!</p> <p>(*Do NOT backdate an Attachment A. The Attachment A must be launched from IMPACT on or before the date of signature. Dating the Attachment, A with a date before the generated date is falsification.)</p>	<p>ALL PLACEMENTS MUST have an Attachment A & 2279.</p> <p><i>Including:</i></p> <ul style="list-style-type: none"> • Unauthorized Placements (4300) • Psychiatric Hospital (4231.1) • Juvenile (4231.1) • Returning a child home (4231.1) <p>Which Placements <u>Do NOT Need</u> the Attachment A:</p> <ul style="list-style-type: none"> • Runaway • Jail • SIL <p><u>*If a caregiver refuses to sign, the caseworker must document on the Attachment A the name of the caregiver who refused to sign and the date they refused to sign it. The unsigned Attachment A must be uploaded to OneCase. The caseworker enters a contact documenting the caseworker’s efforts to notify the unauthorized caregiver</u></p>	<p>ALL caregivers and the caseworker must sign on or before the date of placement.</p> <p>All caregivers should PRINT their name and TITLE under their signature, and DATE, so that when reviewing the form, it can be identified the individual caregiver roles.</p> <p>For GRO Placements:</p> <ul style="list-style-type: none"> • Administrator for the GRO • Child’s case manager • Receiving intake staff, if applicable <p>For Kinship/Relative Placements:</p> <ul style="list-style-type: none"> • All adults living in the home who have unsupervised contact with the child. <p>For Foster Home Placements:</p> <ul style="list-style-type: none"> • All foster parents (this means if there are 2 foster parents, both must sign) 	<p>Upload the Attachment A on the day of the placement or by 7 p.m. on the next calendar day to the OneCase tab titled, <u>“Sexual History Report Attachment A.”</u></p> <p>Additional signatures captured on the form are uploaded to OneCase within 72 hours of placement.</p> <p>Place the original form in the case record.</p> <p>(Policy 4133)</p> <p><i>*Ensure the Attachment A has a date generated on the bottom of the document to reflect the most accurate</i></p>

Form	Which Placements	When and Who Signs	Timeline for Uploading into OneCase
	<p>of the child’s sexual victimization and aggression history. (Policy 4300)</p> <p>*For children whose placement type changes in IMPACT but the child remains in the same home (does not physically move), a new the 2279 (2279b when applicable) and Attachment A are not required to be signed as these forms should have been provided at the time of placement. <i>If the 2279 and Attachment A were not provided or signed by ALL caregivers at the time of placement, caseworkers must get the documents signed and uploaded into OneCase.</i></p>	<p>For Psychiatric/Medical Hospitals:</p> <ul style="list-style-type: none"> Hospital care coordinator or similar staff <p>For Juvenile Detention or Other Facility Settings:</p> <ul style="list-style-type: none"> Admission staff or person responsible for oversight of the child <p>For Unauthorized Placements:</p> <ul style="list-style-type: none"> The adult whose home the child is residing in <p>For Parent Placements:</p> <ul style="list-style-type: none"> All parents in the home <p>*If one of the required caregivers is not present on the date of placement, the missing required signatures must be obtained within <u>3 business days</u> of the child’s placement. (Policy 4133)</p> <ul style="list-style-type: none"> For placements in facilities regulated or operated by another 	<p><i>information was reviewed timely.</i></p>

Form	Which Placements	When and Who Signs	Timeline for Uploading into OneCase
		<p>state agency (juvenile/psychiatric hospitals), the child’s caregiver may admit the child. Upon being notified of the child’s admission the caseworker has up to 3 business days to get the Attachment A signed by the required caregiver. (4231.1)</p> <p>For “Initial Placement” then the caseworker has up to 3 days (72 hours) to get the Attachment A generated and signed. (4133)</p>	

Note: There are limited signature lines on the Attachment A, additional signatures can be captured anywhere on the document along with their printed name, title, and date.

2279b

The 2279b is required under these circumstances:

- When the child is placed in a DFPS FAD home, it needs to be completed with alternate caregivers or respite providers.
- When the child is placed out-of-state in a non-contracted foster, adoptive, or dual-licensed foster and adoptive home.
- When the child goes to a temporary or alternate placement such as jail or hospitals.
- When the child is in a child without placement setting.

Placement Summary and Attachment A Tips

Related Resources and Policy:

[CPS Handbook §4121.2 Prepare the Current and New Caregivers for the Move](#)
[CPS Handbook §4121.3 Complete the Placement Summary Form](#)
[CPS Handbook § 4123.1 Complete the Placement Authorization Form](#)
[CPS Handbook §4133 Provide and Discuss the Placement Summary \(Form 2279\)](#)
[CPS Handbook §4152.2 Meeting the Needs of a Child or Youth without Placement](#)
[CPS Handbook §4231.1 Notifying a Facility Regulated by Another State Agency of a Child's Sexual Victimization and Sexual Aggression History](#)
[CPS Handbook §4300 Unauthorized Arrangements of Youth in DFPS Conservatorship](#)
[CPS Handbook §6419 Working with Children Who Are Sexually Aggressive, Have Sexual Behavior Problems, or Are Victims of Sexual Abuse](#)
[Child Placement Forms Page](#)

**For all placements where an Attachment A is required, the 2279 is also required!*

Note: Either a handwritten signature or a true digital signature including an authentication certificate are acceptable. A typed name using a cursive font is not acceptable.

Evaluating a Possible Placement

Related Resources and Policy:

[CPS Handbook §4114 Required Factors to Consider When Evaluating a Possible Placement](#)
[Placement Process Resource Guide](#)

The safety of the child or youth is the paramount consideration in any placement selection. When evaluating potential placements, the OCOK must consider whether the substitute caregiver has any history of abuse and neglect allegations. For foster homes, this includes history of abuse and neglect allegations while verified with previous child placing agencies, if applicable, and substitute caregiver's licensing variances.

IMPACT and CLASS History Checks

Source:

[Texas Administrative Code 40 T.A.C. §700.1311\(c\)](#)

Related Resources and Policy:

[CPS Handbook §4151 Court-Ordered Placements in Unapproved Facilities](#)
[CPS Handbook §1800 Records Checks](#)
[CPS Handbook §6612.1 Conducting and Evaluating DFPS History Checks](#)
[Placement Process Resource Guide](#)
[24-hour Awake Supervision Plan](#)

The OCOK Intake Specialist must consider the placement's compliance history with HHSC's Child Care Regulation (CCR) using CLASS. The OCOK Intake Specialist also checks IMPACT for any pertinent abuse or neglect history (including prior Child Protective Services abuse or neglect history, Adult Protective Services abuse or neglect history, Provider Investigations abuse or neglect history and Child Care Investigations abuse or neglect history).

The OCOK Intake Specialist must review the results of the history checks and confer with the Primary Worker or supervisor if the history checks return results such as:

- Pending Child Care Investigations (CCI) or Child Care Regulation (CCR) investigations.
- Investigations that were closed as reason to believe, validated, confirmed or unable to determine, or any patterns in the investigation history that cause concern.
- History of Child Care Regulation (CCR) violations.

If HHSC Child Care Regulation (CCR) places a general residential operation (GRO), residential treatment center (RTC), or child placing agency (CPA) on probation, OCOK must not place a child or youth in that GRO, unless the associate commissioner, or deputy associate commissioner of DFPS approves the placement, or a court orders a child or youth placed there.

OCOK will not place a child or youth in a foster home or adoptive home with more than six children, unless there is an approved 24-hour awake supervision plan and the Director of Conservatorship Services approves the placement in advance.

If a Child Placing Agency (CPA) places one of its foster home or foster group home's verification on inactive status, OCOK must not place a child or youth in that foster home or foster group home.

OCOK must not place a child or youth in an unrelated foster home when a caregiver in the home has a confirmed finding of abuse, neglect, or exploitation from an investigation. The RTB indicator box will be checked on the Resource Identification information page in IMPACT if a caregiver associated with an unrelated foster home is a confirmed perpetrator of Abuse/Neglect/Exploitation. If placement entry is attempted in IMPACT, the caseworker will receive an error message and the placement will not be completed. State Office Placement Division will need to approve any child-specific exceptions for placements in these homes prior to placement. All requests for exceptions, and questions, should be sent to DFPSDisallowances@dfps.texas.gov.

CLASS Variance Checks

The OCOK Intake Specialist must review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child/youth's individual needs. The OCOK Intake Specialist must review and confer with the Primary Worker or Supervisor if the variance checks return results that may impact the placement's ability to meet the child/youth's individual needs. For initial placements, when the OCOK Intake Team and DFPS Caseworker or DFPS Supervisor disagree, regional staff must escalate to the DFPS Regional Director, or designee, for a placement decision. The CPI/CPS Regional Director, or designee, will consult with OCOK Director of Intake.

Heightened Monitoring

Source:

[Remedial Order 20-Heightened Monitoring of the Modified Final Order](#)

Related Resources and Policy:

[CPS Handbook §4211.6 Placements into Operations on Heightened Monitoring \(HM\)](#)

[CPS Handbook §4635 HM Placement Hold](#)

OCOK will follow steps outlined in policy 4211.6 Placements into Operations on Heightened Monitoring (HM) when:

- A child is already placed in a child placing agency (CPA), or a general residential operation (GRO), including a residential treatment center (RTC), and the operation is placed on heightened monitoring, **OR**
- For prospective placements, if a GRO, RTC, or CPA is on heightened monitoring at the time of the placement search.

Before placing the child in the placement, the heightened monitoring placement request must be submitted to the CPS Regional Director Kelly Johnson-Davis and must receive the CPS Regional Director's approval in IMPACT. In the absence of the CPS Regional Director, approval from the CPS Director of Field or the CPS Associate Commissioner is required in advance. If the operation is also on probation (in addition to heightened monitoring), the approval of the CPS Associate Commissioner is also required before placement. The HM request is entered by OCOK Intake in IMPACT in the *Heightened Monitoring Placement Request* tab in the *Placement* section of the *SUB* stage. This request must include a best interest statement and justification for placement that include child-specific information about why the placement is in the best interest of the child.

Placements on Probation

If a GRO or a CPA is on probation, then the CPS Associate Commissioner must provide advanced approval prior to placement. OCOK Intake Staff must submit the placement request to the DFPS Division Administrator for Placement. Once reviewed, the placement request is submitted to the Associate Commissioner for final approval.

For operations on Heightened Monitoring, follow the Heightened Monitoring request process stated in the section above after approval is received.

When An Operation is Issued a Placement Hold

A placement hold on an operation is issued by the CPS Associate Commissioner or Designee. The CPS Director of Conservatorship Services will notify OCOK within 24 hours when a placement hold is issued. Once OCOK receives notification, they must notify their placement staff immediately or within 24 hours.

If an operation is issued a placement hold, then no children may be placed into that operation.

Exceptional Care Rate

Related Resources and Policy:

[CPS Handbook §4114 Required Factors to Consider When Evaluating a Possible Placement](#)
[Placement Process Resource Guide](#)

The Exceptional Care Rate is used to secure placement for children and youth in the designated community area (DCA) with exceptional needs that cannot be met appropriately through use of the blended foster care rate. OCOK cannot charge DFPS for both the blended rate and the exceptional care rate for the same child/youth on the same day or use the exceptional care rate for SIL Youth under any circumstances.

Children/Youth under OCOK Supervision

Source:

[Texas Family Code §264.107\(g\)](#)

Related Resources and Policy:

[CPS Handbook §4152.1 Plans for a Child or Youth When Placement Is Unavailable](#)
[CPS Handbook §4152.2 Meeting the Needs of a Child or Youth without Placement](#)

***** OCOK Supervision or the use of Glen Eden, or the like, are not placements and should not be considered a placement. It is not in the best interest of children to be in DFPS/OCOK Supervision situations. DFPS and OCOK will exhaust efforts to find the best and most appropriate placement that meets the children’s best interests.*****

OCOK must establish policies/procedures for safely caring for children/youth and meeting their needs while a placement is being located. Policies/procedures must comply with CPS Handbook § 4152.2 Meeting the Needs of a Child or Youth without Placement and all of its sub-items.

OCOK will report children under SSCC supervision to DFPS no later than **9:00 am** every day via email to the DFPS Placement team at cwop@dfps.texas.gov, copying the CBCA and CAM. Please title the e-mail “SSCC Supervision for the evening of DATE” This is the date prior to midnight for the overnight supervision that occurred.

If there were children under SSCC Supervision, the OCOK Single Point of Contact completes the *SSCC Supervision Daily Log* (excel spreadsheet template) with information on all children supervised by OCOK overnight (as defined above), and any required supervision notes. The naming convention for the log is “SSCC Supervision Log for DATE”. The date in the log is the date prior to midnight for the overnight supervision that occurred.

- The log is a record of all children supervised overnight on a single date. The log is completed every night a child remains under OCOK Supervision until a placement is

found. Logs completed for Friday-Sunday nights are submitted Mondays by 9am following the naming convention for each night.

- If a child in OCOK supervision runs away, the incident must be reported to the DFPS SO placement team and OCOK must verify that the runaway protocol was followed or will be followed. (This information is reported by the CPS placement team to the CPS Associate Commissioner.)
- Daily reporting to the DFPS placement team, CBCA and CAM is in addition to and does not take the place of communication between OCOK and regional DFPS staff about locating placements as outlined in the operations manual. Transparent communication is essential so that DFPS and OCOK can work together to meet the needs of the child.

If no children were under OCOK Supervision, OCOK reports to DFPS that there were **NOT** any children in OCOK Supervision.

Note: Per an allowance of OCOK to deviate from CPS Handbook §4152.1 Plans for a Child or Youth When Placement Is Unavailable, if a child or youth in DFPS conservatorship does not have a placement, the child or youth can be supervised by a qualified OCOK staff. The request will be granted to all OCOK employees as long as: (1) OCOK employees are in charge of the children, (2) those employees have appropriate background checks (both of which are required by the statute), and (3) have received all the required training.

Significant Events or Issues

Related Resources and Policy:

[CPS Handbook §4152.2 Meeting the Needs of a Child or Youth without Placement Child Without Placement Procedures](#)

OCOK is to follow CPS Handbook §4152.2 Meeting the Needs of a Child or Youth Without Placement and the Child Without Placement Procedures guide provided by program. If a significant event or issue arises while supervising a child or youth, staff members and caregivers must notify their supervisor immediately. All significant events and serious incidents must be immediately escalated up the chain of command to the DFPS regional director, using the email subject line *OCOK Supervision Incident*.

New Placement and Case Management Referrals

Emergency Paid Placement and Case Management Referral

Source:

[Texas Family Code §262.115](#)

[Texas Family Code §264.107](#)

Related Resource and Policy:

[CPS Handbook §6151.3 Notification Requirements and Schedule](#)

[CPS Handbook §4113.5 Consult the Attorney Ad Litem, Guardian Ad Litem, and CASA Representative](#)

[CPS Handbook §4211.6 Placements into Operations on Heightened Monitoring \(HM\) and Schedule](#)

[CPS Handbook §4142 Enter the Placement Change Information in IMPACT](#)

[Placing Children Who Have Intellectual and Developmental Disabilities \(IDD\), Primary Medical Needs \(PMN\) or Complex Medical Needs](#)

[Child Placement Forms page](#)

[CBC 2085 series forms](#)

[Form 2625 Child Caregiver Resource](#)

[DFPS IMPACT Functionality Guide](#)

[CPS Handbook §11210 Meeting the Requirements for Medical and Dental Services](#)

[3 in 30 Resource Guide](#)

[Sexual Incident History Resource Guide](#)

[Appendix B: Emergency Placement Process Flow Charts](#)

[Appendix D: Medical Consenter Chart](#)

The emergency placement process is used when DFPS makes a referral to OCOK for a child or youth who is in **immediate** need for paid foster care placement and services **and is not currently served by OCOK**. Immediate need for an emergency referral is if placement is needed within seven (7) hours. Therefore, this process will be used for all emergency removals in addition to any child or youth requiring immediate paid foster care placement and services. **For emergency removals, if DFPS does not have physical possession of the child/youth, the OCOK Director of Intake and Placement may give approval for the OCOK placement coordinator to begin searching for placement. The 4-hour period will only begin once OCOK has accepted the referral as complete and the best interest of the child must always be taken into consideration.**

The section below reflects the specific steps a DFPS Worker must take to request and complete an emergency foster care placement from OCOK.

Process	Procedure
<p>Notification & Referral</p>	<p>6151.3 Notification Requirements and Schedule</p> <p>DFPS Worker will contact OCOK by phone at 1-844-777-OCOK (6265) and provide:</p> <ul style="list-style-type: none"> • DFPS Worker contact information. • DFPS Worker supervisor and contact information. • OCOK’s Initial Referral Information of the child(ren) (can be verbal). <p>OCOK Intake will provide:</p> <ul style="list-style-type: none"> • OCOK’s Intake Specialist to be assigned as secondary in IMPACT via the SSCC referral and to receive follow up email. <p>Within one (1) hour of contacting OCOK, DFPS worker will complete the following and notify OCOK INTAKE at 1-844-777-OCOK (6265) when all steps are completed:</p> <ul style="list-style-type: none"> • Update the IMPACT Person List to reflect all principles identified in the family structure, household members, and any kinship caregivers, are identified with a principle role on the person list so they can be included in the Family Referral. See DFPS IMPACT Functionality Guide. • Open the FSU and SUB stages in IMPACT. • Create SSCC Child and Family Referral in IMPACT. • Complete the question under the sexual victimization tab in IMPACT and enter any episodes if marked yes. • If sexual aggressive behavior is identified/suspected, follow the child sexual aggression designation process. • If applicable, complete the trafficking information in IMPACT prior to printing the Child Sexual History Attachment A form. • Enter and submit the following in IMPACT: <ul style="list-style-type: none"> ○ Application for Placement of Children in Residential Care or ○ Alternative Application for Placement of Children in Residential Care (2087ex Short Form) and ○ Child Sexual History Attachment A <p>Send a follow up email to Intake@OC-OK.org The e-mail subject line will read: (last name, first name of oldest child). The e-mail will include the following information:</p> <ul style="list-style-type: none"> • DFPS Worker contact information. • DFPS Worker supervisor and contact information. • Relevant information to assist with finding placement. (i.e., if available removal affidavit, education, medical, up-to-date psychological, etc.)

Process	Procedure
	<ul style="list-style-type: none"> • Application from Placement of Children (2087ex Short Form) • Child Sexual History Attachment A • Placement Summary (2279) • If removal involves a sibling group and kinship placements have been identified for some of the children and not all require a paid placement search, DFPS worker will clearly identify those that are needing an immediate paid placement. • Notification regarding if the child/youth requires a 3-day medical exam (this will also be included in the form 2087ex in the physical health section). <p>Please refer to the DFPS IMPACT Functionality Guide. If there are any complications with the referral, contact your CBCA.</p> <p><i>Note: If any additional information is needed, OCOK will call the DFPS Worker to request the additional information or staffing.</i></p> <p>Based on the child or youth's needs, the DFPS Worker will:</p> <ul style="list-style-type: none"> • Notify relevant regional DFPS Subject Matter Experts (i.e., Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, and when available Clinical Coordinator). • When possible, notify the Developmental Disability Specialist prior to the child or youth's removal. • Request a staffing with the relevant Subject Matter Experts as needed. <p>***OCOK will not begin to search for placement without an active SSCC referral and a thorough and descriptive Alternative Application for Placement (2087ex) or Application for Placement (2087) specific to the child or youth's needs sent via IMPACT.***</p> <p>OCOK will have one (1) hour to review the referral and information to determine if it is sufficient for the placement search. If the application for placement does not have sufficient information for the placement search, OCOK intake will notify DFPS worker via phone and follow up with an email to the DFPS worker and supervisor, with all required changes/missing information. If the submission is not accepted a second time, the DFPS Program Director will be included.</p> <p>The 4-hour timeframe starts once the referral is accepted as complete by OCOK. OCOK will advise DFPS by phone and follow-up email as to when the referral is accepted to allow DFPS to coordinate plans for the child/youth.</p>

Process	Procedure
	<p>The timeframes associated with placement must take into consideration the best interest of each child/ren and/or youth. Although the timeframes will be followed in most instances, there may be times DFPS and OCOK staff will need to work together to ensure best interest of child/ren and youth take precedence.</p> <p>Emergency staffings may be necessary to ensure all information is being shared between parties. Emergency staffings can be requested by either DFPS or OCOK. Include CBCA on these staffings.</p>
<p>OCOK Placement Options and DFPS Approval</p>	<p>OCOK Placement Option No later than seven (7) hours from receipt of notification of need for emergency placement, OCOK will provide DFPS Worker with a Placement Identifier Email including:</p> <ul style="list-style-type: none"> • Information about the recommended placement including: <ul style="list-style-type: none"> ○ Placement Name, Address, Phone and Resource ID, if known. ○ Network Provider Name. ○ Medical Consenter name and PID, if known. ○ Information regarding other children or youth placed in the home, including if any have a child sexual aggression designation or a victim of child sexual aggression. ○ Education Decision Maker name and PID. ○ For placement options on Heightened Monitoring, OCOK will follow steps outlined in CPS Handbook §4211.6 Placements into Operations on Heightened Monitoring (HM). <p>DFPS Placement Approval</p> <ul style="list-style-type: none"> • DFPS Worker will evaluate and approve OCOK’s recommended placement option and medical consenter within 1 hour of receipt of notification from OCOK by telephone 1-844-777-OCOK (6265) and/or email by responding to the Placement Identifier email sent by the OCOK intake specialist. • Approval of the placement will be assumed if denial is not received within 1 hour. • If there are concerns about the placement recommendation: <ul style="list-style-type: none"> ○ DFPS Worker must obtain Supervisor, Program Director, and Program Administrator approval to deny placement recommendation. ○ Denial justification must be included and provided to OCOK by responding to referral e-mail.

Process	Procedure
	<ul style="list-style-type: none"> ○ The DFPS Program Director will contact OCOK’s Director of Intake and Placement with the decision. ○ The CBC Administrator must also be notified. ○ Denial of a placement option may impact the ability of OCOK to secure the placement within seven (7) hours. In the rare instances that placement is rejected, additional time should be granted to continue placement search prior to OCOK taking possession of the child due to OCOK locating placement within the required timeframe. <p>If OCOK has not established a placement for a child or youth within seven (7) hours of initial referral:</p> <ul style="list-style-type: none"> • OCOK will notify DFPS Worker and DFPS Supervisor of status and planned strategy for finding a placement. • DFPS Supervisor will notify the CBC Administrator. • If placement is not identified by OCOK within the 7-hour timeframe and the child or youth has been physically transferred to OCOK, then the DFPS Worker will provide verbal approval of the placement and medical consent when placement is secured.
<p>Placement of Child/Youth</p>	<p>If placement is located within four (4) hours of emergency placement referral:</p> <ul style="list-style-type: none"> • DFPS Worker will physically transport the child or youth to the placement. • DFPS Worker, at the time of placement, will complete the documents below, review the information with the caregiver, obtain the caregiver’s signature on the documents and provide copies of the documents to the caregiver, and upload in One Case: <ul style="list-style-type: none"> ○ Placement Authorization (Form 2085FC) ○ Designation of Medical Consenter (Form 2085B) ○ Designation of Education Decision-Maker (Form 2085E) ○ DFPS Placement Summary Form 2279 ○ Child Sexual History Report (Attachment A) from IMPACT (All Caregivers) ○ When applicable Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b ○ Rights of Children and Youth in Foster Care (Form K-908-2530)- Review with the youth. See Rights of Children and Youth in Foster Care. • DFPS will notify the caregiver if the child is eligible and will need to complete a 3-day medical exam within 3 business days of removal. • DFPS will ensure ALL signed placement documents are uploaded to OneCase in IMPACT.

Process	Procedure
	<p>If placement is identified outside the four (4) hours of documented emergency referral:</p> <ul style="list-style-type: none"> • DFPS Worker will transport the child or youth to an alternative location coordinated between OCOK and DFPS Worker. • For a child or youth's initial placement (brand new removal), when a placement has not been identified, DFPS Worker will remain medical consenter until a placement is identified. DFPS will complete and sign the following documents, provide to OCOK, and upload them to OneCase in IMPACT: <ul style="list-style-type: none"> ○ Designation of Medical Consenter (Form 2085B) ○ Designation of Education Decision-Maker (Form 2085E) ○ Placement Summary Form 2279 • DFPS will inform OCOK if the child is eligible and will need to complete a 3-day medical exam within 3 business day. See 3 in 30 Resource Guide • DFPS Worker will provide contact information for the person that should be contacted if assistance is needed. • DFPS Worker will provide verbal approval of the placement and medical consenter when placement is secured by OCOK. • DFPS Worker must follow-up with written approval of the placement via email. <p>*** <u>If the child remains under SSCC supervision CPI will participate in the morning “huddle staffing”. OCOK will send an email to the worker and supervisor listed on the placement request.</u></p> <ul style="list-style-type: none"> • When OCOK secures placement for the child or youth they will complete the placement documents below, review the information with the caregiver, obtain the caregiver’s signature on the documents, provide copies of the documents to the caregiver and upload in OneCase: • Placement Authorization (Form 2085FC) • Designation of Medical Consenter (Form 2085B) If DFPS will remain medical consenter (e.g. Backup), DFPS caseworker must sign Designation of Medical Consenter Form 2085B and provide to OCOK prior to placement. • Designation of Education Decision-Maker (Form 2085E) • DFPS Placement Summary (form 2279) • Child Sexual History Report (Attachment A) from IMPACT (All caregivers must sign) • When applicable Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b

Process	Procedure
	<ul style="list-style-type: none"> • Rights of Children and Youth in Foster Care (Form K-908-2530) – OCOK will review with the child or youth. See Rights of Children and Youth in Foster Care. • OCOK will notify the caregiver if the child is eligible and will need to complete a 3-day medical exam within 3 business days. See 3 in 30 Guide. • OCOK will ensure ALL signed placement documents are uploaded into OneCase in IMPACT.
<p>IMPACT Documentation</p>	<p>DFPS Worker will, within four (4) hours of verbal referral to OCOK:</p> <ul style="list-style-type: none"> • Update Person Information in IMPACT. <p>OCOK will, within 12 hours of placement:</p> <ul style="list-style-type: none"> • Create the placement entry in the placement information page of IMPACT. <ul style="list-style-type: none"> ○ If placement is in a Treatment Family Foster home (PHBC), please select TFC (Treatment Foster Care) as the living arrangement on the placement entry. • Create the Medical Consenter entry in IMPACT. <p>If the placement entry is not documented in IMPACT from OCOK within 12 hours of Placement:</p> <ul style="list-style-type: none"> • DFPS Worker will call the OCOK Intake Specialist and request placement be documented. • If placement information is not documented in IMPACT within 1 hour of contact with OCOK Intake Specialist, DFPS Worker will notify their supervisor. • The DFPS Supervisor will contact the OCOK Director of Intake, Shay Ristau for immediate resolution and will notify CBC Administrator, via email. <p>The same day or by 7pm the following calendar day, IF:</p> <ul style="list-style-type: none"> • DFPS completed the placement with the caregiver, the DFPS Worker will review the placement entry initiated by OCOK, complete any portion specific to discussions at the time of placement, and placement issues narrative then save and submit to their supervisor. • OCOK completed the placement with the caregiver, OCOK will complete the IMPACT placement entry to include placement issues narrative and placement discussion, then save and submit to their OCOK Supervisor.

Process	Procedure
	<p>Supervisor that received the placement submission will, by 5:00 pm the next business day:</p> <ul style="list-style-type: none"> • Review and approve the placement and medical consentor documentation in IMPACT. • If there is an error, DFPS will send notice of rejection by e-mail to the OCOK Intake staff and Intake and Placement Director. <p>DFPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.</p>
<p>Additional Documentation Shared with OCOK Within 7 Days</p>	<p>DFPS Worker will provide by uploading into OneCase/complete in IMPACT, within seven (7) days, any remaining placement documentation to OCOK including:</p> <ul style="list-style-type: none"> • Birth verification/certificate • Social Security card or number (if available) • Education portfolio • Medicaid and STAR Health numbers or qualifying information (if available) • Any external documentation (i.e., assessments, evaluations, or therapy notes) related to the care of the child or youth • Removal affidavit • Update person characteristics in IMPACT • Update education log in IMPACT (with as much information as available) • Update medical/dental page in IMPACT, as applicable • Any requested intake forms from the residential provider <p>Any external forms and written placement information not available in IMPACT should be uploaded into OneCase.</p> <p>If a family is currently receiving services through Purchased Client Services, DFPS worker will terminate any services authorizations in IMPACT under the DFPS contract. DFPS worker will provide service information being provided to family no later than the ICM. OCOK will need to immediately re-establish any desired services under their contract.</p>
<p>Within 3 Business Days of Placement & Assessments Due Within 30 Days of Placement</p>	<p>OCOK will ensure completion of the following:</p> <ul style="list-style-type: none"> • Ensure the caregiver or residential provider obtains the 3-day medical exam (three (3) business days) for all eligible children and youth identified meeting the criteria.

Process	Procedure
	<ul style="list-style-type: none"> • Ensure the caregiver scheduled the Child and Adolescent Needs and Strengths (CANS) Assessment appointment to occur by day twenty-one (21). • Ensure the caregiver schedules and completes the TX Health Steps checkup within thirty (30) days. • Ensure any child under three (3) years old is referred to Early Childhood Intervention (ECI) if the child is suspected of having a disability or developmental delay as a result of exposure to illegal substances, or the disability or developmental delay requires evaluation prior to their scheduled TX Health Steps check-up. • OCOK Permanency Specialist will provide ICWA Status to DFPS legal representation. <p>DFPS worker will:</p> <ul style="list-style-type: none"> • Follow up on the completion of the 3-day medical exam if required to ensure it occurs. • DFPS Worker will enter the 3-day medical exam into IMPACT • Schedule the first parent-child visit within five days of referral per Texas Family Code §262.115. • In collaboration with the parent, create the temporary visitation plan. • File the temporary visitation schedule with the court by the Adversary hearing if required by the court. • Bring the temporary visitation plan to the Adversary hearing. • Obtain updated Form 2625 Child Caregiver Resource and file with the court no later than the adversary hearing. <p>If a CANS Assessment is not scheduled by the ICM, OCOK Permanency Specialist will call caregiver by the 14th day from the child entering care to ensure an assessment is scheduled.</p>

Child Requiring Medical Hospitalization or Evaluation During the Emergency Placement Process

For various reasons, children may need evaluation and/or possible admission to a medical hospital during the placement process.

Children with more significant medical needs may be admitted to the hospital, not due to medical necessity, but because a placement has not yet been secured, and the hospital is determined to be the best place to meet the child’s unique medical needs while waiting for placement.

Admitted: If a child is already admitted to the hospital and not being released solely because a placement has not yet been secured, DFPS and OCOK will follow the Emergency Placement

Process. OCOK will assume supervision based on the supervision requirements from the hospital and medical needs of the child.

Awaiting Admission: DFPS worker will be responsible for supervision of the child through confirmation of admission to the hospital, and arrival of OCOK. DFPS Program Director will notify OCOK Director of Intake via email or phone call when it is confirmed the child will be admitted to the hospital. Within two (2) hours OCOK will assume supervision based on the supervision requirements from the hospital and medical needs of the child.

Not Admitted/Discharged: When a child is not admitted to the hospital or discharged, and placement is secured prior to leaving the hospital, physical placement will be made based on the best interest of the child, and absence agreement the DFPS Program Administrator and OCOK Director of Intake will discuss and determine next steps.

Placement Change Process

Since the placement change process in Stage II will primarily be internal to the SSCC, before any non-emergency placement change, SSCC must, contact the following people and ask for their recommendations on the subsequent placement:

- Attorney ad litem (AAL).
- Guardian ad litem (GAL).
- Court Appointed Special Advocate (CASA).

If an emergency placement change does not allow time for the required consultations, the SSCC Worker must notify the AAL, GAL, and CASA as soon as possible, but no more than three (3) business days after the change. The SSCC Worker must notify parents within 24 hours. Legal representation may need to be notified depending on court jurisdiction.

Kinship Placement and Case Management Referral

Source:

[Texas Family code §262.115](#)

[42 U.S.C §671\(a\)\(19\)](#)

[Texas Family Code §262.114](#)

[Texas Family Code §263.306](#)

[Texas Family Code §263.404](#)

[Texas Family Code §263.5031](#)

Related Resources and Policy:

[CPS Handbook §4114.1 Preference for Relatives and Other Connections](#)

[CPS Handbook §4142 Enter the Placement Change Information in IMPACT](#)

[CPS Handbook §11210 Meeting the Requirements for Medical and Dental Services](#)

[Child Placement Forms Page](#)

[CBC 2085 series forms](#)

The Kinship placement process is used when DFPS makes a referral to OCOK for a child or youth when an approved non-verified kinship placement has been secured by the DFPS worker. Follow current policy regarding 4114.1 Preference for Relatives and Other Connections. If DFPS does not have an approved kinship home at the time of referral, then follow the Emergency Paid Placement and Case Management Referral process. DFPS must notify OCOK if an approved kinship placement is secured, or a potential kinship placement is being considered, after a referral for paid placement has been made.

**Note if the referral involves a sibling group and any child in the sibling group requires a paid placement, the Paid Placement Process will be followed.

Process	Procedure
Placement of Child/Youth	<p>DFPS will complete the placement of the child in the kinship placement. This includes providing the caregiver with the following documents:</p> <ul style="list-style-type: none"> • Placement Authorization (Form 2085KO) – to be signed by caregiver and electronic copy uploaded into OneCase by DFPS. • Designation of Medical Consenter (Form 2085B) - to be signed by consenter and electronic copy uploaded into OneCase by DFPS. • Designation of Education Decision-Maker (Form 2085E) - to be signed by decision maker and electronic copy uploaded into OneCase by DFPS. • DFPS Placement Summary Form 2279 – to be signed by caregiver, copy uploaded into OneCase by DFPS. • Child Sexual History Report (Attachment A) from IMPACT - to be signed by all caregivers and copy uploaded into One Case by DFPS in IMPACT. • Rights of Children and Youth in Foster Care (Form K-908-2530) - review with the child or youth, signed by the caseworker, child or youth and caregiver, provide a copy to the child or youth, document the date reviewed and signed in the child’s placement information page, and DFPS will upload a signed copy into OneCase in IMPACT within 72 hours. See Rights of Children and Youth in Foster Care. • Information about the 3 in 30 including scheduling the 3-day medical exam.

