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WHAT IS COMMUNITY BASED CARE?

This operations manual gives CPS and 2INgage staff a more in-depth look at the protocols for case actions in CPS cases involving paid foster care placements that are affected by Community Based Care in Region 2. To begin, staff must understand Community Based Care.

Community Based Care is a new way of providing foster care and case management services. It’s a community-based approach to meeting the individual and unique needs of children, youth, and families. Within a geographic catchment area, a single contractor (officially a Single Source Continuum Contractor or SSCC) is responsible for finding foster homes or other living arrangements for children 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 in foster care under Foster Care Redesign. Under Foster Care Redesign, a 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 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 Community Based Care takes shape statewide, CPS' focus will shift to ensuring quality oversight of foster care and services for children and families. The SSCC will be responsible for case management and services that move children from foster care or kinship care into a permanent home.

Community Based Care Quality Indicators

1. Children and youth are safe from abuse and neglect.
2. Children and youth are placed in their home communities.
3. Children and youth are appropriately served in the least restrictive environment.
4. Children and youth have stability in their placements.
5. Connections to family and others important to the child are maintained.
6. Children and youth are placed with their siblings.
7. Services respect the child's culture.
8. Children and youth are provided opportunities, experiences, and activities similar to those available by their peers who are not in foster care.
9. Youth are fully prepared for successful adulthood.
10. Youth have opportunities to participate in decisions that affect their lives.
11. Children and youth are reunified with their biological parents when possible.
12. Children and youth are placed with relative or kinship caregivers if reunification is not possible.
Community Based Care is intended to allow a 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: 2INgage**

DFPS has awarded a Community Based Care contract to 2INgage, a new partnership between Texas Family Initiative LLC and New Horizons Ranch and Center Inc. 2INgage will serve as the Single Source Continuum Contractor (SSCC) for the DFPS Region 2. Texas Family Initiative has national experience providing foster care, adoption, case management, placement, and family preservation services. New Horizons Ranch has strong community relationships with DFPS and community leaders, and has experience in providing an array of quality services in Region 2. This partnership has combined child welfare experience of more than 95 years, and is committed to the following core principles:

- **INform** and empower network agencies to see themselves as part of this community and therefore take responsibility along with the community for those children.
- **INspire** a more positive, performance driven system for families and children.
- **INGage** community to understand that the children entering the foster care system from their community are their children.

**Texas Family Initiative** brings strength through their extensive national experience providing foster care, adoption, case management, placement and family preservation services, as well as providing agency oversight to ensure accountability and quality services within a provider network. The Texas Family Initiative has experience in Texas community-based care and will bring their knowledge to promote industry innovation and grow resources in the communities within Region 2. TFI Family Services, Inc. (TFI) serves as the parent company to Texas Family Initiative LLC. TFI, founded in 1965, is a multi-state child welfare, behavioral health and administrative support organization with licenses in good standing in five states. TFI is a 501(c)(3) private, non-profit organization accredited by the Council on Accreditation (COA).

**New Horizons** has strong relationships with Region 2 DFPS staff, community leaders, and community providers extending over many years. They are recognized leaders in the provision of quality services and have been involved in the development of Community Based Care for more than a decade. Their strength and focus lies in their individualized and trauma-focused services for every child and family they serve, community engagement that maximizes investment in and support of children, and development of a robust network of child and family focused organizations.

**Operating Policies and Rules**

The protocols detailed in this operations manual are for children from Region 2 placed with and/or receiving services through 2INgage as the Single Source Continuum Contractor.

The CPS Handbook policies and rules remain in effect, unless specifically waived. However, if differences or conflicts in CPS Handbook policy are present, this manual will
govern the operations in Region 2. CPS and 2INgage 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 to minimize risk of data breaches which can be found in 2INgage Provider Manual.

If you have questions about any information in this manual, please contact your Supervisor, Program Director, or Lisa Lopez, Region 2 Community Based Care Program Administrator.

For more information about Community Based Care, go to: DFPS Community Based Care.
**REFERRALS FOR ALL SSCC PLACEMENTS**

Region 2 DFPS staff will work directly with 2INgage upon determining that a child in DFPS conservatorship requires placement in a *paid* foster care setting.

DFPS staff must follow DFPS Handbook policy related to the assessment, consideration, and selection of the least restrictive placement for every child’s initial or subsequent placement (new placement or placement change) in substitute care. For more information, see DFPS Handbook policy:

- [4114 Required Factors to Consider When Evaluating a Child’s Possible Placement](#)
- [4114.4 Preference for the Least Restrictive Setting](#)

Since 2INgage will be paid one blended foster care rate for all children placed within 2INgage’s provider network, DFPS will no longer submit service level requests to Youth for Tomorrow (YFT). Regardless of the child’s needs or services to meet those needs, 2INgage is responsible for providing a continuum of care to each child placed within their provider network. DFPS handbook policy items related to requesting a service level for a child, therefore, is waived. See [Community Based Care Texas Administrative Code (TAC) Rules Waiver](#) for more information.

**General Requirements for all SSCC Placements:**

- In situations where the DFPS Worker has identified that a child *may* require a paid foster care placement, the Program Director (PD) may direct the DFPS Worker to provide 2INgage advance notification of a child’s need for possible paid foster care placement. The DFPS Worker will notify 2INgage by email or phone within 1 hour if it is determined that paid foster care placement is not needed.
- If the court should order anything regarding the placement of a child (i.e. a placement move or for a child to remain in a particular foster home), DFPS will notify 2INgage immediately and provide a copy of the court order as soon as possible. When possible, DFPS will notify 2INgage prior to any anticipated court rulings that may affect the placement of a child or sibling group.
- DFPS will notify 2INgage immediately of any discharge from SSCC paid foster care placement.

**Placing Children with History of Sexual Aggression, Sexual Victimization, and/or Sexual Behavior:**

**Child Sexual Aggression Designation:**

If a child with sexually aggressive behavior is identified, it must be indicated in the child’s case record by the CVS Program Administrator and reflected in the child’s application for placement. The CVS Program Administrator is the designated individual responsible for determining if a child’s behavior meets the definition of sexually aggressive and has specific protocols and definitions that guide in that decision.

If 2INgage or their network provider suspects that a child has sexually aggressive behavior and they have not already been given that designation, notification to the CPS
caseworker must be made immediately so they can notify their Supervisor, Program Director and CVS Program Administrator.

**If A Sexually Aggressive Designation Is Determined:**

The CVS PA notifies the PD, Supervisor, Caseworker and 2INgage staff member assigned of the decision, including the rational for the decision made.

**If the designation is at removal:**
- If the child **has not** been placed, the removal caseworker updates the abbreviated version of the application for placement (form 2087ex) before submission to 2INgage for placement.
- If the child has already been placed, and the placement is not aware of the child's behavior, the removal worker IMMEDIATELY notifies 2INgage and the placement about the child's behavior and documents the notification in IMPACT.

**If the designation is after the child is in conservatorship the CVS caseworker or 2INgage staff (if applicable):**
- Launches a new application for placement. The new application for placement will autofill with the information from the sexual aggression page in IMPACT.
- Updates Child Plan of Service (CPOS) for both the child who was determined to have sexually aggressive behaviors and the child who was the victim of child sexual aggression to include services and supports.

Within 24 hours of the child being marked CSA, the CVS PA will send an email to the CVS PD asking that they confirm that the CPS caseworker has updated the common application, updated the Child Plan of Service and notified the placement and 2Ingage Care Coordinator.

The CVS PD will have 24 hours to respond to CVS PA confirming the above activities required of the Caseworker have been completed.

For additional information regarding Child Sexual Aggression please refer to the Child Sexual Aggression Resource Guide.

**Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification:**

**Initial Placements:**
- DFPS will complete the question under the sexual victimization tab in IMPACT and enter any episodes if marked yes.
- If sexual aggressive behavior is identified, DFPS will follow the child sexual aggression designation process above.
- If applicable, will complete the trafficking information in IMPACT prior to printing the Child Sexual History Attachment A form (in IMPACT)
- DFPS will print the Attachment A from and this will be used in lieu of the previously approved CSA form.
• If DFPS is transporting the child to the initial placement,
  o DFPS will discuss the information in the Attachment A form with the
    receiving caregiver,
  o obtain signatures from the receiving caregiver,
  o Use the “Genius” app on their work phone to scan the signed
    Attachment A form and email to themselves.
  o Upload Attachment A into ONE CASE in IMPACT. Note: 2INgage does
    not have access to ONE CASE.
  o Provide 2INgage with an electronic signed copy of the form within 1
    business day of placement.
• For placements made by 2INgage,
  o DFPS will provide 2INgage with a printed copy of Attachment A
  o 2INgage, or their designee, will be responsible for discussing
    information in the Attachment A with the caregiver at the time of
    placement.
  o obtaining the signature of the receiving caregiver,
  o Providing a signed and scanned copy of the form via email to DFPS
    within 1 business day placement.

Subsequent Placements:
• DFPS will update all information under the person detail page tabs prior to the
  placement change
• DFPS will email an updated Attachment A to 2INgage prior to placement.
• 2INgage, or their designee, will be responsible for discussing information in the
  Attachment A with the caregiver at the time of placement.
• Obtaining the signature of the receiving caregiver,
• Providing a signed and scanned copy of the form via email to DFPS within 1
  business day placement.

New Placements

After DFPS determines, with supervisor approval, that the child requires placement in a
paid foster care setting, the DFPS Worker must decide if the child needs emergency or
non-emergency placement.

Before any non-emergency placement change, the caseworker must contact the following
people and ask for their recommendations on the subsequent placement:
• the attorney ad litem (AAL);
• the guardian ad litem (GAL); and
• the court appointed special advocate (CASA).

If an emergency placement change does not allow time for the required consultations,
the caseworker must notify the AAL, GAL, and CASA as soon as possible, but no more
than three working days after the change.
**Emergency Placement Process**

The emergency placement process is used when DFPS makes a referral to 2INGage for a child or youth who is in **immediate** need for paid foster care placement and services and is not currently served by 2INGage. This process, therefore, will be used for all emergency removals as well as any child requiring immediate paid foster care placement and services.

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<th>Process</th>
<th>Procedure</th>
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<tr>
<td>Notification &amp; Referral</td>
<td>DFPS Worker will contact 2INGage Intake Department via phone: (877) 254-6135 and follow-up by email at <a href="mailto:CMD@2ingage.org">CMD@2ingage.org</a> and provide:</td>
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<td>• DFPS Worker contact information</td>
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<td>• DFPS Worker back-up contact information (i.e. supervisor)</td>
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<td>• 2INGage will identify 2INGage Care Coordinator to be assigned as secondary in IMPACT</td>
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<td>• General information on number of children, ages, etc.</td>
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<td>• Additional child’s placement information must be sent via email to 2INGage and DFPS Supervisor within 1 hour of verbal referral</td>
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|                       | The official referral begins with DFPS entering a SSCC child placement and services referral in IMPACT giving 2INGage access to the SUB stage **AND** sending additional child placement information via email to 2INGage (cc DFPS Supervisor) that provides the information needed to begin the placement search in **ECAP Client Assessment**. Subject line “Emergency Referral – Last name of oldest child being referred”:
|                       | • Application for Placement of Children in Residential Care (form 2087; excluding level of care information) **or** |
|                       | • Alternative Application for Placement of Children in Residential Care (form 2087ex; excluding level of care) |
|                       | • Child Sexual History Attachment A form (in IMPACT)                      |
|                       | • Authorization to Furnish Information (form 1505)                        |
|                       | ![Please see **Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification-Initial Placements**](#) |
|                       | • Please note verbal notification to 2INGage is only courtesy notice. The 4 hour requirement for transfer of supervision of the child will not begin until DFPS Worker provides a thorough and descriptive Application for Placement of Children in Residential Care (2087ex) specific to the child’s needs to 2INGage. If DFPS is unable to provide any of the information required by the Application for Placement of Children in Residential Care (2087ex) then explanation of
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<td>why that information is missing is required. Any change that affects the 4 hour timeframe, a verbal discussion will occur between managers to be followed up with an email.</td>
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<td>• In order to gain input from the child regarding placement, DFPS should seek information regarding placement wishes from the child when appropriate to the child’s age and level of understanding. This should be documented on the 2087ex under 1. Child’s Immediate Needs, Problems, Reason for Emergency, and/or Basic Placement.</td>
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<td>• Based on the child's needs, notify relevant regional DFPS Subject Matter Experts (i.e. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc). For additional guidance, see Placing Children Who Have Intellectual and Developmental Disabilities or Primary Medical Needs.</td>
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<tr>
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<td>o When possible and based on the child’s needs, the DFPS Worker will notify the Developmental Disability Specialist prior to the child's removal.</td>
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| Placement Approval | No later than **7 hours** from receipt of notification of need for emergency placement, 2INgage Care Coordinator will provide DFPS Worker with: |
|                   | • Notification of a recommended placement and medical consenter by phone, followed by an email to the DFPS Worker and Supervisor. |
|                   | • Information about the recommended placement will include: |
|                   | o Placement Name, Address, Phone and Resource ID, if known |
|                   | o Provider Name |
|                   | o Provider Case Manager name, if known |
|                   | o Medical Consenter name and PID, if known |
|                   | • DFPS Worker will evaluate and approve 2INgage’s recommended placement option and medical consenter within **1 hour** of receipt of notification from 2INgage. |
|                   | o DFPS Worker will provide verbal approval of the placement and medical consenter. |
|                   | o DFPS Worker must follow-up with written approval of the placement by responding to the email from 2INgage with the placement option that it is approved. |
|                   | • Approval of the placement will be assumed if denial is not received within 1 hour. |

If 2INgage has not established a placement for a child within 7 hours of initial referral:
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| | • 2INgage Care Coordinator will notify DFPS Worker of status and planned strategy for finding a placement.  
| | • DFPS Worker will notify the DFPS supervisor that no placement has been found.  
| | • The DFPS supervisor will consult with their PD.  
| | • Once placement is identified, follow steps above.  
| | **If there are concerns about the placement recommendation:**  
| | • DFPS Worker must obtain Supervisor and Program Director approval to deny placement recommendation.  
| | • Denial justification must be included and provided to 2INgage by responding to referral email.  
| | • The DFPS Program Director will contact 2INgage Director of Care Management with the decision.  
| | • The CBC Administrator must also be notified. |

| Placement of Child/Youth | If placement is located **within 4 hours** of documented emergency placement referral which includes completed Application for Placement of Children in Residential Care:  
| | • DFPS Worker will physically transport the child to the placement.  
| | • DFPS and the 2INgage designee, which may be a Provider Case Manager, will exchange placement paperwork.  
| | If placement is identified **outside the 4 hours** of documented referral:  
| | • DFPS Worker will transport the child to an alternative location coordinated between 2INgage and DFPS.  
| | Coordination of where to meet to exchange child supervision responsibility may begin prior to 4 hours of the documented emergency placement referral. Verbal communication will be initiated between 2INgage Managers and DFPS Supervisor and then followed up with email. For example: child physically located out of region, child will need a specialized type of placement, and/or placement has been identified but not confirmed near the child’s removal address. |

| Placement Documentation | At the time of placement, DFPS Worker will provide 2INgage or their authorized representative with:  
| | • Signed **Medical Consenter** (form 2085b) to be signed by consenter and returned to DFPS electronically*  
| | • Signed **Placement Authorization for Foster Residential Care** (form 2085fc) - with 2INgage as placement  
| | • Signed **Education Decision-Maker** (form 2085e) - to be signed by decision maker and returned to DFPS electronically  
<p>| | • <strong>Region 2 Placement Documentation (form 1509)</strong> |</p>
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| **IMPACT Documentation** | Within 12 hours of referral, 2INgage will:  
  • Create a placement entry and medical consenter under the in IMPACT.  
  • DFPS staff will need to review the entry, add additional information or comments needed, and then save and submit to DFPS supervisor.  
  
  If DFPS has not received the placement information in IMPACT from 2INgage within 12 hours of the referral:  
  • DFPS Worker will call the 2INgage Care Coordinator and request placement be documented.  
  • If placement information is not documented in IMPACT within 1 hour of contact with 2INgage Care Coordinator, DFPS Worker will notify their supervisor.  
  • The DFPS Supervisor will contact the 2INgage Care Management Supervisor for immediate resolution.  
  *DFPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes. See DFPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.* |
| **By the Next Business Day** | By 5:00pm the next business day, the DFPS Supervisor will review and approve the placement and medical consenter documentation in IMPACT.  
  
  If DFPS completed the placement, the next business day after the child's placement, DFPS will send to 2INgage via email relevant child’s placement information, including:  
  • Signed Designation of Medical Consenter (form 2085b)  
  • Signed Designation of Education Decision-Maker (form 2085e)  
  • Signed Child Sexual History Attachment A form (in IMPACT)  
  
  If 2INgage completed the placement, the next business day after the child's placement, 2INgage will send to DFPS via email relevant child’s placement information, including: |

*Please see Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification-Initial Placements.*
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|         | • Signed Designation of Medical Consenter (form 2085b)  
         | • Signed Designation of Education Decision-Maker (form 2085e)  
         | • Signed Attachment A form  
         | DFPS will upload the Attachment A form in ONE CASE and will either upload the other documentation in ONE CASE or file in the paper case record.  
         | By the Initial Coordination Meeting (ICM), or 7th day if an ICM is not held, the DFPS Worker will provide/complete any remaining placement documentation including:  
         | • Birth verification/certificate  
         | • Social Security card or number (if available)  
         | • Education portfolio  
         | • Medicaid and STAR Health cards or qualifying information (if available)  
         | • Any external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child  
         | • 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 external forms and written placement information not available in IMPACT should be emailed to 2INgage at CMD@2ingage.org by responding to email for referral that includes subject line “Emergency Referral,” AND Last name of oldest child being referred. Ex: Emergency Referral, Smith  
         | Within 3 Days of Placement  
         | Within 3 days of placement, 2INgage Care Coordinator will:  
         | • Ensure the caregiver or residential provider obtains the 3 day medical screening for all children.  
         | Additionally, the 2INgage Care Coordinator will ensure any child under age 3 years 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.  
         | Within 30 Days of Placement  
         | Within 30 days of placement referral, DFPS Worker will:  
<pre><code>     | • Complete the Application for Placement of Children in Residential Care in IMPACT (form 2087; excluding level of care information) in IMPACT; and |
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<td>• Notify 2INgage by email within 1 business day that Application for Placement of Children in Residential Care(form 2087) is complete and accessible in IMPACT.</td>
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</table>
Non-Emergency Placement Process
The non-emergency placement process is used when DFPS makes a referral to 2INgage for a child or youth in DFPS conservatorship who is moving to a paid foster care placement in 2INgage’s provider network.

Before any non-emergency placement change, the caseworker must contact the following people and ask for their recommendations on the subsequent placement:
- the attorney ad litem (AAL);
- the guardian ad litem (GAL); and
- the court appointed special advocate (CASA).

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| Notification & Referral | **Non-Emergency Referrals Resulting from Discharge Notice of Child/Youth in Paid Care.** When DFPS receives a discharge notice (form 2109) for a child not in the 2INgage network from their current caregiver, DFPS will email that discharge notice to 2INgage. **For 30 day discharge notice:** Within 3 business days, DFPS Worker will email copy of discharge notice and complete referral in IMPACT for all children being referred to CMD@2ingage.org Email subject line will include “30 Day Discharge Notice,” AND Last name of oldest child being referred:
  - Include copy of discharge notice
  - Include Application for Placement of Children in Residential Care in IMPACT (form 2087)
  - Updated Child Sexual History Attachment A form (in IMPACT)
  - Include Psychological evaluation if available
  - Include any other information available that would aid in securing placement
  - Include information regarding the child/youths input regarding placement preferences in the Common Application for Placement of Children in Residential Care “1. Child’s Needs, Problems, Reason for Emergency, and/or Basic Placement”
  - Include DFPS Supervisors name as back up contact and also person that placement approval would need to be submitted to.
  - 2INgage will provide DFPS Worker with the name of the 2INgage Care Coordinator to make secondary within 1 business day of the email referral notification
  - DFPS Worker will complete IMPACT referral that includes assigning identified 2INgage staff as secondary to SUB stage

**For 14 days and less discharge notice:** Within 1 business day, DFPS Worker will email copy of discharge notice and complete
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<td>referral in IMPACT for all children being referred to <a href="mailto:CMD@2ingage.org">CMD@2ingage.org</a> Email subject line will include “14 Day Discharge Notice,” AND Last name of oldest child being referred:</td>
<td></td>
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<td>• Include copy of discharge notice;</td>
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<tr>
<td>• Include Application for Placement of Children in Residential Care in IMPACT (form 2087)</td>
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<tr>
<td>• Updated Child Sexual History Attachment A form (in IMPACT)</td>
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<td>• Include DFPS Supervisors name as back up contact and also person that placement approval would need to be submitted to.</td>
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<td>• 2INgage will provide DFPS Worker with the name of the 2INgage Care Coordinator to make secondary within 1 business day of the email referral notification</td>
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<tr>
<td>• DFPS Worker will complete IMPACT referral that includes assigning identified 2INgage staff as secondary to SUB stage</td>
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<tr>
<td>For Non-Emergency Removals where DFPS does not have TMC:</td>
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<td>• DFPS Worker will email 2INgage at <a href="mailto:CMD@2ingage.org">CMD@2ingage.org</a> with basic information about the child(ren) such as gender and ages and pending court date.</td>
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<tr>
<td>• Subject line will be “Pending Emergency Removal” AND Last name of oldest child being referred.</td>
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<tr>
<td>• Once court grants custody, DFPS will follow Emergency referral process.</td>
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</tr>
<tr>
<td>For children entering paid care from Kinship placements, DFPS will:</td>
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<tr>
<td>• If the kinship caregivers refuse to keep the child requiring emergency placement, follow the emergency referral protocol.</td>
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</tr>
<tr>
<td>• If the kinship caregiver agrees to keep the child for 14 days, follow the 14 day discharge notice protocol.</td>
<td></td>
</tr>
<tr>
<td>• If the kinship caregiver agrees to keep the child for 30 more days, follow the 30 day discharge notice protocol.</td>
<td></td>
</tr>
</tbody>
</table>

*Please see Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification-Initial Placements*

Based on the child's needs, notify relevant regional DFPS Subject Matter Experts (i.e. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc.). For additional
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
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</table>
| **Approval of Placement** | No less than 3 days prior to placement needing to occur, 2INgage Care Coordinator will notify DFPS Worker and Supervisor, through email of recommended placement and medical consenter.  
- Information about the recommended placement will include:  
  o Placement Name, Address, Phone and Resource ID if known  
  o Provider Name  
  o Provider Case Manager name, if known  
  o Medical Consenter name and PID if known  
- Contact the current caregiver from which the child will be moved to gather relevant information about the child and services they are receiving to ensure a smooth transition and continuity of services.  
- Coordinate pre-placement visit opportunities to engage the child/youth in placement decision.  
  
DFPS Worker will evaluate and approve recommended placement option and medical consenter:  
- DFPS Worker will provide written approval of the placement by: responding to the email from 2INgage with the placement option that it is approved.  
- DFPS Worker will evaluate and approve 2INgage’s recommended placement option and medical consenter within 24 hours of receipt of notification from 2INgage.  
- Approval will be assumed if denial is not received within 24 hours.  

**If there are concerns about the placement recommendation:**  
- DFPS Worker must obtain Supervisor and Program Director approval to deny recommendation.  
- Denial justification must be included and provided to 2INgage by responding to referral email.  
- The DFPS Program Director will contact 2INgage Care Management Director with the decision.  
- CBC Administrator must also be notified  

| Placement of Child/Youth | DFPS and 2INgage or their authorized representative will decide on the:  
- Designated location to exchange the completed placement documentation, including:  
  o Designation of Medical Consenter (form 2085b) - to be signed by consenter and returned to DFPS electronically |
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
</table>
|         | - Placement Authorization for Foster Residential Care (form 2085fc) - with 2INgage as placement  
|         | - Designation of Education Decision-Maker (form 2085e) to be signed by decision maker and returned to DFPS electronically  
|         | - Region 2 Placement Documentation (form 1509)  
|         | - Birth verification/certificate;  
|         | - Social Security card (if available);  
|         | - Education portfolio;  
|         | - Medicaid and STAR Health ID cards or qualifying information (if available);  
|         | - Most recent child service plan (if applicable);  
|         | - Any relevant external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child; and  
|         | - Any requested intake forms from the residential provider.  
|         | • Physical transfer of the child is based on the child's best interest. DFPS will arrange for transportation for the child if current provider is unable to transport. 2INgage will not transport child from current placement since the child is not being served by 2INgage until after placement is made into their network. |

*Please see Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification-Initial Placements*

| Documentation | At the time of the Non-Emergency Placement referral, DFPS Worker will:  
|               | • Update person characteristics  
|               | • Update education log  
|               | • Update medical/dental page  
|               | • Update the Child Sexual History Attachment A form (in IMPACT)  
|               | Enter referral information in each child’s SUB stage in IMPACTWithin 12 hours of placement, 2INgage will:  
|               | • Create a placement and medical consenter entry in IMPACT.  
|               | • DFPS staff will need to review the entry, add additional information or comments needed, and then save and submit to DFPS supervisor.  

If DFPS has not received the placement information in IMPACT from 2INgage within 12 hours of the placement:  
• DFPS Worker will call the 2INgage Care Coordinator and request placement be documented.
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If placement information is not documented in IMPACT within 1 hour of contact with 2INgage Care Coordinator, DFPS Worker will notify their supervisor.</td>
<td>• DFPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes. See DFPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.</td>
</tr>
<tr>
<td>• The DFPS Supervisor will contact the 2INgage Care Management Supervisor for immediate resolution.</td>
<td>By 5:00pm the next business day DFPS Supervisor will approve the placement and medical consenter documentation in IMPACT.</td>
</tr>
<tr>
<td>• <em>DFPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.</em> See DFPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.</td>
<td>DFPS Worker will provide/complete any remaining placement documentation within 7 days, if not provided at placement, including:</td>
</tr>
<tr>
<td></td>
<td>• Birth verification/certificate;</td>
</tr>
<tr>
<td></td>
<td>• Social Security card or number (if available);</td>
</tr>
<tr>
<td></td>
<td>• Education portfolio;</td>
</tr>
<tr>
<td></td>
<td>• Medicaid and STAR Health cards or qualifying information (if available);</td>
</tr>
<tr>
<td></td>
<td>• Any external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child;</td>
</tr>
<tr>
<td></td>
<td>• Update person characteristics in IMPACT;</td>
</tr>
<tr>
<td></td>
<td>• Update education log in IMPACT (with as much information as available); and</td>
</tr>
<tr>
<td></td>
<td>• Update medical/dental page in IMPACT.</td>
</tr>
<tr>
<td></td>
<td>• Any requested intake forms from the residential provider.</td>
</tr>
<tr>
<td>If DFPS completed the placement, the next business day after the child's placement, DFPS will send to 2INgage via email relevant child’s placement information, including:</td>
<td>If 2INgage completed the placement, the next business day after the child's placement, 2INgage will send to DFPS via email relevant child’s placement information, including:</td>
</tr>
<tr>
<td>• Signed Designation of Medical Consenter (form 2085b)</td>
<td>• Signed Designation of Medical Consenter (form 2085b)</td>
</tr>
<tr>
<td>• Signed Designation of Education Decision-Maker (form 2085e)</td>
<td>• Signed Designation of Education Decision-Maker (form 2085e)</td>
</tr>
<tr>
<td>• Signed Child Sexual History Attachment A form from IMPACT</td>
<td>• Signed Child Sexual History Attachment A form from IMPACT</td>
</tr>
<tr>
<td>Process</td>
<td>Procedure</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td></td>
<td>DFPS will upload the Child Sexual History Attachment A form in ONE CASE and will either upload the other documentation in ONE CASE or file in the paper case record. Any external forms and written placement information not available in IMPACT should be emailed to 2INgage: <a href="mailto:CMD@2ingage.org">CMD@2ingage.org</a> by responding to email for referral that includes subject line “Non-Emergency Referral” <strong>AND</strong> the Last name of oldest child being referred.”</td>
</tr>
</tbody>
</table>
**Placement Changes**

Placement changes in Region 2 will likely take place with children/youth who are placed in a *paid* foster care setting within the 2Ingage network and require a new foster care placement within the 2Ingage network. 2Ingage must make all reasonable attempts to prevent placement changes.

Placement changes, initiated by DFPS, are typically non-emergency in nature. **DFPS Workers must obtain Supervisor and Program Director (PD) approval to request a placement change from 2Ingage.**

Emergency placements may only be initiated when there is a perceived or actual threat to the safety or well-being of the child. Non-emergency placements may need to be initiated based on a variety of reasons, all of which must be justified by 2Ingage or DFPS depending on who is requesting the change.

It should be noted that if 2Ingage receives a request from an external party for a placement change (i.e. GAL or CASA) then 2Ingage will notify the DFPS Worker. If DFPS decides a placement change is needed, then the DFPS initiated placement change process must be followed.

**Emergency Placement Change Process**

<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
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<tbody>
<tr>
<td>Notification</td>
<td>For Emergency Placement Changes initiated by DFPS, upon identifying the circumstances requiring a placement change, the DFPS Worker will:</td>
</tr>
<tr>
<td></td>
<td>• Staff the situation with their supervisor;</td>
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<td></td>
<td>• If placement is needed, obtain Supervisor and Program Director (PD) approval for the placement change; and</td>
</tr>
<tr>
<td></td>
<td>• Contact 2Ingage Care Coordinator via phone 1-877-254-6135 and email (<a href="mailto:CMD@2Ingage.org">CMD@2Ingage.org</a>) and provide:</td>
</tr>
<tr>
<td></td>
<td>o DFPS Worker contact information</td>
</tr>
<tr>
<td></td>
<td>o DFPS Worker back-up contact information (i.e. Supervisor)</td>
</tr>
<tr>
<td></td>
<td>o The reason for emergency placement change request</td>
</tr>
<tr>
<td></td>
<td>• Additional child’s placement information (must be sent via email to 2Ingage and Supervisor within 1 hour if verbal referral is made) Subject line “Emergency Placement Change – Last name of oldest child being referred being referred:</td>
</tr>
<tr>
<td></td>
<td>o Updated Application for Placement of Children in Residential Care in IMPACT (form 2087; excluding level of care information),</td>
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<td></td>
<td>o Updated Attachment A form from IMPACT</td>
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<td></td>
<td>o Updated Psychological Evaluation, if applicable.</td>
</tr>
</tbody>
</table>

For Emergency Placement Changes initiated by 2Ingage, upon identifying the circumstances requiring a placement change, 2Ingage will provide to the DFPS Caseworker:
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
</table>
|         | • Provide 2INgage Care Coordinator contact information  
• Provide 2INgage Care Coordinator back-up contact information (i.e. supervisor)  
• The reason for emergency placement change needed,  
• 2INgage will update Application for Placement of Children in Residential Care in IMPACT (form 2087)  
**In situations where CPS may have physical supervision of the child, 2INgage will immediately begin the placement search.**  
***Based on the child's needs, notify relevant regional DFPS Subject Matter Experts (i.e. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc). For additional guidance, see [Placing Children Who Have Intellectual and Developmental Disabilities or Primary Medical Needs](#).  
Approval of Placement | Prior to placement, 2INgage Care Coordinator will notify DFPS Worker and Supervisor, through email of recommended placement and medical consenter.  
• Information about the recommended placement will include:  
  o Placement Name, Address, Phone and Resource ID if known  
  o Provider Name  
  o Provider Case Manager name, if known  
  o Medical Consenter name and PID if known  
• Contact the current caregiver from which the child will be moved to gather relevant information about the child and services they are receiving to ensure a smooth transition and continuity of services.  
• Arrange pre-placement visit opportunities to engage the child/youth in placement decision.  
DFPS Worker will evaluate and approve recommended placement option and medical consenter:  
• DFPS Worker will provide written approval of the placement by: responding to the email from 2INgage with the placement option that it is approved;  
• DFPS Worker will evaluate and approve 2INgage’s recommended placement option and medical consenter within 1 **hour** of receipt of notification from 2INgage  
• Approval will be assumed if denial is not received within 1 hour.  
**If there are concerns about the placement recommendation:**  
• DFPS Worker must obtain Supervisor and Program Director approval to deny recommendation.  
• Denial justification must be included. |
### Process | Procedure
--- | ---
|  | • The DFPS Program Director will contact 2INgage Director of Care Management with the decision.  
  • CBC Administrator must also be notified.  

DFPS Worker will provide 2INgage or their authorized representative with the:  
• [Designation of Medical Consenter](#) (form 2085b)  
• Designation of [Education Decision-Maker](#) (form 2085e)  
• [Region 2 Placement Documentation](#) (form 1509)

#### Placement of Children/Youth

Decision for DFPS to participate in the physical placement of the child is based on the best interest of the child.  

If the child is in DFPS supervision, DFPS and 2INgage will coordinate for the transition of the child into 2INgage supervision.  

2INgage or their authorized representative will complete the physical placement of the child or youth with the new placement and provide all completed placement forms to DFPS.  

**Please see Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification: Subsequent Placements**

#### Notification

DFPS will ensure all legal parties (parents, parents’ attorneys, AAL, GAL, CASA) are notified of the placement change.

---

**Non-Emergency Placement Change Process**

Non-Emergency Placement Changes could be initiated by either DFPS or 2INgage.

Before any non-emergency placement change, the caseworker must contact the following people and ask for their recommendations on the subsequent placement:  
• the attorney ad litem (AAL);  
• the guardian ad litem (GAL); and  
• the court appointed special advocate (CASA).  

If an emergency placement change does not allow time for the required consultations, the caseworker must notify the AAL, GAL, and CASA as soon as possible, but no more than three working days after the change.

### Process | Procedure
--- | ---
| Notification | For DFPS initiated Placement Changes, within 72 hours of identifying placement need and no less than 2 weeks from when the placement is needed, DFPS Worker will:  
  • Staff the situation with their Supervisor;  
  • If placement is needed, obtain Supervisor and Program Director (PD) approval for the placement change; and
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact 2INgage Care Coordinator via email to <a href="mailto:CMD@2ingage.org">CMD@2ingage.org</a> and provide:</td>
<td></td>
</tr>
<tr>
<td>• DFPS Worker contact information</td>
<td></td>
</tr>
<tr>
<td>• DFPS Worker back-up contact information (i.e. Supervisor)</td>
<td></td>
</tr>
<tr>
<td>• The reason for placement change request</td>
<td></td>
</tr>
<tr>
<td>• Establish if there is a need for a placement change staffing and propose date and time</td>
<td></td>
</tr>
<tr>
<td>• Copy Supervisor and Program Director in “cc” line on email,</td>
<td></td>
</tr>
<tr>
<td>• Provide updated Application for Placement of Children in Residential Care in IMPACT (form 2087)</td>
<td></td>
</tr>
<tr>
<td>• Provide updated Attachment A form from IMPACT</td>
<td></td>
</tr>
<tr>
<td>• Provide updated psychological evaluation, if applicable</td>
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</tr>
</tbody>
</table>

*Note: the DFPS Worker may update the Common Application for Placement of Children in Residential Care in IMPACT and notify the 2INgage Care Coordinator once assigned.*

For 2INgage initiated Non-Emergency Placement Changes, upon identifying the circumstances requiring a placement change, the 2INgage Care Coordinator will provide to DFPS:

- 2INgage Care Coordinator contact information
- 2INgage Care Coordinator back-up contact information (i.e. supervisor)
- The reason non-emergency placement change needed,
- 2INgage will update Common Application for Placement of Children in Residential Care

Prior to the placement change, 2INgage will ensure that the child or youth's substitute care provider completes the [2INgage Residential Child Care Discharge Form](#) and provides copies to the child's new provider and to 2INgage. 2INgage must keep copies of the [2INgage Residential Child Care Discharge Form](#) and provide such copies to DFPS upon request.

<table>
<thead>
<tr>
<th>Placement Change Staffing (optional)</th>
<th>Placement Change Staffing (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement change initiating party, whether DFPS or 2INgage, will coordinate and facilitate the placement change staffing.</td>
<td></td>
</tr>
</tbody>
</table>

*Placement change staffing is determined jointly by 2INgage Care Coordinator-Manager and DFPS Supervisor*

*DFPS will ensure all legal parties (parents, parents' attorneys, AAL, GAL, CASA) are consulted about the placement change*
### Process

**Procedure**

Prior to the placement change occurring whether a placement change staffing is held or not.