Process	Procedure
	<ul style="list-style-type: none"> ○ If this is a new removal DFPS will notify the caregiver if the child is eligible and will need to complete a 3-day medical exam within 3 business days of removal. See the 3 in 30 Guide. • Kinship Manual and get the kinship caregiver’s signature on Form 0695 Kinship Caregiver Agreement. • Preliminary Kinship Caregiver Home Assessment form 6587 (if applicable). <p>DFPS will ensure ALL signed placement documents are uploaded to OneCase in IMPACT within 1 business day.</p>
<p>Notification & Referral</p>	<p>Same day, after placement has occurred, DFPS Worker will contact OCOK Intake Department via phone at 1-844-777-OCOK (6265) to notify OCOK and determine the worker to be assigned secondary on SSCC Referrals.</p> <ul style="list-style-type: none"> • DFPS will complete the following in IMPACT: <ul style="list-style-type: none"> ○ Ensure all principle family members, household members as well as kinship caregivers are identified as having a principle role in the INV stage. ○ Open the FSU and SUB stages in IMPACT. ○ Create OCOK Child Referral (SUB Stage) and Family Services Referral in IMPACT. See DFPS IMPACT Functionality Guide linked above this section. • DFPS worker will email OCOK_kinship@oc-ok.org e-mail subject line will read: KINSHIP: (last name, first name of oldest child). The e-mail will include the following information: DFPS Worker contact information. <ul style="list-style-type: none"> ○ DFPS Worker supervisor and contact information. ○ Removal Affidavit and court order (if applicable). ○ Preliminary Kinship Caregiver Home Assessment form 6587 (if applicable). ○ OCOK Request for Kinship Home Assessment or Services Form. ○ Placement Authorization (Form 2085KO) – signed by caregiver and electronic copy uploaded into OneCase by DFPS. ○ Designation of Medical Consenter (Form 2085B) - signed by consenter and electronic copy uploaded into OneCase by DFPS.

Process	Procedure
	<ul style="list-style-type: none"> ○ Designation of Education Decision-Maker (Form 2085E) - signed by decision maker and electronic copy uploaded into OneCase by DFPS. ○ DFPS Placement Summary Form 2279 – signed by caregiver and electronic copy uploaded into OneCase by DFPS. ○ Child Sexual History Report (Attachment A) from IMPACT - signed by all caregivers and copy uploaded into One Case by DFPS in IMPACT. ○ Rights of Children and Youth in Foster Care (Form K-908-2530) -reviewed with the child or youth, signed by the caseworker, child or youth and caregiver, copy provided to the child or youth, document the date reviewed and signed in the child’s placement page information, and DFPS will upload a signed copy into OneCase in IMPACT within 72 hours. ○ Information about the scheduled 3-day medical that was discussed and plan for follow up by caregiver. ○ Provide Form 2625 Child Caregiver Resource if available. ○ Include OCOK on the referral for FINDRS. <p>DFPS Worker will, based on the child or youth's needs:</p> <ul style="list-style-type: none"> • Notify relevant regional DFPS Subject Matter Experts (i.e., Nurse, Developmental Disability Specialist, Well-Being Specialist, and Education Specialist) and when available Clinical Coordinator. • When possible, notify the Developmental Disability Specialist prior to the child or youth's removal. • Request a staffing with the relevant Subject Matter Experts as needed. <p>NOTE: DFPS will no longer complete a referral for a home study to a DFPS contractor. OCOK will be completing that step.</p> <p>OCOK will:</p> <ul style="list-style-type: none"> • Determine the Permanency Specialist assignment and notify DFPS for secondary assignment to the FSU and SUB stage. • Initiate the home study process within 48 hours of referral.
IMPACT Documentation	<p>DFPS worker will:</p> <ul style="list-style-type: none"> • Complete the placement entry in IMPACT and save/submit to their supervisor. • Update person characteristics in IMPACT.

Process	Procedure
	<ul style="list-style-type: none"> • Update education log in IMPACT (with as much information as available). • Update medical/dental page in IMPACT. • Upload the DFPS Placement Summary Form 2279, the Child Sexual History Attachment A, Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b (<i>when applicable</i>), and Rights of Children and Youth in Foster Care (Form K-908-2530) in OneCase. <p>*DFPS worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.</p>
<p>Within 3 Days of Placement & Assessments Due Within 30 Days of Placement</p>	<p>DFPS will</p> <ul style="list-style-type: none"> • Ensure the caregiver complies with the required 3-day medical screening, if required. • Enter 3-day medical information into IMPACT. Within one (1) business day of the screening. • Schedule the first parent-child visit within five days per Texas Family Code 262.115 and notify OCOK Permanency Specialist so they are able to participate, if available. • Provide Form 2625 Child Caregiver Resource to OCOK Permanency Specialist if not provided at referral. • In collaboration with the parent, create the temporary visitation plan. • File the temporary visitation schedule with the court by the Adversary hearing if required by the court. • Bring to the temporary visitation plan to the Adversary hearing. <p>OCOK will</p> <ul style="list-style-type: none"> • Ensure the caregiver scheduled the Child and Adolescent Needs and Strengths (CANS) Assessment appointment to occur within thirty (30) days in care. • Ensure the caregiver schedules and completes the TX Health Steps checkup within thirty (30) days. • Ensure any child under three years old is referred to Early Childhood Intervention (ECI) if the child is suspected of having a disability or developmental delay as a result of exposure to illegal substances, or the disability or developmental delay requires evaluation prior to their scheduled TX Health Steps check-up. <p>If a CANS Assessment is not scheduled by the ICM, OCOK Permanency Specialist will call caregiver by the 14th day from the child entering care to ensure an assessment is scheduled.</p>

Referrals for Case Management When Placement Is Not Needed Immediately But DFPS Has Obtained Conservatorship

Related Resources and Policy:

[DFPS IMPACT Functionality Guide](#)

This process is used when DFPS takes conservatorship of a child or youth, but due to the unique circumstances, an emergency placement is not being sought at the time of referral. An example would be when a child or youth is hospitalized, and not ready for discharge. OCOK will begin providing case management services upon referral.

Process	Procedure
Notification & Referral	<p>DFPS Worker will contact OCOK Intake Department by phone at 1-844-777-OCOK (6265) to determine secondary assignment for Child/Family Referral and send notification to Intake@oc-ok.org. The e-mail subject line will read: (NON-EMER HOSPITAL: last name, first name of oldest child). The e-mail will include the following information:</p> <ul style="list-style-type: none"> • DFPS Worker contact information. • DFPS Worker supervisor and contact information. • Provide OCOK initial referral information (can be verbal). If an immediate response is needed such as an immediate need for hospital sitting, ensure that OCOK Intake Specialist is provided with all the necessary information regarding the immediate case management need. • DFPS will enter the following in IMPACT: <ul style="list-style-type: none"> ○ Open the FSU and SUB stages in IMPACT. ○ Create OCOK Child Referral (SUB Stage) and Family Services Referral in IMPACT OCOK Intake Specialist will provide the name of the OCOK staff to assign secondary on the referrals. DFPS will ensure all principle family members as well as kinship caregivers are added to the family referral. See DFPS IMPACT Functionality Guide. ○ Enter the child’s non-paid placement in IMPACT including all required documentation and submit to their supervisor for approval in IMPACT. ○ Complete Alternative Application for Placement of Children in Residential Care. ○ DFPS Placement Summary Form 2279. ○ Child Sexual History Attachment A.

Process	Procedure
	<ul style="list-style-type: none"> ○ OCOK will determine the Permanency Specialist assignment and notify DFPS. <p>** OCOK Permanency and Intake should be included in any discharge planning related to the child and provided immediate notice as soon as a projected discharge date is obtained.**</p> <p>Based on the child or youth's needs, the DFPS Worker will:</p> <ul style="list-style-type: none"> • Notify relevant regional DFPS Subject Matter Experts (i.e., Nurse, Developmental Disability Specialist, Well-Being Specialist, and Education Specialist). • When possible, notify the Developmental Disability Specialist prior to the child or youth's removal. • Request a staffing with the relevant Subject Matter Experts as needed.

Placements with Special Populations

Placements When Joint Managing Conservatorship is Obtained

Joint Managing Conservatorship (commonly referred to as JMC) is a legal status where two or more parties share the parenting rights and duties related to a child. Examples of some of those rights and duties include, but are not limited to, consent to medical and dental decisions, consent to psychiatric and psychological treatment, access to medical, dental, psychological, and educational records, and the right to confer on decisions about health, education, and welfare. Often these children need placements that can meet their higher acuity needs and the parent is willing to keep the child/youth in the home until a placement can be secured. For these it may be beneficial to have a pre-placement staffing.

If discussion between DFPS and OCOK deems a Pre-Placement Staffing would be beneficial, or at the request of either agency, then a staffing will need to be scheduled.

Process	Procedure
Coordination	<p>OCOK will arrange the pre-placement staffing. Pre-placement staffing will usually be conducted by telephone/virtually. However, pre-placement staffing may occur in-person as needed and determined by OCOK and DFPS.</p> <p>The OCOK Intake and Placement Director will coordinate with appropriate parties to:</p> <ul style="list-style-type: none"> • Identify scheduling options for pre-placement staffing.

	<ul style="list-style-type: none"> • Work together with the DFPS Worker to assess the appropriateness and level of the child or youth and parent’s participation in the staffing. • OCOK will complete all logistical arrangements (date, time, location, conference call information, notices) for the pre-placement staffing. OCOK will give all participants as much prior notice of the pre-placement staffing as possible. • OCOK or their designee will facilitate the meeting.
Participants	<p>The following participants will be notified of the pre-placement staffing by OCOK:</p> <ul style="list-style-type: none"> • DFPS Worker and Supervisor • OCOK Intake Specialist and Supervisor • OCOK Permanency Specialist and Supervisor • Child or youth • Parent(s) • Parents' attorney(s) • Court Appointed Special Advocate (CASA) • Guardian ad litem • Attorney ad litem • Other relevant subject matter experts (i.e., Developmental Disabilities Specialist Nurse, Education Specialist, Well Being Specialist)
Documentation	<p>OCOK will record notes from the staffing discussion and ensure DFPS staff receive a copy. Additional copies of the notes can be distributed to participants upon request.</p>

Placing Children Who Have Intellectual and Developmental Disabilities (IDD), Primary Medical Needs (PMN) or Complex Medical Needs

Related Resources and Policy:
[Primary Medical Needs Resource Guide](#)
[CPS Handbook §4117 Specific Placement Considerations for Children or Youth Who Have Primary Medical Needs](#)

Placing children or youth with Intellectual and Developmental Disabilities (IDD), Primary Medical Needs (PMN), or complex medical needs require careful consideration to make the best placement matches to serve the special needs of these children and youth. The Primary Medical Needs Resource Guide describes the needs of children and youth who have PMN. The Foster and Licensed Facility Placements Process Resource Guide describes the needs of children and youth who have IDD needs.

New Placement with No Time for the PMN Meeting Before the Removal

Process	Procedure
New Placement with No Time for the PMN Meeting Before the Removal	<p>When a PMN child is initially removed after hours or on weekends and the child's care needs are unclear, the child's DFPS caseworker may contact the child's healthcare provider after hours, or have the child seen in the local ER when appropriate (examples: diabetic child with insulin pump, child on a ventilator or with other special medical equipment).</p> <p>Star Health does have a benefit available on a case-by-case basis. This benefit provides an observation stay in an inpatient setting for up to 48 hours, when placement or supports are not immediately in place during an emergent transition. If the stay exceeds 48 hours, staff must request an authorization for the inpatient stay, going back to the date of admission.</p> <p>The caseworker follows the processes below to access special support services. If the caseworker is unable to safely transport the child, the caseworker may contact an ambulance to transport the child.</p>
Special Medical Transportation or Nursing Support	<p>If the child requires special medical transportation (including ambulance transport) or nursing support during the move the caseworker requests assistance:</p> <ul style="list-style-type: none"> • If the move occurs before the PMN meeting access through the regional Well-Being Specialist. • If after hours, or on holidays or weekends, by contacting STAR Health at 1-866-912-6283. <p>If the placement is occurring outside of regular business hours or on a holiday, prior to placement, an immediate staffing will take place between DFPS and OCOK, involving the Director level or above.</p> <p>This staffing is to ensure all the child's medical needs will be met until a PMN staffing can take place with the Well Being Specialist. This staffing will not replace the required PMN staffing with the Well Being Specialist.</p>

New Placement Referral With Time for PMN Staffing

DFPS workers should follow the process outlined in [New Placement and Case Management Referrals](#) process when requesting a paid foster care placement from OCOK for a child with Intellectual or Developmental Disabilities (IDD), Primary Medical Needs (PMN) or Complex Medical Needs.

Process	Procedure
Upon Placement Referral	<p>When planning the removal of a child with PMN in a non-urgent situation, the caseworker should contact the Well-Being Specialist and placement staff to set up a PMN Meeting before removal, to plan for the safe transportation and placement of the child.</p>

Process	Procedure
	<p>In addition to the placement referral, the DFPS worker will upon placement referral or prior to the removal, when possible, coordinate a telephone staffing with:</p> <ul style="list-style-type: none"> • DFPS supervisor and Program Director. • Regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist). • OCOK Intake Placement Specialist. <p>To discuss:</p> <ul style="list-style-type: none"> • DFPS is responsible for securing hospital sitting services either via DFPS contractor or use of DFPS staff until the child is released from the hospital and ready for placement. • Once the child has been placed within the OCOK network of care, if there is a future need for hospital sitting then OCOK will be responsible for meeting that need either via OCOK contracted service provider or OCOK staff. • The ability of available placement options to meet the child or youth's specific needs.
<p>After a placement for a child <i>with</i> PMN has been recommended by OCOK</p>	<p>DFPS worker will contact the Well Being Specialist to request a PMN Staffing to develop a plan to address the medical services, equipment, and other needs during the transition to the new caregivers.</p> <ul style="list-style-type: none"> • The Well Being Specialist will coordinate, facilitate, and document the PMN staffing in IMPACT. • The staffing will include: <ul style="list-style-type: none"> ○ OCOK Placement Specialist, ○ Selected caregivers ○ Their provider ○ Medical staff if applicable ○ OCOK Permanency Specialist ○ OCOK Permanency Supervisor and Permanency Director ○ Regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist) ○ STAR Health and previous caregivers (when appropriate). • The PMN staffing must occur prior to placement if possible. If not possible, a staffing should occur and must be requested within 24 hours following the emergency placement.
<p>After a placement for a child with significant medical issues, but <i>not</i></p>	<p>OCOK Placement Coordinator or Permanency Specialist may contact the Well Being Specialist to request a Medical Staffing.</p>

Process	Procedure
<p>PMN has been recommended by OCOK</p>	<ul style="list-style-type: none"> • The Well Being Specialist will coordinate, facilitate, and document the Medical Staffing. • The staffing will include: <ul style="list-style-type: none"> ○ OCOK Placement Specialist ○ Selected caregivers ○ Their provider ○ Medical staff if applicable, ○ OCOK Permanency Specialist ○ OCOK Permanency Supervisor and Permanency Director ○ Regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist ○ Well- Being Specialist) ○ STAR Health and previous caregivers (when appropriate). • The staffing must occur prior to placement if possible. If not possible, a staffing should occur immediately following the emergency placement. • When there is no time for a Medical Staffing prior to placement, contact the Well Being Specialist and/or Nurse Consultant to plan for a safe transfer of the child.
<p>After a placement for a child with IDD has been recommended by OCOK</p>	<p>DFPS Removal Worker will coordinate with OCOK Placement Specialist or Permanency Specialist for a staffing.</p> <ul style="list-style-type: none"> • The staffing will include: <ul style="list-style-type: none"> ○ OCOK Placement Specialist ○ Selected caregivers ○ Their provider ○ Medical staff if applicable ○ OCOK Permanency Specialist ○ OCOK Permanency Supervisor and Permanency Director ○ Regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist ○ Well- Being Specialist) ○ STAR Health and previous caregivers (when appropriate). • The staffing must occur prior to placement if possible. • The DFPS Education Specialist should be included in the staffing as appropriate. • If possible, the staffing should occur prior to the child or youth arriving in his or her new placement, but no later than two business days after the child or youth's placement.

Placement Change Process for IDD or PMN

OCOK Permanency Specialists will request a non-emergency paid foster care placement or placement change from their placement team for a child with Intellectual or Developmental Disabilities (IDD) or Primary Medical Needs when needed.

Process	Procedure
<p>Upon Placement Referral</p>	<p>As a part of the placement request process, the OCOK Permanency Specialist will within 24 hours of the placement referral, coordinate a staffing to discuss the specific needs of the child or youth:</p> <ul style="list-style-type: none"> • OCOK will invite the Well-Being Specialist to the staffing. <ul style="list-style-type: none"> ○ Regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist). ○ OCOK Intake Specialist. • To discuss: <ul style="list-style-type: none"> ○ DFPS is responsible for securing hospital sitting services either via DFPS contractor or use of DFPS staff until the child is released from the hospital and ready for initial placement. ○ Once the child has been placed within the OCOK network of care, if there is a future need for hospital sitting then OCOK will be responsible for meeting that need either via OCOK contracted service provider or OCOK staff. ○ The ability of available placement options to meet the child or youth's specific needs.
<p>After a placement for a child <i>with PMN</i> has been recommended by OCOK</p>	<p>OCOK Placement Specialist or Permanency Specialist will contact the Well Being Specialist to request a PMN Staffing to develop a plan to address the medical services, equipment, and other needs during the transition to the new caregivers.</p> <ul style="list-style-type: none"> • The Well Being Specialist will coordinate, facilitate, and document the PMN staffing in IMPACT. • The staffing will include: <ul style="list-style-type: none"> ○ OCOK Placement Specialist ○ Selected caregivers ○ Previous caregivers ○ Their provider ○ Medical staff if applicable ○ OCOK Permanency Specialist ○ OCOK Permanency Supervisor and Permanency Director ○ STAR Health.

Process	Procedure
	<ul style="list-style-type: none"> • The staffing must occur prior to placement if possible. If not, a staffing should occur immediately following the placement. • When there is no time for a PMN Staffing prior to placement, contact the Well Being Specialist and/or Nurse Consultant to plan for a safe transfer of the child. • For PMN children already in DFPS custody who experience a change in placement after hours, the OCOK Permanency Worker can contact STAR Health Member Services' Nurse Wise medical advice line at 1-866-912-6283, option 7 (available 24/7, after hours, holidays and weekends).
<p>After a placement for a child <i>with significant medical issues, but not PMN</i> has been recommended:</p>	<p>OCOK Placement Specialist or Permanency Specialist may contact the Well Being Specialist to request a Medical Staffing.</p> <ul style="list-style-type: none"> • The Well Being Specialist will coordinate, facilitate, and document the Medical Staffing in IMPACT. • The staffing will include: <ul style="list-style-type: none"> ○ OCOK Placement Specialist ○ Selected caregivers ○ Their provider ○ Medical staff if applicable, ○ OCOK Permanency Specialist ○ OCOK Permanency Supervisor and Director of Permanency ○ Regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist ○ Well- Being Specialist) ○ STAR Health and previous caregivers (when appropriate). • The staffing must occur prior to placement if possible. If not possible, a staffing should occur immediately following the placement. • When there is no time for a Medical Staffing prior to placement, contact the Well Being Specialist and/or Nurse Consultant to plan for a safe transfer of the child.
<p>After a placement for a child <i>with IDD</i> has been recommended:</p>	<p>OCOK Placement Coordinator or Permanency Specialist will coordinate staffing.</p> <ul style="list-style-type: none"> • The staffing will include: <ul style="list-style-type: none"> ○ OCOK Placement Coordinator ○ Selected caregivers ○ Their provider ○ Medical staff if applicable, ○ OCOK Permanency Specialist

Process	Procedure
	<ul style="list-style-type: none"> ○ OCOK Permanency Supervisor and Director of Permanency ○ Regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist ○ Well- Being Specialist) ○ STAR Health and previous caregivers (when appropriate). ● The staffing must occur prior to placement if possible. If not possible, a staffing should occur immediately following the placement.

Placement of Children When Conservatorship is Not Obtained/Temporary Placement is Needed

Related Resources and Policy:

[Emergency Paid Placement and Case Management referrals](#)

Under special situations, a child or youth not in the conservatorship of Texas DFPS may need a temporary, paid foster care placement in the Metroplex West area. An example of this situation can include either a child recovered in Texas from another state, or a child for which TMC was subsequently not obtained following an emergency removal. A child or youth may not be from the Metroplex West. If this occurs, the Metroplex West area removal staff will refer the child or youth needing paid foster care placement to OCOK per current protocols outlined in Emergency Paid Placement and Case Management referrals.

OCOK will then secure temporary, paid foster care placement for the child or youth with the following considerations:

- If the child or youth has emergency medical needs, then the DFPS Worker will ensure written consent is received from the child or youth's parent/managing conservator, as needed.
- If the child or youth is hospitalized, the DFPS Worker will work with the child's insurance provider to cover the expenses related to the days spent in the hospital.
 - If a child or youth needs a hospital sitter, DFPS will request and pay for this service.
 - If a foster parent needs to be trained or needs time to bond with the child or youth while the child or youth is in the hospital, DFPS will notify OCOK and OCOK will determine a proper course of action.

OCOK will request payment for placement through current regional processes established with local child welfare boards. If payment is denied by a local child welfare board, then OCOK will request a Manual Payment (form 4116) from DFPS.

Note: Unless DFPS has custody or is in the process of obtaining custody, DFPS maintains possession of the child in and is responsible for all related care activities, including transport

(e.g., an out-of-state child where DFPS has no custody and not planning on obtaining but reaches out to OCOK for a courtesy placement). The 4- and 7-hour CBC contract requirements do not apply for youth in this section, as this is courtesy assistance from OCOK, and the child/youth is not under the OCOK continuum of care.

Placing Children or Youth in Certain Institutions

Related Resources and Policy:

[Foster and Licensed Facility Placements Process Resource Guide](#)

[CPS Handbook §4118 Additional Actions for Placing Children with Intellectual or Development Disabilities](#)

[CPS Handbook §6411.21 Frequency of Face-to-Face Visits](#)

DFPS and OCOK will work together when considering and requesting placement of a child or youth in one of the following settings:

- HHSC-Licensed Institutions for children or youth with intellectual and developmental disabilities;
- State Supported Living Centers;
- Home and Community-Based Services (HCS) Residential Placements;
- Nursing Facilities; or
- Intermediate Care Facilities for the Intellectual Disabilities/Related Conditions (ICF/IID-RC).

Placing a child or youth in a certain institution should only take place when no other less restrictive placement is available that can meet the child or youth's needs.

Placement in a certain institution requires careful consideration, assessment, and justification. DFPS and OCOK will coordinate with the regional Developmental Disability Specialist to carefully assess the child or youth's specific needs and exhaust all least restrictive placement options before recommending a child or youth's placement in a certain institution.

Depending on the type of institutional placement requested for the child or youth, the DFPS Worker or OCOK Permanency Specialist must follow current DFPS processes as provided for in the Foster and Licensed Facility Placements Process Resource Guide and in CPS Handbook §4118 Additional Actions for Placing Children with Intellectual or Development Disabilities.

If a child or youth is placed in a certain institution, the OCOK Permanency Specialist must discharge the child or youth from the SSCC in IMPACT (See Ending the Referral section of [IMPACT Functionality Guide](#) for more information). In Stage II, after the placement entry is completed, and approved in IMPACT the SSCC will need to re-establish the child referral so

that case management services provided by the SSCC may continue as long as DFPS continues to have conservatorship.

When a child is in a Home and Community-Based Services (HCS) home, OCOK Permanency Specialist conducts a face-to-face visit with each child at least twice a month, with the majority of visits occurring in the child or youth's HCS home.

Special note: When an HCS placement is having issues with a child/youth and is not able to meet their needs:

- The OCOK Specialist must contact the Local Intellectual Developmental Disability Authority (LIDDA) and the [Developmental Disability Specialist \(DDS\)](#) to seek another Home Community Service (HCS) placement.
- This possible disruption/change in placement should go through the DFPS DDS, *not* OCOK.
- OCOK will continue to provide case management services.

Psychiatric Hospitalization of Children or Youth in DFPS Conservatorship

Related Resources and Policy:

[CPS Handbook §6151.2 Child Admitted to an Inpatient Mental Health Facility](#)

[New Placement and Referral Process](#)

[CPS Handbook §6151 Whom to Notify](#)

[CPS Handbook §11600 Behavioral \(Mental Health\) Services](#)

[Mental Health Resource Guide](#)

There may come a time when a child or youth in DFPS conservatorship is determined to be a danger to himself/herself or others and is admitted to a psychiatric hospital. Hospitalization is an intervention designed to meet the child or youth's acute mental health needs and is not a long-term intervention. Admission to a psychiatric hospital is **not a placement** and should not be treated as or referred to as such. To ensure a child or youth's needs are met during this time, there are very specific steps OCOK workers must take immediately following notification of hospitalization (see CPS Handbook §6151.2).

- When the OCOK Permanency Specialist finds out a child or youth in conservatorship is admitted into a psychiatric hospital the OCOK Specialist will immediately notify Psychhospitalization@oc-ok.org.
- OCOK Clinical Coordinator will track hospital admissions and will identify any placement needs that may arise after hospitalization and will seek subsequent placements as needed.

- OCOK will record the hospitalization as a temporary absence from placement in the Temporary Absence tab in IMPACT.
- CPS hospital liaison staff may be a resource to OCOK for information and updates about a child or youth's needs or care while hospitalized.
- The OCOK Caseworker will follow guidelines listed in [Appendix C: Psychiatric Hospital Contact Protocol for Children/Youth in DFPS Conservatorship](#) and e-mail the required information to all required parties.

New Removal - Child/youth is in Psychiatric Hospital at time of removal:

- DFPS obtains TMC or Joint Managing Conservatorship (JMC) of child.
- Paid placement needed upon discharge a placement referral will be initiated and information regarding the urgency of the placement need will be provided.
- CPI asks the hospital if they are willing to give us placement days.
 - If "yes," OCOK will request placement days through Star Health, Regional Well Being Specialist or with the assistance of the Psychiatric Hospital Liaison and CPI should follow Scenario 1 (see below).
 - If "no," follow the New Placement and Referral Process.

***If newly removed child remains in the psychiatric hospital past the day DFPS obtains conservatorship, DFPS enters the hospitalization in IMPACT in the Placement Page.**

***DFPS will ensure that the proper documentation in IMPACT will be entered timely so that eligibility for STAR Health benefits start.**

If Hospital Agrees to Placement Days but Star Health Does Not

If OCOK requests placement days through Star Health, but Star Health refuses to grant the placement days, at that point, the referral would upgrade to an Emergency and the 4-hour/7-hour timeframes will be initiated.

Placement into an Intensive Psychiatric Stabilization Program (IPSP)

OCOK will follow the Intensive Psychiatric Stabilizations guidelines provided by their DFPS Contract Administration Manager (CAM). Any questions will be referred to the CAM.

To enter the DFPS placement, the SSCC Child Referral will need to be ended and restarted once the child exists the IPSP placement. Questions related to placement entry can be referred to the Community Based Care Administrator.

Please Note: OCOK will not be reimbursed the foster care blended rate for any placement into IPSP.

When a Youth in Substitute Care is Pregnant or Parenting

Source:

[Texas Family Code §264.130](#)

Related Resources and Policy:

[CPS Handbook §6440 When a Youth in Substitute Care is Pregnant or Parenting](#)

[Youth or Are Pregnant or Parenting in DFPS Conservatorship Resource Guide](#)

[Procedures for IMPACT Data Entry Associated with Youth Parents in DFPS Conservatorship - 2450](#)

The following is to address a youth parent in DFPS' managing conservatorship who has a baby while in care or enters care with a baby.

The term *baby* refers to any youth parent's child regardless of the child's age.

For circumstances that the procedures above indicate a need for a C-PB stage, OCOK Permanency Specialist will:

- Contact SWI and request an Intake C-PB stage be created and assigned to the worker/supervisor.
- OCOK Permanency Supervisor can stage progress the open Intake C-PB stage to a Sub C-PB stage in IMPACT.

Request for Placement into a CBC Catchment Area

Related Resources and Policy:

[Community-Based Care DFPS site](#)

[Request for Placement Into CBC Area Form 1508](#)

This process outlines the steps DFPS Caseworkers from outside the CBC area must take to request a paid foster care placement or adoption placement for a child or youth, who is legally from another part of the state, into a CBC Catchment area.

This process does not include:

- SSCC requests for placement into a different CBC catchment area; or
- Youth who desire a SIL placement.

Requesting DFPS Region will

- DFPS workers will complete each section of Request for Placement Into CBC Area Form 1508 and staff with their supervisor.
- The completed 1508 form, along with exhaustive placement search log and updated common application will be emailed to receive approval from their chain of command: Supervisor/Program Director/Program Administrator/Regional Director.
- If the requesting Regional Director approves the child's placement located in the CBC catchment area, the Regional Director will email the completed Request for Placement Into CBC Area Form 1508 to intake@oc-ok.org cc the Community-Based Care Administrator (CBCA) for that catchment area.

OCOK will

- If the Placement Director of OCOK or designee agrees with the placement, they will notify the requesting Regional Director via email and cc the CBCA.
- If there is a disagreement about the child's placement into the CBC catchment area, OCOK Leadership or requesting Regional Director can email the CBCA requesting a staffing on the case. The CBCA will set up a resolution staffing with the following in attendance:
 - OCOK Chief Operating Officer
 - OCOK Placement Director
 - Requesting Area Regional Director
 - Region 3WRegional Director.

For all contact information on CBCA's and OCOK Leadership please visit the Contact CBC section on the Community-Based Care DFPS site.

Placement for Children from Other Regions Who Are Recovered in an SSCC Catchment Area and SSCC Youth Recovered in Legacy Regions

Related Resources and Policy:

[CPS Handbook §6461.5 Caseworker Actions when a Missing Child Returns to Care](#)
[CPS Handbook §6460 When a Child or Youth is Missing from CPS Conservatorship](#)
[Locating Missing Children in DFPS Conservatorship-Resource Guide](#)
[CPS Handbook §4280 Temporary Absence from Paid Placement](#)
[Runaway/Missing Youth And Victims of Human Trafficking Resource Guide](#)

This process primarily pertains to youth who have run away and are recovered. These types of situations are unique in their circumstances and decision-making regarding placement or temporary placement. Primary considerations must include child/youth safety and what is in the child/youth's best interest. The SSCC and DFPS Legacy areas must work together to

support children/youth in DFPS Conservatorship as needed to ensure their safety and well-being. **The 4- or 7-hour CBC contractual requirements do not apply for children/youth in this section, as this is assistance from the OCOK.**

Possible scenarios include, but are not limited to:

- OCOK child/youth recovered in a legacy region
- Legacy child/youth recovered in a CBC designated community area

OCOK child/youth recovered in other CBC designated community area's (DCA) will be covered in an agreement between the SSCC in that area and OCOK.

When the circumstance does not support the child/youth being able to return to their legal region/catchment area immediately, a collaboration between DFPS legacy region and OCOK is required to develop a plan that meets the child/youth's immediate needs, including the possible need for securing temporary placement.

Circumstances that may require a temporary placement for the child/youth may include, but are not limited to:

- Recovery at a late hour and a distance from Legal Region/Catchment that would not support safe return at the immediate time of recovery.
- Weather conditions in either recovery or legal region/catchment that do not support a safe return to the Legal Region/Catchment at the immediate time of recovery.

Those involved in planning may include:

- Legal Region/Catchment DFPS/OCOK Regional Director or equivalent depending on Stage I or II.
- Recovery Region/Catchment DFPS/OCOK Regional Director or equivalent depending on Stage I or II.
- OCOK Intake Director.
- Community-Based Care Administrator.

Note: On-Call DFPS and OCOK staff would need to be involved in the planning after hours and on weekends or holidays.

Options to consider in resolving placement needs include, but are not limited to:

- Legal Region SSCC secures in-network placement in the recovery region if they have an available contract with an opening.
- Legal Region SSCC seeks assistance from Recovery Region's Centralized Placement Unit (CPU) for temporary placement.
- If this is the plan, Recovery Region Program Director facilitates the referral to CPU for assistance.

- Legal Region CPU requests assistance from Recovery Catchment SSCC for temporary placement. See [SSCC Intake and Placement Contacts](#).

The expectation for these types of temporary placements is that they are temporary and will **not** require multiple nights for placement. The Legal Region or the Legal Region’s SSCC will secure placement for the child/youth the following day after the child/youth is recovered and facilitate a least restrictive placement. In instances when DFPS cannot reimburse for placements that are less than 24 hours, the CBCA will verify the circumstances and contact the Contract Administrator (CAM) to request payment.

IMPACT Documentation for the Temporary Placement:

	The placement has a DFPS contract only	The placement has both SSCC and DFPS contract	The placement has an SSCC contract only
Youth Legal Region is SSCC Catchment	Community-Based Care Administrator (CBCA) should be contacted and will aid in placement documentation. Payment will be directly paid to the provider and not through the SSCC.	Placement documented under SSCC network and paid via 3-tiered placement under SSCC contract.	Placement documented under SSCC network and paid via 3-tiered placement.
Youth’s legal region is a legacy region	Placement documented under DFPS contract and paid via 2-tiered placement.	Placement documented under DFPS contract and paid via 2-tiered placement.	CBCA should be contacted and will aid in placement documentation. Have the SSCC provide you with the specific Resource ID (RID) for the organization that only has an SSCC contract. The CBCA will verify the circumstances and contact the Contract Administrator (CAM) to request payment.