*2INgage must coordinate all Pre-Placement activities with the child, including but not limited to pre-placement visits.*

If placement change staffing is held due to a DFPS requested placement change, DFPS will record notes from the meeting discussion ensure all participants receive a copy.

#### Approval of Placement

No later than 3 days prior to placement needing to occur, 2INgage Care Coordinator will notify DFPS Worker and Supervisor, through email of recommended placement and medical consenter.

- Information about the recommended placement will include:
  - Placement Name, Address, Phone and Resource ID if known
  - Provider Name
  - Provider Case Manager name, if known
  - Medical Consenter name and PID if known

- Contact the current caregiver from which the child will be moved to gather relevant information about the child and services they are receiving to ensure a smooth transition and continuity of services.

- Arrange pre-placement visit opportunities to engage the child/youth in placement decision.

DFPS Worker will evaluate and approve recommended placement option and medical consenter:

- DFPS Worker will provide written approval of the placement by: responding to the email from 2INgage with the placement option that it is approved.

- DFPS Worker will evaluate and approve 2INgage’s recommended placement option and medical consenter within 1 business day of receipt of notification from 2INgage.

- Approval will be assumed if denial is not received within 1 business day.

- DFPS Worker will consult with Supervisor/Program Director of failure of 2INgage to identify placement no later than 3 days prior to placement needing to occur.

**If there are concerns about the placement recommendation:**

- DFPS Worker must obtain Supervisor and Program Director approval to deny recommendation.
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2INgage</td>
<td>• Denial justification must be included and provide to 2INgage by responding to referral email.</td>
</tr>
<tr>
<td>2INgage</td>
<td>• The DFPS Program Director will contact 2INgage Director of Care Management with the decision.</td>
</tr>
<tr>
<td>2INgage</td>
<td>• CBC Administrator must also be notified.</td>
</tr>
<tr>
<td>2INgage</td>
<td>Terms or their authorized representative will complete the physical placement of the child with the new placement and provide all completed placement forms.</td>
</tr>
<tr>
<td>2INgage</td>
<td><strong>Please see <a href="#">Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification: Subsequent Placements</a></strong></td>
</tr>
<tr>
<td>2INgage</td>
<td>DFPS Worker will provide 2INgage or their authorized representative with:</td>
</tr>
<tr>
<td>2INgage</td>
<td>• Signed <a href="#">Designation of Medical Consenter</a> (form 2085b),</td>
</tr>
<tr>
<td>2INgage</td>
<td>• Signed Designation <a href="#">Education Decision-Maker</a> (form 2085e)</td>
</tr>
<tr>
<td>2INgage</td>
<td>• Signed <a href="#">Region 2 Placement Documentation</a> (form 1509)</td>
</tr>
<tr>
<td>2INgage</td>
<td>Within <strong>12 hours</strong> of placement occurring, 2INgage will:</td>
</tr>
<tr>
<td>2INgage</td>
<td>• Create a placement and medical consenter entry in IMPACT</td>
</tr>
<tr>
<td>2INgage</td>
<td>• DFPS staff will need to review the entry, add additional information or comments needed, and then save and submit to DFPS supervisor.</td>
</tr>
<tr>
<td>2INgage</td>
<td>If DFPS Worker has not received the placement information in IMPACT from 2INgage within 12 hours of the placement:</td>
</tr>
<tr>
<td>2INgage</td>
<td>• DFPS Worker will call the 2INgage Care Coordinator and request placement be documented.</td>
</tr>
<tr>
<td>2INgage</td>
<td>• If placement information is not documented in IMPACT within 1 hour of contact with 2INgage Care Coordinator, DFPS Worker will notify their supervisor.</td>
</tr>
<tr>
<td>2INgage</td>
<td>• The DFPS supervisor will contact the 2INgage Care Management Supervisor.</td>
</tr>
<tr>
<td>2INgage</td>
<td><strong>DFPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.</strong> See DFPS Handbook policy <a href="#">4142 Enter the Placement Change Information in IMPACT</a>.</td>
</tr>
</tbody>
</table>
Placements with Special Populations

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

Placing children who have IDD or primary medical needs requires careful consideration in order to make the best placement matches to serve the special needs of these children. The Primary Medical Needs Resource Guide describes the needs of children who have Primary Medical Needs (PMN). The Foster and Licensed Facility Placements Process Resource Guide describes the needs of children who have IDD needs.

Emergency Placement Process

DFPS Workers should follow the process outlined in New Placements/Emergency Placements when requesting an emergency paid foster care placement from 2INgage for a child with Intellectual and Developmental Disabilities (IDD) or Primary Medical Needs (PMN).

In addition to the emergency placement process, the DFPS Worker will:

- Upon placement referral or prior to the removal, when possible, coordinate a telephone staffing with the DFPS Supervisor and Program Director, regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), and 2INgage Care Coordinator to discuss:
  - The specific needs of the child or youth; and
  - The ability of available placement options to meet the child or youth’s specific needs.
- After a placement for a child with PMN has been recommended by 2INgage and approved by DFPS, 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.
  - The staffing will include the new caregivers, their provider, medical staff, 2INgage Care Coordinator, Nurse Coordinator, DFPS staff, STAR Health and previous caregivers (when appropriate).
  - 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. When the WBS and NC are not available, consult with the Primary Medical Needs Resource Guide and notify the Well Being Specialist and Nurse Consultant as soon as possible.
  - NOTE: Hospitalization of a child may be the best option if caregivers are not fully trained on the child’s care or the child requires medical equipment, supplies or medication that cannot be provided at the time of placement.
- After a placement for a child with IDD has been recommended by 2INgage and approved by DFPS, work with the 2INgage Care Coordinator to coordinate a telephone staffing with the chosen caregivers, their provider, medical staff (if applicable), 2INgage Care Coordinator, DFPS Supervisor and Program Director, and the appropriate regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Education Specialist, Well-Being Specialist) to:
  - discuss the specific needs of the child or youth,
  - discuss the expectations of placement, and
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.

**Non-Emergency Placement and Placement Change Process**

DFPS Workers should follow the process outlined in New Placements/Non-Emergency Placements or Placement Changes (depending on the type of placement needed) when requesting a non-emergency paid foster care placement or placement change from 2INgage for a child with Intellectual and Developmental Disabilities (IDD) or Primary Medical Needs (PMN).

In addition to the non-emergency placement or placement change processes, the DFPS Worker will:

- Within 24 hours of the placement referral, coordinate a telephone staffing with the DFPS Supervisor and Program Director, regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), CVS Program Director, and 2INgage Care Coordinator and Director to discuss:
  - The specific needs of the child or youth; and
  - Available times for a pre-placement staffing.

- Work with 2INgage Care Coordinator to coordinate the pre-placement staffing, including relevant DFPS staff, regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), CASA, GAL, 2INgage Care Coordinator, and current caregivers.

- After a placement for a child with IDD has been recommended by 2INgage and approved by DFPS, work with the 2INgage Care Coordinator to coordinate a telephone staffing with the chosen caregivers, their provider, medical staff (if applicable), DFPS Supervisor and Program Director, and the appropriate regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Education Specialist, Well-Being Specialist), to:
  - Discuss the specific needs of the child or youth,
  - Discuss the expectations of placement, and
  - Develop a plan to move the child or youth and establish services in the new placement.

- After a placement for a child with PMN has been recommended by 2INgage and approved by DFPS, contact the Well Being Specialist to request a PMN Staffing. The Well Being Specialist will schedule and facilitate the staffing.
  - The purpose of the staffing is to develop a plan to address the medical services, equipment and other needs during the transition to the new caregivers.
  - The staffing will include the new caregivers, their provider, medical staff, 2INgage Care Coordinator, Nurse Coordinator, appropriate DFPS staff, STAR Health and current caregivers (when possible).

The staffing will be completed prior to placement, except in emergent situations.
Placement of Children When CVS is Not Obtained/Temporary Placement is Needed

Under special situations, a child may need a temporary, paid foster care placement in Region 2. The child may or may not be legally from the Region 2 catchment area. When this occurs, Region 2 removal staff will refer the child needing paid foster care placement to 2INGage per current protocols outlined in New Referrals for Placement.

2INGage will then secure temporary, paid foster care placement for the child with the following considerations:

- If the child has emergency medical needs, then the DFPS Worker will ensure written consent is received from the child's parent/managing conservator, as needed.
- If the child is hospitalized, the DFPS Worker will work with STAR Health (Superior) to cover the expenses related to the days spent in the hospital.
  - If a child 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 while the child is in the hospital, DFPS will notify 2INGage and 2INGage will determine a proper course of action.

2INGage 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 2INGage will request a manual payment (form 4116) from DFPS.

Placing Children in Certain Institutions

DFPS and 2INGage will work together when considering and requesting placement of a child or youth in one of the following settings:

- DFPS-Licensed Institutions for children with intellectual and developmental disabilities;
- State Supported Living Centers;
- Home and Community-Based Services (HCS) Residential Placements;
- Nursing Facilities; or

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 2INGage Care Coordinator 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 must follow current DFPS processes outlined in The Foster and Licensed Facility Placements Process Resource Guide.
If a child or youth is placed in a certain institution, the DFPS Worker must notify the 2INgage Care Coordinator to discharge the child from the SCC in IMPACT. See Discharge Planning for more information.

Special note: When a Home Community Services (HCS) placement is having issues with a child/youth and is not able to meet their needs:
- The DFPS worker 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 Developmental Disability specialist (DDS), not 2INgage.

Psychiatric Hospitalizations of Children/Youth in DFPS Conservatorship

For all psychiatric hospitalizations:
- The CPS Caseworker will follow guidelines listed in the Psychiatric Hospital Contact Protocol (located in appendix) and email the required information to all required parties.
- Ensure that the Regional Well-Being Specialist and 2INgage staff (listed below) are included on the email.

New Removal—Child/youth is in Psychiatric Hospital at time of removal:
- DFPS obtains TMC/PMC of child
- Paid placement needed upon discharge
*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.

Scenario 1: Discharge Date is MORE than 24 Hours Away*
- Paid placement needed upon discharge
- DFPS creates a non-emergency referral to 2INgage
- DFPS enters the Psychiatric Hospitalization as the first placement in IMPACT in the Placement information page

Scenario 2: Discharge is LESS than 24 Hours Away*
- Paid placement needed immediately
- Upon intake, Removal Caseworker request placement days and sets Case Staffing with 2INgage to discuss placement with eligibility, supervisors and worker and other subject matter experts as needed.
- 2INgage will search for appropriate placement and will follow protocol in notifying DFPS once placement is found.
- DFPS creates an emergency or non-emergency referral to 2INgage after the staffing.
• If placement is not found within 4 hours, DFPS enters the hospitalization in IMPACT in the Placement information page DFPS checks with eligibility to ensure STAR Health benefits start.

When a child/youth is in a 2INgage paid placement (in-network) and needs Psychiatric Hospitalization:

• If it is determined that a child will need a new paid placement after discharge from a psychiatric hospitalization, the CPS Caseworker will notify 2INgage immediately and follow the process outlined in Emergency or Non-Emergency Placement Changes (depending on the urgency of the request). If 2INgage becomes aware of need for a paid placement pending discharge from a psychiatric hospitalization, they will contact the CPS Caseworker.
• If the child is in-network and 2INgage determines that “Placement Days” will be required, 2INgage will notify the CPS Caseworker and request placement days from Star Health. Example: child is unable to return to previous placement
• If the identified 2INgage staff are not available to request placement days from Star Health, other 2INgage staff can contact the Well Being Specialist for assistance.

Region 2 Well-Being Specialist: John Clymer, 325-691-8248, john.clymer@dfps.state.tx.us
2INgage contact: CMD@2ingage.org, along with the Care Coordinator for the child/youth
DFPS Psychiatric Hospital Contact Protocol – See appendix

Runaway and Missing Children in CPS Conservatorship

When a child or youth is missing from CPS Conservatorship, there are specific actions that must occur. As this is a crucial time to gather critical information and assess the child/youth needs, the CPS Caseworker or SI, is responsible for the recovery of the child/youth, along with completing a recovery interview.

Time frames and transfer of supervision of the child/youth to 2INgage in these types of circumstances will require best interest of the child/youth, close coordination, flexibility, and teamwork to best meet the needs of the child/youth.

Runaway:
• 2INgage and their providers will follow minimum standards for reporting runaways.

Recovery of Child/Youth:
• Within 1 hour of learning a runaway child/youth has been located, CPS makes a phone call to 2INgage.
• CPS Caseworker or SI recovers the child/youth and identifies youth needs in regards to placement.
• 2INgage and CPS will determine if the youth is in network or not.
• If youth is not in network, CPS initiates and follows referral process once it is determined that the child/youth needs a paid placement.
If the youth is in network, DFPS and 2INgage will coordinate where to meet to exchange child’s supervision responsibility. It is understood that communication between 2INgage and CPS is occurring throughout the process.

**Discharge from Placement:**
- Current placement for a child/youth on runway can be held/paid for 14 days. After the 14th day if the child/youth has not returned to placement, the child should be discharged from that placement in IMPACT. The placement should be entered as runaway.
- 2INgage will communicate with DFPS staff regarding discharge plans.

**Ending the Referral:**
- 2INgage will end the referral after 30 days if the child/youth has not been found.
- If the child/youth needs a paid placement in the future, a new referral would need to be created.
- 2INgage will communicate with DFPS staff about ending the referral.

**DFPS Policy regarding recovery of a runaway child/youth:**
- 6460 When a Child or Youth is missing from CPS Conservatorship
- Locating Missing Children in CPS Conservatorship-Resource Guide
- New IMPACT Guide on steps to take regarding data entry
- 4270 Temporary Absence from Paid Placement

**Emergency Transition Plan Meeting – “Wrap Around Meetings”**
These meetings are to engage a youth returning from runaway status and their identified support in creating a plan to address the youth’s fears and concerns and increase the likelihood of them remaining in a safe placement.

**Process**
As soon as the foster youth is located and in CPS Care, the CVS Worker/CVS Supervisor will immediately notify all legal parties (DFPS Attorney, CASA, Ad-Litem, Legal Parents and Parent’s Attorney(s).)

Notification will also be sent to FGDM Staff to organize an Emergency Transition Plan Meeting (Wrap-Around Meeting). During this meeting the team will work with the youth to process the reason for running away, concerns about their experience in foster care, and any solutions to prevent them from running away in the future.

These meetings will be scheduled as soon as possible. The goal is to hold the meeting within 48 to 72 hours from the time the youth returned to CPS Care.

The following individuals should be invited to participate in these meetings:
- Youth
- CVS Worker
- CVS Supervisor
- DFPS Legal
Subsequent Meeting
In the event a youth runs away after their initial Emergency Transition Plan Meeting the worker, supervisor, and program director should evaluate the previous goals and tasks developed to assess whether another meeting should be held to develop new strategies. If there is more follow-up required on 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 youth to recommit to the current plan, and continue making efforts toward accomplishing the goals and tasks.

When A Youth in Substitute Care is Parenting

The following is to address a minor in DFPS’s managing conservatorship who has a baby while in care or enters into care with a baby.

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

When DFPS Does Not Have Conservatorship of the Baby:
- When DFPS does not have conservatorship of the baby, the baby may be placed in the same placement as the youth parent. This placement could be either paid by DFPS or unpaid. If DFPS does not have conservatorship of the baby, a child’s service plan is not needed for the baby. The caseworker should address in the youth’s own Plan of Service the youth’s parenting issues, including any past concerns of abuse or neglect by the parent, and any needs of the baby.

When Baby Is in a Placement Paid by DFPS:
- When DFPS is paying for the placement for a baby who is not in DFPS conservatorship, the caseworker must:
  o Refer the baby to 2Ingage as either an emergency or non-emergency placement depending on the circumstances.
  o Select the youth parent as a primary medical consenter in IMPACT and enter no backup medical consenter.

See Procedures for IMPACT Data Entry Associated with Youth Parents in DFPS Conservatorship - 2450
**INITIAL COORDINATION MEETING**

The Initial Coordination Meeting (ICM) is an internal, collaborative process between DFPS and 2INgage that focuses on the unique, individualized needs of the child and outlines services to address those needs. The ICM process seeks to share all relevant information about a child in DFPS conservatorship who required a new emergency placement within 2INgage’s provider network. Relevant information includes assessments, evaluations, medical reports, recommended services, and all other information that pertains to the child’s individual needs. During the ICM, DFPS and 2INgage jointly identify the child’s initial and concurrent permanency goals.

*The ICM takes the place of the traditional removal staffing.*

**ICM Timeframes**

- Within 7 days of a new emergency placement referral to 2INgage, DFPS will host, coordinate and participate in the Initial Coordination Meeting (ICM).
- The ICM may be extended up to 3 days if an emergency placement occurs on a holiday or weekend day (Friday, Saturday, or Sunday) or inclement weather prevents the ICM from occurring as scheduled. All other extensions to an ICM must be approved by the Program Director.

**ICM Schedule**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Counties Covered</th>
<th>Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>1:30pm – 4:30pm</td>
<td>Wichita, Montague, Archer, Baylor, Clay, Jack, Hardeman, Wilbarger, Cottle, Foard, Knox, Baylor, Haskell, Kent, Stonewall, Shackelford, Stephens, Throckmorton, Young</td>
<td>See Reg 2 Field Directory</td>
</tr>
<tr>
<td>Tuesday</td>
<td>1:30pm – 4:30pm</td>
<td>Scurry, Fisher, Jones, Mitchell, Nolan, Runnels, Coleman, Brown, Comanche, Eastland, Callahan</td>
<td>See Reg 2 Field Directory</td>
</tr>
<tr>
<td>Wednesday</td>
<td>1:30pm – 4:30pm</td>
<td>Taylor</td>
<td>See Reg 2 Field Directory</td>
</tr>
<tr>
<td>Thursday</td>
<td>1:30pm – 4:30pm</td>
<td>Make up for all counties</td>
<td>See Reg 2 Field Directory</td>
</tr>
</tbody>
</table>
Coordination
The DFPS Coordinator or designee will coordinate all meeting logistics, including:
- schedules with participants a meeting date and time;
- reserves a scan call line;
- ensures all relevant participants are invited to the meeting; and
- provides notice (2 business days) of the ICM to all participants.