IMPACT will not generate payment if placements are started and ended on same date.

- If this occurs, the SSCC or DFPS will notify the CBCA that a temporary placement for placement services across catchment boundaries that started and ended on the same date.
- The CBCA will verify the circumstances and contact the Contract Administration Manager (CAM) to request that payment.
- All placements that meet these criteria of having a start date and end date on the same date payment using Form 4116 should be directed to the provider.

Initial Coordination Meeting

Source:

[Texas Family Code §263.009](#)

Related Resources and Policy:

[CPS Handbook §6121 Complete a Post-Removal Transfer Staffing Removal Checklist](#)
[Initial Coordination Meeting \(ICM\)](#)

The Initial Coordination Meeting (ICM) is an internal, collaborative process between DFPS and OCOK that focuses on the unique, individualized needs of the child or youth and outlines services to address those needs. The ICM process seeks to share all relevant information about a child or youth in DFPS conservatorship who requires a new emergency placement within OCOKs provider network. Relevant information includes assessments, evaluations, medical reports, recommended services, and all other information that pertains to the child or youth’s individual needs. During the ICM, DFPS and OCOK jointly identify the child or youth’s initial and concurrent permanency goals.

The ICM takes the place of the traditional post-removal staffing.

Process	Procedure
Referral	<p>DFPS Removal worker at removal will:</p> <ul style="list-style-type: none"> • Complete as much of the Removal Checklist as possible. • Complete Page 1-4 (up to the Discussion Points) of the CBC Initial Coordination Meeting (ICM) form. • Send ICM form to the applicable mailbox to be set for staffing: <ul style="list-style-type: none"> ○ Tarrant- dfpsregion03icmtarrant@dfps.texas.gov ○ All outlying- dfpsregion03w3bremovals@dfps.texas.gov

Process	Procedure
<p>Coordination</p>	<p>CPI will:</p> <ul style="list-style-type: none"> • Host the ICM and will coordinate all meeting logistics • Send calendar invite to participants with a meeting date, time, and location (virtual options are recommended) • Ensure all relevant participants are invited to the meeting; and • Provides notice (2 business days) of the ICM to all participants.
<p>Participants</p>	<p>At a minimum, the following participants will be notified of the upcoming ICM:</p> <ul style="list-style-type: none"> • Removal Worker, Supervisor. • OCOK Therapeutic Service Coordinator (if paid placement was required). • OCOK Permanency Specialist and Permanency Supervisor. • OCOK Kinship Specialist and Supervisor, if placement is kinship. • Paid Placement Case Manager (invited by OCOK). • Other DFPS/OCOK staff or subject matter experts as needed (i.e., Developmental Disabilities Specialist, Nurse, Education Specialist, Well Being Specialist). • Additional DFPS staff may be included in the notification e-mail (i.e., DFPS Legal Representation). • CASA Representative
<p>Documentation</p>	<p>During the ICM, the OCOK Family Engagement Specialist will:</p> <ul style="list-style-type: none"> • Facilitate discussion • Record notes from the meeting discussion on the ICM form, including but not limited to the primary and concurrent permanency goals for the child or youth. • DFPS staff will upload into OneCase all external documentation, so it is accessible to OCOK that has not already been provided including, but not limited to, removal affidavit, diligent search results for relatives and/or parents, immunization records, birth records, birth certificates, social security cards, medical/dental reports or records, school records, progress notes, assessments, evaluations, etc.

Process	Procedure
	<p>After the ICM, the OCOK Family Engagement Specialist will:</p> <ul style="list-style-type: none"> Record the ICM as a contact in the Family Substitute care (FSU) stage, Contact Detail page in IMPACT. Ensure the notes from the meeting are recorded in the Contact Detail Narrative. Send the ICM notes to all participants in the meeting and those invited but were not in attendance.
Case Transfer	<p>Primary assignment of the FSU and secondary assignment of the SUB stages to OCOK will take place at the ICM if they have not been transitioned previously.</p> <ul style="list-style-type: none"> See case transfer process under Case Documentation section for additional information on electronic assignment.

Foster Care Assistance

Source:

[Texas Administrative Code 40 TAC §700.315](#)

Related Resources and Policy:

[CPS Handbook §1500 Eligibility for Child Protective Service](#)

[CPS Handbook §10421 Eligibility for Extended Foster Care](#)

[CPS Handbook §1514 Annual Review of Eligibility.](#)

Foster Care Assistance consists of daily care (such as food, clothes, and shelter) and medical coverage provided through Title IV-E or medical assistance only (MAO) foster care.

Applying for Foster Care Assistance

DFPS worker is responsible for completing the initial Foster Care Assistance Application in IMPACT and submitting it to the foster care eligibility specialist. This includes sending the required documentation.

Determining Eligibility

The DFPS Foster Care Eligibility Specialist has the following roles in determining eligibility:

- Obtain birth verification.

- Verifies the child's Social Security number.
- Searches other systems to obtain the child and family income and resource information.
- Processes the Foster Care Assistance Application and records in IMPACT.
- Maintains the eligibility file.
- Please see CPS Policy 1500 Eligibility for Child Protective Service for additional information regarding foster care assistance eligibility requirements.

Annual Review of Eligibility

DFPS must review the child's eligibility for IV-E or Medicaid at least once every 12 months while the child is in foster care. The OCOK Permanency Specialist will receive an IMPACT *Task To-Do* when a foster care review is due for the child. To complete the review, the OCOK Permanency Specialist must:

- Complete the Foster Care Review in IMPACT and submit it to the assigned foster care eligibility specialist.
- If requested, provide copies of all child-specific court orders since the previous review or initial determination.
- Send the eligibility specialist documentation of the child's citizenship or alien status, if new documentation has been obtained since the previous foster care review or initial eligibility determination.

DFPS must annually review continued eligibility for older youth, 18 or older, who are in extended foster care.

- The OCOK Permanency Specialist will receive an IMPACT *Task To-Do* when the review is due.
- The OCOK Permanency Specialist must:
 - Confirm that the young adult is meeting one or more of the education and work-related criteria.
 - Provide verification to the eligibility specialist.

If the annual eligibility review is not completed in response to the IMPACT "To Do" the regional eligibility specialist will receive a monthly data warehouse report and send a notice to the primary worker and supervisor listing the children who have an annual review that is due.

Email Notification/Escalation Process:

- 1st Request- OCOK Permanency Specialist and Supervisor
- 2nd Request- Add OCOK Program Director
- 3rd Request- Add OCOK Sr. Program Director (PA) and CBCA

Obtaining Certified Birth Certificates and Printing Birth Records

Related Resources and Policy:

[CPS Handbook §1520 Obtaining Certified Birth Certificates and Printing Birth Records Screenshots](#)

[CPS Handbook §1521 Requesting Certified Birth Certificates](#)

[Form 2527 Personal Documents Checklist - 15](#)

[Form 2528 – Personal Documents Checklist - 18](#)

A OCOK Permanency Specialist should always attempt to obtain a birth certificate from the child's parents, relatives, or guardian instead of requesting a copy of the birth certificate through the Birth Verification System (BVS) system. If an OCOK Permanency Specialist obtains a copy of the birth certificate, he or she submits it to the eligibility specialist to serve as documentation of a child's birth and citizenship or alien status when submitting the documentation for the Foster Care Assistance Application.

Please refer to CPS Policy 1520 Obtaining Certified Birth Certificates and Printing Birth Records Screenshots to learn more regarding which type of birth verification is required for specific case management circumstances and the documentation required to support the request.

The Foster Care Eligibility Specialist is the subject matter expert that can assist in getting birth certificates.

The DFPS points of contact for Region 3W birth certificates are [Foster Care Eligibility Specialists](#). The Foster Care Eligibility Specialist is the subject matter expert that can assist in getting birth certificates. The mailboxes for those requests for children from 3b are:

- Adoption birth certificates: Jayme.boiles@dfps.texas.gov
- Out of State birth certificates mailbox: REG03OOSBIRTHCERTTAR@DFPS.TEXAS.GOV
- All other birth certificates mailbox: R03WESTFOSCARELI@DFPS.TEXAS.GOV

Beginning in June 2019, the request for birth certificates for youth **who turn age 15** are handled at DFPS State Office. The certified copy (or original) birth certificate, photocopy of the birth certificate, and a cover memo with instructions will be mailed to the OCOK Point of Contact. The OCOK Permanency Specialist will deliver the birth certificate to the youth in person and have them sign Form 2527 Personal Documents Checklist – Age 15 or Form 2528 – Personal Documents Checklist – Age 18. In addition, the worker will check the new indicator box on the Child's Plan of Service in IMPACT.

Any birth certificate requests that do not meet CPS Policy 1520 Obtaining Certified Birth Certificates and Printing Birth Records Screenshots guidance prior to the child turning 15 will require OCOK to complete the request for the certificate and providing any funds needed.

The OCOK Point of Contact for birth certificate related issues is:

Jeannette Jarvis, Care Management Director Assistant
7700 AWG Way Fort Worth, TX 76140
817-566-7192
Jeannette.Jarvis@oc-ok.org

Requesting a Social Security Card

Related Resources and Policy:

[CPS Handbook §6452 Personal Documents Provided to Youth](#)
[Social Security Administration Guidelines](#)
[SS-5](#)

When a Social Security Card is needed for a youth in foster care, the OCOK Staff will request a Social Security Card for a foster youth in care.

OCOK staff will provide the following to the local Social Security Administration office to request the Social Security Card:

- [SS-5 Form](#)- needs to be completed and signed by the caseworker. If youth is over 18 and in foster care, youth will need to sign the SSA-5 form.
- Court Orders need to be provided for the child. One of the three examples listed below need to be returned with the request. Copies of court orders are sufficient, but they must be signed.
 - Original Petition
 - Order for Protection
 - Removal Affidavit,
OR
 - Temporary Order following Adversary Hearing
OR
 - Order of Termination
- If this is an original request, meaning the first time a youth has requested a social security card, a copy of the birth certificate will need to be provided.

OCOK staff will need to include their office addresses on the application so that the Social Security cards can be mailed directly to OCOK staff.

DFPS SSI Contacts

Jayne Boiles

2700 Ben Avenue
Ft. Worth, TX 76103
(817) 255-8743

Review policy 6452 Personal Documents Provided to Youth to ensure child is eligible to apply for Social Security Card.

Case Documentation

Documentation and Communication

Related Resources and Policy:

[CPS Handbook §1430 Documentation in the Case Record](#)

[CPS Handbook §6133.21 Documenting Contacts Using the Contact Details Page](#)

[CPS Handbook §6133.22 Documenting Monthly Contacts and Visits](#)

[CPS Handbook §6133.23 Requirement Narrative Content](#)

[CPS Handbook §6133.24 Contacts and Visits with the Child, Parent, Kinship, Relatives, and Caregiver](#)

[CPS Handbook §6133.25 CPS Contact with Collaterals, Court, and Legal Parties](#)

[CPS Handbook §6133.26 Supervisor Consultation](#)

[CPS Handbook §6133.73 Maintaining Current Photograph of a Child](#)

When a child is placed in substitute care, OCOK staff must document in IMPACT the:

- Contacts, assessments, and services provided to the child and the child's family.
- Key decisions made, and actions taken during case that affect the child and the child's family.

OCOK must enter in IMPACT any face-to-face contact with the child or parent within 24 hours. OCOK must enter all other case information into IMPACT as soon as possible, but no later than seven calendar days from the date of the event being documented, unless there are different timeframes to document the event.

Please see CPS Policy above for additional information regarding documentation requirements.

External Documentation

Related Resources and Policy:

[OneCase Functionality and Usage](#)

[CPS Handbook §6134 External Documentation](#)

Primary Case Assignment

Between the Child and Family Referral and the 14th day, OCOK Permanency Specialist and the removal worker must cooperate in completing and filing all required legal forms and documents, attending court hearings, and ensuring that all required visits take place. Note that any pre-adversary discovery that may be needed will be primary responsibility of the removal worker and DFPS.

No later than the 14th day after removal, regardless if the adversarial hearing has taken place, the DFPS Worker will make the OCOK Permanency Specialist primary on the FSU and SUB stages. If the adversary hearing is delayed, a staffing may be requested at 14 days to discuss outstanding removal checklist tasks and responsibilities. The DFPS worker can request that the OCOK Permanency Specialist make them secondary on the FSU and SUB stages if needed

External Case File Transfer All removal documents and interviews are uploaded to OneCase by the removal worker. Any documents uploaded that do not need to be stored in the original physical format are shredded after performing a quality assurance check to verify files were successfully uploaded and reviewed for clarity and completeness. Documents or audio/video material that should not be shredded after upload or cannot be uploaded due to size or format are sent to the Records and Imaging Operations (RIO) using CaseTrack. This should be done within 7 days of the Adversary Hearing taking place. Documents or audio/video that must be kept in original physical format are safely stored and preserved by DFPS Records Management Group (RMG). If a stored document or audio/video is needed in the future, a request for research is submitted through OneCase in IMPACT.

External Case Documentation

The following documents must be included in OneCase. This list is not all-inclusive. Metroplex West may have additional requirements for documents that must be included in the case file. The DFPS worker and OCOK Permanency Specialist must ensure that as they are obtained, the documents are included in OneCase in IMPACT.

- Birth/citizenship records
- Health records, including a copy of any recent medical exams
- School records
- Copies of signed court orders, affidavits, and other court documents
- The court's determination that DFPS made reasonable efforts to prevent removal, reunify the family or seek other permanency goals for a child

- DFPS notice to caregiver of court hearings, PPMs/administrative review. Caretakers include relatives, foster parents, and pre-consummated adoptive parents
- Placement and medical authorizations including medical consent forms
- Designation of education decision-maker
- Correspondence
- Other possible documents, such as photographs, authorizations, and letters

DFPS worker will provide the Educational Portfolio to the caregiver at the time of placement, with any documents available at that time. If the DFPS worker is not present at the time of placement, they may provide the portfolio to the caregiver at any post-placement visits or seek assistance from OCOK. The OCOK Permanency Specialist is responsible for the monthly review of the educational portfolio and ensuring that it's kept up to date by the placement, as well as ensuring it follows the child to subsequent placements.

Ensuring Safety

Abuse and Neglect Investigations on Child/ren in Conservatorship

Related Resources and Policy:

[CPS Handbook §4221.1 RCCI Notifying CPS of Alleged Abuse or Neglect in Foster Homes](#)

[CPS Handbook §4221.2 CPI Responsibility and Procedure after Receiving a Notification of Abuse or Neglect by Either RCCI or CPI](#)

[CPS Handbook §4221.3 CPS Protocol During an Investigation Involving a Child in Conservatorship](#)

[CPS Handbook §4221.4 Using Intermittent Alternate Care and Respite During an Abuse and Neglect Investigation](#)

[CPS Handbook §4221.5 How CPS Conducts Safety Checks or Other Safety Measures](#)

[CPS Handbook §4221.6 CPS Actions When Abuse or Neglect Is Alleged to Have Occurred in a Foster Home](#)

[Appendix 4623: Protocol for RCCI Investigations Involving Child-On-Child victimization in Foster Care](#)

[Sexual Incident History Resource Guide](#)

[CPS Handbook §6419 Working with Children Who Are Sexually Aggressive, Have Sexual Behavior Problems, or Are Victims of Sexual Abuse](#)

[Working With a Child who has Experienced Sexual Abuse Resource Guide](#)

[Working with Children with a History of Sexual Victimization, Sexual Aggression, or a Sexual Behavioral Problem Resource Guide](#)

[CPI & CPS Protocols for Investigations on Open Substitute Care \(SUB\) Stages Resource Guide](#)

[Office of Child Risk and Safety Procedures Multi-Stage Staffings](#)

When a report of abuse or neglect is received on child/ren in conservatorship, OCOK staff will need to follow all steps outlined in specific policies. DFPS policy will be followed for all abuse or neglect investigations, see policy linked above.

See policy 4221.1 RCCI Notifying CPS of Alleged Abuse or Neglect in Foster Homes for RCCI's steps and responsibilities in notifying the SSCC of abuse and neglect in foster homes and the SSCC's responsibilities when an intake is Priority None (PN) and a Home History review is completed. OCOK Regional Compliance Mailbox: OCOKcompliance@oc-ok.org; OCOK Designee/Regional Director Assistant Equivalent: Megan.Wilkerson@oc-ok.org.

See policy 4221.2 CPS Responsibility and Procedure after Receiving a Notification of Abuse or Neglect by Either RCCI or CPI for OCOKs responsibility and procedures after receiving a notification on an investigation of abuse, neglect or exploitation of a child in DFPS conservatorship.

If a report involves alleged child-on-child victimization, the OCOK Permanency Specialist must follow the protocols in Appendix 4623: Protocol for RCCI Investigations Involving Child-On-Child victimization in Foster Care.

If the report alleges child sexual aggression, the OCOK Permanency Specialist must follow the protocols in the Sexual Incident History Resource Guide.

See policy 4221.3 CPS Protocol During an Investigation Involving a Child in Conservatorship for OCOKs responsibility during an investigation.

RCCI Investigations

The RCCI investigation is a separate record that RCCI maintains. After RCCI concludes the investigation, the OCOK Permanency Specialist will save as a PDF and upload to OneCase. (See CPS Policy 4221.3)

CPI Investigations

See CPI & CPS Protocols for Investigations on Open Substitute Care (SUB) Stages Resource Guide and 4221.3 CPS Protocol During an Investigation Involving a Child in Conservatorship.

CPS Child Safety Specialists

CPS Child Safety Specialists may conduct:

- Multi-Stage staffings when a new Investigation has been opened on an ongoing DFPS case. See [Multi-Stage Staffing Procedures](#).
- Case Reviews as requested by Regional Leadership.
- Provide training.

- Other tasks/job duties as determined by their Lead (supervisor).

Requests for staffings with the CPS Child Safety Specialist should be made to the following:

CPS Child Safety Specialist for Metroplex West contact Stacy Barfield- Stacy.Barfield@dfps.texas.gov.

The CPS Child Safety Specialist Lead is Daphne Campbell- Daphne.Campbell2@dfps.texas.gov .

See [Child Safety Specialists](#) page and [Child Safety Specialist Other Duties](#) page on Safety Net for additional information.

When a Mother in an Open CVS Case is Pregnant

Related Resources and Policy

[CPS Handbook §6370 When a Mother in an Open CVS Case is Pregnant](#)

The OCOK Permanency Specialist will coordinate a staffing during the 7th month of the pregnancy to discuss any safety concerns.

OCOK will contact the CPI program director in their area that handles investigations on open CVS cases to coordinate participants.

Participants will include:

- OCOK Permanency Specialist
- OCOK Permanency Supervisor
- OCOK Permanency Director
- CPI Supervisor
- CPI Program Director

The OCOK Permanency Specialist will document the following information prior to the staffing for discussion:

- Case Name:
- Date of Staffing:
- Participants:
- Due Date or Date of Birth:
- Age(s) of Other Children:
- Father and his role with unborn child/concerns/positives:
- Is the mother a current drug user?
- Does the mother have a history of drug use?
- Risk and Safety issues responsible for the open FBSS/ CVS case:
- Progress made in current FBSS/ CVS case
- Home Environment:
- Risk and Safety issues identified due to pregnancy or birth:
- PD directives:

Additional decisions or directives will be discussed and added during the staffing. Notes from this staffing will be documented in a contact narrative, so they are available to the CPI night response unit should an intake come in after hours.

Once the child is born and an intake generated (if needed), the intake will be routed to the CPI unit that staffed the New Baby Protocol to complete the investigation. CPI staff will keep the Permanency staff updated regarding the progress of the investigation.

When Children Not in DFPS Conservatorship Are in Immediate Danger

Related Resources and Policy:

[Legal Basis for Single Source Continuum Contractor to Act on Behalf of DFPS](#)

OCOK staff can take immediate action to have a child removed from a dangerous situation when the child is in DFPS Conservatorship due to the authority provided in the TFC authorizing Community-Based Care. See [Legal Basis for Single Source Continuum Contractor to Act on Behalf of DFPS](#).

There will be situations when OCOK is working with a family where some of the children in the family are not in DFPS conservatorship. Should the OCOK Permanency Specialist feel the child(ren) are in immediate danger, the following actions can be taken depending on the severity of situation:

- Staff with OCOK Supervisor for direction
- If at risk of immediate physical harm call 911
- Stay on site and call in an intake to Statewide Intake (SWI) and inform of the new safety concerns and that immediate response is needed
- Stay on site. Once Intake reference number is obtained call the local DFPS office for assistance from the on duty INV worker.
- If it is after hours, refer to the On-Call calendar for INV located in IMPACT.

Temporary Absences from Paid Placement

Source:

[Texas Administrative Code §700.323](#)

Related Resources and Policy:

[CPS Handbook §4280 Temporary Absence from Paid Placement](#)

[CPS Handbook §4281 Criteria for Paying for Foster Care During a Child's Absence](#)

[CPS Handbook §4282 Payment Time Frames](#)

[DFPS Temporary Absence from Placement Job Aid](#)

When a child or youth is temporarily absent from a paid placement, OCOK will follow the DFPS policies:

- 4280 Temporary Absence from Paid Placement,
- 4281 Criteria for Paying for Foster Care During a Child's Absence, and
- 4282 Payment Time Frames.

For Foster Care payment approvals, OCOK will follow the same approval process outlined in DFPS policy above and TAC 700.323 requiring approval by OCOK staff in positions equivalent to DFPS positions identified.

These include:

- OCOK Permanency Supervisor and Permanency Director must approve payment for an absence of not more than 14 days.
- OCOK Sr. Director of Permanency must approve payment for an absence between 15 and 30 days.
- DFPS Regional Director and Director of Placement must approve payment for an absence between 31 and 90 days
- In unusual circumstances, payments may continue for an absence of longer than 90 days with prior written approval by the CPS Assistant Commissioner or designee.

Approvals will be documented in comment box on the Temporary Absence page for the specific episode that is approved for payment.

See DFPS Temporary Absence from Placement Job Aid for instructions on how to complete the IMPACT entry.

When a Child or Youth is Missing from DFPS Conservatorship

Source:

[42 U.S.C §671\(a\)\(35\)\(A\)](#)

[Texas Administrative Code §700.1334](#)

Related Resource and Policy:

[HHSC Minimum Standards](#)

[Locating Missing Children in DFPS Conservatorship Resource Guide](#)

[CPS Missing Child Preliminary Sheet Form 4100](#)

[CPS Handbook §6151.3 Notification Requirements and Schedule](#)

[CPS Handbook §4281 Criteria for Paying for Foster Care During a Child's Absence](#)

[CPS Handbook §6461.5 Caseworker Actions When a Missing Child Returns to Care](#)

Missing Incident

OCOK and its provider network will follow the HHSC Minimum Standards for reporting missing children.

If a child in DFPS's managing conservatorship is discovered to be missing, runs away, or is suspected to have been abducted from a substitute care placement, and the child's whereabouts are unknown, the OCOK Permanency Specialist should follow the entire process identified in the Locating Missing Children in DFPS Conservatorship Resource Guide. Part 1 of the guide addresses steps to be taken when it is discovered a child is missing or runs away and Part 2 covers initial case management actions that must be taken, and Part 3 covers ongoing efforts to recover the child.

- Required notifications include:
 - The OCOK Regional Missing Child Coordinator (RMCC), Jennifer.Sasse@oc-ok.org, serves as the point of contact for missing children. The RMCC:
 - Oversees and coordinates missing children issues for the region.
 - Helps to ensure assignment of the Special Investigator.
 - Maintains an Excel tracking spreadsheet listing children and youth from the catchment who are missing.
 - Liaisons with DFPS State Office staff on tracking, data reconciliation, policies and protocols, and other needs.
 - DFPS Special Investigations Point of contact:
 - Outlying: SIRequestRegion03WOutlying@dfps.Texas.gov
 - Tarrant: SIRequestRegion03Tarrant@dfps.Texas.gov
 - Appropriate law enforcement officials in the jurisdiction where the child went missing.
 - National Center for Missing and Exploited Children (NCMEC) at the [web portal](#) for child welfare reports or the 24-hour call center: 1-800-THE LOST (1-800-843-5678).
 - After the OCOK Permanency Specialist files a missing person or runaway report with the law enforcement agency (LE) with jurisdiction for the location from which the child went missing and with NCMEC, provide Special Investigation Department completed CPS Missing Child Preliminary Sheet Form 4100 via email:
 - Outlying: SIRequestRegion03WOutlying@dfps.Texas.gov
 - Tarrant: SIRequestRegion03Tarrant@dfps.Texas.gov
 - OCOK staff will input any needed information into IMPACT to generate a missing child event.
 - All other persons described in 6151.3 Notification Requirements and Schedule.
 - The OCOK Permanency Case Manager must provide these notifications immediately and no later than 8 hours after learning the child is missing.

Discharge from Placement Following Missing Event

- Current placement for a child/youth on missing status can be held/paid for 14 days (five days for emergency shelter placements) with OCOK supervisor and PD approval (See DFPS Policy 4281 Criteria for Paying for Foster Care During a Child's Absence for additional requirements; extended timeframes; [Temporary Absences from Paid Placement Section](#)).
- If the placement is held the placement will remain open and the absence will be reflected on the IMPACT *Missing Child* tab and the *Temporary Absence* tab.

Recovery of the Child/Youth

The OCOK Permanency Case Manager OCOK Permanency Specialist and/or the DFPS Special Investigator (SI), whoever made first contact with the child, must interview the child to do the following:

- Determine the reasons the child 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.

If the interview identifies the child as a victim of a crime, including trafficking, the OCOK Permanency Specialist must immediately, but no later than 8 hours after becoming aware of the victimization, report the situation to local law enforcement and the SI mailbox.

If the child is identified as a victim of abuse or neglect or familial trafficking, the OCOK Permanency Specialist must also notify Statewide Intake to make a report.

If the OCOK Permanency Specialist completes the interview, the Permanency Specialist must share the information with the SI, and if the SI completes the interview, the SI must share the information with the Permanency Specialist.

If the reasons the child was missing from care are revealed during the interview, the OCOK Permanency Specialist must, to the extent possible, address those factors in the child's current and future placements.

OCOK Missing Children Email Box: Jennifer.Sasse@oc-ok.org

DFPS Special Investigations mailbox for assignment to the appropriate SI:

- SIRequestRegion03WOutlying@dfps.texas.gov
- SIRequestRegion03WTarrant@dfps.texas.gov

Notifications for Identified or Suspected Victims of Human Trafficking

Source:

42 U.S.C §671(a)(9)(C)

42 U.S.C §671(a)(34)(A)

42 U.S.C. 5106a(b)(2)(B)(xxiv)

Related Resources and Policy:

[Human Trafficking and Child Exploitation](#)

[CPS Handbook §6462 Confirmed or Suspected Victims of Human Trafficking](#)

[Care Coordination Teams](#)

[Advocate Agencies for Human Trafficking and Commercially Sexually Exploited Youth](#)

[DFPS Human Trafficking Response Protocol](#)

[Runaway/Missing Youth and Victims of Human Trafficking Protocol Resource Guide for Bexar, Dallas, Harris, Tarrant, and Travis Counties](#)

[Placement for Children/Youth From Other Regions That Have Been Missing And Are Recovered In An SSCC Catchment Area Or SSCC Children/Youth Recovered In Legacy Regions](#)

[CPS Handbook §6460 When a Child or Youth is Missing from CPS Conservatorship](#)

[CPS Handbook §6461.5 Caseworker Actions When a Missing Child Returns to Care,](#)

[Locating Missing Children in CPS Conservatorship Resource Guide](#)

[Runaway Prevention Resource Guide](#)

If a child in DFPS conservatorship is identified as a Confirmed or Suspected-Unconfirmed victim of trafficking, whether familial or non-familial, the caseworker must assess the child's current service array and refer the child to appropriate services, as needed. Confirmed and Suspected-Unconfirmed victims of trafficking must be referred to the local Care Coordination Team (CCT), where local CCT is in operation. The OCOK Permanency Specialist must document the assessment and referrals in a case narrative.

The caseworker must inform local law enforcement immediately, but no later than 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.

All needs and services identified for the child or youth must be addressed in the child's plan of service.

See [Human Trafficking and Child Exploitation](#) for services and resources available to children who are placed in other regions and/or counties.

The caseworker must enter IMPACT each *Sex or Labor Trafficking* event that is *Suspected-Unconfirmed* or *Confirmed* as a trafficking record on the *Trafficking Detail* page within 48 hours of making the assessment or receiving notification.

A trafficking event is *Suspected-Unconfirmed* when specific information regarding the child or youth and the surrounding circumstances creates a reasonable belief that the child or youth has been trafficked. Note: A runaway episode, in and of itself, is not equal to *Suspected-Unconfirmed*.

A trafficking event is *Confirmed* when evidence supports the conclusion that the child or youth has been trafficked. Note: The supporting evidence must be more than just an allegation or suspicion and does not have to be a direct outcry from the child or youth.

Each trafficking event should only have one entry on the *Trafficking Detail* page, unless a *Suspected-Unconfirmed* event is later confirmed, in which case there would be both a *Suspected-Unconfirmed* and a *Confirmed* event listed.

DFPS Protocol for Care Coordination

On February 11, 2020, the DFPS Protocol for Care Coordination (CCT) was launched. The DFPS Protocol for Care Coordination outlines the agency's expected and coordinated response when working with a specific Texas Care Coordination Team. All staff are required to comply with the Protocol for Care Coordination when a child is placed in a county with an active Care Coordination Team.

The Protocol for Care Coordination addresses how DFPS collaborates with other anti-trafficking partners in identification and recovery of victims and subsequent service provision using the following:

- Care Coordination Teams
- Advocate Agencies for Human Trafficking and Commercially Sexually Exploited Youth

The Metroplex West is covered under two different protocols. The DFPS Protocol for Care Coordination covers 9 of the 10 counties, but excludes Tarrant County, along with Bexar, Dallas, Harris, and Travis counties who are operating under the DFPS Human Trafficking Response Protocol, described below.

Commercial Sexual Exploitation-Identification Tool (CSE-IT) Tarrant County

West Coast Children's Clinic developed the Commercial Sexual Exploitation – Identification Tool (CSE-IT – pronounced “see it”), a screening tool that aids in detecting risk of sexual exploitation. The tool is designed to ensure early identification of sexual exploitation and protect youth from prolonged abuse and violence. It is not diagnostic but rather a tool which prompts additional information gathering and interventions if problems or concerns are identified. The CSE-IT is not an interview guide, but a series of questions around eight key indicators (see chart below) that providers consider about the youth's circumstances. It is never conducted in the presence of a child and/or youth. The CSE-IT should be used as a guide to identification and should not be the sole source for deciding whether the youth is being

sexually exploited. The completed CSE-IT will result in a total number that indicates the youth's level of risk as: No Concern, Possible Concern, or Clear Concern. It is not intended to meet investigative, statutory, legal, or other criteria specific to other applications. OCOK Supervisors in Tarrant County will continue to use the CSE-IT tool and OCOK will support future expanded implementation.

Human Trafficking Response Protocol (Tarrant County)

All staff are required to comply with human trafficking protocols outlined in the DFPS Human Trafficking Response Protocol (HT Protocol). Currently applicable to Bexar, Dallas, Harris, Tarrant, and Travis Counties only. The protocol addresses:

- Victim identification through the use of the Commercial Sexual Exploitation-Identification Tool (CSE-IT), a validated screening tool to aid in accurately detecting sexual exploitation.
- Service planning for youth at risk and identified victims of sex trafficking.
- How DFPS collaborates with other anti-trafficking partners in identification and recovery of victims and subsequent service provision.

The HT Protocol outlines the expected response in three critical areas:

- Human Trafficking Investigations - when the alleged perpetrator is traditionally responsible for a child's care, custody, or welfare such as family member, or an adult living in the home of an alleged child victim.
- At Risk Youth - all children in DFPS conservatorship who are 12 years or older in age, with five or more placements.
- High Risk Youth - children 10 years and older, in DFPS conservatorship who are missing, or on runaway status.

Youth Recovery Meeting

A Youth Recovery Meeting is to engage a child/youth returning from runaway status and identifying support in creating a plan to address the child/youth's fears and concerns and increase the likelihood of him or her remaining in a safe placement.

Process

As soon as a child or youth in foster care is located and back in DFPS care, the OCOK Permanency Specialist and Permanency Supervisor will immediately notify all legal parties (CPS Attorney, CASA, Ad-Litem, Legal Parents and Parent's Attorney(s)).

Notification will also be sent to runaway@oc-ok.org so the Family Engagement Staff can offer and organize a Youth Recovery Meeting. During the Youth Recovery Meeting, the team will

work with the child/youth to process the reason for running away, concerns about their experience in foster care, and any solutions to prevent him or her from running away in the future. If the youth has a Care Coordination Team Meeting, and they participate in the meeting when they are recovered, that this counts in place of the Youth Recovery Meeting.

These meetings will be scheduled as soon as possible. The goal is to hold the meeting within 24 to 48 hours from the time the child/youth returned to DFPS Care.

The following individuals should be invited to participate in these meetings:

- Child/Youth
- OCOK Permanency Specialist
- OCOK Permanency Supervisor
- CPS Legal
- Attorney Ad-Litem
- CASA
- Guardian Ad-Litem
- Legal Parents (if no Termination of Parental Rights (TPR))
- Parent Attorney(s)
- Placement (if one has been secured)
- PAL
- Youth Specialist
- Child Advocate, if assigned

Subsequent Meeting

In the event a child/youth runs away after their initial Wrap Around Meeting, the Permanency Specialist, Permanency Supervisor, and Permanency Director should evaluate the previous goals and tasks developed to assess whether another meeting should be held to develop new strategies. If follow-up is not required for the goals and tasks of the previous Emergency Transition Plan Meeting another meeting may not be necessary. The child welfare team should make attempts to get the child/youth to recommit to the current plan and continue making efforts toward accomplishing the goals and tasks.