To begin the coordination process, the following steps should occur:
- By the next business day following a removal, DFPS Removal Worker will send an email to the DFPS ICM Coordinator or designee containing information about all removals.
- This includes the ICM form with their sections completed that includes information about how to contact the family.
- Providing this information promptly after removal is critical to allow sufficient time in coordinating ICM meetings and Plan of Service meetings. The DFPS ICM Coordinator will compile the list of those that include a 2INgage referral for placement and send an email to all appropriate DFPS staff, 2INgage mailbox (CMD@2ingage.org), Subject “ICM, Last Name of Oldest Child” and Provider designee as notification of the upcoming ICM.

Participants
At a minimum, the following participants will be notified of the upcoming ICM:
- 2INgage Care Coordinator;
- Removal Worker and Supervisor;
- Conservatorship Worker and Supervisor;
- Family Group Decision Making (FGDM) Specialist or coordinator;
- Provider Case Manager;
- Other DFPS staff or subject matter experts as needed (i.e. Developmental Disabilities Specialist, Nurse, Education Specialist, Well Being Specialist); and
- Additional DFPS staff may be included in the notification email, but may not need to participate in the ICM.

Documentation

Before the ICM
Before the ICM, the Removal Worker will complete:
- as much of the Region 2 Removal Staffing Checklist as possible, which has been updated per Community Based Care protocols; and
- complete beginning sections of the Initial Coordination Meeting: Form 1502 and stops at the “Discussion Points” section.
- The Removal Worker provides the ICM electronically to the ICM coordinator for their county.
- Child Caregiver Resources (form 2625)
- Affidavit for Removal and Temporary Visitation Schedule (if complete).

The Removal Worker will email a copy of the removal checklist and ICM form prior to the meeting.
During the ICM

During the ICM the Removal Worker provides to 2INgage and the CVS Worker and Supervisor:

- **Child Caregiver Resources** (form 2625)
- Affidavit for Removal and
- Temporary Visitation Schedule (if complete).

During the ICM, the CVS Supervisor worker or their designee will:

- record notes from the meeting discussion on the Initial Coordination (form 1502), including but not limited to the primary and concurrent permanency goals for the child.

2INgage and DFPS staff will share and exchange copies (with each other) of all external documentation gathered thus far related to the child’s needs, 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, and so on.

From the ICM notice and accompanying ICM form, the FGDM staff member will:

- gain information about the family in order to engage the family in a Single Plan of Service; and
- provide the status, if any, of the family’s agreement to participate in a Single Plan of Service meeting. FGDM staff will identify the date of the Single Plan of Service meeting prior to ending the ICM. If identifying the date of the Single Plan of Service meeting is not possible at the ICM, within 3 calendar days of the ICM, the FGDM staff member will notify the DFPS Worker and 2INgage Care Coordinator the date of the Single Plan of Service meeting to be held with the family.

After the ICM

After the ICM; CVS Worker will:

- take completed ICM form and place in external case file
- record as a contact in the FSU stage, Contact Detail page in IMPACT
- record “Please see external documentation for ICM form” and ensure any additional notes from the meeting are recorded in the Contact Detail Narrative
- share the notes with 2INgage via email ([CMD@2ingage.org](mailto:CMD@2ingage.org)) with Subject Line “ICM with Last Name of Oldest Child” and Provider Case Manger via email.
Child and youth service planning is a collaborative and inclusive process between CPS, 2INGage, the Network Provider, the child and the family that focuses on developing and reviewing plans to meet the individualized and unique needs of the child. Under Community Based Care, service planning with children and youth will occur with all:

- children placed within the 2INGage network upon removal, and
- children currently placed in foster care who require a placement change into the 2INGage network
- children who have transitioned into the 2INGage network via model implementation activities.

Upon placement with 2INGage, children are identified as receiving:

- Child Care Services; or
- Therapeutic Services.

Upon designating the type of service the child will receive, 2INGage determines the frequency by which the child's service plan will be reviewed.

Service Planning Meetings and Child Service Plans

Child service plans will be developed and reviewed through service planning meetings. Child service plans must be developed with children/youth in accordance with Texas Family Code timeframes and applicable licensing standards. Primary and concurrent permanency goals for the child/youth will be reviewed at each service planning meeting.

Whenever possible, sibling groups will have combined service planning meeting, which may require additional time allotted for the meeting.

CPS staff must adhere to the following CPS Handbook policy:

- 6241 Child Service Plan
- 6241.22 Child Plan Review

Timeframes

The DFPS and the Provider Case Manager will share responsibility for scheduling and conducting service planning meetings in accordance with the following Child Service Plan timeframes:

The initial Child Service Plan will be completed by the 21st day after removal. The initial Child Service Plan will be coordinated and facilitated by the FGDM staff.

Timeline:

- Day 1: Removal Plan ICM
- Day 7: Hold ICM Meeting
- Day 14: Adversary Hearing
- Day 30: Child Service Plan Meeting
The FGDM staff will contact the family to determine their availability for the Child Service Plan Meeting to be held by the 21st day from removal.

The date of the Child and Family Service Plan meeting will be set at the ICM staffing. The Child Service Plan will be reviewed at the following intervals:

<table>
<thead>
<tr>
<th>Legal Status</th>
<th>Review</th>
<th>Services Needed</th>
<th>Timeframe</th>
<th>Coordination &amp; Facilitation Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMC</td>
<td>1st Review</td>
<td>Child Care</td>
<td>5th Month Permanency Conference</td>
<td>CPS FDGM staff</td>
</tr>
<tr>
<td>TMC</td>
<td>All future reviews</td>
<td>Child Care</td>
<td>Every 180 days</td>
<td>Provider Case Manager</td>
</tr>
<tr>
<td>TMC</td>
<td>1st Review</td>
<td>Therapeutic</td>
<td>90 days following initial plan date</td>
<td>Provider Case Manager</td>
</tr>
<tr>
<td>TMC</td>
<td>2nd Review</td>
<td>Therapeutic</td>
<td>5th Month Permanency Conference</td>
<td>CPS FDGM staff</td>
</tr>
<tr>
<td>TMC</td>
<td>All future reviews</td>
<td>Therapeutic</td>
<td>Every 90 days</td>
<td>Provider Case Manager</td>
</tr>
<tr>
<td>PMC</td>
<td>All reviews</td>
<td>Child Care</td>
<td>Every 180 days</td>
<td>Provider Case Manager</td>
</tr>
<tr>
<td>PMC</td>
<td>All reviews</td>
<td>Therapeutic</td>
<td>Every 90 days</td>
<td>Provider Case Manager</td>
</tr>
</tbody>
</table>

Permanency Conference Schedule located in Appendix: Region 2 Permanency Conference Schedule.

Child service plans will be updated or reviewed more frequently when a child’s circumstances change or significant events occur that dramatically alter the child’s needs.

**Coordination**

The FGDM staff or the Provider Case Manager (depending on who is responsible based on the chart above) will ensure the coordination of all service planning meeting logistics, including:

- scheduling with participants a meeting date and time;
- reserving a conference room and scan call line;
- all relevant participants are invited to the meeting;

Legal Status

- TMC: Temporary Management Care
- PMC: Permanent Management Care

Region 2 Permanency Conference Schedule located in Appendix: Region 2 Permanency Conference Schedule.
• coordination with CVS Worker to ensure barriers to parent and/or family member participation are mitigated (i.e. transportation needs); and
• sending notice to all participants of the service planning meeting:
  o will ensure that invitations for scheduled service planning meetings are sent via email to CPS and other relevant professionals;
  o will ensure that participants receive 14 days’ notice of service planning meetings;
  o will ensure parents, family members, and other participants (who may not have access to email) receive timely notice of service planning meetings.

CVS Worker will ensure the Provider Case Manager knows how to contact the parents and other family members.

All service planning meetings will be hosted in a venue that allows for maximum participation either in-person or through conference call.

**Participants**

Service planning meeting participants will generally include, at a minimum:
- the child or youth’s parents and the parents’ attorney, who must be invited when the parents have been invited,
- child(ren) or youth*,
- family members,
- current caregiver,
- Provider Case Manager,
- CPS conservatorship Worker and Supervisor,
- Local Permanency Worker (if assigned)
- Kinship Worker (if assigned)
- legal representatives (i.e. CASA, ad litem, etc.),
- relevant subject matter experts (i.e. Developmental Disability Specialist, Nurse, Education Specialist, Well-Being Specialist) as needed,
- other relevant professionals,
- other persons identified in the case who can contribute to service planning with the child, and
- 2INgage Care Coordinator via CMD@2ingage.org

The 2INgage Care Coordinator will attend service planning meetings as deemed necessary or as requested by CPS or the Provider Case Manager.

**Documentation**

**During the Meeting**
- During the service planning meeting, the Provider Case Manager will complete the child/youth’s Service Plan, except for the sections designated for CPS completion (see below).
- The Provider Case Manager will ensure all participants sign the Service Plan.
The Provider Case Manager will send via email the CVS Worker and 2INgage Care Coordinator a copy of the completed and signed Service Plan within 5 days after the service planning meeting.

The CVS Worker is responsible for ensuring the family service plan is developed, reviewed, and/or updated during each service planning meeting. See 6242 The Family Service Plan.

2INgage, the Provider Case Manager, and CPS will share and exchange with each other any relevant external assessments, evaluations, progress notes, medical/dental forms, diligent search results for relatives and/or parents, and other documents related to care of the child.

**After the Meeting**

Within 5 days after the service planning meeting, the CVS worker will complete the Child Service Plan or Child Service Plan Review in IMPACT as follows:

1. Complete the following sections:
   - Permanency Goals
   - Prior Adoption Information
   - Child History
   - Family/Genetic History
   - Permanency Efforts
   - Visitation/Contact
   - Child’s Cultural Heritage

2. In all other Child Guide Topic sections, the CVS Worker will document: "Please see Service Plan attached and filed in external documentation."

3. In the Child Plan Participation section, the CVS Worker will include any participants that are not already included on the Service Plan developed by the Provider Case Manager.

4. In the Other Assessments comment box, the CPS worker will document: "Child Plan developed in collaboration with [foster care provider name] on [date]."

5. After the Child Plan of Service is received from the Provider Case Manager, the CVS Worker will provide a copy of the plan to the CVS Supervisor and save and submit the Child Service Plan or Child Service Plan Review to the CVS Supervisor for approval.

Within 10 days after the service planning meeting, the CVS Worker will send a final, approved and signed copy of the IMPACT Child Service Plan or Child Service Plan Review with Providers portion of the plan attached to all meeting participants, including participants who were unable to attend the meeting.

CPS will document the service planning meeting and participants in IMPACT on the contact detail page.

If a service planning meeting is held in conjunction to a CPS Permanency Conference (PC), the CPS worker is responsible for documenting the service planning meeting in each child’s PPM detail page in IMPACT.
See CPS Handbook Appendix item 1121: Documentation Requirements for Models of Family Group Decision Making (FGDM).
MEDICAL/DENTAL/VISION EXAMINATIONS

A person consenting to medical care for a child must participate in each appointment set for the child with the healthcare provider. Texas Family Code 266.004.

Participation must be in person or, if it is appropriate and acceptable to the provider, by telephone. The level of participation depends on the nature of the medical care the child is receiving, except that medical consenters must attend in person any appointments when a child may be prescribed psychotropic medications. Healthcare providers may have varying requirements for participation. Medical consenters and residential providers must discuss with healthcare providers their expectations for participation. See 11131 Participating in Each Medical Appointment.

When a child is placed with 2INgage, 2INgage will ensure substitute care providers receive the DFPS Medical/Dental/Vision Examination: Form 2403 with Instruction Document in order for the caregiver (usually the medical consenter) and doctor to complete the form at a child's medical, dental, or vision appointments. The form is filled out jointly by the person taking the child or youth to the appointment (usually the caregiver) and doctor/dentist.

Within 5 days from the date of the child's appointment, the Provider Case Manager will send a copy of the completed DFPS Medical/Dental/Vision Examination: Form 2403 to the CPS worker and 2INgage.

Within 2 days of receipt of the completed DFPS Medical/Dental/Vision Examination: Form 2403, the CVS Worker will enter the information into IMPACT as outlined in CPS Handbook item 11261 Documenting Checkups (Medical and Dental) in IMPACT and the Case File.

2INgage will ensure that youth ages 16 to 22 are advised of their right to request to become their own Medical Consenter.

3 in 30

What is 3 in 30?

The “3 in 30” combines three separate, yet critical, tools for assessing the medical, behavioral, and developmental strengths and needs of children and youth entering DFPS conservatorship. Texas statute requires each component and together the three assessments chart the path for services of children and youth from the beginning of their time in care.

What are the components of 3 in 30?

3-Day Medical Exam: In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any needed treatments.

Texas Health Steps Checkup: In 30 days of entering DFPS care, children must see a doctor for a complete check-up with lab work. This ensures that:
• We address medical issues early.
• Kids are growing and developing as expected.
• Caregivers know how to support strong growth and development.

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

**Assessment:** In 30 days of entering DFPS care, children (ages 3-17) must get a CANS assessment. The CANS is a comprehensive trauma-informed behavioral health evaluation. It gathers information about the strengths and needs of the child and helps in planning services that will help the child and family reach their goals.

**Psychotropic Medication Appointments**

2INgage will ensure that all substitute care providers and employees who serve as medical consenters for a child who is prescribed psychotropic medications facilitate an office visit with the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90 days to allow the practitioner to:

- Appropriately monitor the side effects of the drug;
- Determine whether the drug is helping the child achieve the treatment goals; and
- Determine whether continued use of the drug is appropriate.

For all children receiving psychotropic medication, 2INgage must assess the extent to which the child:

- Has been provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions; and
- Has been seen by the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90 days.

In the event that a CPS staff member is designated as the medical consenter for a child, the CPS staff member must attend in person any appointments where psychotropic medication may be prescribed and all medication review appointments as described in **11131.4 Psychotropic Medication Appointments**.

**Consenting to Psychotropic Medication**

When a healthcare provider initially prescribes a psychotropic medication, 2INgage will ensure that all substitute care providers and employees who serve as medical consenters for a child:

- Notify the CVS Worker in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
- Complete and sign the [Psychotropic Medication Treatment Consent](form 4526) with the healthcare provider; and
- Provide a copy of the form to the CVS Worker within 5 business days. Form 4526 is not required for changes in dosage or for refills of the same medication.

The CVS Worker will file a copy of the form 4526 in the child's section of the case file.
The CVS worker will notify a child's parents of the initial prescription of a psychotropic medication and any change in dosage of the psychotropic medication at the first scheduled meeting between the parents and the child's worker after the date the psychotropic medication is prescribed or the dosage is changed.

See 11000 Health Care – Medical and Behavioral for more information.
**FOSTER DAYCARE SERVICES**

Foster Child daycare is available for children in a Foster Home when:

- the child does not turn 6 by September 1,
- is at the basic level of care in the DFPS system,
- all caregivers are employed outside the home and work at least 40 hours per week (daycare is available for children up to age 13 for school summer breaks).

When foster daycare services are needed for a child, who is legally from Region 2 and placed within 2INgage provider network 2INgage will provide to the regional daycare coordinator:

- **Foster/Relative & Other Designated Caregiver Daycare Verification** (form 1809) to each foster parent household each time application for daycare services are requested. Note this form is required for both initial requests and renewals.

  **Note:** Foster parent e-signatures are acceptable (completed/signed/scanned copy of the 1809 or on-line completion of the 1809 with foster parent approval in return email).

- 2INgage will need to verify caregiver employment. Acceptable verification includes:
  
  - copies of the caregivers last 3 paystubs
  - 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

- Send an email to the DISTRICT1DC@dfps.state.tx.us mailbox and the primary caseworker.

  **Subject line:** Region, Caregiver’s Name, Child’s Name, Case ID, CPS Unit #, (do not only enter the foster parents name, the child’s name must be included)

  - If only 1 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 email, and
  - The body of the email must have the 2INgage workers supervisor’s approval must be in the body of the email. If we do not have supervisor approval in the body of the email we cannot process the impact daycare requests.

    - A statement regarding 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:
      
      - Completed **Foster/Relative & Other Designated Caregiver Daycare Verification** (form 1809) unless an exception is met as described below:

- 2INgage will complete the Daycare Request in IMPACT.
Exception:

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 an emergency placement would be one where the placement cannot be sustained or is unlikely to be sustained if the person requesting daycare were required to verify the unavailability of community resources. The waiver of the requirement must be approved by the Program Director (PD) and should only be utilized where the foster parent has exercised reasonable diligence but has been unable to verify community resources 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.

After receiving the daycare request email and the daycare request in IMPACT the daycare coordinator will:

- Create the service authorization in IMPACT and send to CCMS

Within 10 business days of receipt of the approved daycare request in IMPACT, the Regional Daycare Coordinator will process the daycare request. See 8235.4 Foster Child Daycare.
**Discharge Planning (from Paid Foster Care)**

CPS and 2INgage will work jointly together to determine when a child is ready for discharge from paid foster care placement and services with 2INgage. This section does not include discharge planning for a child from CPS conservatorship.

The child’s Discharge Planning will be discussed when appropriate at Family Group Conference (FGC), Circle of Support (COS), service planning meeting, or internal staffing.