Subject Matter Expert Support in Providing Services To Children and Families

These DFPS support positions are a resource to DFPS and SSCC's operating under a Community-Based Care model. This is intended to be a resource to help OCOK identify DFPS positions that may be able to provide assistance or expertise.

- For DFPS state office subject matter expert contact information, visit [Region 12: State Office Resources](#).
- For local subject matter experts and contacts visit [Region 3 Resources](#).

Behavioral Health Specialists

[Mental Health Safety Net Page](#)

The Behavioral Health Specialists, specializing in Trauma Informed Care, act as a primary liaison between DFPS and SSCC direct delivery regional staff, DFPS State Office staff, service providers and stakeholders. Their purpose is to raise awareness and improve access to services for children in CVS or children in families receiving FBSS services, when there is a history of trauma and behavioral health needs related to child abuse and neglect. We aim to foster and promote collaboration across child welfare systems. We want to collaborate with local court systems, SSCC staff, community stakeholders, and Star Health to coordinate behavioral health/trauma informed training for DFPS staff.

Trauma Informed Care Program Specialists

[Trauma-Informed Care Safety Net page](#)

The CPS Trauma Informed Care team supports children and youth in DFPS conservatorship, and their families, by providing guidance for staff and stakeholders on trauma informed practices that can help reduce negative outcomes for youth and families.

The Trauma Informed Care Program Specialists can:

- Provide guidance for staff or stakeholders in trauma-informed methods to parent and engage children, help ensure an application for placement contains strength-based language and identify trauma informed services and community supports.
- Provide training on areas of trauma-informed care and secondary trauma. The team participates in meetings for problem resolution, family group conferences, and placement preservation meetings to provide input regarding trauma informed care best practices for work with families.
- Provide support to kinship caregivers, including information and guidance on issues related to caregiving for children with experiences of trauma.

Assistance can be requested through the [trauma informed care mailbox](#).

Developmental Disability Specialist (DDS)

[Intellectual and Developmental Disabilities Safety Net page](#)

Related Policy:

[CPS Handbook §6411.3 Contact with Children in IDD, GRO, SSLC and ICF Facilities](#)

[CPS Handbook §6411.31 Responsibilities of Developmental Disability Specialist](#)

CPS Handbook §6411.32 Responsibilities of the Primary Conservatorship Caseworker When a Child Has an Intellectual or Developmental Disability

The Developmental Disability Specialists (DDS) are regional subject matter experts and liaisons when an infant, child or youth is suspected or diagnosed with an intellectual and/or developmental disability (IDD).

When to contact the DDS?

- Whenever there is an infant, child, or youth that comes into care, at any stage, who is diagnosed with IDD, or you suspect an IDD is present. *
- If you are unsure if an infant, child, or youth has IDD and you would like a consultation.

Why contact the DDS?

There are a number of reasons why DFPS and/or SSCC staff might want to contact the Developmental Disability Specialist. Not only are they experts in the field of IDD, but they also maintain regional and statewide resource networks and contacts specific to infants, children, and youth with IDD.

DDS can:

- Provide training and support to staff about working with infants, children, and youth with IDD.
- Serve as liaisons between DFPS, SSCC and Health and Human Services for community-based services through the youth's Local Intellectual and Developmental Disability Authority (LIDDA). This includes:
 - Making referrals to the Medicaid waiver interest list for long-term services and supports.
 - Making referrals to HHSC Office of Guardianship, if appropriate.
 - Making referrals for Home and Community Services (HCS) for youth and facilitating referrals for Determination of Intellectual Disabilities (DIDs).
 - Referring to and participating in Community Resource Coordination Groups (CRCG's).
- Address the unique challenges of young adults transitioning out of care into the community and help address resources needed for future support.
- Serve as consultants to DFPS/OCOK staff regarding cases and participate in transition planning meetings, case reviews, circles of support, and permanency conferences.
- Assist in locating and facilitating the placement process for youth needing specialized placements. These specialized placements can include:
 - Intermediate Care Facilities (ICF-IDD)
 - State Supported Living Centers (SSLC)
 - Nursing Facilities
 - Home and Community Based Services (HCS)

- General Residential Operations (GRO)
- Mission Road Developmental Center.

Education Specialists

[Education Safety Net Page](#)

Related Resources and Policy:

[Education for Children Resource Guide](#)

[CPS Handbook §15000 Education for Children](#)

DFPS Regional Education Specialists serve as advocates and expert educational resources. They serve as liaisons between local school districts and DFPS/OCOK staff in providing the best educational outcomes for children in DFPS conservatorship.

Faith-Based and Community Engagement

[Faith-Based and Community Engagement](#)

The Faith-Based and Community Engagement (FBCE) division engages faith-based, community partners and individuals to assist vulnerable children, adults, and families. FBCE's goals and strategies fall into five overarching objectives:

- Foster key partnerships
- Promote community awareness
- Strengthen volunteer and intern engagement
- Effectively manage resources
- Develop and maintain the Faith-Based and Community Engagement workforce

FBCE is comprised of a unique staffing structure that supports effective oversight and delivery of services to vulnerable Texans through outreach to and engagement of communities. Regional community engagement staff work collaboratively with regional administrators and program leadership to support Child Protective Investigations, Child Protective Services, Adult Protective Services, Statewide Intake, and the Youth and Parent Helpline. These staff support the work of each program by coordinating with local faith-based and community entities to acquire resources for families through the resource rooms, known as Rainbow Rooms serving children, and Silver Star Rooms serving vulnerable adults. Additionally, state office staff support the work of regional staff, provide guidance and technical assistance for placement of volunteers and interns, and oversee policy for the division.

Programs and Services

FBCE staff provide a wide range of programs and services designed to support the agency, our communities, and most importantly, the individuals and families we serve. We do this through

public and partner education, outreach and partnership development, coalition and relationship building, volunteer engagement, and resource coordination.

Public and Partner Education

The FBCE division is tasked with providing training and education to stakeholders and the community about abuse, neglect, and exploitation. FBCE coordinates with program to provide “101” trainings on investigations, family services, adult abuse, neglect, and exploitation, mandatory reporting, and others. These presentations are delivered both in person, and virtually. Additionally, FBCE staff coordinate awareness events throughout the year including Child Abuse Prevention and Elder Abuse Awareness months, among others.

Outreach and Partnership Development

FBCE staff establish and strengthen connections between DFPS programs, community partners, and resources to help meet the needs of clients throughout the state. To do this, FBCE staff strive to understand Texas communities, available resources and client needs; coordinate with DFPS programs to develop strategies that guide interactions and develop strong partner relationships; build and sustain formal and informal communication networks to maintain relationships and strategically leverage resources; and, mobilize communities and partnerships to support clients.

Coalition and Relationship Building

Building relationships is an integral part of the Department’s community engagement efforts. To support this work, FBCE staff are knowledgeable of their perspective coverage areas and identify key community members who are essential in providing wrap-around support to clients. In addition to relationship building through engagement efforts, FBCE staff support locally led coalitions such as Child Welfare Boards and Adult Protective Service Boards to work together to create better outcomes for DFPS clients.

Volunteer and Intern Engagement

The FBCE division recruits, trains, and manages volunteers and interns to support the overall infrastructure of the Department. Volunteers and interns serve in a variety of capacities including direct service, outreach and special events, resource room support, and group events.

Resource Coordination

Emergency resource rooms, known as Rainbow Rooms for children and Silver Star Rooms for adults, provide 24/7 access to a store-like setting where caseworkers can “shop” for necessities and emergency resources to support their clients. Dedicated FBCE staff known as Rainbow Room Coordinators support over 100 emergency resource rooms around the state. FBCE utilizes partnerships with faith communities, corporate groups, nonprofits, and others to stock resource rooms with new, unused items. This ability to leverage resources helps DFPS program staff

ensure the children, vulnerable adults, and families have the resources needed for their safety, permanency, and well-being.

Fatherhood Initiative

[Fathers Matter: The Responsible Fathering Initiative](#)

The goal of the Texas Fatherhood Initiative is to build greater capacity within DFPS to serve fathers by shedding light on effective models of service that engage fathers, even fathers not currently living in the home with their children or currently are not actively involved in their children's lives.

The DFPS Fatherhood Specialist compiles a report of cases that do not list the child(ren)'s father and will provide that report to OCOK. The Fatherhood Specialist is available to provide consultation and technical assistance regarding engaging fathers in cases, conducting fatherhood roundtables, facilitating meaningful conversation with fathers, as well as providing presentations for staff and community members. The Fatherhood Specialist is available to be a panelist or presenter for regional conferences.

FINDRS Search

[FINDRS Safety Net Page](#)

Related Resources and Policy:

[FINDRS Resource Guide](#)

[FINDRS Frequently Asked Questions](#)

FINDRS is short for Family Inquiry Network/Database Research System. Using multiple online resources, FINDRS investigators can perform simple or complex database searches and provide locating information on individuals. You can find the information to request a FINDRS search on the Submit a Search Request to FINDRS page. On this page you can also access the FINDRS Resource Guide and the FINDRS Frequently Asked Questions for additional assistance.

CPS Texas Juvenile Justice Department (TJJD) Liaison

[CPS Liaisons to TJJD Safety Net page](#)

Child Protective Services (CPS) provides regional liaisons to the Texas Juvenile Justice Department (TJJD) and to local and county juvenile probation departments (JPD). TJJD is an agency created in 2011 by merging the Texas Youth Commission (TYC) and Texas Juvenile Probation Commission (TJPC). The liaisons are responsible for:

- Working with DFPS state headquarters to address questions, issues, and concerns raised in the regions by CPS, TJJD, or local/county JPDs.
- Reviewing monthly TYC and JPC reports in IMPACT (the DFPS case management system) and forwarding information from those reports to caseworkers.

- Ensuring that caseworkers maintain accurate information in IMPACT about CPS children adjudicated to TJJD or county juvenile probation departments.

Immigration Specialist

[Immigration Specialist Safety Net Page](#)

Immigration Specialists serve as subject matter experts. The Immigration Specialists identify and track children with immigration needs who are in DFPS care.

Nurse Consultant

[Nurse Consultants Safety Net Page](#)

Related Resources and Policy:

[Medical Services Resource Guide](#)

CPS nurse consultants consult with and educate DFPS and SSCC staff about health care issues related to children on their caseloads. They are licensed registered nurses who provide support and guidance but do not function in a clinical direct patient care role for the agency. DFPS and SSCC staff in all stages of service can consult with the Nurse Consultant regarding any question, concern, or issue that may arise related to the medical needs, treatments, medications, or medical recommendations pertaining to the children on their caseloads. Nurse consultants' primary duties include providing one on one consultation to caseworkers, reviewing medical records, and interpreting medical information, and providing education. Nurse consultants also assist with Psychotropic Medication Utilization Reviews (PMURs) and act as a liaison for the Forensic Assessment Center Network (FACN).

Advocacy for Children's Healthcare Needs

The DFPS Nurse Consultant may advocate for DFPS and/or SSCC staff and children receiving DFPS services by discussing the medical needs of children with medical and special needs in all open cases and making recommendations. The DFPS Nurse Consultant accomplishes this by:

- Participating in staffings.
- Engaging in discussions with the children's direct medical providers.
- Attending meetings, such as Family Team Meetings (FTM), Family Group Conferences (FGC), regional removal staffings, case staffings involving children with medical needs, hospital staffings, child death reviews, etc.
- Reviewing medication concerns and PMUR recommendations
- Consulting on cases and reviewing medical records upon request.

How to Request Assistance from Your DFPS Nurse Consultant

The OCOK Permanency Case Manager may request assistance from the DFPS Nurse Consultant in person, or by phone or email. Regional staff should consult with the DFPS Nurse Consultant covering their region regarding the best way to make a referral.

Forensic Assessment Center Network (FACN)

Source:

[Texas Family Code §264.4061](#)

Related Resources and Policy:

[CPS Handbook §2232.1 When and When Not to Use the FACN](#)

[CPS Handbook §2232 When to Notify Child Advocacy Centers About Reports of Abuse or Neglect](#)

[CPS Handbook § 2233 Making a Referral to the Forensic Assessment Center Network](#)

The Forensic Assessment Center Network (FACN) is comprised of physicians who specialize in child abuse and neglect. They provide case consultation, including medical evaluations, expert witness testimony for court proceedings, and training to DFPS.

- In most instances, staff consult the FACN about an original incident of abuse that was investigated or assessed.
- For instance, if FBSS/Permanency staff is working on a case, identifies additional information about the original incident, and needs clarification from the FACN, it would be appropriate for FBSS/Permanency staff to consult the FACN.
- If any staff needs court testimony, staff may consult the FACN to see if the FACN can provide appropriate support.
- It is also appropriate to consult the FACN when staff has general ongoing medical questions pertaining to specific cases.
- Staff may not use the FACN for direct examinations of children or for medication services to children in DFPS conservatorship.

Psychiatric Hospital Workers

[Psychiatric Hospital Workers Safety Net](#)

Related Resources and Policy:

[Psychiatric Hospital Contact Protocol](#)

Psychiatric Hospital Workers serve as advocates, liaisons, and expert coordinators between local psychiatric care centers and DFPS/OCOK staff in providing the best acute psychiatric treatment outcomes for children in DFPS conservatorship.

These staff are solely dedicated to ensuring continuity of care and services for a youth experiencing an acute psychiatric hospital stay, with the aim of reducing the length of the hospital stays and positively impacting the permanency and well-being outcomes for every child. Psychiatric Hospital caseworkers are available to provide consultation and/or liaison support for OCOK Permanency Staff who have a child or youth admitted for an acute psychiatric hospital stay.

See Psychiatric Hospital Contact Protocol, and Psychiatric Hospital Workers Safety Net page for additional information including specific protocols that must be followed anytime a youth is admitted for psychiatric treatment.

Statewide Parent Collaboration Group and Local Parent Support Group

[Parent Collaboration Group Webpage](#)

Related Resources and Policy:

[CPS Handbook §1143 Statewide Parent Collaboration Group and Local Parent Support Group](#)

[Texas Administrative Code Rule §702.513](#)

[Parent Collaboration Group – Regional CPS Liaisons](#)

[Parent Collaboration Group – Local Parent Support Groups](#)

[Kinship Collaboration Group Safety Net Page](#)

Statewide Parent Collaboration Group (PCG)

The statewide Parent Collaboration Group (PCG) is a partnership between the Texas Department of Family and Protective Services (DFPS) and parents who have been recipients of DFPS services. The PCG is a venue for gathering and incorporating parental feedback to enhance DFPS policy and practice. OCOK will identify a representative to participate in this group to represent their catchment. OCOK will also aid in recruiting parents to be a part of this group as needed.

The PCG provides:

- Information to staff regarding what parents experience as recipients of DFPS services.
- Recommendations for improvement.

Local Parent Support Group

The local Parent Support Groups (PSGs) are informational support groups for parents receiving family-based safety services (FBSS) or conservatorship (CVS) services. These groups are led by a parent who has successfully navigated the DFPS system, INV/FBSS, and OCOK Community Prevention Coordinator

Local PSG meetings are held at least once a month in communities around the state, and provide:

- Information about the DFPS/OCOK system.
- Hope and support.
- Engagement and encouragement, including the personal story of the parent leading the group.
- A short question and answer session.
- Information about various community services.

Referrals to Parent Support Groups

It is the OCOK Permanency Specialist's responsibility to ensure that parents being served by DFPS/OCOK are aware of the local PSGs in their area. Regional fliers and information are available from regional DFPS liaisons.

Local Kinship Collaboration Group

The Kinship Caregiver Collaboration Group, or KCG, model provides a mechanism to include Kinship Caregivers who have received services from DFPS in the design, implementation, and evaluation of DFPS programs. This initiative encourages collaboration with Kinship Caregivers who are affected by the DFPS service delivery system and provides a unique and valuable perspective on how to improve services to families and children.

SSI Coordinators

[SSI Coordinators Safety Net Page](#)

SSI Coordinators are responsible for applying for SSI Benefits for children in foster care who may have a disability. SSI Coordinators also serve as a point of contact with the Social Security Administration regarding children in DFPS conservatorship who are on SSI or RSDI.

State Office Divisions Collaboration

Divisions within DFPS State Office will add representatives from OCOK to existing workgroups and communications. Example, OCOK Vice President of Permanency will be invited to participate in Conservatorship Program Administrator calls and meetings. OCOK will also be added to communication d-lists as needed to ensure they are receiving information related to service families and children.

Additionally, program specialists and subject matter experts from DFPS divisions in State Office will be available to provide support and technical assistance to OCOK just as they provide support and technical assistance to regional conservatorship programs.

Substance Abuse Specialist

[Substance Abuse Safety Net Page](#)

Substance abuse specialists support DFPS practice in working with children and families with substance use disorders throughout each stage of service. They are subject matter experts who assist staff in providing technical assistance relating to protocol, policy, and practice regarding substance use, abuse, and treatment.

Substance abuse specialists can provide technical support to staff regarding substance use and drug testing options. They can help with service planning activities to identify needed services for families impacted by substance use, and facilitate communication with staff and local Outreach, Screening, Assessment, and Referral Centers (OSAR's).

Well-Being Specialist (WBS)

[Well-Being Specialists Safety Net Page](#)

[CPS Medical Services Safety Net Page](#)

Well-Being Specialists are subject matter experts who assist DFPS/OCOK staff, caregivers, and STAR Health in addressing basic and specialized behavioral and physical healthcare needs for children in all stages of service, including dental, vision, and pharmacy services. Their primary duties include troubleshooting for complex cases related to physical and behavioral health needs, serving as the DFPS Liaison to Superior for STAR Health services and facilitating primary medical needs staffings.

Well-Being Specialist duties and responsibilities include, but are not limited to:

- Troubleshooting for Complex Cases related to Physical and Behavioral Health Needs.
- Participate in placement staffings to assist placement staff with resolving barriers to placement, particularly in cases where children have special physical or behavioral health needs.
- Assist staff and caregivers in resolving medical billing issues.
- Respond to psychotropic medication concerns through education and coordination.
- Ensure there is no interruption or delay in services for the child by coordinating communication between medical providers, STAR Health, and staff.
- Assist workers in obtaining prescription medications for children and young adults.
- Identify medical barriers to placement and request recommendations for on-going treatment through consultation with medical staff.
- Work closely with caseworkers and eligibility staff around Medicaid eligibility issues.
- Assist staff with out of state access to healthcare services for children placed through the Interstate Compact on the Placement of Children (ICPC) process.
- Assist DFPS/OCOK staff and caregivers in addressing any denial of services by STAR Health.

DFPS Liaison to Superior/Cenpatico

- Serve as Subject Matter Experts for STAR Health, Medical Consent policy, Medicaid policy, and the “3 in 30” (Texas Health Steps, CANS and 3 Day Medical Exam).
- Respond to STAR Health inquiries, including medical consent confirmations, service management denials, refusal of Texas Health Steps Outreach by Kinship family, Eligibility issues, and outreach to staff.
- Manage provider complaints and quality of care concerns.

Child Specific Staffings

- Coordinate and facilitate Primary Medical Needs (see the Primary Medical Needs Resource Guide) and Medical staffings for any child entering DFPS conservatorship or changing placements, who has specialized medical needs, for the purpose of ensuring the child's medical needs are met.
- Participate in placement staffings with STAR Health and Placement to trouble shoot barriers to placements for medically fragile youth.
- Participate as needed in:
 - Initial Coordination Meeting
 - Circles of Support
 - Family Team Meetings
 - Case Planning Meetings

Helping through Intervention and Prevention (HIP)

[HIP Safety Net Page](#)

Related Resources and Policy:

[Form 3105 Service Referral for Youth Parents and Pregnant Youth in DFPS Conservatorship](#)

The HIP Program (Helping through Intervention and Prevention) provides support services to high-risk families with newborns. The program offers voluntary services to families that increase child safety and well-being, as well as prevent child abuse by providing an extensive family assessment and home visiting programs that include parent education and basic needs support to eligible families.

To make a referral for youth who are pregnant or parenting in conservatorship, the caseworker or another individual involved in the youth parent’s case should complete Form 3105 Service Referral for Youth Parents and Pregnant Youth in DFPS Conservatorship. Email the form to HIP@dfps.texas.gov with the subject line “CPS HIP referral”.

Access to Resource Rooms

Resource Rooms (RRs), formerly known as the Rainbow Rooms, are stocked with donated items OCOK Permanency Specialist can access to meet the needs of children and families served at the time of removal or initial placement. Independent volunteer groups generously coordinate

the many aspects of the rooms. OCOK will have access to these rooms during regular DFPS business hours. DFPS staff who assist with managing access to the rooms will assist OCOK with access as needed. The [Community Resource Coordinators](#) can provide additional guidance on the use of the Resource Rooms. OCOK staff can coordinate with the CMO team to gain access to Resource Rooms when located in a DFPS building.

Legal Liaison Support

The CPS Legal Liaison team supports permanency for children and will continue to provide support in collaboration with OCOK. Examples of supportive activities include:

- Assigning new conservatorship cases to Permanency units and attorneys for representation.
- Facilitating communication between OCOK Permanency staff and County/Assistant District Attorney.
- Coordinating staffings for legal preparation.
- Preparing and filing legal documents.
- Assisting with discovery requests

OCOK will include the Legal Liaisons in communication related to:

- Permanency staffings.
- Legal staffings.
- Decisions regarding young adults entering trial independence, entering extended foster care, or returning to foster care.

Point of Contact for Legal Liaison Support:

County	Legal Liaison	Email Address	Phone
Tarrant	Aston Moore	Ashton.Moore@dfps.texas.gov	
Cooke, Denton, Earth, Hood, Johnson, Palo Pinto, Somervell	Rebecca Wittmis	Rebecca.Wittmis@dfps.texas.gov	940-384-6860

Purchased Client Services

DFPS authorizes OCOK to provide purchased client services as part of the Family Referral process. When a Family Referral is created in IMPACT, the system also creates a series of service authorizations that allows OCOK to provide purchased client services, and for OCOK to be reimbursed by DFPS for those services provided. This is commonly referred to as the 71 series of service authorizations. It is critical that a Family Referral be created by the removal

worker at the time of removal and that all principals are added. OCOK should ensure this is completed to enable these authorizations.

Payment for Purchased Client Services Selected by Parents

Source:

[Texas Family Code §263.1021](#)

Parents who are court-ordered to complete a service plan during a child protection case are allowed by statute to select their own service provider if they do not wish to use the provider selected by and contracted with the SSCC. The parent-selected service provider must:

- Be appropriately licensed or qualified to provide the applicable service,
- Meet the goals of the service as stated in the service plan, and
- Certify in writing whether the parent satisfactorily completed the service.

If the parent-selected service provider can meet these requirements, the SSCC reimburses the provider in an amount equal to the average cost for the service as contracted by DFPS. The SSCC should reimburse the provider using funding provided by DFPS for purchased client services.

Caseworkers should be aware that this only applies to services for parents. Other family or household members who participate in court-ordered services are not eligible to select their own service provider in order to complete the service plan.

Payment for Purchased Client Services When No Family Referral is Present

There may be times when the Department has PMC of a child and there is no longer a FSU or FRE stage open, however there is a need for a purchased client service for the family or child that is not covered by Star Health or other means. An example may be a relative is being considered for placement and requires a home assessment, drug testing, or supervised visitation services.

These and other purchased client services are covered by the 71 series of service authorizations that are opened for the case at the time of the referral. IMPACT will allow for individual 71 series service authorizations to be created in the SUB stage to cover the costs for services when needed.

Please Note: This process should only be used if there is no longer an FSU or FRE stage open; otherwise, the process to add a family member to the SSCC Family Referral process should be used.

Daycare Services

Related Resources and Policy:

[Foster/Relative & Other Designated Caregiver Daycare Verification \(form 1809\)](#)

[Form 1806 Caregiver Statement of Self-Employment Income](#)

[CPS Handbook § 8235.4 Child Day Care Services](#)

[CPS Handbook § 8235.41 Determining Eligibility for Foster Day Care](#)

[Form 0695 Kinship Caregiver Agreement](#)

[CPS Handbook §8235.5 Kinship Child Daycare](#)

[CPS Handbook §8235.51 Determining Eligibility for Kinship Day Care](#)

[CPS Handbook §8235.3 General Protective Child Day Care](#)

Foster Daycare Services

Foster Child daycare is available for children in a Foster Home as outlined in CPS Handbook 8235.41 Determining Eligibility for Foster Day Care.

The following waivers are in place:

Effective August 1, 2022, until further notice and as funding permits, the work requirement for all kinship and foster placements has been reduced from 40 hours from 40 hours per week to 32 hours per week. If a caregiver works less than 32 hours per week, an additional waiver will need to be submitted for consideration.

Effective December 1, 2022, until further notice and as funding permits, children attending school full-time are eligible for day care services during school breaks lasting 5 or more consecutive days. All other eligibility requirements must still be met.

Effective February 1, 2023, until further notice and as funding permits, all children 10 years or younger attending school full-time are eligible for before and after school day care services. All other eligibility requirements must still be met.

All other eligibility criteria must be met.

Daycare Request Process and Procedures

Process	Procedure
Caregiver Daycare Verification	<p>Through prior agreement with CCS and DFPS, foster families in the OCOK network can be verified for Family Eligibility through CCS prior to child placement.</p> <ul style="list-style-type: none"> • CCMS will need to verify caregiver employment. Acceptable verification includes: • Copies of the caregivers last three paystubs.

Process	Procedure
	<ul style="list-style-type: none"> ○ Statement from the employer attesting to being employed full-time for 40 hours a week; or in the case of self-employment, a completed Form 1806 Caregiver Statement of Self-Employment Income. ○ Waivers, if applicable. <p>When foster daycare services are needed for a child, who is legally from Metroplex West and placed within OCOK's provider network, and once the Family Eligibility is completed and received from CCS, OCOK may submit the child(ren) placed in the home for Child Eligibility Verification.</p> <p>OCOK staff will provide to the regional daycare coordinator:</p> <ul style="list-style-type: none"> • Foster/Relative & Other Designated Caregiver Daycare Verification (form 1809) for each foster parent household each time an application for daycare services is requested. This form is required for both initial requests and renewals. <ul style="list-style-type: none"> Note: Foster parent e-signatures are acceptable (completed/signed/scanned copy of Form 1809 or on-line completion of Form 1809 with foster parent approval in return e-mail). ○ 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. <ul style="list-style-type: none"> 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

Process	Procedure
	<p>CCS to be processed and approved for “prior authorization/eligibility.” The family can be approved for up to one year.</p> <ul style="list-style-type: none"> ○ 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. ● All Caregivers must be informed: <ul style="list-style-type: none"> ○ Only DFPS can authorize DFPS-funded day care services. ○ DFPS is not responsible for the payment of the day care services that eligible children may receive until after DFPS returns the approved IMPACT Form 2054 Service Authorization to the Child Care Services Agency (CCS) authorizing day care services. ○ If a child receives day care services before the childcare services agency receives the approved Form 2054, DFPS will not pay for those days of service.
<p>Sending to DFPS District Daycare Coordinator</p>	<p>OCOK staff will send an e-mail to the DFPS Daycare Mailbox: daycare3@dfps.texas.gov. mailbox that includes:</p> <ul style="list-style-type: none"> ● Subject line: Region, Foster Parent’s Name, Oldest Child’s Name needing daycare, Case ID, OCOK Unit #, (do not only enter the foster parents name, the child’s name must be included). <ul style="list-style-type: none"> ○ If only one child’s name is entered in the subject line but there are multiple children that requests were completed for, all of their names must be provided in the body of the e-mail. ○ The body of the e-mail must have the OCOK staff and their supervisor’s approval. If there is no supervisor approval in the body of the e-mail, regional daycare coordinators cannot process the IMPACT daycare requests. ○ A statement explaining what verification has been provided for the employment verification and the number of hours each caregiver works (note employment verification must also be provided for renewals). ○ Attach the Following:

Process	Procedure
	<ul style="list-style-type: none"> ▪ Completed Foster/Relative & Other Designated Caregiver Daycare Verification (form 1809). • The OCOK staff will complete the Daycare Request in IMPACT. • Communication with the OCOK staff can be made to daycare@oc-ok.org.
District Daycare Coordinator Approval and Processing	<p>After receiving the daycare request e-mail and the daycare request in IMPACT and has approved day care services, the DFPS Daycare Coordinator will:</p> <ul style="list-style-type: none"> • Generate the service authorization in IMPACT and send to CCS. • The service authorization must be approved and sent to the appropriate CCS before DFPS will pay for the caregivers to use the day care services.

Kinship Daycare Services

OCOK may request Kinship Child Daycare for a child in DFPS conservatorship who is placed with kinship caregivers if:

- There is an approved kinship home assessment on file for caregivers who are not verified or licensed foster care providers.
- The caregivers have signed Form 0695 Kinship Caregiver Agreement.
- The caregivers are employed either inside or outside the home, work at least 40 hours per week and provide employment verification.

To request Kinship Daycare Services, follow the above [Daycare Process and Procedures](#) above including the Kinship Caregiver information instead of the foster parent.

General Protective Child Daycare

General Protective daycare can be used for a Kinship placement of a child in DFPS conservatorship where the caregivers do not have an approved home study or have not signed the caregiver agreement when:

- The child is 6 years or younger by September 1.
- Where all caregivers are employed and work at least 40 hours per week.
- Caregivers must complete and sign Form 1809 Foster/Relative & Other Designated Caregiver Daycare Verification.
- Maintain the placement of a child in DFPS conservatorship with a kinship caregiver who does not meet the eligibility criteria for Kinship Child Day Care, but only if approved by the DFPS program administrator or a designee other than the DFPS regional day care coordinator.

To request General Daycare Services, follow the above [Daycare Process and Procedures](#) above including the Kinship Caregiver information instead of the foster parent.

Family Reunification Cases

Where the children are living with their parents there is no work requirement. Children are eligible as outlined in [8235.3 General Protective Child Day Care](#).

To request Daycare Services, follow the above [Daycare Process and Procedures](#) above including the Reunification Caregiver information instead of the foster parent.

Responsibility for Contact and Services Across Regional Lines

When a child/ youth, or parent resides outside of the region that has legal jurisdiction, DFPS/OCOK can request to maintain contact, provide services, and monitor the child's or youth's safety:

- Courtesy supervision
- Courtesy contact with incarcerated parent
- Local Permanency Supervision
- Kinship services including home assessments and addendums
- Kinship Adoption Studies
- Adoption Preparation Services
- Adoption Supervision Service

Note: Children legally from Metroplex West (3W) requiring kinship services in Metroplex East (3E) will be served by OCOK unless alternate agreements are reached between EMPOWER and OCOK.

Courtesy Supervision

Related Resources and Policy:

[CPS Handbook §6411 Contact with the Child](#)

[CPS Handbook §6314 Services to Children and Parents across Regional Lines](#)

[CPS Handbook §6314.1 Coordination Between Primary Caseworker and Courtesy Supervision Caseworker](#)

[CPS Handbook §6320 Conducting Visits with the Family](#)

When a DFPS/OCOK unit provides courtesy supervision, the unit providing the supervision must:

- Maintain the required contacts with the parent and child; and
- Follow the procedures in 6411 Contact with the Child and its sub items.

DFPS units outside Metroplex West area may make request for supervision assistance from OCOK and likewise, OCOK may make request for supervision assistance from DFPS units outside of the Metroplex West area/Region 3W.

DFPS/OCOK can request courtesy supervision when a parent is residing outside of the region and/or when a child or youth in conservatorship is placed outside of the region that has legal jurisdiction and is residing with a parent.

Local Permanency Supervision

Related Resources and Policy:

[CPS Handbook §6412.2 Local Permanency Supervision](#)

Local Permanency Case Manager are secondary caseworkers for children and youth placed outside the region that has legal jurisdiction but are not placed with a parent. The Local Permanency Case Manager acts as an extension of the primary caseworker and aids the primary caseworker in ensuring that the child or youth's needs for safety and well-being are being met. The Local Permanency Case Manager also works to ensure that the child or youth achieves permanency.

Kinship Home Assessment Requests

Related Resource and Policy:

[Form 6588 Kinship Caregiver Home Assessment](#)

[Form 2049 Risk Assessment](#)

[CPS Handbook §6623 Completing a Risk Assessment, and a Written Home Assessment of the Kinship Caregiver](#)

Before DFPS can place a child with a kinship caregiver, or recommend to the court that the child be placed, the child's caseworker or a contracted provider must assess the caregiver's suitability by completing the packet that includes:

- A written assessment of a kinship caregiver's home, using Form 6588 Kinship Caregiver Home Assessment.
- A risk assessment, using Form 2049 Risk Assessment.
- Criminal History.

Either OCOK staff or a contractor may complete the written home assessment and risk assessment.

Kinship Services

Children legally from Metroplex West requiring kinship services in Metroplex East will be served by OCOK, and vice versa, unless alternate agreements are reached between Empower and OCOK.

Requesting Services Across Regional Lines from OCOK

Related Resources and Policy:

[Request for Kinship, Conservatorship and Adoption Services \(aka Universal Referral Form\) Form 2077](#)

For information about how to request services across regional lines, please see Services Across Stage II Regions Resource Guide on the [CBC Resource](#) page.

Extraordinary Medical Conditions

Enrollment and Participation in Certain Drug Research Programs

Source:

[Texas Family Code §266.0041](#)

Related Resources and Policy:

[Medical Services Resource Guide](#)

[CPS Handbook §11710 Enrollment and Participation in Certain Drug Research Programs](#)

Texas Family Code §266.0041 requires a court order before a child in DFPS conservatorship may enroll or participate in a drug research program, unless the person enrolling the child is the child's parent and has been authorized by the court to make medical decisions for the child.

In the Medical Services Resource Guide, see *Enrollment and Participation in Certain Drug Research Programs*.

End of Life Medical Decisions

Related Resources and Policy:

[CPS Handbook §11720 End of Life Medical Decisions](#)

If a child in DFPS conservatorship has been diagnosed with an "irreversible condition" or a "terminal condition" and medical professionals suggest withholding or withdrawing life-sustaining treatment, the regular process for medical consent does not apply.

Organ Donation/Anatomical Gifts

Related Resources and Policy:

[CPS Handbook §11730 Organ Donation/Anatomical Gifts](#)

There are specific requirements regarding organ donation in the event a child dies while in care.

Pregnancy

Related Resources and Policy:
[CPS Handbook §11740 Pregnancy](#)

Confidential Illness

Related Resources and Policy:
[CPS Handbook §11500 HIV Testing and Care for Children in DFPS Conservatorship](#)

Legal Services

Related Resources and Policy:
[CPS Handbook §5000 CPS Legal Functions](#)
[Subpoena Protocol for SSCC Workers Section](#)

After the Adversary hearing is complete, OCOK will assume responsibility of court-related duties regarding the child, including but not limited to:

- Providing required notifications or consultations.
- Preparing court reports.
- Attending judicial and permanency hearings, trials, and mediation.
- Complying with applicable court orders.
- Ensuring the child is progressing toward the goal of permanency within state and federally mandated guidelines.

For additional information see OCOK Policy and Procedures manual regarding legal services. Also see [Legal Liaison Support section](#), if applicable.

Process For Transferring A Legal Case Between OCOK and DFPS

If...	Then...
A Court/Judge orders a case to transfer from Metroplex West area to another area. See DFPS Regional Resources if area is not a CBC area, or the CBC SafetyNet page if it is a CBC area	<ul style="list-style-type: none">• The OCOK Permanency Specialist notifies their chain of command up to the OCOK Sr. Director of Permanency.• The OCOK Sr. Director of Permanency will verify the receiving court has accepted the case.• The OCOK Sr. Director of Permanency notifies the receiving area's Program Administrator of case transfer by email within 2 business days.

If...	Then...
A Court/Judge orders a case to transfer from a DFPS/SSCC area to Metroplex West area.	<ul style="list-style-type: none"> • The sending area notifies their chain of command up to the Program Administrator. • The Program Administrator will verify the Metroplex West court has accepted the case and scheduled a hearing. • The sending Program Administrator notifies the OCOK Sr. Director of Permanency of case transfer by email within 2 business days.

The OCOK Sr. Director of Permanency and the other area’s Program Administrator or designee must set up a case staffing/transfer between the sending and receiving area within 5 business days of notification.

Attendees should include Permanency/Program Directors, Supervisors, and case manager/caseworkers.

- Legal representation for both the sending and receiving counties (Regional attorney, county attorney or ADA) should be notified and invited to staffing.
- Staffing should result in a plan with identified tasks, timeframes, needs of children, youth, and family members, and who will be responsible for them.
- All participants will receive a copy of the agreed upon plan developed from the staffing (the sending region should be responsible for taking notes) and a copy of the transfer order if available.

Discussion should include the child’s current placement type. If the placement is a paid placement, the OCOK intake department/DFPS Child Placing Unit will need to be engaged to determine if the receiving area has a contract in place and discuss placement entry. A case is not officially transferred from one region to another until:

- A judge signs an order to transfer, and the court file is received by the receiving county and docketed for a court hearing.
- The Permanency Director/DFPS Program Director for the receiving region must regularly follow up with the attorney to determine if the case has been received.
- The case is reviewed by the sending and receiving supervisors to ensure that all agreed-upon tasks have been completed. Once the supervisors agree that tasks are complete the case is reassigned to the receiving region in IMPACT. The full case record must be up to date in OneCase and any original physical documents (i.e., Birth Certificate, SS card) must be sent to receiving region within 1 business day after the case is assigned to the receiving region in IMPACT.

- When the case transfers, the receiving region will need to update the following in IMPACT:
 - Update the Legal Status to reflect the County, Court and Cause Number the case transferred to.
 - Enter a Legal Action for the Transfer of Jurisdiction.
- If the case is transferring from OCOK to a DFPS/SSCC region, then OCOK staff will need to end the SSCC Placement (if a paid placement), end the OCOK child and family referrals, allow the corresponding OCOK Service Authorizations in IMPACT to auto terminate before assigning the case to the receiving DFPS/SSCC staff.
- The receiving region will enter the non-three-tiered paid placement in IMPACT.
- If the case is transferring to OCOK from another region, OCOK will create an SSCC child and family referrals once they are made primary on the case and enter the three-tiered placement (if paid placement).

Paying for Court-Related Services

Resources to cover legal expenses varies by Individual County in the Metroplex West area. Examples of legal services which may incur a fee from the service provider include, but are not limited to:

- Mediation
- Out of State service
- Private Process service
- Court Reporter
- Court transcripts
- Witness travel
- Expert witness testimony
- Citation by Publication postings

For any legal services that are required by the court and not covered through Purchased Client Services funding, STAR Health, or county funds, OCOK will decide, in coordination with the Contract Administration Manager (CAM), on how the services will be paid.

If the decision is that DFPS will pay the provider, OCOK will submit the following items as soon as possible to the CAM:

- Detailed description of the specific legal service that includes the court information, cause number, and case ID.
- Copy of the invoice or bill from the person or entity providing the service.

The DFPS CAM will create a requisition for payment through CAPPs Financial.

See also [Payment for Purchased Client Services Selected by Parents](#).

Referring Cases to the Office of the Attorney General for Paternity Testing

The Office of the Attorney General (OAG) is responsible for paternity testing.

When the court orders paternity testing in a foster care case in Metroplex West the OCOK Permanency Specialist must thoroughly complete Foster Care Referral to the Office of the Attorney General and return the form [1702](#) to the OAG Office and cc the R03WestFostercareElig@dfps.Texas.gov mailbox.

Court Orders for Healthcare Related Treatment and Services

When a court orders a healthcare service, treatment or testing for a child in DFPS conservatorship, or enters an order that declines to follow the recommendation of a health care professional who has been consulted regarding a health care service, procedure, or treatment for a child in DFPS conservatorship, OCOK Permanency Specialist will take the following steps immediately:

- Notify the OCOK Permanency Supervisor about the order. The OCOK Permanency Specialist and supervisor will notify the attorney representing DFPS/OCOK if there is a concern that the order needs to be appealed in any way.
- Notify the regional [Well-Being Specialist](#) and provide a copy of the written order when it is received.

Completed court orders will be escalated by the Well-Being Specialist to STAR Health. They will be tracked with communication going back and forth between a STAR Health Liaison and the Well-Being Specialist. Note, verbal court orders will not be accepted by STAR Health and court orders must be signed to be considered complete.

Exceptions: Court-Ordered Medical Services Not Covered by Medicaid or STAR Health

If the judge orders a child to undergo a specific type of medical service, treatment, or testing that may not be covered by Medicaid, OCOK will take the following steps:

- Immediately inform the attorney representing DFPS/OCOK (within 3 days of the court's rendering of the order) that OCOK cannot guarantee a doctor will agree to order the specific service, treatment, or test. This allows the attorney to take immediate action in court to inform the judge or pursue legal remedies, such as asking the judge to reconsider the order.
- If and when the court order is issued, inform the child's Medical Consenter (if it is someone other than the OCOK Permanency Specialist) about the order, and direct him or her to:

- Ask the doctor to order the service, treatment, or test at the child's next visit with a STAR Health general practitioner.
- Make sure the doctor knows that OCOK has been told that Medicaid does not generally cover the service, treatment, or test.
- Encourage the doctor to request prior authorization and confirm medically necessary coverage before ordering the service, treatment, or test.

Doctor Refuses to Order Medical Services, Treatments, or Tests

If the doctor refuses to order the service, treatment, or test, OCOK Permanency Specialist will immediately get the doctor to provide written documentation of the doctor's refusal.

OCOK Permanency Specialist will provide the doctor's documentation to the attorney representing DFPS/OCOK. Ensure that the documents are filed with the court and provided to the parties in the case.

OCOK Permanency Specialist will file the documentation in the case record.

Doctor Orders Medical Services, Treatments, or Tests

If the doctor orders the service, treatment, or test, OCOK Permanency Specialist will notify the supervisor and inform the attorney. At the next court hearing where medical care is discussed, OCOK Permanency Specialist will report back to the judge the results and any subsequent medical care the doctor prescribes.

When Medicaid Does Not Pay

When Medicaid will not pay for the service, treatment, or test, OCOK will decide, in coordination with the CAM, how the provider will be paid. If the decision is that DFPS will pay the provider, OCOK will submit the following items as soon as possible to the CAM:

- Signed copy of court order directing that the child be provided the specific medical service, treatment, or test.
- Proof that Medicaid denied paying the claim (an email from the provider is sufficient).
- Copy of the invoice or bill from the laboratory or provider.

The DFPS CAM will create a requisition for payment through CAPPs Financial.

When Medicaid Does Pay

If Medicaid does pay for the service, treatment, or test for a child, no documentation needs to be sent.

Follow this process for all new judicial orders in any region, at any kind of hearing, directing specific medical care that may not be a part of STAR Health coverage.

Indian Child Welfare Act (ICWA)

Related Resources and Policy:

[CPS Handbook §5740 Indian Child Welfare Act \(ICWA\)](#)

If a Conservatorship case involves a Native American Child, the Indian Child Welfare Act (ICWA) may apply. If so, the legal requirements change dramatically.

Subpoena Protocol for SSCC Employees

Related Resources and Policy:

[DFPS Subpoena Policy for Single Source Continuum Contractors](#)

The DFPS Subpoena Policy for Single Source Continuum Contractors explains the procedures to be followed when a party:

- seeks information for the purpose of serving an SSCC employee or the custodian of records with a subpoena regarding a DFPS case; or
- has served an SSCC employee or custodian of records with a subpoena regarding a DFPS case.

Subpoenas for DFPS Records in Open and Closed Cases

When a subpoena is directed to a SSCC caseworker regarding a pending or closed DFPS matter or concurrent criminal case, the caseworker follows the procedure described in Section 2000 of the DFPS Subpoena Policy for Single Source Continuum Contractors.

These matters are highly time sensitive. Subpoenas must be sent to the Reg03subs@dfps.texas.gov mailbox within two (2) hours of receipt by the caseworker.

Subpoenas for Contractor Records

SSCC Contractors have separate records not maintained by DFPS. For subpoenas received by a contractor for personnel records or records maintained by the contractor, DFPS may give guidance as to how DFPS legal handles such requests generally but will then refer the contractor to the SSCCs' in-house counsel for specific instructions and legal advice.

Notice Requirements for Elevating Certain Court Orders

Related Resources and Policy:

[CPS Handbook §5311 Notice Requirements for Elevating Certain Court Orders](#)

[CPS Handbook §5312 Court Orders That Must Be Elevated to State Office](#)

[CPS Handbook §5313 Notice Requirements for Court- Ordered Placements with Unapproved Facilities](#)

[CPS Handbook §5314 Court Orders That Violate the Interstate Compact on the Placement of Children](#)

DFPS regional management, legal representatives, and DFPS state office, must receive notification immediately but no later than the next business day about court orders that may create problems for the DFPS program or may require immediate legal action. OCOK staff will ensure notices to OCOK Attorney, 3W Managing Attorney and cc Regional Director.

The types of orders that require timely notification include, but are not limited to, the following:

- CPS Handbook §5312 Court Orders That Must Be Elevated to State Office
- CPS Handbook § 5313 Notice Requirements for Court- Ordered Placements with Unapproved Facilities
- CPS Handbook §5314 Court Orders That Violate the Interstate Compact on the Placement of Children

Permanency Care Assistance

Related Resources and Policy

[CPS Handbook §6680 Permanency Care Assistance](#)

[CPS Handbook §6685 Applying for Permanency Care Assistance](#)

[CPS Handbook §6685.1 Completing a Permanency Care Assistance \(PCA\) Application](#)

When a Metroplex West area child/youth's permanency plan calls for a change to permanent managing conservatorship by a relative or fictive kin (regardless of the relative/fictive kin's location) with intent to pursue permanency care assistance, OCOK staff must follow current Permanency Care Assistance found in the CPS Handbook beginning with section policy 6680, Permanency Care Assistance.

When a prospective permanent managing conservator is nearing completion of the required six consecutive months as a verified foster parent, the child's OCOK Permanency Specialist must begin working with the caregiver to apply for assistance. The OCOK Permanency Specialist must follow current CPS Handbook policy 6685 Applying for Permanency Care Assistance.

Applying for Permanency Care Assistance

Process	Procedure
Applying for Permanency Care Assistance	<p>OCOK will follow the application process for Permanency Care Assistance identified in CPS Policy 6685.</p> <p>90 Days Prior to Anticipated PMC Transfer date OCOK Permanency Specialist will:</p> <ul style="list-style-type: none"> • Request level of care from Youth For Tomorrow (YFT) including the following information/documentation: <ul style="list-style-type: none"> ○ Inform YFT that the purpose is for PCA. ○ Last 30 days documentation: therapy notes, incident reports, daily notes, school reports if any.

Process	Procedure
	<ul style="list-style-type: none"> ○ CANS Assessment. ○ For children/youth with emotional disturbance: Psychological or psychiatric evaluations, completed within 14 months. ○ For children/youth with primary medical needs: An evaluation by a physician (MD), physician's assistant, or nurse practitioner, describing medical conditions or disabilities. ○ At the time of the request, if the provider that licensed the caregiver is also scheduled for review in the near future, inform YFT. <ul style="list-style-type: none"> ● Ensure notification of YFT results: <ul style="list-style-type: none"> ○ If the YFT LOC review results in a Moderate LOC or above, email the YFT Utilization Review and Reauthorization Service Form (completed by YFT) to CPS Fed/State Support Program Specialist Raquel.Garcia18@dfps.texas.gov upon receipt of the form from YFT. ○ If the child has a Basic LOC and the Permanency Care Assistance will be based on Basic only, ask the assigned foster care eligibility specialist to add a Basic ALOC in IMPACT. ○ Verify the correct Authorized Level of Care (ALOC) listed in IMPACT is correct and accurate for each child. <p>At least 45 days prior to Anticipated PMC Transfer Date OCOK Permanency Specialist will Request a Non-FPS FAD stage to facilitate later PCA placement entry and payment by:</p> <ul style="list-style-type: none"> ● Request a Non-FPS FAD stage PCA type by: <ul style="list-style-type: none"> ○ Request the VENDOR ID by submitting form AP-152 – Texas Application for Payee to the VENDOR ID mailbox at vendor@dfps.texas.gov. ○ Once VID is received follow OCOK internal request process by providing required documents to FADRequest@oc-ok.org ● Complete the PCA application packet. Refer to CPS policy 6685.1 Completing a Permanency Care Assistance (PCA) Application.

Process	Procedure
	<ul style="list-style-type: none"> ○ Complete the PCA application for each child in IMPACT in the SUB stage and submit to the assigned Eligibility Specialists. ○ The checklist requires a OCOK Supervisor’s signature and date for each child. ○ The application document needs to have original signatures and be dated within 90 days. ○ If a sibling group, a complete set of forms is required for each child. <ul style="list-style-type: none"> ● Send packet for final review and approval to the OCOK Permanency Supervisor 45 days prior to the planned PMC transfer date. <p>At least 30 days Prior to Anticipated PMC Transfer Date the OCOK Permanency Supervisor will:</p> <ul style="list-style-type: none"> ● Review and approve completed PCA packet and: <ul style="list-style-type: none"> ○ Scan complete packet(s) to DFPS Region 03 West Adoption Subsidy/PCA at Region03WestAdoAsstPca@dfps.texas.gov <p>The eligibility specialist will within 3 business days</p> <ul style="list-style-type: none"> ● Review each packet for completeness. ● Determine if the child is eligible. ● Forward the packet to the PCA/ADO negotiator Region03WestAdoAsstPca@dfps.texas.gov. <p>The PCA/ADO negotiator will</p> <ul style="list-style-type: none"> ● Meet with the family to negotiate subsidy benefits. ● Email the OCOK Permanency Specialist the agreements for the family to sign. <p>The OCOK Permanency Specialist will</p> <ul style="list-style-type: none"> ● Obtain signatures on the agreements from the caregivers. ● Caregivers must sign the agreement in ink and must be dated no later than the day of the hearing. ● Mail the original, signed, hard copy documents to the AA/PCA Negotiator. <p>**Alert Do NOT proceed with transferring PMC until PCA benefits have been negotiated and the Negotiator has notified OCOK the negotiation has been completed. If a hearing is held and PMC is</p>

Process	Procedure
	transferred prior to the PCA benefits being negotiated, then the caregiver cannot receive PCA benefits.
Tasks After Transferring PMC	<p>OCOK Permanency Specialist will</p> <ul style="list-style-type: none"> • After the final court hearing, scan the order signed by the judge and send to Region03WestAdoAsstPca@dfps.texas.gov • In the SUB stage, update legal status with “PMC to REL/FK” • End placement in the SUB stage with reason “Child placed in PCA”. • Verify placement in the PCA stage using the RID for the - FAD stage that was created. • Email the Eligibility Specialist to end billing/FC benefits. • Close SUB stage after FC eligibility has been ended. • Assign the PCA stage as primary to the eligibility specialist.

Adoption

Source:

[Texas Administrative Code 40 TAC §700.801](#)

[Texas Administrative Code 40 TAC §700.802\(b\)](#)

OCOK will be responsible for the full array of adoption services in the Metroplex West area as outlined in CPS Policy 6900 Adoption Preparation and Support Services.

Out-of-state Interstate Compact on the Placement of Children (ICPC) adoption services requests will follow established [ICPC protocols](#).

OCOK will work with the DFPS Adoption Subsidy Negotiator and Eligibility Specialist in securing adoption assistance for eligible families.

Note: An Adoption (ADO) stage is opened before a child enters an adoptive placement. When the child is placed in an adoptive placement, the SUB stage remains open. The ADO stage and the SUB stage are closed once the adoption is consummated. See CPS Handbook § 1411 Types of Cases and Stages of Service, Adoption (ADO) stage for more information.

Applying for Adoption Assistance

Related Resources and Policy:

[CPS Handbook §6900 Adoption Preparation and Support Services](#)

[CPS Handbook §1700 Adoption Assistance Program](#)

Process	Procedure
<p>Applying for Adoption Assistance</p>	<p>OCOK will follow the eligibility and application process for Adoption Assistance Program <u>CPS Policy 1700</u>.</p> <p>The OCOK Permanency Supervisor will open the ADO stage in IMPACT.</p> <p>90 Days Prior to Anticipated Adoptive Placement OCOK Permanency Specialist will:</p> <ul style="list-style-type: none"> • Request level of care from Youth For Tomorrow (YFT) including the following information/documentation: <ul style="list-style-type: none"> ○ Inform YFT that the purpose is for Adoption. ○ Last 30 days documentation: therapy notes, incident reports, daily notes, school reports if any. ○ CANS Assessment. ○ For children/youth with emotional disturbance: Psychological or psychiatric evaluations, completed within 14 months. ○ For children/youth with primary medical needs: An evaluation by a physician (MD), physician's assistant, or nurse practitioner, describing medical conditions or disabilities. ○ At the time of the request, if the provider that licensed the caregiver is also scheduled for review in the near future, inform YFT. • Ensure notification of YFT results: <ul style="list-style-type: none"> ○ If the YFT LOC review results in a Moderate LOC or above, email the YFT Utilization Review and Reauthorization Service Form (completed by YFT) to CPS Fed/State Support Program Specialist Raquel.Garcia18@dfps.texas.gov upon receipt of the form from YFT. ○ If the child has a Basic LOC and the Adoption Assistance will be based on Basic only, ask the assigned foster care eligibility specialist to add a Basic ALOC in IMPACT.

Process	Procedure
	<ul style="list-style-type: none"> ○ Verify the correct Authorized Level of Care (ALOC) listed in IMPACT is correct and accurate for each child. <p>At least 45 days prior to Anticipated Adoptive Placement OCOK Permanency Specialist will:</p> <ul style="list-style-type: none"> • Request a Non-FPS FAD stage ADO type to facilitate later Adoptive Placement entry and payment by: <ul style="list-style-type: none"> ○ Request the VENDOR ID by submitting form AP-152 – Texas Application for Payee to the VENDOR ID mailbox at vendor@dfps.texas.gov. ○ Once VID is received follow OCOK internal request process by providing required documents to FADRequest@oc-ok.org • Complete the adoption assistance application for each child in IMPACT in the ADO stage. See DFPS - Adoption Support Programs (texas.gov) table to determine the appropriate Specialist. • Complete the Adoption Subsidy packet. Refer to Adoption Assistance Checklist/Guide-Form 2268. • The family forms require the adoptive family’s signature and date for each child. <ul style="list-style-type: none"> ○ Adoption Assistance Request Form 2250. ○ Adoption Assistance Worksheet Form 2253A. ○ Adoptive Family Resources Form 2253B. <ul style="list-style-type: none"> ▪ If a sibling group, a complete set of forms is required for each child. • Send packet for final review and approval to the OCOK Permanency Supervisor for review and approval. <p>At least 30 days prior to the planned adoptive placement, the OCOK Permanency Supervisor will:</p> <ul style="list-style-type: none"> • Review and submit approved Adoption packet(s) signed by the adoptive parents. <ul style="list-style-type: none"> ○ Scan complete packet(s) to DFPS Region 03 West Adoption Subsidy/PCA at Region03WestAdoAsstPca@dfps.texas.gov

Process	Procedure
	<p>The eligibility specialist will</p> <ul style="list-style-type: none"> • Review each packet for completeness. • Determine if the child is eligible. • Email the Preliminary Determination notification to the OCOK Permanency Specialist and Supervisor. • Forward the packet to the PCA/ADO negotiator Region03WestAdoAsstPca@dfps.texas.gov. <p>The PCA/ADO negotiator will</p> <ul style="list-style-type: none"> • Meet with the family to negotiate subsidy benefits. • Email the OCOK Permanency Specialist the agreements for the family to sign at the adoptive placement. <p>The OCOK Permanency Specialist will</p> <ul style="list-style-type: none"> • Obtain signatures on the agreements from the caregivers. • Ensure that caregivers sign the agreement in ink, and they must be dated no later than the day of the hearing. • Scan and email the signed placement agreement and Adoption Assistance Agreement to the PCA/ADO negotiator at Region03WestAdoAsstPca@dfps.texas.gov. <p>OCOK will follow the eligibility and application process for Adoption Assistance Program CPS Policy 1730 Medicaid Coverage, the Interstate Compact on Adoption and Medical Assistance, and Adoption Assistance.</p> <ul style="list-style-type: none"> • The EAA forms are submitted in conjunction with the Adoption Assistance Forms listed above. • The forms require a OCOK Permanency Specialist, Permanency Supervisor and Program Director original signature and date for each child. <ul style="list-style-type: none"> ○ Enhanced Adoption Assistance Request Form 2421 ○ Enhanced Adoption Assistance Cover Memo 2422 ○ Documentation for Enhanced Adoption Assistance 2425

Process	Procedure
	<ul style="list-style-type: none"> The completed EAA packet will be submitted to the AA Eligibility Specialist for processing. Once the packet is processed and assigned to an AA Negotiator, the negotiator will submit the EAA packet to the State Office Adoption Program Specialist at adoption.policy@dfps.texas.gov for approval or denial.
<p>Tasks if Child Does Not Qualify for Adoption Assistance</p>	<ul style="list-style-type: none"> If the OCOK Adoption Specialist is unsure about the child’s eligibility, a packet should be submitted, and the adoption eligibility worker will determine eligibility and notify all parties. <p>At least 30 days prior to Anticipated Adoptive Placement OCOK Permanency Specialist will:</p> <ul style="list-style-type: none"> Request a Non-FPS FAD stage ADO type to facilitate later Adoptive Placement entry by: <ul style="list-style-type: none"> Request the VENDOR ID by submitting form AP-152 – Texas Application for Payee to the VENDOR ID mailbox at vendor@dfps.texas.gov. Once VID is received follow OCOK internal request process by providing required documents to FADRequest@oc-ok.org
<p>Entering Adoptive Placement</p>	<p>Regardless of Subsidy determination, the Adoptive placement entry will be completed in IMPACT by the OCOK Permanency Specialist using the RID for the FAD stage created.</p>
<p>Tasks After Adoption is Final</p>	<p>OCOK Permanency Specialist will:</p> <ul style="list-style-type: none"> After the final court hearing, scan the order signed by the judge and send to the assigned Eligibility Specialist. Change the child’s name in IMPACT on the adoption is final and the signed court order states the new legal name. Email the Foster Care Eligibility Specialist to end foster care eligibility.

Process	Procedure
	<ul style="list-style-type: none"> • In the ADO stage, update legal status with “Adoption Consummated”. • Make sure the ADO stage has the new adoptive names of the children in the person list and as stage name. • Once the AA/PCA eligibility specialist has entered the subsidy benefits in IMPACT, end the child referral and close the SUB and ADO stages. • A PAD stage will show up (if child is subsidy-eligible) once the ADO stage is closed. Assign the PAD stage as primary to the Eligibility Specialist.
<p>Issues That Cause a Delay with Adoptive Placement</p>	<ul style="list-style-type: none"> • Packet does not have original signatures from family or supervisor. • AA checklist not fully completed. • Child’s name or date of birth does not match what is on the birth certificate or legal documents. • Source documentation missing. • Home study update/addendum not included (within 1 year of placement). • Vendor ID not obtained prior to placement. • FAD stage not created. • ADO stage not opened. • Online AA application not submitted. • ALOC issues where family is disputing Basic ALOC for child at negotiation.

Authorization of Adoption Services

Related Resources and Policy:

[Appendix G: CBC Adoption Placement/Service Authorization Process](#)

Process	Procedure
<p>Authorization of Adoption Services</p>	<p>OCOK Permanency Specialist will:</p> <ul style="list-style-type: none"> • Complete the Service Authorization (Form 2054) for the identified adoption service to OCOK in IMPACT. • For straight adopt both service codes F and G will be utilized. • For Foster to Adopt service code G will be utilized. • In the comments section of the Form 2054, add the following: <ul style="list-style-type: none"> ○ Child(ren)'s Name: ○ PID: ○ LOC: (Basic, Moderate, Specialized, Intense, Intense Plus) ○ Type of Adoption: (Straight Adopt, Foster-to=adopt, kinship, matched) ○ Adoptive Placement Date: MM/DD/YYYY ○ Sibling group? Yes/no If yes, how many siblings? • Follow OCOK internal process for notifying OCOK accounting and attach the following: <ul style="list-style-type: none"> ○ Completed and approved Service Authorization (Form 2054). ○ Completed and signed Adoption Placement Agreement (Form 2226). <p>See Appendix K: CBC Adoption Placement/Service Authorization Process for more information. In order to ensure placement stability, OCOK is responsible for obtaining and delivering services to children/youth placed with adoptive families prior to consummation of the adoption.</p>

Post-Adoption Services

Related Resources and Policy:

[CPS Handbook §6960 Post Adoption Services](#)

[CPS Handbook §8400 Post Adoption Services](#)

[Adoptions Support Programs Safety Net Page](#)

To help adopted children and adoptive parents adjust to their adoptions post adoption services are available. Most of these services are provided by contracted providers. For detailed information about providing postadoption services through contracted providers, see 8410 Post Adoption Services. All families of children adopted through DFPS can obtain post-adoption services. This service is available to families along with Title IV-E and state-paid adoption subsidies from DFPS.

OCOK Regional Post-Adoption Liaison, Lusheka.christmas-white@oc-ok.org, will facilitate referring the family to the local post-adoption service provider.

Post-Adoption Liaisons responsibilities 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 provider and the family.
- If any child/youth has the potential to enter Post Adoption Substitute Care Services and DFPS may be seeking Joint Managing Conservatorship, the CBCA, OCOK Post ADO Liaison, as well as OCOK Permanency Director will need to be notified and participate in any staffings.
- Be a subject matter expert for the Metroplex West and for CPI and other DFPS staff to reach out to with questions.
- Review service plans completed by the post adoption provider as appropriate.
- Coordinate, facilitate, and attend staffings with post adoption families, post adoption 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 providers.
- Stay in communication with the OCOK Adoption Specialist as well as attend quarterly providers meetings (conference lines will be available).
- The Post Adoption Liaison or their designee will process, which includes entering and approving 2054 service authorizations for the post adoption cases.

Post Adopt Substitute Care Services

[CPS Handbook §6961 Post Adoption Substitute Care Services](#)

In limited circumstances, DFPS provides out-of-home placement services to children adopted from DFPS. Refer to CPS Handbook 6961 for additional information.

In these situations, the post adoption services provider will contact OCOK Post Adoption Services Liaison, [Lusheka Christmas-White](#) to begin the process.

OCOK will notify the CBCA of any children/youth that are unable to be served by Post Adoption Services.

Also see [Placements When Joint Managing Conservatorship is Obtained](#) for additional information for this population.

Services to Older Youth in Care

Related Resources and Policy:

[CPS Handbook §10000: Services to Older Youth in Care](#)

[Transitional Living Services Resource Guide](#)

[Extended Foster Care Resource Guide](#)

[Trial Independence and Return Resource Guide](#)

[Preparation for Long Term Care and Support Resource Guide](#)

OCOK will work to prepare older youth in DFPS conservatorship who are transitioning from substitute care to adulthood. OCOK, in general, will be responsible for all the provision of transitional living services for older youth.

Birth Certificates for Youth

Related Resources and Policy:

[CPS Handbook §1520 Obtaining Certified Birth Certificates and Printing Birth Records Screenshots](#)

[CPS Handbook §1521 Requesting Certified Birth Certificates](#)

[CPS Handbook §6452 Personal Documents Provided to Youth](#)

Please refer to CPS Policy 1520 Obtaining Certified Birth Certificates and Printing Birth Records Screenshots to learn more regarding which type of birth verification is required for specific case management circumstances and the documentation required to support the request.

The Foster Care Eligibility Specialist is the subject matter expert that can assist in getting birth certificates. Please refer to CPS Policy 1521 Requesting Certified Birth Certificates.

The DFPS points of contact for Region 3 West birth certificates are [Foster Care Eligibility Specialists](#).

Beginning in June 2019, the request for birth certificates for youth **who turn age 15** are handled at DFPS State Office. The certified copy (or original) birth certificate, photocopy of the birth certificate, and a cover memo with instructions will be mailed to the OCOK Point of Contact. The OCOK Permanency Specialist will deliver the birth certificate to the youth in person and

have them sign [Form 2527 Personal Documents Checklist - Age 15](#) or [Form 2528 – Personal Documents Checklist - Age 18](#). In addition, the worker will check the new indicator box on the Child’s Plan of Service in IMPACT.

Any birth certificate requests that do not meet CPS Policy 1520 Obtaining Certified Birth Certificates and Printing Birth Records guidance prior to the child turning 15 will require OCOK completing the request for the certificate and providing any funds needed.

OCOK contact:

Jeannette Jarvis, Care Management Director Assistant

7700 AWG Way Fort Worth, TX 76140

817-566-7192

Jeannette.Jarvis@oc-ok.org

Personal Documents Provided to Youth at age 16 and 18: Youth in DFPS conservatorship must be provided certified copies (or originals) and photocopies of personal documents to assist them in gaining employment, enrolling in school, leasing an apartment, opening a bank account, setting up utility services, getting a driver license, and accessing other resources.

Each youth who is 14 years of age or older must have an email address through which the youth may receive encrypted copies of personal documents and records, even after the youth leaves conservatorship. The SSCC must provide youth with instructions on how to access encrypted emails and send personal documents to youth through an encrypted email. The SSCC documents the email address on the youth’s Person Detail in IMPACT.

Credit Checks for Youth

Source:

[42 U.S.C. §675, Section 475\(5\)\(I\)](#)

Related Resources and Policy:

[CPS Handbook §6453 Consumer Credit Reports](#)

[Credit Reports for Youth](#)

Every youth in the conservatorship of DFPS age 14 up to age 18, receives a copy of their consumer credit report annually from each of the three credit reporting agencies. In addition to ensuring that a youth's credit is checked, and any discrepancies are found and disputed, the OCOK Permanency Specialist is also required to share the credit report with the youth, provide the youth with a copy, and explain the importance of maintaining good credit.

OCOK Liaison for Credit Checks for Youth is: OCOK PAL Supervisor- Jennifer Yancy.

Procedure

DFPS:

- DFPS requests these credit reports annually on the youth’s behalf until the youth is discharged from DFPS conservatorship and provides them to the SSCC.
- DFPS can run individual reports for a child of any age, if requirements in policy are met.

SSCC:

- The SSCC must review the report face-to-face with the youth, discuss efforts DFPS staff is making to resolve any discrepancies that are found and the importance of good credit.
- The SSCC will provide DFPS copies of youth documents needed to resolve issues.
- The SSCC must document these discussions in IMPACT.
- The SSCC must notify DFPS if an individual credit report needs to be run based on policy requirements.

Youth’s Child Plan of Service Plan Development

Source:

[Texas Family Code §264.121](#)

Related Resources and Policy:

[CPS Handbook §6252 Permanency Planning Meetings for Youth 14 and Older](#)

[CPS Handbook §6252.1 Reviewing and Documenting a Youth's Plan for Transitioning to a Successful Adulthood](#)

Beginning when the youth turns age 14, the Child Plan of Service is enhanced over time to identify steps, connections and services for each youth that help them accomplish goals to assist them in obtaining positive permanency and in transitioning to a successful adulthood. Planning for the transition to a successful adulthood continues to be conducted for those young adults in the Extended Foster Care program. By participating in reviews of the Child’s Plan of Service, and by participating in permanency planning meetings such as Circles of Support and permanency conferences, youth help in the development of their service plans.

If a primary case worker not from the Metroplex West area needs assistance in a Child Plan of Service for a youth, please follow the process for [requesting services across regional lines](#) from OCOK. On the [Form 2077](#), complete a request for Local Permanency Services and indicate that the service requested is Child Plan of Service Development assistance.