*Both parties (2INgage and CPS) understand that should the court order discharge unexpectedly, there may not be time for a family meeting to be held.*

The chart below reflects the specific tasks CPS and 2INgage must take in order to facilitate the discharge of a child from placement and services with 2INgage:

<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge and End Referral due to Monitored Return</td>
<td>CVS Worker will notify the 2INgage mailbox <a href="mailto:CMD@2INgage.org">CMD@2INgage.org</a>, when a child needs to be discharged from placement and services ended with 2INgage.</td>
</tr>
<tr>
<td></td>
<td>Complete Planned End Referral Notification in IMPACT on the SSCC Referral Page.</td>
</tr>
<tr>
<td></td>
<td>CVS Worker, in conjunction with CVS Supervisor, determine the type of family meeting that will be most beneficial to the family for discussion and planning the discharge from 2INgage.</td>
</tr>
<tr>
<td></td>
<td>CVS Worker to initiate coordination of family meeting including submitting FGC or COS referral to relevant FGDM staff. Work together with 2INgage to ensure the completion of all meeting logistics.</td>
</tr>
<tr>
<td></td>
<td>CVS and 2INgage or their designee will participate in family meeting to discuss and develop recommended reunification plan to be presented to court.</td>
</tr>
<tr>
<td></td>
<td>Once legal parties have approved reunification plan, CVS caseworker will notify 2INgage Care Coordinator and Provider Case Manager of approval and need to follow thru with the agreed upon plan.</td>
</tr>
<tr>
<td></td>
<td>If an unplanned discharge occurs (i.e. through a court order), immediately notify 2INgage and the Child Placing Agency</td>
</tr>
</tbody>
</table>

<p>| Discharge and End Referral                  | CVS Worker will notify 2INgage Care Coordinator via email when a child needs to be discharged from placement and services ended with 2INgage due to need to place with relative                                         |</p>
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>due to Planned Relative Placement</strong></td>
<td>Complete Planned End</td>
</tr>
<tr>
<td></td>
<td>CVS Worker, in conjunction with CVS Supervisor, determine a date and time for staffing to plan for the relative placement and discharge from 2INgage.</td>
</tr>
<tr>
<td></td>
<td>CPS and 2INgage or their designee will participate in staffing to discuss and develop recommended relative placement plan.</td>
</tr>
<tr>
<td></td>
<td>Once legal parties have approved relative placement plan, CVS caseworker will notify 2INgage Care Coordinator and Provider Case Manager of approval and need to follow through with the agreed upon plan.</td>
</tr>
<tr>
<td></td>
<td>If an unplanned discharge occurs (i.e. through a court order), immediately notify 2INgage and the Child Placing Agency.</td>
</tr>
</tbody>
</table>

See CPS Handbook policy:
- [1121 Family Group Decision Making](#)
- [6250 Permanency Planning Meetings](#)
- [6252 Permanency Planning Meetings for Youth 14 and Older](#)
**TRANSITIONAL LIVING SERVICES**

CPS and 2INgage will work together to prepare older youth in DFPS conservatorship who are transitioning from substitute care to adulthood. 2INgage, in general, will take the lead in the provision of transitional living services for older youth. During 2INgage’s provision of transitional living services with youth, CPS will:
- determine a youth’s eligibility for all transitional living services and financial benefits;
- track all transitional living services for youth; and
- utilize transitional living services information from 2INgage for the completion of court reports.

The following sections outline the specific responsibilities of CPS and 2INgage as it relates to transitional living services for older youth in DFPS conservatorship.

**Transition Plan Development**

Beginning when the youth turns age 14, the transition plan is enhanced over time until the youth leaves substitute care or ages out of care. The plan must address the issues that are important for the youth as he or she leaves care and enters the adult world.

CPS and 2INgage will work together to initiate the discussion and development of the youth’s transition plan:

<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPS Caseworker</strong></td>
<td>During service planning meetings, when the youth turns age 14:</td>
</tr>
<tr>
<td></td>
<td>- Introduce the Child’s Plan of Service with Transition Plan and Circles of Support (COS) process to the youth.</td>
</tr>
<tr>
<td></td>
<td>- Ensure the transition plan is discussed and developed with the youth during their service plan meeting.</td>
</tr>
<tr>
<td></td>
<td>- Inform the youth that a Family Group Decision Making staff member will discuss COS with them further when he or she turns age 16.</td>
</tr>
<tr>
<td><strong>CPS Supervisor</strong></td>
<td>Approve and sign the youth’s Child’s Plan of Service with Transition Plan each time the plan is developed, reviewed and updated at subsequent service planning meetings or Circles of Support (COS).</td>
</tr>
<tr>
<td><strong>2INgage Provider Case Manager</strong></td>
<td>Beginning when the youth turns age 14, the Provider Case Manager discusses and develops the Child’s Plan of Service with Transition Plan with the youth through service planning meetings.</td>
</tr>
<tr>
<td></td>
<td>The youth will have the opportunity to invite two people of their choosing, who are not the youth's foster parent or caseworker, to all service planning meetings and Circles of Support.</td>
</tr>
<tr>
<td><strong>CPS Caseworker</strong></td>
<td>The Provider Case Manager records the transition plan discussion on the Child’s Plan of Service with Transition Plan (i.e. goals, strengths, fears, etc.).</td>
</tr>
</tbody>
</table>
### Process and 2INgage Provider Case Manager

| Procedure | 
| --- | --- |
| The CPS Caseworker and Provider Case Manager continues to discuss and document the transition plan and progress with the youth overtime during face to face visits, subsequent service planning meetings, and Circles of Support (COS). |

### Circles of Support (COS)

Circles of Support (COS) will be generally coordinated and facilitated according to current CPS policy. Some exceptions apply and are noted within the chart below. If the youth declines a COS, a subsequent service planning meeting will be scheduled instead.

See CPS Handbook policy:
- [6252 Permanency Planning Meetings for Youth 14 and Older](#); and
- [1121.23 Circle of Support (COS)](#).

<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPS Caseworker</strong></td>
<td>When the youth turns age 16 and when they are 17, submit referral for COS to the appropriate Family Group Decision Making (FGDM) area contact and cc 2INgage at <a href="mailto:CMD@2ingage.org">CMD@2ingage.org</a>.</td>
</tr>
<tr>
<td></td>
<td>The FGDM staff will coordinate the COS per policy <a href="#">6252 Permanency Planning Meetings for Youth 14 and Older</a>.</td>
</tr>
<tr>
<td></td>
<td>*2INgage must ensure the youth is able to attend the COS, even if 2INgage is not invited to the COS.</td>
</tr>
<tr>
<td></td>
<td>Work with FGDM staff to prepare and schedule the COS with the youth.</td>
</tr>
<tr>
<td></td>
<td>*If the youth declines a COS, the FGDM staff member will notify the CPS worker and 2INgage at <a href="mailto:CMD@2ingage.org">CMD@2ingage.org</a> with a subject line of &quot;COS Decline.&quot;</td>
</tr>
<tr>
<td></td>
<td>*If the youth declines a COS, 2INgage will notify the Provider Case Manager to schedule a subsequent service planning meeting instead.</td>
</tr>
<tr>
<td></td>
<td>Participate in the COS or subsequent service planning meeting</td>
</tr>
<tr>
<td><strong>CPS Supervisor</strong></td>
<td>Approve and sign the youth’s Child’s Plan of Service with Transition Plan each time the plan is reviewed and updated at subsequent service planning meetings or COS.</td>
</tr>
</tbody>
</table>

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53
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
</table>
| **2INgage Provider Case Manager** | Ensure documentation of COS in IMPACT per CPS policy Appendix item 1121: Documentation Requirements for Models of Family Group Decision Making (FGDM)  
Work jointly with FGDM staff and CPS worker to engage youth, family, and other caring adults in the COS or subsequent service planning meetings.  
Work with the youth, the caregivers and other significant individuals to identify caring adults and other lifelong connections that can be sustained once the youth transitions to adulthood.  
Ensure youth attends the COS or subsequent service planning meeting.  
Participates in the COS or subsequent service planning meeting.  
Documents the Child’s Plan of Service with Transition Plan and continues to discuss and document the transition plan with the youth over time during face to face visits, subsequent service planning meetings, and Circles of Support (COS). |
| **CPS Caseworker and 2INgage Provider Case Manager** | Continue to discuss and document the transition plan and progress with the youth over time during face to face visits, subsequent service planning meetings, and Circles of Support (COS). |

**PREPARATION FOR ADULT LIVING (PAL)**

2INgage will ensure the completion of the Casey Life Skills Assessments (CLSA) and its interpretation to be shared and discussed with the youth and caregiver for 14 and 15 year old youth in Permanent Managing Conservatorship (PMC), and all 16 and older in paid foster care. 2INgage will ensure the development and delivery of PAL Life Skills Training for youth placed in DFPS-paid substitute care, from the catchment area and who are age 16 or older utilizing the curriculum topics found in CPS Handbook policy 10222 Life Skills Training. 2INgage will ensure that experiential and community-based learning is included in all PAL training and services.

The following section details the responsibilities of CPS PAL staff and 2INgage related to the delivery and documentation of PAL training and services:
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
</table>
| **Casey Life Skills Assessment (CLSA)** | **PAL Staff will:**  
  • Determine eligibility and complete authorization and referral:  
  • Complete the Service Authorization (form 2054) for CLSA Assessment to 2INgage in IMPACT  
  • Complete the PAL Referral (form K909-5501)  
  • Send the PAL Referral Form in email titled “Life Skills Assessments, Name of Youth” to 2INgage PAL email box [pal@2ingage.org](mailto:pal@2ingage.org)  
  • Once the “Life Skills Assessment, Name of Youth” email notification is received from 2INgage, document the youth’s CLSA results in IMPACT.  
  
  **2INgage staff will:**  
  • Once the “Life Skills Assessment, Name of Youth” email notification, with the PAL Referral, is received from PAL Staff, access the completed Service Authorization (form 2054) for the CLSA.  
  • Notify CPS PAL staff and CPS worker by email when the youth has completed the CLSA.  
  • Email will include:  
    o subject line of “Life Skills Assessment, Name of Youth”  
    o assessment results  
  • For youth 14 and 15 years old, in Permanent Managing Conservatorship, 2INgage must coordinate the youth’s completion of the youth version of the CLSA. |
| **Life Skills Training (LST)** | **PAL Staff will:**  
  • Determine eligibility and complete authorization and referral:  
  • Complete the Service Authorization (form 2054) for Life Skills Training to 2INgage in IMPACT  
  • Complete the PAL Referral (form K909-5501)  
  • Send the PAL Referral Form in email titled “Life Skills Training, Name of Youth” to the 2INgage email box [pal@2ingage.org](mailto:pal@2ingage.org)  
  • Once the “Life Skills Training, Name of Youth” email notification is received from 2INgage, document the training in IMPACT.  
  
  **2INgage Staff will:**  
  • Once the “Life Skills Training, Name of Youth” email notification, with the PAL Referral, is received from PAL Staff, access the completed Service Authorization (form 2054) for LST.  
  • Notify PAL Staff and CPS Caseworker by email when the youth has completed the LST. |
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Email will include:</td>
</tr>
<tr>
<td></td>
<td>• subject Line of “Life Skills Training, Name of Youth”</td>
</tr>
<tr>
<td></td>
<td>• assessment results</td>
</tr>
<tr>
<td></td>
<td>• By the 15th of the month following the month of service, submit a monthly report to the Regional PAL Contact and CPS Caseworker via email with a subject line of “Life Skills Training, Name of Youth” with the following information:</td>
</tr>
<tr>
<td></td>
<td>o youth’s status, progress, and completion of PAL training</td>
</tr>
<tr>
<td></td>
<td>o services provided to the youth to assist with their transition to adulthood</td>
</tr>
<tr>
<td></td>
<td>o assistance provided to the youth with applying for and securing services to aid in their transition to adulthood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Study Guide (ISG)</th>
<th>PAL Staff will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Determine eligibility and complete authorization and referral (PAL Staff must pre-approve use of the ISG):</td>
</tr>
<tr>
<td></td>
<td>o complete the Service Authorization (form 2054) for the ISG to 2INgage in IMPACT</td>
</tr>
<tr>
<td></td>
<td>o complete the PAL Referral (form K909-5501)</td>
</tr>
<tr>
<td></td>
<td>• Send the PAL Referral in email to 2INgage titled “Independent Study Guide, Name of Youth” to the 2INgage email box <a href="mailto:pal@2ingage.org">pal@2ingage.org</a></td>
</tr>
<tr>
<td></td>
<td>• Once the “Independent Study Guide, Name of Youth” email notification is received from 2INgage, document the training in IMPACT.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2INgage Staff will</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Once the “Independent Study Guide, Name of Youth” email notification, with the PAL Referral, is received from PAL Staff, 2INgage Staff will access the completed Service Authorization (form 2054) for the ISG.</td>
</tr>
<tr>
<td></td>
<td>• By the 15th of the month following the month of service, submit a monthly report to the regional PAL Contact and CPS Caseworker via email with a subject line of “Independent Study Guide, Name of Youth” with the following information:</td>
</tr>
<tr>
<td></td>
<td>o youth’s status, progress, and completion of the ISG</td>
</tr>
<tr>
<td></td>
<td>o services provided to the youth to assist with their transition to adulthood</td>
</tr>
<tr>
<td></td>
<td>o assistance provided to the youth with applying for and securing services to aid in their transition to adulthood</td>
</tr>
</tbody>
</table>
Region 2 PAL Contacts:
- DFPS PAL point of contact: Kristi Roe, Kristi.Roe@dfps.state.tx.us, 940-613-8142
- 2INgage point of contact: Stacy Lee, slee@2ingage.org, 325-721-9733
- 2INgage PAL Email Box: pal@2ingage.org
EXTENDED FOSTER CARE AND RETURN TO CARE

CPS and 2INgage will work together to identify young adults from Region 2 for either Extended Foster Care or Return to Foster Care programs. Participation in the Extended Foster Care or Return to Foster Care programs will be discussed and planned with the young adult during regularly scheduled service planning meetings, during the young adult’s Circle of Support, or upon the young adult’s request.

**Note:** Youth who desire to return to foster care *during* their 6 or 12 month Trial Independence period are considered to be in Extended Foster Care. Youth who desire to return to foster care *after* their Trial Independence period are considered youth in Return to Foster Care.

The following sections outline the responsibilities of CPS and 2INGAGE staff if a young adult requests participation in either the Extended Care or Return to Care program.

See Handbook policy

10400 Extending Foster Care for Young adult Who Are Age 18 or Older
10530 Roles and Responsibilities of Staff Helping a Young Adult Return for Extended Foster Care

Extended Foster Care

<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility and Placement</td>
<td>When a young adult from Region 2 is interested in staying in extended foster care:</td>
</tr>
<tr>
<td>Assessment</td>
<td><strong>CPS Worker will:</strong></td>
</tr>
<tr>
<td></td>
<td>• Follow CPS policy 10410 Preparation Required When a Youth Plans To Stay in Extended Foster Care.</td>
</tr>
<tr>
<td></td>
<td>• Once the young adult is determined eligible for extended foster care, notify the 2INGage Care Coordinator.</td>
</tr>
<tr>
<td></td>
<td>• Assist the young adult with completing the Voluntary Extended Foster Care Agreement (Form 2540).</td>
</tr>
<tr>
<td></td>
<td>• Provide the completed form to the PAL Coordinator and 2INGage Care Coordinator.</td>
</tr>
<tr>
<td></td>
<td>• Follow CPS policy related to Extended Foster Care.</td>
</tr>
<tr>
<td>2INGage Care Coordinator will:</td>
<td>• Identify if the young adult will continue their current placement; or</td>
</tr>
<tr>
<td></td>
<td>• Needs a new foster care placement.</td>
</tr>
<tr>
<td>Process</td>
<td>Procedure</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• Assist DFPS in obtaining the Voluntary Extended Foster Care Agreement (Form 2540), 7 days before child’s 18th birthday.</td>
</tr>
<tr>
<td>Continuing in Current Placement</td>
<td>If the young adult will continue their placement:</td>
</tr>
<tr>
<td></td>
<td>2INgage Care Coordinator will notify the Provider Case Manager.</td>
</tr>
<tr>
<td></td>
<td><strong>Provider Case Manager will:</strong></td>
</tr>
<tr>
<td></td>
<td>• Provide assistance to the young adult to maintain eligibility for the Extended Foster Care Program.</td>
</tr>
<tr>
<td></td>
<td>• Provide 2INgage Care Coordinator progress updates of young adult’s continued compliance with the Extended Foster Care Program.</td>
</tr>
<tr>
<td></td>
<td>• Report the young adult’s progress during subsequent service planning meetings, or Circle of Support.</td>
</tr>
<tr>
<td>Requires New Placement</td>
<td>If the young adult requires a new foster care placement:</td>
</tr>
<tr>
<td></td>
<td><strong>CPS Worker will:</strong></td>
</tr>
<tr>
<td></td>
<td>• Make a new emergency/non-emergency placement request or emergency/non-emergency placement change request depending upon the unique needs of the youth adult to 2INgage for youth currently residing in a paid placement needing a new paid placement, <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>• Make a new non-emergency placement request for youth in Trial Independence not currently residing in a paid placement and wishing to return to a care in a paid placement.</td>
</tr>
<tr>
<td></td>
<td><strong>2INgage Care Coordinator will:</strong></td>
</tr>
<tr>
<td></td>
<td>• Follow the new emergency/non-emergency placement request or emergency/non-emergency placement change request depending upon the unique needs of the youth adult.</td>
</tr>
<tr>
<td></td>
<td>• Request necessary information from the CPS Worker to secure placement.</td>
</tr>
</tbody>
</table>
## Return to Foster Care

<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility and Referral</strong></td>
<td>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 CPS Policy <a href="#">10420</a> Qualifying for Extended Foster Care. Return to Foster Care does not include young adults who are in Trial Independence (see CPS Policy <a href="#">10510</a> Trial Independence).</td>
</tr>
</tbody>
</table>

**2INgage or the CPS Worker will** upon learning of a young adult’s desire to Return to Foster Care
- Notify CPS PAL Coordinator/Re-Entry Liaison-Kristi Roe, R2 Lead PAL Coordinator, [Kristi.Roe@dfps.state.tx.us](mailto:Kristi.Roe@dfps.state.tx.us) or (940) 613-8142

**CPS PAL Coordinator/Re-Entry Liaison will:**
- Follow CPS Policy [10533](#).
- Determine the CPS unit to which to assign the returning young adult.
- Notify the CPS Worker and CPS Supervisor of the young adult’s eligibility to return to foster care and CPS unit assigned.

**CPS Worker will:**
- Follow CPS Policy [10533](#).
- Submit an emergency or non-emergency placement referral to 2INgage based on the young adult’s unique needs.
- Assess the young adult’s current living arrangement and living arrangement options such as non-paid placement while a placement search is conducted.

**2INgage will:**
- Keep the CPS Worker and PAL Coordinator informed as the paid placement search is conducted.
- Notify the CPS Worker if placement is found.