Youth Leadership Councils

Source:

[Texas Administrative Code §702.515](#)

Regional Youth Leadership Council

- SSCC will establish a regional Youth Leadership Council to address issues that affect children and youth who are or were in foster care and make recommendations to the SSCC and DFPS on how to improve foster care.
- Youth Leadership Councils are intended to cultivate advocacy skills amongst members, provide them with opportunities to speak or work on youth-related issues in foster care, and establish activities to encourage community service, social development, and professional growth.
- SSCC will provide at least three Regional Youth Leadership Council meetings a fiscal year.

Statewide Youth Leadership Council

- Two youth from the regional Youth Leadership Council between the ages of 16-21 will participate in Statewide Youth Leadership Council meetings.
- DFPS will provide the SSCC the location and meeting details for the Statewide Youth Leadership Council meetings.

The SSCC will recruit, transport, and provide youth and young adult supervision while at Statewide Youth Leadership Council meetings.

Preparation for Adult Living (PAL)

Related Resources and Policy:

[CPS Handbook §10211.1 Targeted Priority Population](#)

[CPS Handbook §10211.2 Additional Eligible Population](#)

[CPS Handbook §10221 Life Skills Assessment](#)

[CPS Handbook §10222 Life Skills Training](#)

OCOK will ensure the development and delivery of PAL Life Skills Training for eligible youth:

- All youth from Metroplex West area placed in paid and non-paid placements (including kinship) within and outside the designated community area.

For eligible youth, please see CPS Handbook §10211.1 Targeted Priority Population and CPS Handbook §10211.2 Additional Eligible Population.

As part of the delivery of PAL training, OCOK will ensure the arrangement for the Casey Life Skills Assessments and its interpretation to be shared and discussed with the youth and caregiver. OCOK will ensure that experiential and community-based learning is included in all PAL training and services.

OCOK point of contact: Jennifer.Yancy@OC-OK.org

Extended Foster Care/ Return to Extended Foster Care

OCOK will identify young adults from the Metroplex West area for either Extended Foster Care or Return to Foster Care programs.

Note: Young Adults who desire to return to foster care *during* their 6- or 12-month (determined by court order) trial independence period (Trial Independence begins once they leave paid foster care) are in Extended Foster Care. Young Adults who desire to return to foster care *after* their Trial Independence period are considered Young Adults in Return to Foster Care.

Extended Foster Care

Related Resources and Policy:

[CPS Handbook §10400 Extending Foster Care for Young adult Who Are Age 18 or Old](#)

[CPS Handbook §10420 Qualifying for Extended Foster Care](#)

When a young adult from the Metroplex West area is interested in staying in extended foster care, OCOK will:

- Follow their Case Management Policy when serving young adults in these programs.
- Ensure the young adults meets the eligibility requirements for Extended Foster Care.
- Assist the young adult with completing the [Voluntary Extended Foster Care Agreement \(Form 2540\)](#).
- Provide the completed [Voluntary Extended Foster Care Agreement \(Form 2540\)](#) to the CPS Foster Care Eligibility Specialist.

Return to Foster Care

Source:

[Texas Family Code §264.101\(a-1\), \(a-2\)](#)

[Texas Administrative Code 40 TAC §700.346](#)

Related Resources and Policy:

[CPS Handbook §10420 Qualifying for Extended Foster Care](#)

[CPS Handbook §10510 Trial Independence](#)

[CPS Handbook §10531 Roles and Responsibilities of PAL Staff](#)

[CPS Handbook §10532 Re-Entry Liaison](#)

[CPS Handbook §10400 Extending Foster Care for Young adult Who Are Age 18 or Older](#)

[CPS Handbook §10500 Trail Independence and Return for Extended Foster Care](#)

[CPS Handbook §10520 Return to Extended Foster Care](#)

[CPS Handbook §10530 Roles and Responsibilities of Staff Helping a Young Adult Return for Extended](#)

Process	Procedure
Eligibility and Referral	A young adult who was in DFPS conservatorship when turning 18 and leaves foster care may return to Foster Care at any time prior to the month before the young adult’s 21st birthday, provided the young adult meets the requirements in 10420 Qualifying for

Process	Procedure
	<p>Extended Foster Care, or at any time prior to the month before the young adult's 22nd birthday if they are regularly attending high school or in a program leading to a high school diploma or General Education Diploma (GED). Young adults not in Extended Foster Care, who are attending college or a vocational or technical program, are eligible to return for Extended Foster Care during semester breaks for at least one month but no more than four months. Return to Foster Care does not include young adults who are in Trial Independence (see CPS Handbook §10510 Trial Independence).</p> <p>Referrals for a young adult who wants to return for Extended Foster Care may include young adults whose legal case was outside the Metroplex West area, but the young adult now lives in the Metroplex West area. Young adults residing in the Metroplex West area who are not from the Metroplex West area that indicate to their PAL Staff a desire to Return to Care in the Metroplex West area will be prescreened for their sincerity and eligibility for returning to care and then referred to the OCOK Independent Living Specialist (re-Entry Liaison).</p> <p>OCOK Re-Entry Liaison is Jennifer Yancy, PAL Supervisor at Jennifer.Yancy@oc-ok.org.</p> <p>Re-Entry Liaison will:</p> <ul style="list-style-type: none"> • Follow CPS Handbook §10531 Roles and Responsibilities of PAL Staff and CPS Handbook §10532 Re-Entry Liaison. • Open C-RC Stage.
If Placement is Found	<p>OCOK Permanency Specialist will:</p> <ul style="list-style-type: none"> • Ensure the young adult completes the Voluntary Extended Foster Care Agreement (form 2540). • Provide completed Voluntary Extended Foster Care Agreement (form 2540) to the CPS Foster Care Eligibility Specialist. • Ensure the young adult is assisted in maintaining necessary documentation for the Return to Care program. • Assist the young adult with following placement requirements.

Process	Procedure
If Placement is Not Found	<p>If Placement is Not Found:</p> <ul style="list-style-type: none"> • Maintain exhaustive placement and housing list paid placements, non-paid placements, housing voucher and rental agreement programs and share these options with the young adult. • Discuss with the young adult the reasons why the young adult is unable to Return to Extended Foster Care. • If the young adult expresses an interest in the housing voucher programs, assist young adult with applying and verifying eligibility for said programs. • Document the reasons why the young adult is unable to Return to Extended Foster Care in the contact section in IMPACT.

Discharge from Extended or Return to Extended Foster Care

Source:

[Texas Family Code §264.121](#)

[Texas Family Code §264.121](#)

Related Resources and Policy:

[CPS Handbook §10470 Discharge from Extended Foster Care](#)

As a voluntary program, discharge from Extended or Return to Extended Foster Care can occur:

- When the young adult completes Extended or Return to Extended Foster Care goals.
- When the young adult loses Extended or Return to Extended Foster Care eligibility.
- At the request of DFPS, the foster caregiver, or the young adult.

All discharges are expected to be planned.

Process	Procedure
Planned Discharge	<p>A planned discharge occurs when:</p> <ul style="list-style-type: none"> • The young adult is due to complete goals for participation in Extended or Return to Extended Foster Care; or • Eligibility for Extended or Return to Extended Foster Care is scheduled to end.

Process	Procedure
	<p><u>Within 90 days before planned discharge</u></p> <p>OCOK will:</p> <ul style="list-style-type: none"> • Schedule a service planning meeting or COS with the young adult and other important adults. <p>*SSCC will document the meeting in IMPACT under Permanency Planning Meetings if it was a staffing.</p> <p><u>Upon discharge</u></p> <p>OCOK Permanency Specialist must:</p> <ul style="list-style-type: none"> • Ensure the young adult has received all personal records and documents including: <ul style="list-style-type: none"> ○ Birth certificate ○ Social Security card ○ Texas Identification card or driver’s license ○ Savings account information ○ Medicaid card or other proof of the youth’s enrollment in Medicaid or an insurance care from a health plan that provides health coverage to youth in foster care ○ Education records and transition portfolio ○ Personal pictures or keepsakes ○ Printed medical records from Health Passport
<p>Unplanned Discharge</p>	<p>An unplanned discharge occurs when:</p> <ul style="list-style-type: none"> • Young adult’s behavior or noncompliance with Extended or Return to Extended Foster Care eligibility results in the foster caregiver submitting a discharge notice and <i>another foster care placement cannot be found</i>; or • Young adult leaves the placement before the planned end date. <p>OCOK will work to prevent and address unplanned discharges from Extended and Return to Extended Foster Care.</p> <p>*Note: If OCOK receives a discharge notice from a provider for a young adult in Extended Foster Care, OCOK will follow their Placement Change Process before implementing the unplanned discharge process below.</p>
<p>Actions to Prevent an</p>	<p>The following process outlines OCOK’s responsibilities when an unplanned discharge is identified for a young adult in Extended or Return to Extended Foster Care:</p>

Process	Procedure
<p>Unplanned Discharge</p>	<p>OCOK will:</p> <ul style="list-style-type: none"> • Within one day of learning about the unplanned discharge, schedule and convene a discharge staffing with: <ul style="list-style-type: none"> ○ Young adult ○ Current caregiver ○ PAL Coordinator and supervisor ○ Permanency Specialist ○ Attorney Ad Litem, if assigned ○ Other individuals who are interested and important to the young adult <p>During the staffing:</p> <ul style="list-style-type: none"> ○ Review the reasons for the unplanned discharge. ○ Review Extended and Return to Extended Foster Care eligibility requirements. ○ Discuss the benefits of and parameters of remaining in current placement. ○ Discuss the implications of leaving foster care or continued non-compliance with the Voluntary Extended Foster Care Agreement. ○ Identify short- and long-term goals and tasks. ○ Based on the young adult’s current eligibility status and commitment to abide by placement parameters, develop a recommendation regarding the young adult’s discharge from Extended or Return to Extended Foster Care. ○ If applicable, discuss the discharge process and schedule a discharge date. ○ If applicable, set the next staffing date to follow up on the young adult’s progress to meeting the requirements of Extended or Return to Extended Foster Care. ○ **Note: Up to two separate staffings will be convened by OCOK to address unplanned discharges. ○ Document the notes from the staffing and encourage the young adult’s signature, if possible. <ul style="list-style-type: none"> • Continue to search for placement (paid and non-paid) for the young adult for 30 days after initial discharge staffing. <p>OCOK Permanency Specialist will:</p> <ul style="list-style-type: none"> • Attend and participate in all staffings with the young adult.

Process	Procedure
	<ul style="list-style-type: none"> • Assist OCOK with the coordination of the staffings as requested. • Continue to assess family members and other community living arrangements for the young adult for 30 days after initial discharge staffing. • Notify PAL and Program Director of recommendation for any unplanned discharges. <p>OCOK Director of Permanency will approve or deny the recommendation for all unplanned discharges. Any appeal of the decision will follow the Solution-Based Communication Process.</p>
Discharge Activities	<p>When the decision is made to discharge a young adult from the Extended or Return to Extended Foster Care Program:</p> <p>OCOK Permanency Specialist will:</p> <ul style="list-style-type: none"> • Assist the young adult in gathering personal items. • Transport the young adult to available living arrangement with family or in the community. • End the young adult’s placement in IMPACT. • If Trial Independence applies, the case will remain open. <p>OCOK will create, maintain, and share an accurate log for auditing purposes of young adults discharged with the regional CBC Administrator.</p> <p>If a young adult wishes to return after an unplanned discharge:</p> <ul style="list-style-type: none"> • The young adult and OCOK will meet to determine if significant progress in work, school and/or behavior has occurred.

Supervised Independent Living (SIL)

Related Resources and Policy:
[CPS Handbook §10460 Supervised Independent Living](#)

Supervised independent living (SIL) placement settings are living arrangements offered through the Extended Foster Care program that allow young adults to reside in a less restrictive, non-traditional foster care setting while continuing to receive casework and support services to become independent and self-sufficient.

To be eligible for SIL, young adults must be able to live independently in a setting with minimal to no supervision. Through conversations with the young adult and the initial assessment, the young adult will be placed in the setting which best meets his or her needs. In order to maintain placement in the SIL program, young adults must comply with the [Voluntary Extended Foster Care Agreement \(form 2540\)](#). Young adults can move through the settings offered based on behaviors, enhancement of skills, or overall progress made in the young adult's current setting. The SIL case managers will maintain documentation of the young adult's progress in case notes, as well as in the subsequent service planning meetings, which will be filed in the young adult's case record.

OCOK will continue to follow established protocol regarding SIL placements for Young Adults being served that are from a legal county within the Metroplex West area and those that are from another legal county that desire SIL placement in the Metroplex West area.

Please refer to [Supervised Independent Living \(SIL\) Flow Chart](#) for additional guidance. Please note that OCOK is now responsible for actions previously identified as CVS or PAL responsibilities.

DFPS Housing Program and Rental Assistance Options

DFPS created the Youth Housing Specialist position in April 2021. The purpose is to assess, evaluate, organize, align, develop, and create a Youth Housing Program statewide. The goals of the Youth Housing Program within the Transitional Living Services Division are 1) to assist in locating housing for as many young adults as possible, and 2) to end homelessness for those transitioning from foster care to a successful adulthood.

The strategies to achieve these goals include:

- providing information and training about rental assistance programs and voucher options throughout Texas.
- creating materials and a dedicated webpage to share related information ([DFPS Housing Program](#));
- designating regional [housing liaisons](#) as local points of contacts.
- conducting outreach to public housing authorities and increasing partnerships.
- increasing referrals to these rental assistance programs.
- supporting additional housing options, such as the Supervised Independent Living (SIL) program, Transitional Center Housing programs, Transitional Independent Living programs, and traditional Housing Choice Voucher programs; and
- Participating in statewide workgroups, task forces, and collaborations.

Public housing authorities across the state provide rental assistance through housing vouchers. There are three rental assistance programs that provide vouchers to young adults aging out of foster care.

Rental Assistance Programs and Eligibility

- The Foster Youth to Independence (FYI) Current or former foster care young adults ages 18 up to 24 who are homeless or at risk of homelessness are eligible for the FYI program. The voucher is time limited and can be used for up to 36 months. The FYI program requires local-level partnerships between public child welfare agencies (PCWA) and public housing authorities (PHA). Before a community can begin utilizing the FYI rental assistance program targeting young adults from HUD local partners must sign a letter of agreement or a MOU outlining the roles and details of the partnership.
- The Family Unification Program (FUP) rental assistance program provides rental assistance targeting young adults aging out of foster care and families at risk of a child being taken into care. The FUP rental assistance program is like the FYI program regarding eligibility requirements, targets mostly families, but can support individuals, is time limited (36 months), and is administered by local Public Housing Authorities.
- The Section 811 PRA program is for young adults with disabilities, is restricted geographically, and is administered through the Texas Department of Housing and Community Affairs. The eligibility requirements for the Section 811 PRA program include people with disabilities, ages 18 through 62, and the assistance is not time limited. For the complete details on these programs and eligibility requirements, contact the agencies that administer them directly.

Housing Duties and Regional Housing Liaisons

- OCOK must designate a Housing Liaison for the region and a backup that serve as the points of contact for housing and rental assistance program referrals in the region. They should attend the State Office Quarterly Housing Meeting and complete the Quarterly FYI report for state office Youth Housing Specialist in a timely manner. They should be familiar with the DFPS Housing Program webpage and the application, eligibility, and PHA process requirements in their regions. They should provide this information across departments and community within their regions.
- OCOK will ensure outreach to PHAs in their region occurs to make targeted housing vouchers available to young adults exiting care in Metroplex West.
- OCOK will build and maintain relationships and effective communications with PHAs. This should include regular contact as needed and at least a quarterly meeting to discuss referrals, applications, and related items. OCOK should educate PHAs about working with our target population and advocate for more support and flexibility throughout the entire housing process. OCOK should encourage PHAs to reach out to them if they

have engagement problems with young adults, so that the young adult can be connected with services before denying them a voucher.

- OCOK should collaborate with allied professionals in their regions like transition centers, nonprofits, housing programs, schools, landlords and others to educate about these rental assistance program and to increase wrap around supports and housing availability for young adults participating in them. They should connect and build relationships with their HUD representatives and public housing authorities for support and guidance related to technical aspects of these programs and to resolve issues related to them.
- OCOK staff should use the Housing Plan to have a guided discussion about housing with youth young adults beginning at age 17 to develop an action plan.

National Youth in Transition Database (NYTD)

Related Resources and Policy:

[CPS Handbook §10262 National Youth in Transition Database \(NYTD\)](#)

[Transitional Living Services Resource Guide](#)

[NYTD Manual](#)

NYTD Outcomes Survey

The NYTD survey is a federal survey that states administer to certain youth and young adults at age 17, 19 and 21.

OCOK PAL Staff must track survey completion, assist youth with taking the survey and enter survey responses in IMPACT according to the federal survey reporting requirements.

- The NYTD Information Page in IMPACT alerts OCOK about youth from their designated community area who have been identified to take the survey, status of the survey, and due date of the survey during each survey period (A or B).
- OCOK will check the NYTD Information Page in IMPACT to determine which of their assigned youth needs to take the survey.
- OCOK will take the lead in notifying the identified youth or youth adult their survey is due, obtain survey responses and enter their survey responses in IMPACT.
- CPS State Office Youth and Transitional Services office will monitor OCOK's NYTD survey completion progress and will send out periodic information about the status of OCOK's survey completion rate.
- When requested, OCOK will update DFPS State Office on progress and plans to get surveys completed by period data entry due dates.
- OCOK will maintain current contact information in IMPACT for youth placed within their provider network.

NYTD Data and Information Errors

- OCOK must check the NYTD Information Page in IMPACT for DATA and INFORMATION errors in IMPACT and make corrections and updates.
- DATA and INFORMATION errors correspond to surveys and services provided during the reporting period.
- When requested, OCOK will update DFPS State Office on progress and plans to get DATA and INFORMATION errors completed by period data entry due dates.
- Details on correcting data and information errors can be found in the NYTD Manual in SMILEY.

NYTD Services

- OCOK will enter services provided to successfully transition youth to adulthood in the Preparation for Adult Living (PAL) stage in IMPACT.
- Services entered in IMPACT must be either paid for or provided by OCOK.
- When requested, OCOK will update DFPS State Office on progress and plans to get services entered by period data entry due dates.
- Details on entering services in IMPACT can be found in the NYTD Manual in SMILEY and in the PAL Staff Manual.

NYTD Results

- DFPS State Office will provide OCOK with NYTD survey results report annually. This report is generated by Administration of Children and Families.
- OCOK will share data with community stakeholders, Youth Leadership Council, and other concerned persons as appropriate.
- OCOK will incorporate reports into continual quality improvements for Transitional Living Service programs.

See CPS Handbook §10262 National Youth in Transition Database (NYTD), Transitional Living Services Resource Guide, NYTD Manual, and PAL Manual for information on completing the survey, correcting data and information errors and entering services.

PAL-Transition and Financial Support Services

Source:

[42 USC §677](#)

Related Resources and Policy:

[CPS Handbook §10200 Preparation for Adult Living \(PAL\)](#)

PAL Transition and Financial Support services and programs are available for young adults from the Metroplex West area and the resources for these services will be shared between

OCOK and DFPS. Please see CPS Handbook §10200 Preparation for Adult Living (PAL) for additional information regarding these services and their eligibility requirements.

To access, OCOK PAL Staff will complete a Service Authorization (2054) to the contractor providing the service and the contractor will bill DFPS directly.

Interstate Compact on the Placement of Children

Related Resources and Policy:

[ICPC Resource Guide](#)

[CPS Handbook §4500 Interstate Placements](#)

[CPS Handbook §9000 Interstate Compact on the Placement of Children \(ICPC\)](#)

The Interstate Compact on the Placement of Children (ICPC) is an interstate agreement that has been enacted as law in all 50 states, the District of Columbia, and the Virgin Islands.

The compact establishes uniform procedures for placing children in substitute care in other states. ICPC procedures are designed to:

- help each state find the best available caregiver for each child who must be placed in substitute care.
- 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.

Before placing children from Texas in a Foster Care or Adoptive Home:

If the caregiver is verified to Foster by a public state agency (not contracted with OCOK):

- OCOK will follow the Outgoing Foster Home and Adoption Study Request process in the ICPC Resource Guide.
- **BEFORE** placement is made the SSCC Permanency Worker will complete the following steps to request a Foster FAD stage:
 - Request a VID by completing and sending the [AP-152 – Texas Application for Payee](#) to DFPS Vendor ID Numbers - vendor@dfps.texas.gov. In response the VID will be emailed back to the requesting Permanency Specialist.
 - Once VID is received- follow OCOK internal request process by providing

required documents to FADRequest@oc-ok.org

- The SSCC Permanency Worker will verify that the Foster Home has been set up in IMPACT before making placement.
- Placement entry will reflect direct placement with the caregiver and will not be three tiered under the SSCC network since they are verified by a public agency. Foster care payments will be directed to the caregiver from DFPS.
- OCOK Permanency Specialist will email DFPS Billing Coordinator mailbox, dfpsregion03billingquestionsanddiscrepancies@dfps.texas.gov, and advise a child under OCOK has been placed in a Basic ICPC Foster Home Placement to generate appropriate billing.
- The SSCC child placement and family referrals will remain active for case management services.

Administrative Related

Title IV-E University Training Program

Related Resources and Policy:

[CPS Handbook §3000 Introduction to the Title IV-E Program](#)

[CPS Handbook §4000 Title IV-E Training Contracts with Universities](#)

OCOK Title IV-E University Training Program for Current and Non-Employees

This section explains the:

- Process for applying to the Title IV-E University Training Program; and
- How the OCOK training academy managed by the OCOK training division support that effort.

Each year, DFPS awards federally funded training to eligible OCOK employees and eligible state universities for students preparing for employment with OCOK. The number of awards is based on the number of Title IV-E-funded positions that OCOK anticipates each year.

The awards are made to eligible OCOK employees who are interested in a Master of Social Work (MSW) and eligible students who are enrolled in academic programs that lead toward a Bachelor of Social Work (BSW) or Master of Social Work (MSW).

The OCOK training academy provides basic skills development training to these trainees to prepare them for OCOK employment.

Applying for Title IV-E Training with OCOK for Prospective Employees

To request admission for a student, the university's coordinator for the Title IV-E Child Welfare Program sends an email to:

- The CPS Regional Operations Support Administrator (ROSA)
- OCOK Director of Human Resources
- The DFPS Title IV-E contract manager

The email must contain the applicant's:

- Name
- Date of birth
- Social Security number; and
- Type of degree (BSW or MSW)

For BSW students, the coordinator sends the email at least three months before the start of the student's *final* semester. For MSW candidates, the coordinator sends the email at least three months before the candidate's *first* semester.

Each applicant submits the following to the university coordinators. The University will then provide the information to the ROSA and the OCOK Director of Human Resources. The ROSA will maintain all original documents for the Title IV-E stipend program.

- University acceptance letter
- Statement of interest
- Three professional letters of recommendation from professors or employers
- Copy of student's most recent unofficial transcript from University
- Waivers as appropriate
- Certified copy of the applicant's driving record
- Volunteer application, Form 0250
- Authorization for a background check, Form 0250b An HHS Acceptable Use Agreement, Form HHS-AUA
- Form 0261 Volunteer Program Work Rules, Standards of Behavior and Performance
- Volunteer Confidential Statement Form 0251
- TB Test Results

To enable the applicant to take any required pre-employment test/assessments, the university's coordinator directs the applicant to apply for a OCOK specialist position in the appropriate OCOK unit. Taking this step creates a profile in the OCOK human resources system that allows the applicant to access any required tests/assessments.

Once the applicant has applied for a OCOK specialist position, the OCOK designee forwards copies of the following to the Centralized Background Check Unit (CBCU), so that appropriate checks can be performed:

- A certified copy of the applicant's driving record.
- A volunteer application, [Form 0250](#).

The CBCU forwards the results of the checks to:

- The ROSA.
- OCOK Director of Human Resources.
- The contract manager.

If the results are questionable, the ROSA or OCOK Director of Human Resources reviews them and determines whether the applicant is employable.

If the checks are acceptable, the ROSA sets up interviews which includes the ROSA, OCOK Hiring Manager, and OCOK personnel. If the interview is acceptable, the ROSA or OCOK Director of Human Resources notifies each University coordinator who will prepare a Stipend Student Information Form for each student. The university coordinator will then forward the information form to the contract manager who prepares an agreement for each student.

If the results of any of the above assessments are not satisfactory, the ROSA or OCOK designee:

- Prepares a disapproval memo; and
- Forwards it to the university coordinator who will notify the student.

The ROSA sets up an orientation meeting to review and sign the stipend contract agreement. Participants include the ROSA, OCOK Director of Human Resources, the university coordinator, and the students. These contracts are not executable until they are signed by the student and the Deputy Director of Child Protective Services (CPS).

During the orientation meeting, the following topics are covered:

The terms and conditions of the agreement, including any payback responsibilities. Repayment of eight calendar months of employment in an IV-Eligible position for each semester which the stipend was paid to a student that was not an employee of an SSCC when they took their university courses is required. For a student that was employed by the SSCC when they took courses and for which they received stipends, the repayment of four calendar months of employment in a Title IV-E repayment eligible position is required for each semester. Repayment of the stipend through full time employment begins the first day of employment. The commitment that students must make is to accept any statewide employment with OCOK on completion of their training.

The ROSA then forwards all signed agreements, along with a completed checklist for each contract, to the OCOK Director of Human Resources for final approval. Once signed by both the student and the Deputy Director of CPS, the ROSA will send the original signed agreement to the State Office Contract Manager for final processing.

After each agreement is approved:

The State Office Contract Manager will send a signed copy of the agreement to the stipend student.

The ROSA or OCOK Director of Human Resources completes a Move, Add, or Change form (known as an eMAC) to obtain a log-in ID for access to DFPS systems

The interns are ready to attend training offered by the OCOK.

The OCOK Director of Human Resources will designate a unit supervisor for the intern to be placed under for training through the duration of the placement, communicate the information/location to the University liaison and intern.

The OCOK Director of Human Resources will send training orientation invites to the OCOK interns before the intern reports to the placement location.

Interns must maintain satisfactory performance while participating in the program. If an intern fails to complete training or is disqualified from the program, he or she must pay back the award, in accordance with the agreement.

Two months before university graduation, each student must submit an employment application to OCOK for a Title IV-E eligible position.

Each intern must accept any Title IV-E eligible position offered statewide within 60 days of graduation.

The ROSA or OCOK Director of Human Resources notifies the Title IV-E contract manager that the intern has been placed in a Title IV-E position.

Calendar dates for submitting and processing non-employee stipend students must be followed as below:

- Fall Semester:
 - May 15: All names submitted by University along with background forms, etc. during this week.
 - June 1: All applicants must have taken any pre-test/assessments required by OCOK
 - June 15: Set up interview during this week
 - July 15: All contracts ready this week.
 - Mid-August: Semester begins
- Spring Semester:
 - October 1: All names submitted by University along with background forms, etc. during this week
 - October 15: All applicants must have taken any pre-test/assessments required by OCOK.
 - November 1: Set up interview during this week

- December 1: All contracts ready this week.
- Mid-January: Semester begins
- Summer Semester:
 - February 15: All names submitted by University along with background forms, etc. during this week
 - March 1: All applicants must have taken any pre-test/assessments required by OCOK.
 - March 15: Set up interview during this week
 - April 15: All contracts ready this week.
 - Last week of May: Semester begins

Inventory and Equipment Agreement

Since Title IV-E interns do not receive Tablet PCs, they require a separate process through the OCOK to ensure accessibility to the required computer equipment. The OCOK Director of Human Resources will ensure the Title IV-E interns under OCOK receive necessary computer equipment.

Records Management

Source:

[Texas Family Code §261.406](#)

[Texas Family Code §264.0145](#)

DFPS Records Management Group will support OCOK with the same services it provides to DFPS. For more information about services see [Records Management Group](#) Safety Net page.

Throughout FY 2023 DFPS Records Management Division will be working through a staged approach to reaching the full transition to a solely electronic case management system across all DFPS Regions. All documents should be uploaded into OneCase in the IMPACT system going forward and further instructions will be provided when the transition reaches your area.

RMG adheres to the nine-level priority list established by Texas Administrative Code when fulfilling redaction records requests. The detailed priority list from highest to lowest priority ranking is as follows:

1. Records provided in response to a subpoena or court order that has been properly served on DFPS.
2. Records provided in response to discovery in a lawsuit to which DFPS is a party.
3. Records provided to a prospective adoptive family before an adoption may be consummated.
4. Records provided to a party or the administrative law judge in an Employee Misconduct Registry administrative hearing.

5. Records provided to a party or the administrative law judge in a hearing conducted by the State Office of Administrative Hearings.
6. Records provided to a duly authorized person documenting the results of a school investigation as required by Texas Family Code §261.406
7. Records provided to a party in an administrative review of investigative findings that is conducted by DFPS.
8. Records provided to an adult who was previously in the conservatorship of DFPS, if the request is for a copy of the adult's own case record as defined by Texas Family Code §264.0145.
9. Records provided to all other requesters entitled to receive the requested records, which are fulfilled in the order they are received.

All OCOK Unit Admins will have access to RMG Case Track system.

OCOK POC for Records management requests: RecordsRequests@oc-ok.org.

OCOK Permanency On-Call

OCOK will be expected to have a Permanency On-Call Schedule posted on the DFPS SafetyNet under CPS Division. All regions/designated catchment areas will have a CVS/CPS/Permanency On Call schedule posted.

The OCOK POC, Jennifer Sasse will ensure the on-call schedule on the Safety Net/Sharepoint is updated with the OCOK contact information.

In addition, an on-call staff member, can be contacted at any time by calling, (844) 777-6265.

Reporting Threats or Incidents

Safety is the most important factor in any client interaction. No law, policy, or local procedure requires employees to put themselves in or remain in a dangerous situation. However, because employees must often interview people who are angry, fearful, and occasionally hostile or aggressive, it is wise to take precautions and ensure that information about worker safety incidents such as assaults, threats, harassment, etc. are reported and information is shared with both OCOK and DFPS. For qualifying safety incidents, DFPS Worker Safety Support (WSS) staff will track safety incidents and ensure that information is shared with both OCOK and DFPS.

Threats or incidents reportable to DFPS Worker Safety Support include but are not limited to:

- Client makes a threat to come to a shared location and cause harm.
- Client makes a threat to SSCC worker that is tied to a case decision and DFPS staff could be perceived as in danger due to the nature of statement/action.
 - *Example:* Client's visitation is suspended and makes a threat to physically harm anyone that gets in the way of them and their children.
- Client makes a threat toward DFPS staff or a DFPS building to an SSCC worker.
- There is an outburst by a client in a shared location that causes damage to the building.

- Law enforcement is called to a shared office to respond to a safety concern for staff.
- Vandalism of a car on state property or DFPS leased facility.
- Internal worker safety issue between a DFPS staff and SSCC staff.

To report a worker safety incident, OCOK staff will send notification to WSS at workersafety@dfps.texas.gov and CC Jennifer.Sasse@oc-ok.org

The DFPS Worker Safety Support team will document and track reportable incidents as well as send notification to points of contact with DFPS and OCOK. OCOK will be notified at Jennifer.Sasse@oc-ok.org

Additionally, OCOK staff should document worker safety information in the IMPACT case record. This information can be documented on the Case Summary page, under the Special Handling drop down section by checking the box next to Worker Safety and adding details regarding the safety concern in the comment box. The information should also be documented as a regular contact in the case, so it appears on the contact summary page.



OCOK staff should also follow any internal procedures for incident reporting that may be outlined in the OCOK Operations manual.

Child and Family Services Review

Related Resources and Policy:

[Federal and Program Improvement Review Safety Net page](#)

The DFPS division of **Federal and Program Improvement Review (FPIR)** provides continuous quality improvement services to all regions in Texas to support successful outcomes for children and families served by DFPS. The division is made up of:

- Child and Family Services Review (CFSR) Team.
- Parental Child Safety Placement (PCSP) Review Team.
- Family-Based Safety Services (FBSS) Critical Case Review Team.

The Child and Family Services Review (CFSR) Team will be randomly selecting cases that are served by OCOK as part of their review.

Office of Consumer Affairs (OCA) Assignments

OCOK will develop their internal protocol to address OCA to adhere to time frames required by the division requesting the response.

- OCA will be sent directly to OCOK via the following email box consumeraffairs@oc-ok.org. The DFPS Regional Mailbox, REG03WESTOCA@dfps.texas.gov, and CBCA will be cc'd on requests.
- OCOK will respond to OCA within required timeframes as directed by OCA.
- If a substantiation results from the inquiries, OCOK will create a corrective action plan with staff involved to address policy violations.
- If OCOK believes the substantiation is not valid, they can ask for a review of findings.
- If the substantiation is upheld, the SSCC will continue with their corrective action plan.

For more information see: [Office of Consumer Affairs webpage](#)

Ombudsman for Children and Youth in Foster Care Process (FCO)

Same process as above. For more information see [HHS Ombudsman Foster Care Help Page](#).

The HHS Office of the Ombudsman provides recommendations along with their decision, the SSCC must advise whether they will implement to the Ombudsman's recommendations or explain why they will or cannot implement the recommendations.

Legislative Inquiry Process

Same process as OCA/FCO; however, there is no corrective action plan unless there is an inquiry/complaint that accompanies it with a substantiation.

Solution-Based Communication

There may be times when DFPS and OCOK (and network paid placement providers) may not agree on a case decision or what should happen with a child/youth and/or family.

Solution-focused communication is goal-oriented communication which focuses on the solution rather than the problem. The emphasize is on strengths and resources and how these can be utilized to achieve a positive outcome.

There will be instances when there may be an issue that cannot be agreed upon by DFPS and OCOK. During this time, all parties involved will need to work together and communicate

by e-mail, phone calls, in person, or virtually to ensure that the best interest of child/ren and youth take precedence.

The safety and best interest of the child/youth should always be paramount in making the case decision and finding a solution to a barrier or disagreement.

The following section outlines the protocol to resolve case disagreements between DFPS and OCOK.