<table>
<thead>
<tr>
<th>If Placement Is Found</th>
<th>CPS Worker and/or PAL Coordinator will:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If Placement Is Found</strong></td>
<td>- Assist the young adult with completing the</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td><strong>Procedure</strong></td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| Voluntary Extended Foster Care Agreement (form 2540). | • Assist the young adult with following placement requirements.  
• Follow CPS policy related to Return to Foster Care. |

<table>
<thead>
<tr>
<th>If Placement is Not Found</th>
<th><strong>2INgage will:</strong></th>
</tr>
</thead>
</table>
|                           | • Notify the CPS Worker and CPS Supervisor.  
• Email exhaustive paid placement list to CPS Supervisor and PAL Coordinator. |

<table>
<thead>
<tr>
<th></th>
<th><strong>CPS will:</strong></th>
</tr>
</thead>
</table>
|                 | • Discuss with the young adult the reasons why they are unable to Return to Care.  
• Rescind the SSCC placement referral in IMPACT.  
• Document the reasons why the young adult is unable to Return to Care in the contact section in IMPACT. |

**Discharge from Extended or Return to Foster Care**

As a Voluntary program, discharge from Extended or Return to Foster Care can occur:
- When the young adult completes Extended or Return to Foster Care goals.
- When the young adult loses Extended or Return to Foster Care eligibility.
- At the request of DFPS, the foster caregiver, or the young adult.

All discharges are expected to be planned.

<table>
<thead>
<tr>
<th><strong>Process</strong></th>
<th><strong>Procedure</strong></th>
</tr>
</thead>
</table>
| Planned Discharge | A planned discharge occurs when:  
• The young adult is due to complete goals for participation in Extended or Return to Foster Care; or  
• Eligibility for Extended or Return to Foster Care is scheduled to end.  
**Within 90 days before planned discharge of a youth adult:**  
**CPS Worker will:** |
|               | • Schedule a service planning meeting, or Circle of Support with the young adult and other important adults; and  
• Work together to coordinate the type of meeting with the Provider Case Manager or 2INgage  
• FGDM Staff will document the meeting if it is a Circle of Support |
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CPS Worker will document the meeting in IMPACT under Permanency Planning Meetings if it was a staffing</td>
<td></td>
</tr>
</tbody>
</table>

**Upon discharge, CPS Worker must:**
- Ensure the young adult has received all personal records and documents including
  - Birth certificate
  - Social Security card
  - Texas Identification card or driver’s license
  - Savings account information
  - Medicaid card
  - Education records and transition portfolio
  - Personal pictures or keepsakes
  - Printed medical records from Health Passport

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<table>
<thead>
<tr>
<th>Unplanned Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>An unplanned discharge from Extended Foster Care or Return to Foster Care occurs when:</td>
</tr>
</tbody>
</table>
  - Young adult’s behavior or noncompliance with Extended or Return to Foster Care eligibility results in the foster caregiver submitting a discharge notice and another foster care placement cannot be found; or |
  - Young adult leaves the placement before the planned end date. |

2INgage and CPS will work together to prevent and address unplanned discharges from Extended and Return to Foster Care.

*Note:* If 2INgage receives a discharge notice from a provider for a young adult in Extended Foster Care, 2INgage will follow the new emergency/non-emergency placement request or emergency/non-emergency placement change request depending upon the unique needs of the youth adult before implementing the unplanned discharge process below.

---

<table>
<thead>
<tr>
<th>Actions to Prevent an Unplanned Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following process outlines CPS and 2INgage’s responsibilities when an unplanned discharge is identified for a young adult in Extended or Return to Foster Care:</td>
</tr>
</tbody>
</table>

**CPS Caseworker will**
- Within one business day of learning about the unplanned discharge, schedule and convene a discharge staffing with:
  - Young adult
  - Current caregiver
  - CPS Worker and supervisor
  - PAL Coordinator and supervisor
### Process

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
</table>
| o 2INgage Care Coordinator  
| o Attorney Ad Litem, if assigned  
| o Other individuals who are interested and important to the young adult |

- During the staffing:
  - Review the reasons for the unplanned discharge  
  - Review Extended and Return to Foster Care eligibility requirements  
  - Discuss the benefits of and parameters of remaining in current placement  
  - Discuss the implications to 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 Foster Care  
  - If applicable, discuss the discharge process and schedule a discharge date, if applicable  
  - 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 Foster Care  
  - Document the notes from the staffing and encourage the young adult’s signature, if possible  

- Continue to assess family members and other community living arrangements for the young adult for **30 days** after initial discharge staffing.

- Notify PAL and CPS Supervisor of recommendation for any unplanned discharges.

Any appeal of the decision will follow the case dispute resolution process.

2INgage will:

- Continue to search for paid placement for the young adult for **30 days** after initial discharge staffing

### Discharge Activities

<table>
<thead>
<tr>
<th>When the decision is made to discharge a young adult from the Extended or Return to Foster Care Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPS will</strong></td>
</tr>
<tr>
<td>- Assist the young adult in gathering personal items;</td>
</tr>
<tr>
<td>Process</td>
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<tr>
<td>---------</td>
</tr>
</tbody>
</table>
|         | • Transport the young adult to available living arrangement with family or in the community;  
|         | • End the young adult’s placement in IMPACT; and  
|         | • Discharge the young adult from the SSCC in IMPACT. |

**If a young adult wishes to return after an unplanned discharge:**  
• The young adult, CPS, and 2INgage will meet to determine if significant progress in work, school and/or behavior has occurred.

---

**Supervised Independent Living (SIL)**  
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.

See **Supervised Independent Living Flow Chart in the Appendix**
CPS will take the lead on identifying youth (ages 17, 19, and 21) who will participate in surveys for the National Youth in Transition Database (NYTD). CPS will inform 2INgage of the youth who will participate in NYTD surveys via email with subject line of “NYTD Survey Participant” if assistance is needed to complete the survey.

2INgage will assist CPS in obtaining NYTD surveys from identified youth. Youth must be allowed to take the NYTD survey on their own without assistance from others. 2INgage will maintain current contact information for youth placed within their provider network and inform CPS when updated information becomes available.
**Court Requirements**

CPS will take the lead on all court and legal activities (court hearings and court reports) for children in CPS conservatorship and placed within 2INgage provider network.

See [Region 2 Jurisdictional Differences Icon](#) for Linked page.

<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
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</thead>
<tbody>
<tr>
<td><strong>CPS Worker or Designee</strong></td>
<td>As soon as the court hearing notification is received from the court, notify 2INgage of scheduled court hearings by adding 2INgage to the e-file notification by using the mailbox <a href="mailto:court@2INgage.org">court@2INgage.org</a></td>
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<tr>
<td></td>
<td>This will ensure that 2INgage has information about scheduled court hearings and also has a copy of all court orders, settings, notices, court reports, including CASA or guardian ad-litem reports and other relevant court information</td>
</tr>
<tr>
<td></td>
<td>*If date and time of a court hearing is announced during court, this shall serve as notice to both CPS and 2INgage.</td>
</tr>
<tr>
<td></td>
<td>Notify children and caregivers within 5 days prior to the court hearing whether the child’s presence is required or excused by the presiding judge, except in the case that DFPS receives a last minute request from the court, at which point notify immediately</td>
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<tr>
<td></td>
<td>Attend and testify in court hearings.</td>
</tr>
<tr>
<td></td>
<td>Prepare court reports.</td>
</tr>
<tr>
<td><strong>2INgage</strong></td>
<td>Attend court hearings and/or preparation meetings as requested by CPS, CASA, attorney ad litem, or other members of the judiciary.</td>
</tr>
<tr>
<td></td>
<td>*Attendance at Adversary Hearings (14-day hearings) is not expected.</td>
</tr>
<tr>
<td></td>
<td>Upon receipt of notification of required presence at court hearing from CPS, ensures CPS is sent via email notification of who will be attending the court hearing.</td>
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<tr>
<td></td>
<td>When requested, 2INgage will provide information necessary for preparation of court reports within 5 days of receiving the email request for information.</td>
</tr>
<tr>
<td>Process</td>
<td>Procedure</td>
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</tr>
<tr>
<td>Identify and ensure attendance of the most appropriate staff (i.e. CPA case manager) with personal knowledge of the case at all court hearings unless excused by the presiding judge.</td>
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</tr>
<tr>
<td>Please refer to jurisdictional differences document for additional information regarding which courts require attendance and under what circumstances.</td>
<td></td>
</tr>
<tr>
<td>Provide notice to the caregiver of all court hearings.</td>
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</tr>
<tr>
<td>Immediately notify CPS legal mailbox at <a href="mailto:Reg02subs@dfps.state.tx.us">Reg02subs@dfps.state.tx.us</a> of any service of legal process (i.e. subpoena, summons, discovery notices) related to performance under contract.</td>
<td></td>
</tr>
<tr>
<td>Ensure children attend court hearings, unless excused by the presiding judge prior to the court hearing.</td>
<td></td>
</tr>
<tr>
<td>DFPS will provide no less than 5 days’ notice of need to have child attend court, unless DFPS receives a last minute request from the court at which point will notify 2INgage immediately.</td>
<td></td>
</tr>
<tr>
<td>*Attendance may occur through video conference and/or teleconference when appropriate and approved by the court.</td>
<td></td>
</tr>
<tr>
<td>*Attendance at Adversary Hearings (14-day hearings) is, generally not expected, unless the child’s attorney ad litem requests the child’s attendance.</td>
<td></td>
</tr>
<tr>
<td>Maintain documentation of all court orders received from CPS.</td>
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<tr>
<td>Maintain documentation of child attendance at court for performance reporting.</td>
<td></td>
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</tbody>
</table>
KINSHIP FAMILY REFERRALS AND PERMANENCY CARE ASSISTANCE

When a child or youth’s (from Region 2) 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, CPS staff must follow current CPS Handbook policy 6680 Permanency Care Assistance.

The CPS Kinship worker must obtain supervisor approval before referring a kinship caregiver to 2INgage for verification as a foster parent. Before referring kinship caregivers to 2INgage for verification, CPS staff must ensure that:

- The kinship caregiver has been approved by CPS to provide care for a child in CPS conservatorship; and
- An approved kinship home assessment, with kinship safety evaluation (if applicable), has been completed on the kinship caregiver.

Once supervisor approval is obtained, the CPS Kinship Worker must follow CPS Handbook policy 6660 Kinship Caregivers Interested in Becoming Verified as Foster Parents in order to refer the kinship caregiver to 2INgage for verification as a foster parent.

<table>
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<tr>
<th>Process</th>
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<tbody>
<tr>
<td>Kinship Verification Referral</td>
<td>Upon referral, the Kinship Worker will provide 2INgage via email to the <a href="mailto:CMD@2ingage.org">CMD@2ingage.org</a> mailbox the following:</td>
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<tr>
<td></td>
<td>- Subject line of email should read: &quot;Kinship Verification Referral: Last Name of Caregiver”</td>
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<tr>
<td></td>
<td>- Email should include:</td>
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<tr>
<td></td>
<td>o Caregiver Name</td>
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<tr>
<td></td>
<td>o Caregiver Address</td>
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<tr>
<td></td>
<td>o Caregiver Phone</td>
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<tr>
<td></td>
<td>o Caregiver Email</td>
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<tr>
<td></td>
<td>o Caregiver County of residence</td>
</tr>
<tr>
<td></td>
<td>o Kinship worker</td>
</tr>
<tr>
<td></td>
<td>o Kinship worker Phone</td>
</tr>
<tr>
<td></td>
<td>o Names of children placed by DFPS in home</td>
</tr>
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<td></td>
<td>o Permanency goals</td>
</tr>
<tr>
<td></td>
<td>o Type of license family desires: Foster – Foster/Adopt – Adopt only</td>
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<tr>
<td></td>
<td>o Any additional information or comments</td>
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<tr>
<td></td>
<td>- A copy of the kinship family’s approved kinship home assessment.</td>
</tr>
<tr>
<td>Seeking Referral Recommendations for Kinship Families Out of Region</td>
<td>- When a kinship family is outside Region 2 and they express interest in becoming a verified home, CVS Worker will ask the courtesy kinship worker to alert the CVS Worker so that 2INgage can be consulted for a referral recommendation. This will help facilitate the ability of the child to received services from 2INgage once they are in a paid foster care placement. This</td>
</tr>
<tr>
<td>Process</td>
<td>Procedure</td>
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</table>
| process will also be included on the kinship referral when kinship courtesy services are sought from another region. | • CVS Worker will email the 2INGage intake at CMD@2ingage.org mailbox with the following:  
  o Subject line: "Out of Region Kinship Verification Referral Recommendation: Last Name of Caregiver"  
  o Email should include the same information identified for a referral within the region.  
• 2INGage will identify child placing agencies they would like to recommend in the kinship caregivers area and provide that information to the CVS Worker.  
• CVS Worker will provide the information to the caregiver and to the courtesy kinship worker. |

| Monitoring The Progress of the Kinship Verification | • CPS Kinship Program will host Fostering Connections Staffing Calls monthly to monitor the progress families are making in becoming verified. A family will be placed on the staffing call 60 days post referral for verification to 2INGage. The purpose of the staffing is to monitor the family’s progress in completing verification and to identify any barriers or areas where the family may need assistance.  
• Participants on the call include:  
  o Kinship Worker  
  o Kinship Supervisor  
  o CVS Worker  
  o CVS Supervisor  
  o Provider Case Manager  
  o 2INGage Care Coordinator  
  Note: 2INGage may not attend all staffing’s but would like to participate in those where there is a concern or if the home not progressing) |

| Placing a Child/Youth With A Verified Kinship Caregiver | • Provider Case Manager will notify 2INGage, CVS Worker and Kinship Worker on the day the verified family was submitted to CLASS as an approved foster home. Although the Provider Case Manager is to notify 2INGage of verification, should CPS learn first, they will notify the 2INGage Intake Supervisor so that the process of placement can be initiated.  
• Within 2 business days of learning the family has been submitted in CLASS, the CVS Worker will complete the referral process on all the children placed in the kinship home. CVS Worker and 2INGage Care Coordinator will |
<table>
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<th>Process</th>
<th>Procedure</th>
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<tr>
<td></td>
<td>follow the New Placements/Non-Emergency Placement process.</td>
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<tr>
<td></td>
<td>• 2INgage Care Coordinator will verify that the family is in CLASS and will ensure the CVS Worker and Supervisor Worker and Kinship Worker and Supervisor, are notified.</td>
</tr>
<tr>
<td></td>
<td>• The CVS Worker and Supervisor, Kinship Worker and Supervisor and 2INgage Care Coordinator will determine an official start date for the child's placement in the foster home and follow the relevant placement process. Best Practice for children/families is to make placement within 5 business days if possible.</td>
</tr>
<tr>
<td></td>
<td>• The CVS Worker will not initiate placement until approval from 2INgage is given.</td>
</tr>
<tr>
<td>Non-Emergency Placement of a Child/Youth with a Verified Kinship Caregiver</td>
<td>Foster care maintenance payments to a verified kinship family (foster home) begin once CPS and 2INgage have completed the relevant placement process described below.</td>
</tr>
<tr>
<td>Placement Change of a Child/Youth with a Verified Kinship Caregiver</td>
<td>When a child or youth is placed with an unverified kinship caregiver and the kinship caregiver later becomes verified as a kinship foster home within the 2INgage network, then the New Placement/Non-Emergency Placement process will be used to place the child or youth with 2INgage.</td>
</tr>
<tr>
<td>Applying for Permanency Care Assistance</td>
<td>The Placement Change process will be used when a child or youth is placed in a paid foster care setting within the 2INgage provider network and requires a placement change to a verified kinship caregiver (kinship foster home) within the 2INgage network.</td>
</tr>
<tr>
<td></td>
<td>When a prospective permanent managing conservator is nearing completion of the required six consecutive months as a verified foster parent, the child’s primary CVS Worker and 2INgage must begin working with the caregiver to apply for assistance. The CPS worker must follow current CPS Handbook policy 6685 Applying for Permanency Care Assistance.</td>
</tr>
<tr>
<td></td>
<td>At least three (3) weeks prior to submitting the permanency care assistance packet to the adoption assistance eligibility unit, the CVS Worker will:</td>
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<tr>
<td></td>
<td>• Obtain necessary documentation from 2INgage to complete Level of Care (LOC) review for the child; and</td>
</tr>
<tr>
<td></td>
<td>• Complete LOC review.</td>
</tr>
</tbody>
</table>
ADOPTION

2INgage will take primary lead on all adoption recruitment and matching activities for referred children in CPS conservatorship in Region 2.

The following sections outline what Region 2 CPS staff can expect from 2INgage, as well as the responsibilities that CPS staff will maintain during the adoption process.

<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal and Court Activities</td>
<td>CPS conservatorship staff will continue to be responsible for all legal and court activities related to:</td>
</tr>
<tr>
<td></td>
<td>• termination of parental rights,</td>
</tr>
<tr>
<td></td>
<td>• all court hearings (see Region 2 Jurisdictional Differences for court requirements.)</td>
</tr>
<tr>
<td></td>
<td>• adoption (giving or withholding consent to adoption and waiving service to adoption hearings), and</td>
</tr>
<tr>
<td></td>
<td>• eligibility for and authorization of post-adoption subsidies and services.</td>
</tr>
<tr>
<td>Recruitment</td>
<td>2INgage will conduct general and child-specific recruitment activities for adoption-motivated homes for children from Region 2. 2INgage is fully responsible for all general and child-specific adoption recruitment activities.</td>
</tr>
<tr>
<td></td>
<td>In order for 2INgage to conduct general and child-specific recruitment, CPS will provide via email 2INgage with the following information (Subject line to include: ADO-Recruitment Referral-Child’s last name):</td>
</tr>
<tr>
<td></td>
<td>• TARE Child Registration Form K902-2228</td>
</tr>
<tr>
<td></td>
<td>• Current Caregiver’s name, address, email and phone</td>
</tr>
<tr>
<td></td>
<td>• Placement Case Manager name, email and phone</td>
</tr>
<tr>
<td></td>
<td>• CASA Worker name, email, phone</td>
</tr>
<tr>
<td></td>
<td>• Attorney Ad Litem/Guardian Ad Litem name, email, and phone</td>
</tr>
<tr>
<td></td>
<td>• Current Photograph for recruitment</td>
</tr>
<tr>
<td></td>
<td>As general or child-specific adoption inquiries are received, CPS will forward inquiry to <a href="mailto:adoption@2INgage.org">adoption@2INgage.org</a>.</td>
</tr>
<tr>
<td></td>
<td>2INgage will track all child-specific adoption inquiries and provide a monthly report to CPS</td>
</tr>
<tr>
<td>Home Studies</td>
<td>2INgage will ensure that home studies on all potential adoptive homes (including kinship) within Region 2 are conducted and approved.</td>
</tr>
<tr>
<td></td>
<td>To request an adoption home study, CPS staff will send an email to 2INgage at <a href="mailto:adoption@2INgage.org">adoption@2INgage.org</a> with subject line of &quot;Adoption Referral.&quot;</td>
</tr>
<tr>
<td></td>
<td>CPS will provide the following information:</td>
</tr>
<tr>
<td></td>
<td>• Family Name</td>
</tr>
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<td></td>
<td>• Family Address</td>
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<tr>
<td>Process</td>
<td>Procedure</td>
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</tbody>
</table>
|         | Family Phone  
|         | Agency who has licensed family if applicable  
|         | Case manager for family if applicable  
|         | Phone number and email for case manager if applicable  
|         | Any supporting documentation, such as kinship home assessment  

| Home Selection and Staffing | CPS will provide 2INgage all appropriate initial redacted information to share with prospective families and CPA case managers (i.e. psychological evaluation, service plans, HSEGH, etc.).  
2INgage will coordinate and host a selection staffing. 2INgage will invite the following to participate: CPS, CASA, 2INgage Care Coordinators, Ad Litem, Current Provider Case Manager/Potential Adoptive Family Case Manager, foster parents (as appropriate), and Guardian Ad Litem. 2INgage will provide recommended home studies to staffing participants 5 business days prior to the selection staffing for review. 2INgage will present recommended adoptive homes for a child to all parties.  
A decision regarding the selection of the family will be made during the staffing.  
By the next business day after the staffing, CPS will send official notification to 2INgage via email confirming the decision made during the staffing and approving the plan to proceed with the selected family, if one was identified.  
When the prospective family notifies 2INgage they agree to proceed with the adoption process; 2INgage will notify CPS and CPS will:  
|         | provide the CPA Case Manager with the full redacted file  
|         | request a supplement redacted file and provide when completed  
|         | When the prospective family notifies 2INgage, they agree to proceed with the adoption process after reviewing the full redacted case file; 2INgage notify CPS.  
|         | When an adoptive home recommendation is denied, 2INgage will continue the recruitment of adoptive homes to find a match for a child.  

| Presentation Staffing | After the prospective family has reviewed the child’s case file, 2INgage will coordinate and host a Presentation Staffing. 2INgage will invite the prospective family, current placement, CASA, ad litem, and guardian ad litem, and CPS. A Presentation Staffing is an opportunity for the prospective family to ask questions, for the current family to discuss the child’s daily care, and for the attendees to collectively develop an appropriate transition plan. The transition plan should include adoption preparation activities, pre-placement visits and transportation, among other tasks.  

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<tr>
<th>Process</th>
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<tr>
<td></td>
<td>2INgage will send an email to CPS Worker upon hearing the adoptive family’s decision no sooner than 24 hours after the Presentation Meeting, with the subject line of “Adoptive Family Decision.”</td>
</tr>
<tr>
<td>Placement of the Child</td>
<td>Pre-placement visits or adoption placements cannot occur without the CPA having and active contract with 2INgage. When placement of the child of the child with the adoptive family is determined, CPS will notify 2INgage of the placement date of the child/youth in the home. Any out of state adoptions please refer to the ICPC Section.</td>
</tr>
<tr>
<td>Adoption Services</td>
<td>2INgage is responsible for managing all services (including but not limited to monthly post-placement supervision) to prepare and support adoptive placements. 2INgage will provide documentation of these services to the CPS Worker. CPS Worker will continue to provide quarterly supervision of children who are placed with adoptive families until consummation is achieved and CPS is dismissed as the child's conservator. CPS Worker should seek supervisor guidance if more frequent supervision of children in adoptive placements is needed.</td>
</tr>
</tbody>
</table>
| Authorization of Adoption Services | As requested by 2INgage, the CPS Worker will:  
  • complete the service authorization (form 2054) for the identified adoption service to 2INgage in IMPACT;  
  • In the comments section of the 2054, add the following:  
    ▪ The licensing agency (CPA) name  
    ▪ Whether the 2054 is for a sibling set; if so, how many siblings  
    ▪ The type of adoption (ie. Foster-to-adopt/kinship/matched)  
    ▪ The Youth for Tomorrow (YFT) Level of Care (LOC) Determination for the child  
  • send email notification to 2INgage at adoption@2ingage.org and attach the following:  
  • Completed and approved service authorization (form 2054); and  
  • Completed and signed Adoption Placement Agreement (form 2226). |

See [CBC Adoption Placement and Service Authorization Process](#) for more information.
**Interstate Compact on the Placement of Children (ICPC) Situations**

**Incoming Home Study Requests for Placement**
ICPC foster or adoption placement requests for children, legally from another state, into the Region 02 catchment area will be referred to 2INgage to facilitate the verification or approval of the home through the 2INgage provider network.

All timeframes outlined in this process enables Texas to meet the requirements of the [Safe and Timely Interstate Placement of Foster Children Act](https://www.senate.state.tx.us/SenateDocs/87thR/SenateDocs/SB750.pdf) and ensure timely permanency of children from other states.

**Foster Home Study Request**

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<th>Process</th>
<th>Procedure</th>
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</table>
| Initial Assessment Process   | • CPS ICPC Coordinator will complete the initial screening by completing background checks on the family to identify if there are any obvious bars to verification before referring for the initial home assessment.  
  *Background checks must include FBI, DPS, FPS history, and central registry checks along with out-of-state child welfare checks for all household members age 14 years and older.  
  • If no bars are identified, CPS ICPC Coordinator will send the ICPC request packet to the 2INgage at ICPC@2INgage.org for foster care verification.  
    o The Email Subject line should be: “ICPC Foster, Last name of child, Family name.”  
    o A due date will be included in the email.  
    o If there is delay in receiving the results of the background checks, send 2INgage the information you do have at the time so they can begin the assessment process. If a bar is later identified, then a decision memo will be created by 2INgage and returned to SO ICPC to be returned to the requesting state explaining why the family is not appropriate.  
  • 2INgage must make contact with the family by phone/email or certified mail within 7 calendar days from receipt of the ICPC request packet.  
  • 2INgage will determine if the child requires standard or treatment (therapeutic) foster care services.  
  • 2INgage will complete the initial assessment within 45 calendar days from receipt of the ICPC request. |
| If ICPC request is for a caregiver who is already verified by a private agency | • Upon determining that the caregiver is already verified by a private agency for foster care services, SSCC will send a decision memo to the CPS ICPC Coordinator, outlining the private agency in which to contact.  
  • The CPS ICPC Coordinator will upload the decision memo in IMPACT. |
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<tr>
<th>Process</th>
<th>Procedure</th>
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</table>
| private agency for foster care: | • State Office ICPC will forward the decision memo to the sending state with information on the:  
  o Need to sub-contract for foster care verification directly with a private residential provider; and  
  o 2INgage to contact in order to be connected to a private residential provider.  
• Once the sending state contacts 2INgage, 2INgage will:  
  o Refer the sending state to the provider within SSCC’s network within **3 business days.**  
• When the sending state establishes a sub-contract with a 2INgage network provider, the sending state will submit a new ICPC request to State Office ICPC.  
  o State Office ICPC will approve placement based on completed ICPC request packet (packet will include a copy of the approved foster home study, foster verification certificate (license), and statement that a contract is in place)  
  o State Office ICPC will ensure the ICPC packet has been uploaded into IMPACT.  
  o If the child/sibling group is placed in a verified foster home located in Region 02, the 2INgage network provider will:  
    ▪ Conduct supervision of the child as established in the sending state’s sub-contract with the 2INgage network provider.  
    ▪ Monitor the family for licensing purposes according to **Minimum Standards for Child Placing Agencies.**  |
| Children who require standard placement foster care services: | Upon determining that the child requires standard foster care services, 2INgage will send the completed initial assessment to the CPS ICPC Coordinator and move forward with the foster home verification process.  
**Foster Home Verification Process:**  
• **Occurs when the Initial Assessment Process is completed and family is approved to move forward with verification.**  
• Once 2INgage or their network provider has completed the verification process, 2INgage will provide the CPS ICPC Coordinator the:  
  o Completed home study;  
  o Foster verification certificate (license).  
• The foster home verification process must be completed within **120 calendar days.**  
  o If the foster home verification process is not completed by the 120th day, 2INgage will submit a status report to the CPS ICPC Coordinator outlining the reasons for the delay.  
• The CPS ICPC Coordinator will: |
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<tr>
<th>Process</th>
<th>Procedure</th>
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</table>
| Reimburse the SSCC for the home study by entering a service authorization (Form 2054) in the child’s SUB stage in IMPACT; and | **State Office ICPC will:**  
  | Send the completed home study and verification certificate (license) to State Office ICPC.           |  
  | **State Office ICPC will:**  
<p>| Review the completed foster home study and verification;                                           |<br />
| Approve or deny placement into Region 02 catchment area; and                                       |<br />
| Notify the sending state and 2INgage of the approval to proceed with placement.                   |<br />
| If the sending state places the child in the verified foster home located in the Region 02 catchment: |<br />
| Regional CPS staff will conduct supervision of the child;                                           |<br />
| 2INgage’s network provider that verified the home will monitor the family for licensing purposes according to Minimum Standards for Child Placing Agencies; |<br />
| Any associated foster care daily reimbursement provided by the sending state will be paid directly to the caregiver. *2INgage or network provider will not receive any payment other than for the home study for this service which is in accordance with the ICPC Agreement between states. |<br />
| <strong>Children who require treatment (therapeutic) foster care services:</strong> | <strong>Upon determining that the child requires treatment foster care services, 2INgage will send a decision memo to the CPS ICPC Coordinator.</strong> |<br />
| <strong>The decision memo will outline the basis for the child requiring treatment services, including the specific diagnoses of the child.</strong> |<br />
| <strong>The CPS ICPC Coordinator will upload the decision memo in IMPACT.</strong> |<br />
| State Office ICPC will forward the decision memo to the sending state with information on the:    |<br />
| Need to sub-contract for foster care verification directly with a private residential provider; and |<br />
| 2INgage to contact in order to be connected to a 2INgage network provider for the purpose of sub-contracting. |<br />
| Once the sending state contacts the 2INgage, 2INgage will:                                       |<br />
| Refer the sending state to a provider within 2INgage’s network within 3 business days.           |<br />
| When the sending state establishes a sub-contract with a 2INgage network provider, the sending state will submit a new ICPC request to State Office ICPC. |<br />
| State Office ICPC will approve placement based on completed ICPC request packet (packet will include a copy of the approved foster home study, foster verification certificate (license), and statement that a contract is in place). |</p>
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
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</table>
| • State Office ICPC will ensure the ICPC packet has been uploaded into IMPACT.  
• If the child/sibling group is placed in a verified foster home located in Region 02, the 2INgage network provider will:  
  o Conduct supervision of the child as established in the sending state’s sub-contract with the 2INgage network provider.  
  o Monitor the family for licensing purposes according to Minimum Standards for Child Placing Agencies. |

**Adoption Home Study Requests**

<table>
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<tr>
<th>Process</th>
<th>Procedure</th>
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</table>
| **Initial Assessment Process:**  
• CPS ICPC Coordinator will complete the initial screening by completing background checks on the family to identify if there are any obvious bars to verification before referring for the initial home assessment.  
  o *Background checks must include FBI, DPS, FPS history, and central registry checks along with out-of-state child welfare checks for all household members age 14 years and older.  
• If no bars are identified, CPS ICPC Coordinator will send the ICPC request packet to the 2INgage at ICPC@2INgage.org for adoption approval.  
  o The Email Subject line should be: “ICPC Adoption, Last name of child, Family name.”  
  o A due date will be included in the email.  
• 2INgage must make contact with the family by phone/email or certified mail within 7 calendar days from receipt of the ICPC request packet.  
  o 2INgage will complete the initial assessment within 45 calendar days from receipt of the ICPC request.  
  o 2INgage will submit the completed initial assessment to the CPS ICPC Coordinator. |

*Note:* If ICPC request is for a caregiver who is already approved to adopt by a private agency, follow the If ICPC request is for a caregiver who is already verified by a private agency for foster care process above.

<table>
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<tr>
<th>Process</th>
<th>Procedure</th>
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</table>
| **Adoptive Home Approval Process:**  
• Occurs when the Initial Assessment Process is completed and family is approved to move forward with adoption approval process.  
• Once 2INgage or their network provider has completed the adoption approval process, 2INgage will provide the CPS ICPC Coordinator the:  
  o Completed home study;  
  o Adoption approval certificate (license). |
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
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</table>
| • The adoption approval process must be completed within **120 calendar days**.  
  o If the adoption approval process is not completed by the 120th day, SSCC will submit a status report to the CPS ICPC Coordinator outlining the reasons for the delay.  
| • The CPS ICPC Coordinator will:  
  o Reimburse 2INgage for the home study by entering a service authorization (Form 2054) in the child’s SUB stage in IMPACT; and  
  o Send the completed adoption home study and adoption approval certificate (license) to State Office ICPC.  
| • State Office ICPC will:  
  o Review the completed adoption home study and approval;  
  o Approve or deny placement into Region 02 catchment area; and  
  o Notify the sending state and 2INgage of the approval to proceed with placement.  
| • If the sending state places the child in the approved adoptive home located in the Region 02 catchment:  
  o Regional CPS staff will conduct supervision of the child;  
  o 2INgage’s network provider that approved the home for adoption will monitor the family for licensing purposes;  
  o Any adoption assistance provided by the sending state will be paid directly to the caregiver.  
  *2INgage or network provider will not receive any payment other than for the home study for this service which is in accordance with the ICPC Agreement between states.  

### Out-of-State Placements

If an out-of-state placement is requested for a child who is legally from Region 02 and currently placed with 2INgage, the CPS and SSCC will follow the placement change process, as well as the following steps.

<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outgoing Foster Home or Adoption Study Requests</strong></td>
<td><strong>Outgoing Foster Home or Adoption Study Requests</strong></td>
</tr>
</tbody>
</table>
| • CPS will complete and submit the outgoing ICPC request, including all required documents, through IMPACT and follow current ICPC process.  
| • 2INgage will assist CPS with collecting any required paperwork for an outgoing ICPC request.  
| • Placement will remain with SSCC during the ICPC process.  
| • CPS ICPC Coordinator will keep 2INgage updated on any status updates or additional information as needed during the ICPC process.  

*2INgage or network provider will not receive any payment other than for the home study for this service which is in accordance with the ICPC Agreement between states.*
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
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<tbody>
<tr>
<td>If the out-of-state placement is approved by the receiving state, SO ICPC will notify the CPS ICPC Coordinator via email who will then notify the CPS caseworker and 2INgage of the approval.</td>
<td>• If the out-of-state placement is approved by the receiving state, SO ICPC will notify the CPS ICPC Coordinator via email who will then notify the CPS caseworker and 2INgage of the approval.</td>
</tr>
<tr>
<td>2INgage will aid the CPS caseworker in preparing the child for transition into approved out-of-state placement.</td>
<td>• 2INgage will aid the CPS caseworker in preparing the child for transition into approved out-of-state placement.</td>
</tr>
<tr>
<td>CPS caseworker will be responsible for the out-of-state physical placement of the child.</td>
<td>• CPS caseworker will be responsible for the out-of-state physical placement of the child.</td>
</tr>
<tr>
<td>Once child is in the out-of-state placement, CPS ICPC Coordinator will:</td>
<td>• Once child is in the out-of-state placement, CPS ICPC Coordinator will:</td>
</tr>
<tr>
<td>o Submit the 100B in IMPACT within 3 business days to State Office ICPC indicating placement has been completed; and</td>
<td>o Submit the 100B in IMPACT within 3 business days to State Office ICPC indicating placement has been completed; and</td>
</tr>
<tr>
<td>o Notify the SSCC.</td>
<td>o Notify the SSCC.</td>
</tr>
<tr>
<td>2INgage will end the SSCC referral in IMPACT.</td>
<td>• 2INgage will end the SSCC referral in IMPACT.</td>
</tr>
<tr>
<td>CPS caseworker will enter the new out-of-state placement in IMPACT.</td>
<td>• CPS caseworker will enter the new out-of-state placement in IMPACT.</td>
</tr>
<tr>
<td>If there is a placement disruption in the out-of-state placement, CPS will secure possession of the child from the out-of-state caregivers and submit a new referral for paid placement to SSCC.</td>
<td>• If there is a placement disruption in the out-of-state placement, CPS will secure possession of the child from the out-of-state caregivers and submit a new referral for paid placement to SSCC.</td>
</tr>
</tbody>
</table>

**If receiving state requires caregiver to be verified by a private agency that provides treatment (therapeutic) services due to child’s needs:**

| Procedure                                                                 |
|------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 2INgage and CPS will follow the [Outgoing Foster Home and Adoption Study Request](#). | • 2INgage and CPS will follow the [Outgoing Foster Home and Adoption Study Request](#). |
| 2INgage will contract directly with the private out-of-state provider for placement services and supervision of the child. | • 2INgage will contract directly with the private out-of-state provider for placement services and supervision of the child. |
| Texas CPS is not responsible for setting up a contract for supervision of the child in the out-of-state placement nor placement services. | • Texas CPS is not responsible for setting up a contract for supervision of the child in the out-of-state placement nor placement services. |

**If the child is placed with an out-of-state family who is verified through a private provider for foster care:**

| Procedure                                                                 |
|------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 2INgage and CPS will follow the [Outgoing Foster Home and Adoption Study Request](#). | • 2INgage and CPS will follow the [Outgoing Foster Home and Adoption Study Request](#). |
| 2INgage will contract directly with the private out-of-state provider for placement services and supervision of the child. | • 2INgage will contract directly with the private out-of-state provider for placement services and supervision of the child. |
| Texas CPS is not responsible for setting up a contract for supervision of the child in the out-of-state placement nor placement services. | • Texas CPS is not responsible for setting up a contract for supervision of the child in the out-of-state placement nor placement services. |

**If the child is placed with an out-of-state family who is approved through a private provider for adoption:**

<p>| Procedure                                                                 |
|------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 2INgage and CPS will follow the <a href="#">Outgoing Foster Home and Adoption Study Request</a>. | • 2INgage and CPS will follow the <a href="#">Outgoing Foster Home and Adoption Study Request</a>. |
| 2INgage will contract directly with the private out-of-state provider for placement services and supervision of the child. | • 2INgage will contract directly with the private out-of-state provider for placement services and supervision of the child. |
| Texas CPS is not responsible for setting up a contract for supervision of the child in the out-of-state placement nor placement services. | • Texas CPS is not responsible for setting up a contract for supervision of the child in the out-of-state placement nor placement services. |
| CPS will pay 2INgage for both adoption placement services (form 2054) and post placement supervision (form 2054). | • CPS will pay 2INgage for both adoption placement services (form 2054) and post placement supervision (form 2054). |</p>
<table>
<thead>
<tr>
<th>Process</th>
<th>Procedure</th>
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</table>
| Residential Treatment Center (RTC) Placements | When 2INgage seeks an out-of-state Residential Treatment Center (RTC) for placement of a child from Texas Region 02 catchment area:  
  - Once an out-of-state RTC is located, 2INgage will initiate and create a sub-contract with the out-of-state Residential Treatment Center.  
  - Once the sub-contract is secured:  
    - 2INgage will notify via email the Community-Based Care Contract Manager, Texas CPS caseworker and Regional ICPC Coordinator.  
    - The Community-Based Care Contract Manager will notify via email the State Office Foster/Adopt Division Administrator.  
  - The Texas CPS caseworker will submit the ICPC Residential Treatment Center out-of-state placement request through IMPACT.  
  - Texas CPS is responsible for setting up a contract for supervision of the child in the out of state placement.  
  - 2INgage is responsible for monitoring the out-of-state placement for the timeframes specified within the sub-contract with the Residential Treatment Center.  