Solution-Based Communication Process

Step 1

- DFPS workers and supervisors, OCOK, and/or provider (who are closest to the issue) will work together to resolve case specific issues informally. This will be done through an objective, solution-driven discussion, or meeting (e.g., phone call or virtual meeting).
- If a mutually agreeable solution is not achieved in **three (3) business** days or as necessary prior to a scheduled court hearing, those involved will notify the other individuals the plan to involve their chain of command. The disputed issue will be elevated to the Program Director and/or Program Administrator level in DFPS and the Director level at OCOK for possible resolution. The disputed issues should be elevated in writing.
- A meeting will be scheduled by either OCOK or DFPS to discuss the issue and come to an agreed upon solution. DFPS and OCOK will select an uninvolved party to the specific case to listen to the issue and assist with coming to an agreement. If an agreeable solution is not achieved during the meeting, it will be elevated to step 2.
- Disputes proceeding to Step 2 will be elevated to a knowledgeable, independent staff member (Community-Based Care Administrator) who understands the philosophy and goals of community-based care and is not a direct supervisor of the individual involved in the appeal.
- OCOK must ensure continuity of services, as defined by DFPS, to the child/youth or family affected while seeking to resolve case-specific disputes.

Step 2

Escalation

- The escalating party will send an e-mail with supporting documentation to the Community-Based Care Administrator and OCOK's Director of Consumer Affairs with a subject line of "Solution-Based Communication".

Resolution

- Once a dispute is escalated (appeal), the Community-Based Care Administrator will provide a written decision to the appeal within **five (5) business** days. The written

decision will be e-mailed to the OCOK's Director of Consumer Affairs with the subject line of - "Solution-Based Communication Appeal Decision."

- If the OCOK's Director of Consumer Affairs chooses, he/she will have **three (3)** business days from receipt of the notification from the Community-Based Care Administrator to appeal the decision to the CPS Regional Director. The CPS Regional Director will have **five (5)** business days to decide on the OCOK's Director of Consumer Affairs appeal.
- If the OCOK's Director of Consumer Affairs chooses not to appeal, they will notify the Community-Based Care Administrator. The Community-Based Care Administrator will distribute the decision to the appropriate staff and management.
- If the OCOK's Director of Consumer Affairs appeals the decision of the Community-Based Care Administrator to the CPS Regional Director, the CPS Regional Director will distribute their decision to the appropriate staff and management.

Situations Requiring Immediate Notification Between OCOK and DFPS

Related Resources and Policy:

[Child Fatality Protocol Handbook](#)

[Government Relations Handbook Policy §3000 Legislative Inquiries](#)

Situations that require immediate notification between OCOK and DFPS include:

- When a child, who is referred or placed with OCOK, is in a life-threatening situation **and/or**
- Any time the media is involved with a child placed with OCOK.
- When a court hearing is imminent and DFPS disagrees with OCOK's recommendation as to the child's permanency.

Specific examples include, but are not limited to:

- Child Fatality
 - If a child fatality occurs in an open conservatorship case and meets the qualifications for an OCA Child Fatality Review, please follow the process outlined in the [Appendix J: OCA Child Fatality Review](#)
 - See [Child Fatality Protocol Handbook](#) for additional information
 - OCOK will be included in QRT team as appropriate
- Confirmed Abuse or Neglect situations that may attract media attention
- Child abductions
- Investigation or serious incident in kinship placement
- Staff acting inappropriately that may attract media attention or has been posted on social media

- If contacted directly for legislative inquiry
 - See Government Relations Handbook Policy §3000 Legislative Inquiries
- Natural disasters where children are displaced Notification:
- Send notifications to Region 3W RD and CBC Director.
- Include high level summary of incident or situation
- Include timeline of events Following notification:
- Regional Director will contact and inform the Regional Media Specialist and Community-Based Care Administrator of the situation.
- Regional Media Specialist will: Contact and inform the Media Relationship Manager of the situation; and
- Contact and coordinate media message with OCOK prior to releasing any information or comments to the media about the situation.

Single Source Continuum Contractor (SSCC) Abuse or Neglect Investigations

Related Resources and Policy:

[CPS Handbook §2121.1 DFPS Employee or Single Source Continuum Contractor \(SSCC\)DFPS Employee or Single Source Continuum Contractor \(SSCC\) Abuse or Neglect Investigations](#)
[CPS Handbook §2120 CPS Authority for Investigating Reports of Abuse or Neglect](#)
[CPS Handbook §1260 Administrative Review of Investigation Findings \(ARIF\)](#)

A CPI investigation is considered an employee abuse or neglect investigation when:

- A DFPS employee or OCOK employee is alleged to have abused or neglected a child in his or her own family.
- A DFPS employee, contracted staff, volunteer, or intern or an OCOK employee is alleged to have abused or neglected a child in DFPS conservatorship, and the child is in an unlicensed setting.

Special investigators are assigned to conduct employee investigations meeting the above criteria. If a special investigator is the alleged perpetrator in an employee investigation, CPI conducts the investigation.

OCOK will follow steps outlined in policy 2121.1 DFPS Employee or Single Source Continuum Contractor (SSCC)DFPS Employee or Single Source Continuum Contractor (SSCC) Abuse or Neglect Investigations.

Other Miscellaneous Administrative Items

Forms and Publications

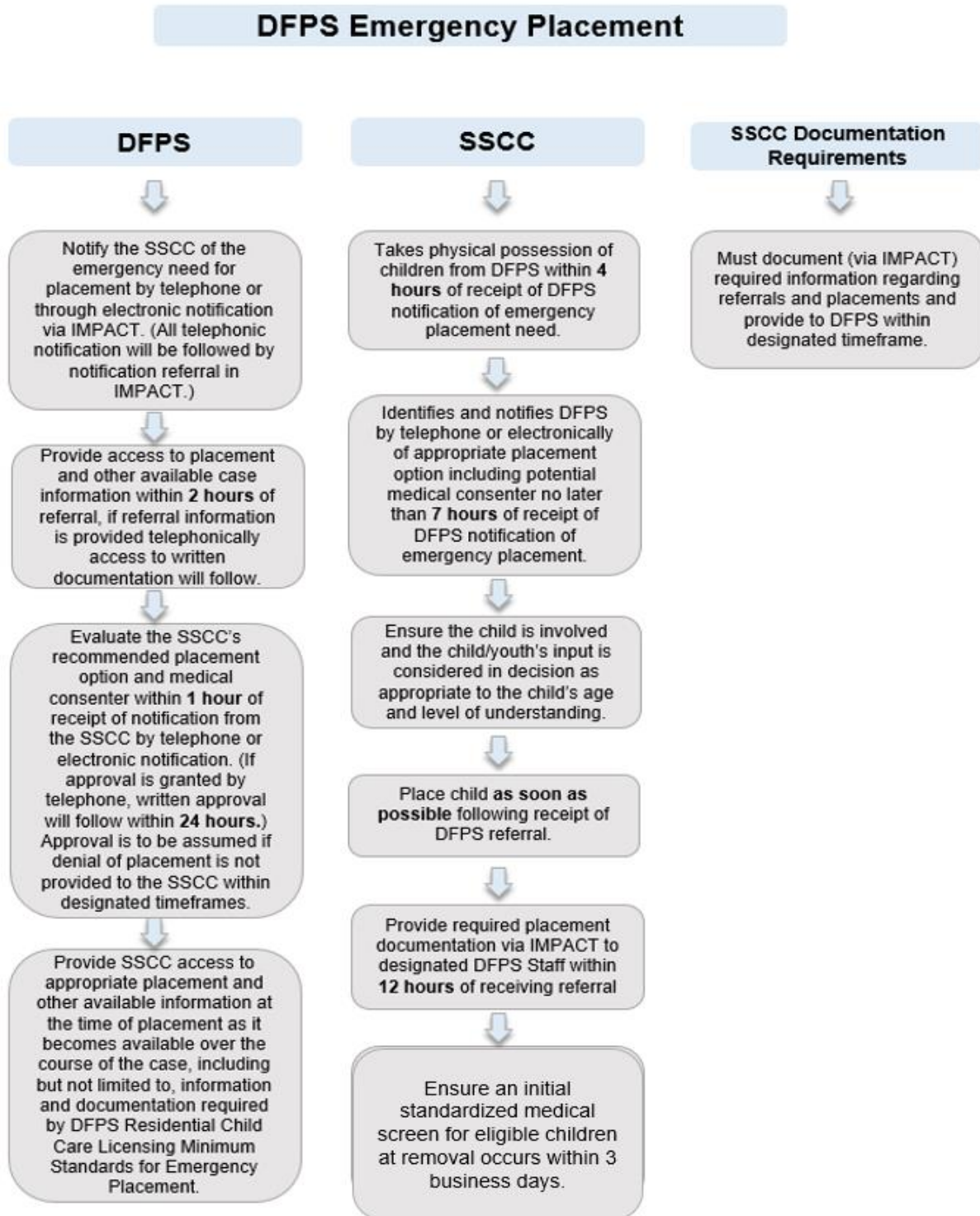
If OCOK needs to re-order DFPS forms or publications, one designated person from the OCOK

can order by emailing DFPSFORMSPUBLICATIONS@dfps.texas.gov.

Appendix A: OCOK Organizational Information

Additional information about OCOK and their organization can be found at [Leadership | Our Community Our Kids \(ourcommunity-ourkids.org\)](https://ourcommunity-ourkids.org)

Appendix B: Emergency Placement Process Flow Charts



Appendix C: Psychiatric Hospital Contact Protocol for Children/Youth in DFPS Conservatorship

There may come a time when a child/youth in DFPS conservatorship is determined to present a risk of serious harm to himself or herself or others and is admitted to a psychiatric hospital. Hospitalization is an intervention designed to meet the child/youth's acute mental health needs and is not a long-term intervention. Admission to a psychiatric hospital is not a placement and should not be treated or referred to as such. In order to ensure a child/youth's needs are met during this time, there are very specific steps caseworkers must take immediately following notification of hospitalization. Those steps are outlined in this document, but it is important to note that all other policies and procedures must still be followed.

The steps outlined in the attached protocol apply to both children/youth in DFPS conservatorship at the time of hospital admission and children/youth who are admitted to a psychiatric hospital during the course of an investigation which results in DFPS taking conservatorship.

Notification Required Actions

Immediately, but no later than one (1) business day after notification that a child/youth on your caseload has been admitted to a psychiatric hospital, the primary OCOK Permanency Specialist (INV caseworker if OCOK not assigned) must send an e-mail to those who have a role in ensuring the child/youth's needs are met, as outlined below. Staff must also follow requirements for notification to the legal parties of the case as described in [CPS Handbook §6151.3 Notification Requirements and Schedule](#).

The Subject line must state: Psychiatric Hospital Admission – Child/Youth's Last Name, First Initial, and PID. The body of the e-mail must include the following information:

- Hospital name.
- Patient Access Code, if known.
- Date of admission.
- Reason for hospitalization.
- Indicate if the child/youth will be returning to the placement after discharge from the hospital or if a new placement is needed.
- Indicate if child/youth needs an updated psychological evaluation.
- Name and Contact Information for Designated Medical Consenter/ or attach current Form 2085B Designation of Medical Consenter.
- Name of school in which child/youth is currently enrolled.

- Indicate if the child/youth needs translation services (i.e., foreign language, deaf or hard of hearing).

The e-mail **must** be sent to each of the following, unless indicated as not appropriate:

- [Psychiatric Hospital Referral Mailbox](#) for the Region where the hospital is located – For children/youth hospitalized out of state, the e-mail must be sent to the Psychiatric Hospital Referral mailbox for the child/youth’s legal region and will be routed as appropriate.
- Regional Placement Team Mailbox (except in situations where the child/youth is being served by a Single Source Continuum Contractor as a part of Community-Based Care) - Even if the child/youth is expected to return to the same caregiver after hospital discharge, notification to the Placement Team Mailbox is required as circumstances often change.
- [Single Source Continuum Contractor \(SSCC\)](#) - If the child/youth is being served by an SSCC as part of Community-Based Care, communication must be sent to the designated SSCC personnel per their regional joint operational manual.
- [Education Specialist](#) - If the child/youth remains admitted to a psychiatric facility for more than three days, the education specialist will coordinate educational services for the child/youth.
- [Well-Being Specialist \(WBS\)](#)- For a child/youth with complex behavioral healthcare needs, the WBS is available to assist in multidisciplinary staffings, referral to internal and external resources, etc. (see the [Medical Services Resource Guide](#) for detailed information). The WBS will be responsible for informing STAR Health of the child/youth’s hospitalization.
- [Developmental Disability Specialist \(DDS\)](#)- If the child/youth appears to have a developmental disability, the caseworker must also notify the DDS. The DDS will assist the caseworker with making referrals to community resources.
- Local Permanency Specialist (LPS) - If the child/youth was previously assigned to a LPS, the caseworker must notify the assigned worker and LPS supervisor so the assignment can be placed on hold pending hospitalization.

Medical Consent Required Actions

Immediately, but no later than 24 hours after notification that a child/youth on your caseload has been admitted to a psychiatric hospital, the primary OCOK Permanency Specialist (Investigation caseworker if OCOK not assigned) must provide the mental health facility with the name and contact information for the child/youth’s medical consenter as described in 11611.4 Consent for Health Care and Medications After Admission.

Unless the youth has been authorized to consent to his or her own medical care under Texas Family Code §266.010, the designated medical consenter must provide or deny consent for health care or the use of psychotropic medications once the youth is admitted.

When the Child/Youth is Not Returning to Placement

CHANGE MEDICAL CONSENTER: As described in CPS Handbook policy [11611.5 Change of Medical Consenters While a Child or Youth Is Hospitalized](#) the caseworker reconsiders the designation of medical consenter if a child or youth is admitted to an inpatient psychiatric facility.

The OCOK Permanency Specialist must follow the guidelines in the table below.

If:	Then:
the child or youth may return to the placement he or she was in before admission,	the specialist determines whether there needs to be a change in medical consenter while the child or youth is hospitalized.
The child or youth will not return to the previous placement, and someone who is not a OCOK employee is the primary or backup medical consenter,	OCOK makes the specialist the primary and backup medical consenter while the child or youth is hospitalized.
OCOK finds a new placement for the child or youth to go to after discharge from the inpatient facility,	the specialist determines the most appropriate medical consenter, backup medical consenter, or both, based on the new placement.

PLACEMENT: If the child/youth is not expected to return to his/her placement, the Primary OCOK Permanency Specialist must send the assigned placement staff all items required for a placement search **within 24 hours of receiving notification**. Those items include:

- Updated application for placement.
- Psychological or Psychiatric Evaluation.
- Level of Care.
- CANS, if completed.
- Current therapy notes.
- Letter from psychiatric hospital stating child/youth is no longer a danger to self or others.
- See the [Placement Process Resource Guide](#).

Note: If the child/youth is being served by the SSCC as part of Community-Based Care, the SSCC assigned staff person will obtain the above items as outlined in the catchment area's Operations Manual.

If there is a clinical recommendation for direct transfer to a State Hospital, the caseworker contacts the [CPS Mental Health Program Specialist](#) for next steps.

Notifying the Hospital of the Child's Sexual Victimization and Aggression History

Immediately, but no later than three (3) business days after notification that a child/youth on your caseload has been admitted to a psychiatric hospital, the primary OCOK Permanency Specialist (INV caseworker if CVS not assigned) must provide a copy of the Child's Sexual History Report Attachment A to the admissions staff or person responsible for the oversight of the child or youth. The caseworker must make every attempt to obtain a signature on the Attachment A. If the facility refuses to sign the document, the caseworker notes the refusal on the form and uploads the form into One Case.

See [CPS Handbook §4231.1 Notifying a Facility Regulated by Another State Agency of a Child's Sexual Victimization and Sexual Aggression History](#).

Required Actions during Hospitalization

While the child/youth is in the psychiatric hospital, the Psychiatric Hospital Worker, LPS or Other Designated Caseworker must:

- **Immediately, but no later than 24 hours after notification that a child/youth has been admitted for psychiatric treatment, *confirm*** the mental health facility has been provided with the name and contact information for the child's medical consentor.
- Make face to face contact with the child/youth at the facility within one to three (3) business days of becoming aware of the admission, and weekly thereafter.
- Confirm that the hospital staff treating the child/youth have been provided with the Child's Sexual History Report Attachment A and are aware of the child's sexual victimization and sexual aggression history. Provide Attachment A to the hospital staff and request signatures. If hospital staff refuse to sign, indicate who the form was provided to, date, and specify their refusal to sign. Upload into OneCase.
- Document weekly face to face contact in IMPACT in accordance with CPS policy.
- Request and send the child/youth's clinical record collected from the hospital to the primary caseworker and assigned placement staff or SSCC staff; ** the clinical record refers to any documentation of treatment services released by the hospital including the child/youth's Admission Summary, psychiatric/psychological evaluation, therapy notes, psychiatric progress or nursing notes, and medication status.
- Communicate critical updates regarding the child/youth's treatment (i.e., discharge plan, basic care needs, safety issues) to primary worker within 24 hours of being made aware of the new information.
- Coordinate and facilitate internal multidisciplinary staffings to assist with placement following discharge and securing services.

While the child/youth is in the psychiatric hospital, **the Primary Permanency Specialist must:**

- Notify the child/youth's parent(s) within 24 hours of notification (unless an exception listed under 6151.1 exists). As soon as possible, but no later than ten (10) days after admission, notify the GAL, AAL, parents' attorney, and CASA.

- Update the application for placement with the weekly progress/participation/therapy notes/medication compliance, etc. If this child/youth is being served by the SSCC as part of Community Based Care, the assigned SSCC staff person will update the application for placement as described.
- Conduct Required Monthly FTF contact if child/youth is hospitalized in legal region. IF out of region, phone contact required.
- Contact the Regional Education Specialist to develop a plan to ensure the child/youth's educational needs are met for the duration of the child/youth's hospital stay.

EDUCATIONAL NEEDS: Within three days of being made aware of the child/youth's admission to the psychiatric hospital, the **Regional Education Specialist** will:

- Coordinate with the psychiatric hospital worker and primary caseworker to determine the education needs of the child or youth; and
- Collect any needed education-related information from the primary caseworker to arrange educational services.

To arrange education services, the Regional Education Specialist will:

- Consult with child/youth's caseworker and caregiver for school withdrawal/enrollment process; and
- Maintain weekly contact with the caseworker/psychiatric worker to address any changes in hospitalization of the child/youth and to assist with any school transitions upon discharge.

If the child/youth is not receiving special education services, the Regional Education Specialist will:

- Consult with the hospital to explore how best to meet the education needs of the child/youth; and
- Consult with the local school district on its policy for providing education services to children and youth who do not receive special education services or are not eligible for special education service when the student is confined at home or at a psychiatric or medical facility.

The Education Specialist should confer with their supervisor and the Education Program Specialist at State Office as soon as possible if efforts to obtain educational services for a child/youth are unsuccessful.

When Placement is Identified

As soon as a placement is identified, the Primary OCOK Permanency Specialist will send an e-mail with the new placement's name, address, date of discharge from hospital/date of placement, transportation plan, and the name of the worker who will facilitate the placement to all of the following:

- Psychiatric Hospital Worker or LPS responsible for weekly contact

- Well-Being Specialist
- Primary OCOK supervisor
- Education Specialist
- Psychiatric Hospital to prepare child/youth for discharge and so that hospital can share information about child/youth with the identified placement

Note: If the child/youth is being served by the SSCC as part of Community Based Care, the SSCC assigned staff person will follow the placement process as outlined in the catchment area's Operations Manual.

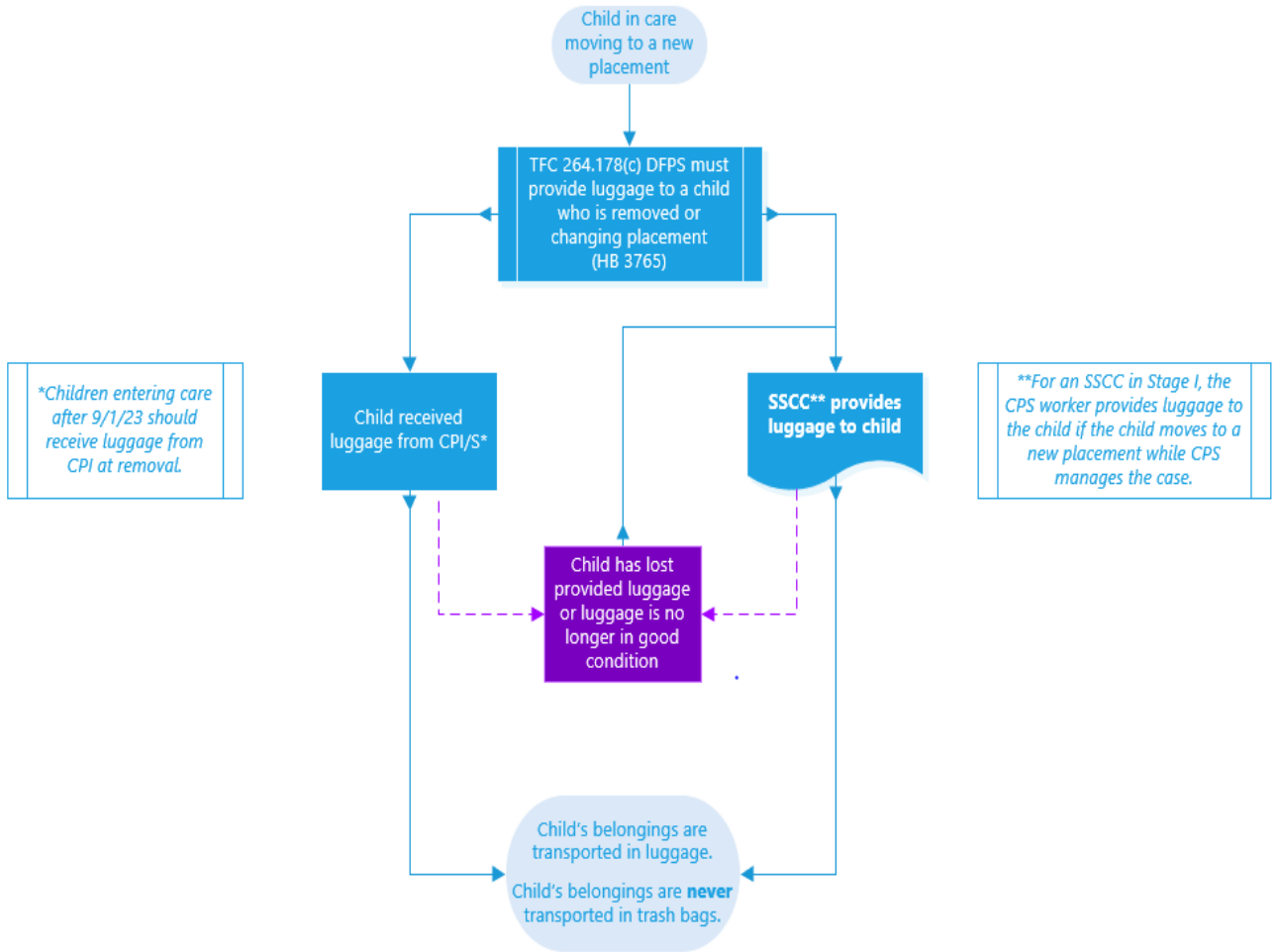
Appendix D: Medical Consenter Chart

Child's Placement	Recommended Designee First and Second Primary	Recommended Back Up First and Second Back Up
GRO Providing Emergency Care Services	Two Professional employee(s) of the GRO	<ul style="list-style-type: none"> • 3rd professional employee of the GRO; or • OCOK Specialist; or • Supervisor of primary/assigned caseworker.
CPA Foster family home CPA Foster group home with foster parents (without shift staff) CPA Pre-consummated adoptive home	Foster parents, or Pre-consummated adoptive parents	Professional employee(s) of the CPA, such as a case manager
GRO offering childcare services only (children's home with cottage model)	Cottage parents	<ul style="list-style-type: none"> • Alternate cottage parents; • Professional employee of the GRO, such as a case manager; or • OCOK Specialist.
Home and community-based (HCS) family home	HCS-based support family caregivers	<ul style="list-style-type: none"> • OCOK Specialist, or • Specialist's Supervisor
GRO Residential Treatment Center GRO Therapeutic Camp GRO Child Care Facility (Group Setting with Shift Staff)	<ol style="list-style-type: none"> 1. 1st Primary: the OCOK Permanency Specialist or Local Permanency caseworker 2. 2nd Primary: OCOK Case Care Specialist or Local Permanency caseworker 	<p>Any combination of the following individuals may be selected as the 1st and 2nd backup:</p> <ul style="list-style-type: none"> • OCOK Permanency Specialist; • Local Permanency caseworker; • OCOK Supervisor; or • OCOK Director of Case Management. <p>* In rare situations and with approval from the Local Permanency Supervisor or designee, a Human Services Technician (HST) specially trained to consent to psychotropic medication.</p>
HCS-based group home (with shift staff) Nursing home Intermediate care facilities for Individuals with Intellectual Disabilities (ICF-IID)	<ol style="list-style-type: none"> 1. OCOK Specialist 2. 2nd OCOK Specialist or OCOK Supervisor 	<ul style="list-style-type: none"> • 3rd OCOK Specialist or OCOK Supervisor • OCOK Supervisor

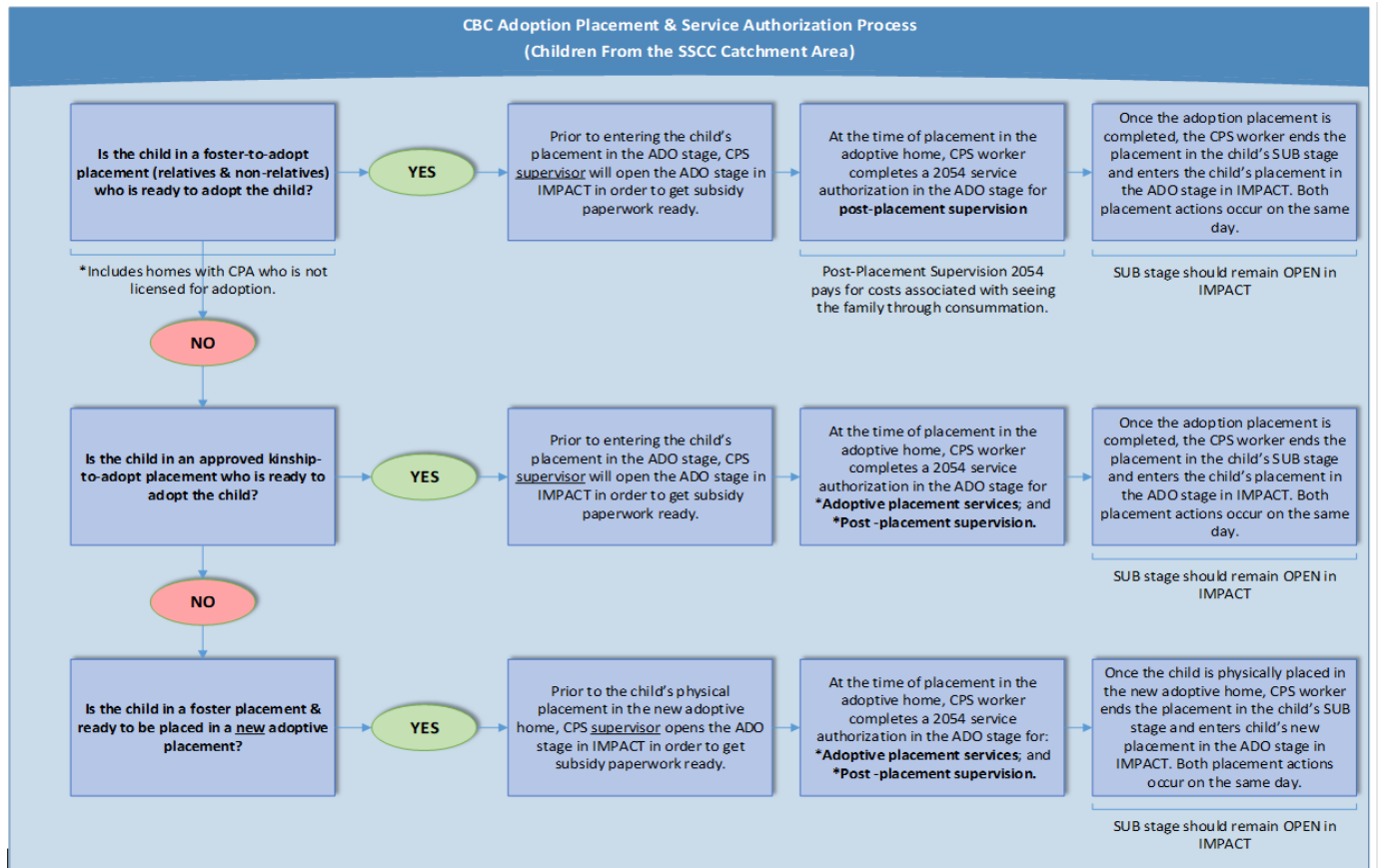
Child's Placement	Recommended Designee First and Second Primary	Recommended Back Up First and Second Back Up
GRO offering treatment services for individuals with intellectual disabilities State Supported Living Centers (SSLC)	<ol style="list-style-type: none"> 1. Developmental Disability Specialist (DDS) assigned as secondary worker 2. Primary OCOK Specialist or 3. Specialist's Supervisor 	<ul style="list-style-type: none"> • 2nd Developmental Disability Specialist (DDS) • 3rd Developmental Disability Specialist (DDS) or Primary OCOK Specialist
Placement with Relative or Kinship Caregiver	Primary live-in caregiver(s) for the child	Another person, relative or kinship individual that knows the child and has knowledge of his/her medical condition and needs

Appendix E: Providing Luggage to Children

Children in foster care have the [statutory right](#) to have their belongings transported in luggage. At least one piece of luggage is provided to every child that enters foster care beginning 9/1/2023, or at the first placement change occurring after that date. Children’s belongings may never be transported in a trash bag.



Appendix G: CBC Adoption Placement/Service Authorization Process



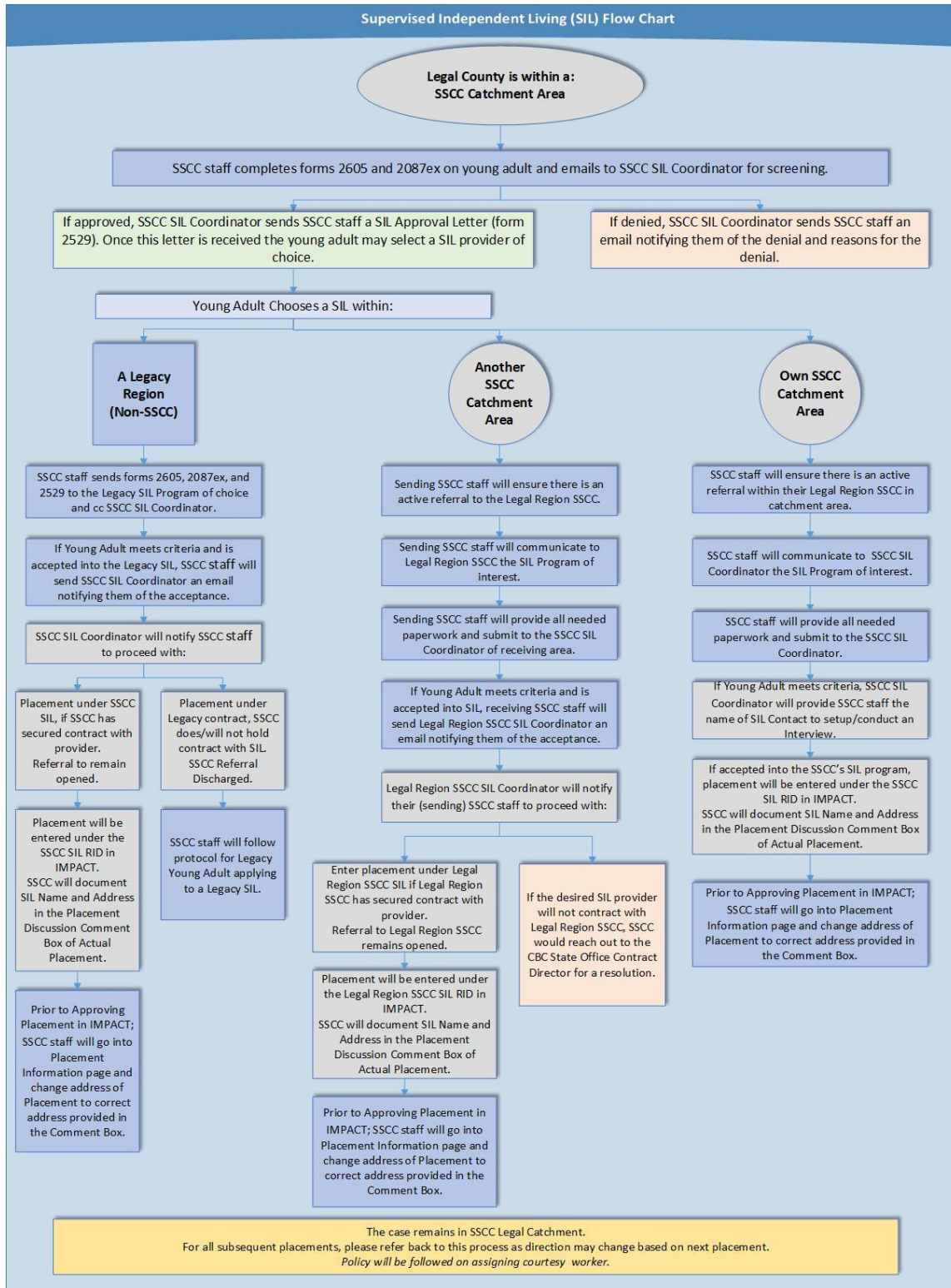
CBC Adoptions Placement Services Authorization Process

Pre-Consummation Services (2054 = Placement services)	Pre-Consummation Services (2054 = Placement services) Cont.	Post-Consummation Services (2054 = Post-placement supervision)
Foster-to-New Adopt Home	Kinship-to-Adopt	All Adoptions
Case Review	Home Screening	Supervision of the Adoptive Placement
Pre-Placement Visits (between the child & prospective adoptive family)	Household Members Background Checks	Facilitate Sibling Contact
Adoption Placement Documentation	Supervision of the Adoptive Placement	Progression to Consummation (supervision of placement, written reports, legal & policy requirements)
Home Screening	Progression to Consummation (supervision of placement, written reports, legal & policy requirements)	Delays in Consummation (review of placement with DFPS & contractor and develop a revised Plan of Service)
Household Members Background Checks	Delays in Consummation (review of placement with DFPS & contractor and develop a revised Plan of Service)	Disrupted Placement
Training for Adoptive Homes	Court Related Services: <ul style="list-style-type: none"> • Testimony (judicial hearings, court depositions & admin reviews) • Court Related Assistance (assist adoptive family & their attorney to complete consummation process) 	Court Related Services: <ul style="list-style-type: none"> • Testimony (judicial hearings, court depositions & admin reviews) • Court Related Assistance (assist adoptive family & their attorney to complete consummation process)
Adoption Preparation of the Child	Adoption Service Plan	Adoption Service Plan
	Adoption Preparation of the Child	Adoption Preparation of the Child

Appendix H: PAL Transition and Financial Support PAL Services for Eligible Youth Served by SSCCs

PAL Aftercare Services					
CBC Stage	Who sends request to service provider	Who is the service provider on 2054	Who completes 2054	Where is 2054 sent	Who documents services in IMPACT
SSCC in Stage II	SSCC PAL Staff	DFPS contracted - Transition and Financial Support for placement area	SSCC PAL Staff	DFPS contracted Transition and Financial Support provider for placement area	SSCC PAL Staff
Other PAL Services Sent to 3rd Party Claims Processor					
CBC Stage	Who sends request to service provider	Who is the service provider on 2054	Who completes 2054	Where is 2054 sent	Who documents services in IMPACT
SSCC in Stage II	SSCC PAL Staff	3 rd Party Claims Processor contract following existing procedures in PAL manual	SSCC PAL Staff	3 rd Party Claims Processor contract following existing procedures in PAL manual	SSCC PAL Staff

Appendix I: Supervised Independent Living (SIL) Flow Chart



Appendix J: OCA Child Fatality Review

OCA Child Fatality Review

The Office of Consumer Affairs (OCA) conducts reviews on cases when a child fatality has occurred and the case involves the following criteria:

1. The cause of death is suspected to be caused by abuse and/or neglect
2. There is an open or closed (CPI, CVS, FBSS, Kinship) within the last year.

OCA will conduct a review of the open Investigation regarding the child fatality with the most up-to-date information as the Investigation may still be ongoing and review any open and closed family cases within the last two (2) years. This review will identify staff involved, child safety concerns, policies associated with the concerns, trends, and patterns.

Critical Case Report is sent to DFPS Executive Leadership Team, Governors Office and external parties.

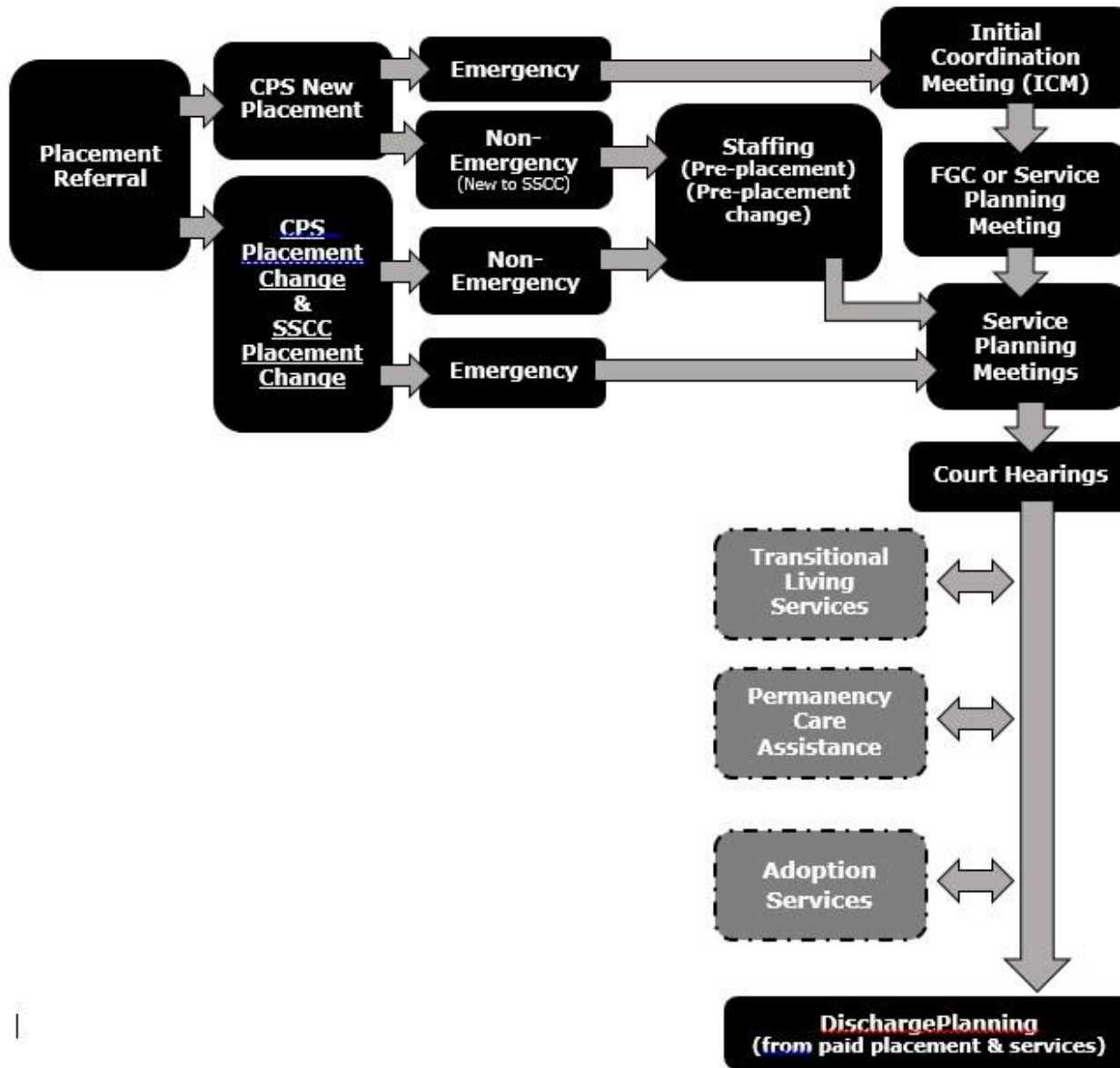
OCA Child Fatality Review is sent to the CPI Director of Investigations, CPS Director of Field, CPS Regional Director, and SSCC

The SSCC will review the cases OCA reviewed and other cases from the program area where the child fatality occurred. The SSCC will identify and list the steps and efforts to address issues noted in the OCA Child Fatality Review and their review of other cases on the Region Response to OCA Case Review Form.

The SSCC will review their findings with the CPS Regional Director and submit the Region Response to OCA Case Review Form to the CPS Director of Field and OCA within 30 days of the child fatality.

There will be times when OCA may identify cases for a Critical Case Meeting (CCM). The SSCC will receive a notification for when the CCM will occur. In lieu of providing the Regional Response for Cases Reviewed, the SSCC shall prepare to discuss any similar issues and policies affecting child safety as those listed in the OCA Child Fatality Review. SSCCs should be ready to provide updates on surviving children, who may be in care, or information relevant to SSCC oversight.

Appendix K: Flow of Conservatorship



Appendix L: DFPS Forms

Note: The following forms are linked to the DFPS website. In the chance that the link changes, forms can be found on the following webpages:

[DFPS "Find a Form" Webpage](#)

[DFPS Residential Child Care Contracts and Forms Webpage](#)

Appendix M: Community-Based Care Forms

Note: The following forms are linked to the DFPS website. In the chance that the link changes, forms can be found on the following webpages:

[DFPS "Find a Form" Webpage](#)

[Community-Based Care Forms Webpage](#)

Appendix N: How a Case Moves From Removal to Permanency

[TexProtects Flowchart of How A Case Moves From Removal To Permanency](#)

Appendix P: Glossary

Adoptive Placement: Begins when a child/youth is placed with an adoptive family and includes post-placement supervision and assistance in completing the adoption consummation process. Ends when the adoption is consummated and the case is closed.

Alternative caregiver: A person who is not the foster parent of the child/youth and who provides temporary care for the child/youth for more than 12 hours but less than 60 days.

Authorized Service Level (ASL): A Basic, Moderate, Specialized, or Intense service level determined by the third-party contractor or a Basic service level determined by the DFPS caseworker and supervisor. The authorized service level is based on information regarding the child or youth's service needs.

Awaiting Adoption: A child who is legally free for adoption; the child's Permanency Goal is Adoption; and the child is not in an Adoptive Placement or own home placement.

Blended Foster Care Rate: Foster care rate paid to the SSCC for each day of service provided to a child or youth in paid foster care, equal to the weighted average rate paid across all placement types.

Caregiver: A caregiver is a person, including an employee, foster parent, contract service provider, or volunteer, whose day to day responsibilities include direct care, supervision, guidance, and protection of a child/youth in care. This includes employees and contract staff who provide 24-hour awake night supervision in accordance with Remedial Orders A7 and A8. See CPS Handbook [policy 7911](#).

Generally, and in furtherance of a child/youth having as normal of a life experience as possible while in substitute care, "caregiver" does not include individuals who are not routinely responsible for direct care, supervision, guidance, and protection of a child/youth in care, such as school personnel, mentors, tutors and chaperones. Instead, determining what information to provide an adult involved with a child/youth's normalcy activity (e.g., extra-curricular activity, part-time job, church activities, school field trip, and visit to friend's house) must be considered on a case-by-case basis, keeping in mind the confidential nature of the information and the need to balance the child/youth's privacy concerns. Depending on the history, age of the child/youth, and situation in which the child/youth may be when engaging in a normalcy activity, the involved adult may not need to know of the child/youth's history, for example a tutor periodically at the child/youth's placement or an adult chaperone on a school field trip.

Casey Life Skills Assessment: An assessment of a youth's independent living skills designed to be completed by both the youth and the caregiver. The youth and caregiver results are combined into a report which provides an indication of the skill level and readiness of the

youth to live independently and creates the opportunity for the caregiver and youth to talk about the youth's strengths and challenges.

Catchment area: A geographic service area for providing child protective services that is identified as part of community-based care.

Child and Adolescent Needs and Strengths Assessment (CANS): A comprehensive and developmentally appropriate child welfare assessment required by Texas Family Code § 266.012. This definition does not refer to the CANS assessment used to determine eligibility for mental health rehabilitative services and mental health targeted case management services. It is a multi-purpose tool that links the assessment and service planning process. It was developed with the goal of improving permanency, safety, and improved quality of life. This structured assessment of the youth and their caregiver assists in the identification of appropriate actions to address a need or to support a strength. In this way, the CANS provides decision support for the service planning process. Available subsequent reassessments using the CANS tool also provide information about the appropriateness of the service plan and whether individual goals and outcomes are being achieved.

Child's Placement Information: DFPS shares information about a child with OCOK in order for OCOK to assess and make recommendations for the child's placement in a paid foster care setting. Placement information may vary between DFPS and SSCC initiated placement referrals, but, in general, the following placement information is shared with OCOK based on timeframes set within the Operations Manual:

- [Alternative Application for Placement of Children in Residential Care](#) (Form K-908-2087 excluding level of care information); [Alternative Application for Placement of Children in Residential Care](#) (Form K-908-2087 excluding level of care information);
- [Application for Placement of Child in Residential Care Form 2087](#) excluding level of care information); [Application for Placement of Child in Residential Care Form 2087](#) excluding level of care information);
- Court orders/affidavit;
- Visitation plans with siblings, parents, or other family member and fictive kin (if established);
- Birth verification/certificate;
- Social Security card or number (if available);
- Education portfolio;
- Medicaid and STAR Health cards or qualifying information (if available);
- Any relevant external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child;
- Signed Placement Authorization (2085FC);
- Signed Medical Consenter (2085B);

- Signed Education Decision-Maker (2085E); and
- Region 8a (Bexar County) Placement Documentation Authorization to Furnish Information (Form 1505).

Caregiver: A person whose duties include the supervision, guidance, and protection of children and youth.

Case Information: Case information is all abuse and neglect records, including records relating to reports, investigations, legal actions, and the provision of services to adults, children and families.

Case Management: In accordance with Texas Family Code §264.151, the provision of case management services to a child for whom the department has been appointed Temporary Managing Conservator or Permanent Managing Conservator or to the child's family, a young adult in extended foster care, a relative or kinship caregiver, or a child who has been placed in the catchment area through Interstate Compact on the Placement of Children, and includes, but is not limited to:

1. Caseworker visits with the child, family and caregivers.
2. Convening and conducting permanency planning meetings.
3. Development and revision of child and family plans of service, including a permanency plan and goals for a child or young adult in care.
4. Coordination and monitoring of services required by the child & the child's family.
5. Assumption of court-related duties regarding the child.
6. Any other function or service that DFPS determines necessary to allow a Single Source Continuum Contractor to assume responsibility for case management.

Caseworker: A DFPS or SSCC employee who provides casework services to children and youth in Substitute Care under the conservatorship of the State.

Child(ren)/Youth: A person(s) eligible and referred by DFPS to the SSCC for services under this contract from birth through the end of the month in which the individual turns 22 years of age.

Children/Youth in DFPS Legal Responsibility: All children for whom a court has appointed DFPS legal responsibility through temporary or permanent managing conservatorship or other court ordered legal basis. DFPS legal responsibility terminates upon court order or when a youth turns 18, whichever comes first.

Child-Care Services: Services that meet a child or youth's basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning.

Child Placing Agency: A person, including an organization, other than the natural parents or guardian of a child who plans for the placement of or places a child in a childcare facility, agency foster home, agency group home, or adoptive home.

Community-Based Care: As required by the 85th Legislative Session, Senate Bill 11, a community-based model where DFPS purchases case management and substitute care services from a Single Source Continuum Contractor (SSCC) to meet the individual and unique needs of children, youth and families in Texas. Substitute care includes both foster care and relative / kinship placements. Purchasing substitute care and case management services from the provider community allows DFPS to focus on child safety by investigating reports of abuse and neglect, providing in-home family-based safety services, and ensuring quality oversight of the foster care system. Ensuring individual children achieve timely permanency will be the responsibility of the SSCC.

Confidential Information: Personally Identifiable Information (PII), Protected Health Information (PHI), Case Information, Criminal History Record Information (CHRI), or Sensitive Personal Information.

Consortium: A group of providers who propose to jointly develop and implement a Single Source Continuum Contract proposal with different providers responsible for different parts of the proposal and resulting network. DFPS will only contract with one of the providers of a Consortium who will be directly responsible to DFPS for all services and performance outcomes under the SSCC Contract. DFPS will also contract with a separate business entity Formed by Consortiums that all members have an ownership interest in.

Contract: A promise or a set of promises, for breach of which the law gives a remedy, or the performance of which the law in some way recognizes as a duty. It is an agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law. The term also encompasses the written document that describes the terms of the agreement. For state contracting purposes, it generally describes the terms of a purchase of goods or services from a vendor or service provider.

Criminal History Record Information (CHRI): CHRI is arrest-based data and any derivative information from that record, such as descriptive data, FBI number, conviction status, sentencing data, incarceration, and probation and parole information.

Designated Victim: A child determined as such by an investigation resulting in a disposition of Reason to Believe (RTB) and entered in the data system.

Disproportionality: The over representation of a particular race or cultural group in a program or system.

Disparity: The inequitable or different treatment or services provided to one group as compared to another group. It is how one is treated or the types, quality, and quantity of services made available.

eCANS: The eCANS portal is an online system that will be able to house CANS assessment results, deliver a suite of reports containing aggregate data, and provide system functionality that ties HHSC and DFPS efforts together.

Education and Training Voucher (ETV) Program: A federally-funded (Chafee) and state-administered program. Under this program, Youth and young adults ages 16 to 23 years old may be eligible for up to \$5,000.00 financial assistance per year to help them reach their post-secondary educational goals.

Education Portfolio: The updated and maintained separate education binder that contains important school documents and is designed to follow school-age children and youth to each placement. This allows for the review of the most current educational records and documentation by school officials, residential child-care contractors, foster parents, family caregivers, children and youth.

Emergency Behavior Intervention: An intervention used in an emergency situation, including personal restraint, mechanical restraint, emergency medication, or seclusion.

Exceptional Foster Care Rate: Based on a pro Forma approach which involves using historical costs of delivering similar services, where appropriate data are available, and estimating the basic types and costs of products and services necessary to deliver services meeting federal and state requirements.

Experiential Life Skills Activities: Activities which engage children and youth in learning new skills, attitudes, and ways of thinking through hands-on learning opportunities. Experiential life-skills training is tailored to the child or youth's skills and abilities and may include training in practical activities that include grocery shopping, meal preparation and cooking, using public transportation, performing basic household tasks, balancing a checkbook, and managing personal finances.

Extended Foster Care: A program for youth and young adults, ages 18 to 22 years old that are eligible, and have signed an agreement to participate in this program. A youth who turns 18 years of age while in the conservatorship of DFPS who is continuing to receive Extended Foster Care services under the Extended Foster Care is eligible for Extended Foster Care services through the end of the month in which the Youth or young

Adult reaches the age limit referenced in 1 through 7, so long as sufficient documentation is provided on a periodic basis as required by the terms of the youth or young adult's Extended Foster Care Agreement to demonstrate that the youth or young adult is:

1. Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the youth or young adult's 22nd birthday;
 2. Regularly attending an institution of higher education or a post-secondary vocational or technical program up to the youth or young adult's 21st birthday.
- These can remain in care to complete vocational-technical training classes regardless

- of whether or not the youth or young adult has received a high school diploma or GED certificate (40 TAC §700.316);
3. Actively participating in a program or activity that promotes, or removes barriers to employment up to the youth or young adult's 21st birthday;
 4. Employed for at least 80 hours per month up to the youth or young adult's 21st birthday;
 5. Incapable of doing any of the above due to a documented medical condition up to the youth or young adult's 21st birthday (40 TAC §700.316); or
 6. Accepted for admission to a college, or vocational program that does not begin immediately. In this case, the youth or young adult's eligibility is extended three and a half months after the end of the month in which the youth or young adult receives his/her high school diploma or Graduate Equivalency Diploma (GED) certificate.

Face-to-Face (FTF) Contact: An in-person meeting or visit that does not require video conferencing or similar technology.

Family: For purposes of this contract, family is defined as the parents or other relatives (including fictive kin) of children in paid foster care who are referred by DFPS to the SSCC for services. Families may remain eligible for the SSCC service coordination and delivery after children have exited paid foster care so long as DFPS remains the legal conservator.

Fictive Kin: For purposes of this contract, fictive kin is an individual who has a longstanding and significant relationship with a child in DFPS conservatorship, or with the child's family and provides, or is anticipated to provide, care to the child.

Financial Literacy Education Program: Education, training, and experiential support that includes:

1. Obtaining and interpreting a credit score;
2. Protecting, repairing, and improving a credit score;
3. Avoiding predatory lending practices;
4. Saving money and accomplishing financial goals through prudent financial management practices;
5. Using basic banking and accounting skills, including balancing a checkbook;
6. Using debit and credit cards responsibly;
7. Understanding a paycheck and items withheld from a paycheck; and
8. Protecting financial, credit, and identifying information in personal and professional relationships.

Form 2054: DFPS Form which initiates invoicing process and contains, at a minimum the following information:

1. Name of the contractor and contract number;
2. Service Code;
3. Names of client or Family members who are to receive services;
4. Types services requested;
5. Number of units for each service requested; and
6. Time limit for the service.

Foster Care: A placement paid by DFPS or other public facility. Placements include foster homes, foster group homes, basic child care facilities, residential treatment centers, and shelters. This is a subset of children in Substitute Care.

Foster Family Home: An independent licensed operation or a home under the regulation of a child-placing agency that is the primary residence of the foster parents and provides residential child care for six or fewer children up to the age of 18 years.

Full Continuum of Care: An array of least restrictive, most-family like placement services that meet the residential and treatment service needs of all children and youth in the care of a contractor.

General Residential Operation: A child-care facility that provides care for more than 12 children for 24 hours a day, including facilities known as children's homes, residential treatment centers, and emergency shelters.

IMPACT: Information Management Protecting Adults and Children in Texas, a computer application used by DFPS staff for case management.

Initial Coordination Meeting (ICM): Convened by DFPS and held within seven (7) days of referral to the SSCC for placement and/or services to a child or youth (Stages I-III) and/or family (Stages II-III). Purpose of ICM is to review child or youth/family's history and identify service needs to be included in the child or youth and/or family plan(s) of service.

Intermittent Alternate Care: A planned alternative 24-hour care provided for a child or youth by a licensed Child-Placing Agency or Independent Foster Home as part of the agency or home's regulated child care and that lasts more than 72 consecutive hours.

Least Restrictive Placement: Most family-like setting (e.g., parent or legal family of origin, non-custodial parent, kinship care, foster family home, adoptive home or cottage style general residential operation (GRO)) based on the child's or youth's individual needs.

Legacy System: Foster care system where DFPS delivers placement and case management services and utilizes the service level system as the method in which to pay for residential services for children and youth in DFPS conservatorship or who voluntarily agree to remain in care. In addition, current purchased client services funding mechanisms to access family services that are coordinated and authorized through DFPS.

Level(s) of Need: Array of services (including both licensed child care and treatment services) required by an individual Child who resides in substitute care, and are designed to support the achievement of safety, permanency and well-being.

Legal Conservator: Also known as the managing conservator, is an entity responsible (either temporarily or permanently) for a child or youth as the result of a district court order pursuant to the Texas Family Code Chapter 153. [TAC §700.501(9)]

Minimum Standards: DFPS rules which are the minimum requirements for permit holders and which are enforced by DFPS to protect the health, safety, and well-being of children and youth. DFPS provides publications that contain the Minimum Standards and guidelines for compliance for each type of operation.

National Youth in Transition Database: The data collection system developed by the Administration for Children and Families (ACF) to track the independent living services provided to children and youth and to develop outcomes that measure the States' performance in preparing children and youth for their transition from foster care to independent living. More information is available at: National Youth in Transition Database

No eject/no reject: Contract requirement that a contractor may not refuse to accept a properly referred client for services under this contract nor may a contractor cease to serve, or request DFPS remove a child, youth, or family from its referred client list.

Outcome: A measure that reflects or reveals change or impact.

Performance-Based Contract: A contract that ties payment, financial incentives and remedies to performance. Additional performance measures may be included and used to make decisions to renew or terminate the contract.

Permanency Care Assistance: The Permanency Care Assistance program gives financial support to kinship caregivers who want to provide a permanent home to children who can't be reunited with their parents.

Permanency Goal: The Department's permanency goals are subcategories of the four goals identified by the Texas Family Code §263.3026. The categories are as follows:

1. Family Reunification;
2. Adoption by a relative or suitable individual (Relative Adoption or Unrelated Adoption);
3. Permanent Managing Conservatorship to a relative or suitable individual (Relative Conservatorship or Unrelated Conservatorship); and
4. Another planned permanent living arrangement (Foster Family -DFPS Conservatorship, Other Family DFPS Conservatorship, Independent Living or Community Care).

Permanency Planning: The identification of services for a child or youth (and usually to the child or youth's family), the specification of the steps to be taken and the time frames for taking those steps so as to achieve the following goals:

1. A safe and permanent living situation for the child or youth;
2. A committed Family for the child or youth;
3. An enduring and nurturing family relationship that can meet the child or youth's needs;
4. A sense of security for the child or youth; and
5. A legal status for the child or youth that protects the rights of the child or youth.
6. (40 TAC §700.1201 and DFPS policy §6200)

Permanent Managing Conservatorship (PMC): When a court orders DFPS as PMC, it can be either with a child's parental rights terminated or parental rights intact. The rights and duties of DFPS are generally the same as with TMC.

Personal Contact: A meeting, either face-to-face or by telecommunication, during which the parties' discussion and actions are not directed.

Personally Identifiable Information (PII): Any information that can be used alone or in conjunction with any other personal information to identify a specific individual. PII includes any information that can be used to search for or identify individuals, or can be used to access their records. Examples include name, SSN, DOB, Social Security benefit data, and state or government issued driver's license number.

Placement Change: Any change in placement location except for temporary breaks in service as further defined in the contract.

Preparation for Adult Living (PAL) Activities: Benefits and services provided to children and youth in DFPS-paid Substitute Care who are age 14 or older and likely to remain in foster care until at least age 18, who can qualify for services up to their 21st birthday. Services and benefits may include:

1. Casey Life Skills Assessment to assess strengths and needs in life skills;
2. Life Skills training in core areas including financial management;
3. Job readiness and life decisions/responsibility;
4. Educational/vocational services;
5. Coordination of the Transitional Living Allowance (TLA) up to \$1000 (distributed in increments up to \$500 per month for children and youth who participate in PAL Life Skills training, to help children and youth with initial start-up costs in adult living);

6. Coordination of After Care Room and Board (ACRB) assistance, based on need, up to \$500 per month for rent, utility deposits, food, etc. (not to exceed \$3000 of accumulated payments per child or youth);
7. Case management to help children and youth with self-sufficiency planning and resource coordination;
8. Teen conferences;
9. Leadership development activities; and
10. Additional supportive services, based on need and availability of funds, such as mentoring services and driver's education.

Protected Health Information (PHI): Individually identifiable health information that is transmitted or maintained in any Form or medium. Individually identifiable health information is data, including demographics, that relates to:

1. The individual's past, present, or future physical or mental health or condition;
2. The provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual; and
3. Information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

As a general rule, health information linked with any one of the following direct or indirect identifiers of the individual, relatives, employers, or household members is considered protected health information:

1. Name
2. Street address, city, county, precinct, zip code, and equivalent geocodes
3. All elements of dates (except year) for dates directly related to an individual and all ages over 89
4. Telephone number
5. Fax number
6. Electronic mail address
7. Social Security number
8. Medical record numbers
9. Health plan ID numbers
10. Account numbers
11. Certificate and license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers

13. Device identifiers and serial numbers
14. Web addresses (URLs)
15. Internet IP addresses
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

Purchased Client Services: Services designed to remedy abuse, neglect and exploitation of DFPS clients. For purposes of this contract, these services are purchased by the SSCC (through an allocation of funds) and offered to children and youth in the Department's conservatorship and their families to support the achievement safety, permanency and well-being.

Reason to Believe: Abuse or neglect occurred based on a preponderance of the evidence. This means when all evidence is weighed, it is more likely than not that abuse or neglect occurred.

Referral: Process by which DFPS notifies the SSCC of need to initiate placement and/or others services to eligible children, youth and/or families.

Residential Child Care: The care, custody, supervision, assessment, training, education, or treatment of an unrelated child or youth for 24 hours a day that occurs in a place other than the child or youth's own home.

Return to Care: A program designed for youth and young adults 18 to 22 years old that are eligible and sign an agreement to participate in this program. Eligible participants must have been in DFPS conservatorship at the time they turned 18 years old (or were on run away status at the time they turned 18 years old and their conservatorship case had not been dismissed), and want to Return to Extended Foster Care, and:

1. Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the youth or young adult's 22nd birthday;
2. Regularly attending an institution of higher education or a post-secondary vocational or technical program (minimum six hours per semester) up to the youth or young adult's 21st birthday. These can remain in care to complete vocational-technical training classes regardless of whether or not the youth or young adult has received a high school diploma or GED certificate (40 TAC §700.316);
3. Actively participating in a program or activity that promotes, or removes barriers to employment up to the youth or young adult's 21st birthday;
4. Employed for at least 80 hours per month up to the youth or young adult's 21st birthday;
5. Incapable of doing any of the above due to a documented medical condition up to the youth or young adult's 21st birthday ([40 TAC §700.316](#)); or
6. Return on a break from college or a technical or vocational program for at least one month, but no more than 4 months and have not reached their 21st birthday ([40 TAC 700.316](#)).

The return to care program does not include youth and young adults over 18 years old who are overnight visitors or living in the homes of foster parents, and the foster parents are not receiving a foster care payment for the care of these youth and young adults (40 TAC §745.601, §745.615, and §749.2653).

Reunification: Identification of a child's own home as the safe and permanent living situation towards which services are directed. Reunification means that (1) DFPS has removed the child from the home and (2) DFPS has determined that the child's parents are willing and, after completing services, able to provide the child with a safe living environment. Reunification occurs when the child has returned to the home.

Sensitive Personal Information: Sensitive personal information means an individual's first name or first initial and last name in combination with any one or more of the following items, if the name and the items are not encrypted:

1. Social Security number;
2. Driver's license number or government-issued identification number; or
3. Account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account.

Sensitive Personal Information also includes data revealed directly or indirectly relating to:

1. Natural persons concerning their racial or ethnic origin;
2. Political opinion;
3. Trade union membership;
4. Religious or philosophical beliefs;
5. Physical and mental health including state of health, illness, handicaps, pathological defects or medical treatments;
6. Sexual orientation or activity;
7. Criminal records, including convictions, decisions of penalties and fines, or other information collected in judicial or administrative proceeding to ascertain an offense or regarding an alleged or suspected commission of an offense;
8. Biometric or genetic data; or
9. Social welfare needs or benefits or other social welfare assistance received.

Sensitive information does not include publicly available information that is lawfully made available to the public from the federal, state, or local government.

Serious Incident: Any non-routine occurrence that has an impact on the care, supervision, or treatment of a child or youth. This includes, but is not limited to, suicide attempts, injuries

requiring medical treatment, runaways, commission of a crime, and allegations of abuse or neglect or abusive treatment.

Service Plan: The contractor's developed plan that addresses the services that will be provided to a child or youth to meet the child, youth and/or family member's specific needs while served by the contractor.

Service Area: The designated area in which the SSCC will provide all services described in this contract. The SSCC will provide all services described in this contract in Region 3W.

Siblings: Children, youth, and young adults who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child, youth or young adult lived before his or her substitute care placement, or with whom the child, youth or young adult would be expected to live if he or she were not in substitute care. Counted as any child in the same DFPS case with another child.

Sibling Group: Any DFPS case with two or more children in paid foster care.

Single Source Continuum Contract/Contractor (SSCC): Entity with whom DFPS enters into a contract for the provision of the full continuum of care in a catchment area, as required in this contract.

STAR Health: Statewide managed care program that provides comprehensive health care to children and youth in foster care and relative care, including medical, behavioral health, dental and vision care.

Start Up Period: A one time, initial period of six months that will begin on the date the contract is signed during which the Contractor will perform necessary readiness activities and build its system of service prior to the first Client referral from DFPS.

Substitute Care: All children who are living in a DFPS out of home placement (kinship or paid foster care). It does not include children living in a return and monitor placement. Unless noted otherwise, it does include youth over 18 who are in Extended Foster Care but are not in DFPS custody.

Supervised Independent Living (SIL): A type of voluntary Extended Foster Care placement where young adults can live on their own, while still getting caseworker and support services to help them become independent and self-sufficient. The SIL program allows young adults to live independently under a supervised living arrangement provided by a contracted provider. A young adult in SIL is not supervised 24-hours a day by an adult and has increased responsibilities. Through SIL a young adult has increased responsibilities, such as:

- Managing their own finances,
- Buying groceries or personal items, and
- Working with a landlord.
- SIL also helps transition young adults to independent living by teaching them to:

- Achieve identified education and employment goals,
- Access community resources,
- Engage in needed life skills training, and
- Establish important relationships.

Temporary Managing Conservatorship (TMC): When a court orders DFPS as TMC, DFPS can exercise specific rights including but not limited to the right to have physical possession of the child along with specific responsibilities, including but not limited to the duty of care, control and protection of a child, the right to designate the primary residence of the child and the right to make decisions concerning the child's health-care and education.

Texas Adoption Resource Exchange (TARE): TARE website is the leading recruitment tool for prospective adoption homes for DFPS. The purpose of TARE is to expedite permanency for available waiting children by increasing the number of prospective adoptive home resources.

Therapeutic Services: In addition to child care services, a specialized type of childcare services designed to treat and/or support children:

- With Emotional Disorders, such as mood disorders, psychotic disorders, or dissociative disorders;
- With Intellectual Disabilities, who have an intellectual functioning of 70 or below and are characterized by prominent, significant deficits and pervasive impairment;
- With Pervasive Developmental Disorder, which is a category of disorders (e.g. Autistic Disorder or Rett's Disorder) characterized by prominent, severe deficits and pervasive impairment;
- With Primary Medical Needs, who cannot live without mechanical supports or the services of others because of life-threatening conditions; and/or
- Determined to be a trafficking victim.

Trauma Informed Care: An approach to understanding the biological, developmental, relational and social effects of trauma and violence on children, youth and families which integrates the understanding-based perspective to care.

Treatment Services: A specialized type of child-care services designed to treat and/or support children or youth with Emotional Disorders, Mental Retardation, Pervasive Developmental Disorder, and Primary Medical Needs as described in [40 TAC §748.61](#).

Verified Kinship Care: A kinship caregiver who has become verified as a foster parent to provide residential care in accordance with child care licensing regulations.

Voluntary Extended Foster Care Agreement [Form 2540](#): The Department's Form which documents the youth or young adult's agreement to voluntarily remain in foster care and outlines the categories of activity which qualify a child or youth to remain in foster care.

Voluntary Return to Extended Foster Care Agreement [Form 2540](#): The Department's Form which documents the youth or young adult's agreement to voluntarily return to foster.

Appendix Q: Operation Manual Version Tracking

Version (Published Date)	Section Topics Affected	Change Details
5/1/2024	Stage I	Removed Stage I processes – effective 5/1 this area moves into Stage II