For detailed ICPC processes and information, see [CPS Handbook Policy 4500](#) and [9000: Interstate Placements](#).
## Case Dispute Resolution

There may be times when CPS and 2INgage (and network providers) may not agree on a case decision or what should happen with a child and/or family.

The following chart outlines the protocol to resolve any type of case disputes between CPS and 2INgage:

<table>
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<tr>
<th>Process</th>
<th>Procedure</th>
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</table>
| **Step 1:** | CPS workers and supervisors, 2INgage and/or a provider (who are closest to the issue in dispute) will work together to resolve case specific issues informally. This will be done through an objective, solution-driven discussion or meeting.  
- If a mutually agreeable solution is not achieved in 3 business days, the individual will notify the other individual with whom they have a concern that they plan to involve their chain of command.  
- The disputed issue will be elevated to the Program Director and/or Program Administrator level in CPS and the Director level in 2INgage for attempted resolution.  
- The disputed issues will be elevated in writing. |
| **Step 2:** | Disputes proceeding to Step 2 will be elevated to a knowledgeable, neutral CPS 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.  
2INgage will ensure continuity of services, as defined by CPS, to the child or family affected while seeking to resolve case-specific disputes. |
| **Escalation:** | The escalating party will send an email with supporting documentation to the Community Based Care Administrator and 2INgage Executive Director with the subject line of “Dispute Resolution.” |
| **Resolution:** | • Once a dispute is escalated (appeal), the Community Based Care Administrator will provide a written decision to the appeal within 5 business days.  
• The written decision will be emailed to the 2INgage Executive Director with the subject line of “Dispute Resolution Appeal Decision.”  
• If the 2INgage Executive Director chooses, they will have 3 business days from receipt of the notification from the CBC Administrator to appeal the decision to the CPS Regional Director.  
• The CPS Regional Director will have 5 business days to make a decision on the 2INgage Executive Director’s appeal.  
• If the 2INgage Executive Director chooses not to appeal, they will notify the CBC Administrator. |
<table>
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<tr>
<th>Process</th>
<th>Procedure</th>
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<tbody>
<tr>
<td></td>
<td>• The CBC Administrator will distribute the decision to the appropriate staff and management.</td>
</tr>
<tr>
<td></td>
<td>• If the 2INGage Executive Director appeals the decision of the CBC Administrator to the CPS Regional Director, the CPS Regional Director will distribute their decision to the appropriate staff and management.</td>
</tr>
</tbody>
</table>
SITUATIONS REQUIRING IMMEDIATE NOTIFICATION BETWEEN 2INgage AND DFPS

Situations that require immediate notification between 2INgage and DFPS include:

- When a child, who is referred or placed with 2INgage, is in a life threatening situations, and/or
- Any time the media is involved with a child placed with 2INgage (regarding non-positive scenarios).

Depending on which party is notified first, the following protocol will take place any time immediate notification is required between 2INgage and DFPS:

- **If DFPS is notified of the situation first:**
  1. The CPS Program Administrator or CPI Program Administrator will contact and inform the Regional Director of the situation.
  2. Regional Director will contact and inform the Regional Media Specialist and Community Based Care Administrator of the situation.
  3. Community Based Care Administrator will contact and inform the 2INgage Director of Care Management or Executive Director of the situation.
  4. Regional Media Specialist will:
     - Contact and inform the Media Relations Manager of the situation.
     - Contact and coordinate media message with 2INgage prior to releasing any information or comments to the media about the situation.

- **If a Residential Provider is notified of the situation first:**
  1. Residential Provider will contact and inform the 2INgage Director of Care Management or Executive Director of the situation.
  2. 2INgage will contact and inform the Regional Director of the situation.
  3. Regional Director will contact and inform the Regional Media Specialist and Community Based Care Administrator of the situation.
  4. Regional Media Specialist will:
     - Contact and inform the Media Relations Manager of the situation.
     - Contact and coordinate media message with 2INgage prior to releasing any information or comments to the media about the situation.

- **If 2INgage is notified of the situation first:**
  1. 2INgage will contact and inform the Regional Director of the situation.
  2. Regional Director will contact and inform the Regional Media Specialist and Community Based Care Administrator of the situation.
  3. Regional Media Specialist will:
     - Contact and inform the Media Relations Manager of the situation.
     - Contact and coordinate media message with 2INgage prior to releasing any information or comments to the media about the situation.
Community Based Care
Region 2
Operations Manual
Appendix
Region 2 Community Based Care Case Flow Chart

Description: the chart below describes the case flow for children in DFPS conservatorship, who are legally from Region 2 and are placed with 2INgage.
GLOSSARY

As used in this Agreement, the following terms and conditions have the meanings assigned below:

Adoptive Placement: Begins when a child 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 and who provides temporary care for the child 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.

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: CPS shares information about a child with 2INgage in order for 2INgage to assess and make recommendations for the child’s placement in a paid foster care setting. Placement information may vary between CPS and SSCC initiated placement referrals, but, in general, the following placement information is shared with 2INgage based on timeframes set within the Operations Manual:
• Alternative Application for Placement of Children in Residential Care (form 2087ex; excluding level of care information);
• Common Application for Placement of Children 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);
• Region 2 Placement Documentation;
• Authorization to Furnish Information (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; and
6. Any other function or service that the department determines necessary to allow a Single Source Continuum Contractor to assume responsibility for case management.

**Caseworker:** A CPS 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 child-care 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 CPS 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 A) through F), 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; or (40 TAC §700.316);
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 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 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/families 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);
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. (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 foster care, and:
1. Attend high-school or a program leading toward a high school diploma and have not
   reached their 22nd birthday;
2. Are enrolled at or within 30 days of placement in a course of instruction to prepare for
   the GED and have not reached their 21st birthday;
3. Attend and, within two years, complete a certified vocational or technical program and
   have not reached their 21st birthday; or
4. 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
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;
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 the lower southwestern portion of DFPS Region 2 which includes Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchel, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger and Young counties.

**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 CPS case with another child.

**Sibling Group:** Any CPS 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 months (6) 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 child-care 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 Foster Care Agreement Form 2560: The Department's form which documents the youth or young adult's agreement to voluntarily return to foster care and outlines the categories of activity which qualify a child to return to foster care.
**Email Reference Quick Guide**

**Email Types/Subject Line Headings**

*Email Encryption: All CPS staff must follow the DFPS email encryption policy when communicating electronically with 2INgage.*

**“Emergency Referral – Last name of oldest child being referred”** – Used when sending emergency placement referral information to 2INgage via email.

**“30 Day Discharge Notice, - Last name of oldest child being referred”** – Used when sending a Non-Emergency Referral after receiving a 30 day discharge notice from the current placement.

**“14 Day Discharge Notice, - Last name of oldest child being referred”** – Used when sending a Non-Emergency Referral after receiving a 14 day discharge notice from the current placement.

**“Pending Emergency Removal - Last name of oldest child being referred”** – Used when CPS want to notify 2INgage about an upcoming Non-Emergency Removal where DFPS does not yet have TMC.

**“Emergency Placement Change – - Last name of oldest child being referred”** – Used when either 2INgage or CPS has an emergency placement change request.

**“Non-Emergency Placement Change – Last name of oldest child being referred”** – Used when either 2INgage or CPS has a non-emergency placement change request.

**“Kinship Verification Referral with last name of caregiver”** – Used when CPS is sending a referral to 2INgage to verify a kinship family.

**“Foster/Adoptive Inquiry”** – Used when CPS is sending a completed Foster/Adoptive Parent Inquiry Form to 2INgage via email.

**“Adoption Referral”** – Used when CPS is sending a completed Adoption Referral Form to 2INgage via email.

**“ICM Referral- Last name of oldest child being referred”** – Used to send information to 2INgage regarding date/time of ICM meeting, as well as sending notes after the meeting.

**“Life Skills Assessments, Name of Youth”** – Used to request CLSA completion by CPS and completion results from 2INgage.

**“Life Skills Training, Name of Youth”** – Used to request LST by CPS and for completion results from 2INgage.

**“Independent Study Guide, Name of Youth”** – Used to request ISG by CPS and for completion results from 2INgage.
REGION 2 FIELD DIRECTORY (CPS AND 2INGAGE)

CPS Community Based Care

Program Administrator: Lisa Lopez, (325) 428-8132, lisa.lopez@dfps.state.tx.us
Contracts Administrator: Reid Miller, (325) 691-8267, reid.miller@dfps.state.tx.us

Region 2 CPS Subject Matter Experts:
Developmental Disability Specialist: Dianna Hernandez, (806) 358-6211
Educational Specialist: Debbie Welborn, (940) 864-1123
Well Being Specialist: John Clymer, (325) 691-8248
Nurse Consultant: DJ Stephens, (940)-235-1829

Region 2 ICM Coordinators
For Wichita, Montague, Archer, Baylor, Clay, Jack, Hardeman, Wilbarger, Cottle, Foard, Knox, Baylor, Haskell, Kent, Stonewall, Shackelford, Stephens, Throckmorton, Young Counties:
Leighann Rodriguez (940) 235-1842, Leighann.rodriguez@dfps.state.tx.us

For Scurry, Fisher, Jones, Mitchell, Nolan, Runnels, Coleman, Brown, Comanche, Eastland, Callahan, Taylor Counties:
Ashley Olds (325)691-8133, Ashley.Olds@dfps.state.tx.us

2INGage Contact Information

Mailing Address: 147 Sayles Blvd., Abilene, TX 79602

Referrals and Placement
(For Referrals, Placement Information, ICM Notifications, Pre-Placement Staffing Notifications)

Intake phone number: (877) 254-6135

Email address: CMD@2ingage.org

2INGage Website: 2INGage.org

Court Related
Email address: court@2ingage.org

Quality Improvements and Contracts
Email address: CMD@2ingage.org

Adoption Department
Email address: adoption@2ingage.org

Foster-Adopt and Kinship Inquiries
Email address: adoption@2ingage.org

Complaints and Concerns
Email address: ombudsman@2ingage.org

Serious Incident Reports
Email address: CMD@2ingage.org

Finance Department
Email address: finance@2ingage.org

Daycare Requests
Email address: CMD@2ingage.org

Preparation for Adult Living (PAL)
Email

ICPC
Email address: ICPC@2ingage.org
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: https://www.dfps.state.tx.us/site_map/forms.asp
DFPS Residential Child Care Contracts and Forms Webpage:
http://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/forms.asp

FORM 1809 - FOSTER/RELATIVE & OTHER DESIGNATED CAREGIVER DAYCARE VERIFICATION
This form is required for foster parents, relatives and other designated caregivers requesting day care.
Foster/Relative & Other Designated Caregiver Daycare Verification: Form 1809

FORM 2077 – INTER-REGIONAL CHILD PLACEMENT AGREEMENT – CHILD
Request for Kinship, Conservatorship, and Adoption Service AKA Universal Referral Form: Form 2077

FORM 2085 – DESIGNATION OF MEDICAL CONSENDER
The purpose of this form is to designate primary and back-up medical consenters
Designation of Medical Consenter: Form 2085

FORM 2085FC – PLACEMENT AUTHORIZATION-FOSTER CARE / RESIDENTIAL CARE
The purpose of this form is to authorize placement in a foster care setting.
Placement Authorization Foster Care/Residential Care: Form 2085C

FORM 2087 –APPLICATION FOR PLACEMENT
The purpose of this form is to provide information about a child to placement staff and caregivers when a child is in need of placement.
Application for Placement: Form K-902-2087

FORM 2087EX – ALTERNATIVE APPLICATION FOR PLACEMENT
This form may be completed at admission to obtain emergency placements only. The two-page form expires within 30 days of the child’s admission to the placement.
Alternative Application for Placement in Residential Care: Form K-908-2087ex

RESIDENTIAL CHILD CARE DISCHARGE FORM
The purpose of this form is to request CPS to remove a child from a placement and notify 2Ingage placement staff.
Residential Child Care Discharge Form: Form 2109

FORM 2403 DFPS MEDICAL/DENTAL/VISION EXAMINATION
The caregiver (usually the medical consenter) and doctor complete this form at a child/youth’s medical, dental, or vision appointments. The form is filled out jointly by the person taking the child/youth to the appointment (usually the caregiver) and doctor/dentist.
DFPS Medical/Dental/Vision Examination: Form 2403
FORM 2450 - PROCEDURES FOR IMPACT DATA ENTRY ASSOCIATED WITH YOUTH PARENTS IN DFPS CONSERVATORSHIP
The purpose of this form is to describe various situations related to parenting youth and the appropriate procedures for IMPACT data entry.

Form 2450

FORM 2540 – VOLUNTARY EXTENDED FOSTER CARE AGREEMENT
The purpose of this form is to document a youth or young adult’s eligibility and agreement to participate in extended foster care after turning 18.

Form 2540

FORM 4526 - PSYCHOTROPIC MEDICATION TREATMENT CONSENT-
The purpose of this form is to keep a record of informed consent for a psychotropic medication that is prescribed for a child or youth in DFPS care. This form does not replace or substitute for any form that a medical provider requires or uses for his or her purposes.

Form 4526
**COMMUNITY-BASED CARE FORMS**

*Note: These forms are linked to the DFPS and 2INgage websites.*

**FORM 1502 - INITIAL COORDINATION MEETING**
The purpose of this form is to document communication between the SSCC and CPS during the Initial Coordination Meeting (ICM).

*Initial Coordination Meeting: Form 1502*

**FORM 1503 - PRE-PLACEMENT STAFFING**
The purpose of this form is to record the discussion during a pre-placement staffing.

*Pre-Placement Staffing: Form 1503*

**FORM 1505 - COMMUNITY-BASED CARE AUTHORIZATION TO FURNISH INFORMATION**
The purpose of this form is to allow a SSCC access to information related to a child in DFPS conservatorship.

*Community-Based Care Authorization to furnish Information: Form 1505*

**FORM 1508 - REQUEST FOR PLACEMENT INTO CBC CATCHMENT AREAS** -
The purpose of this form is to request placement for a child, who is legally from another part of the state, into a Community-Based Care (CBC) catchment area.

*Request for Placement into CBC Catchment Areas: Form 1508*

**FORM 1509 - PLACEMENT DOCUMENTATION**
The purpose of this form is to acknowledge that DFPS gives permission for the SSCC representative to review and sign placement related forms.

*Placement Documentation: Form 1509*

**FORM 1510- REGION 2 REMOVAL STAFFING CHECKLIST**
The purpose of this form is to list the required steps and important timeframes from the time immediately prior to removal until the case has been transferred to a Conservatorship worker.

*Region 2 Removal Staffing Checklist*
MEMORANDUM

☐ Community Based Care / SSCC Name

☐ Foster Care/Adoption

To: Sending State

From: Texas Interstate Compact Office/Region

Date:

Re: Child (ren)

Thank you for your cooperation in the home study process. After careful review, it was determined this home study is:

☐ Approved: Caregiver’s Name:

☐ Denied: Caregiver’s Name:

☐ Withdrew:

☐ Criminal History:

☐ CPS History:

☐ Unable to Meet Child(ren)'s Needs:

☐ Finances/Budget:

☐ Medical/Mental Health Concerns:

☐ Other:

☐ Deferred: Child needs Treatment Services

Child's Name:

☐ Medical Diagnosis:

☐ Mental Health Diagnosis:

☐ Other:

For Additional Help in Licensing/Contracting Process Contact:

Sincerely,

Texas ICPC Coordinator

Date
# 2INGAGE eCAP Client Assessment

## Client Assessment

<table>
<thead>
<tr>
<th>Date Form Completed:</th>
<th>10/2/2017 4:00 PM</th>
<th>Completed By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Assessment Type:</td>
<td>First Placement Client Assessment</td>
<td></td>
</tr>
<tr>
<td>Recommended Level of Care:</td>
<td>Family Foster Care</td>
<td></td>
</tr>
<tr>
<td>PSIL:</td>
<td>Tier 2</td>
<td></td>
</tr>
</tbody>
</table>

## Client Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Test Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Race:</td>
<td></td>
</tr>
<tr>
<td>Case Plan Goal:</td>
<td>Case Plan Goal Not Yet Established</td>
</tr>
<tr>
<td>Custody County/State:</td>
<td>SEDGWICK (KS)</td>
</tr>
<tr>
<td>Home Location:</td>
<td>Home Location Not Known</td>
</tr>
<tr>
<td>Client Strengths:</td>
<td></td>
</tr>
</tbody>
</table>

## Placement Search Information

<table>
<thead>
<tr>
<th>Date Placement Needed By:</th>
<th>10/1/2017 12:00:00 AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot Be Placed With:</td>
<td></td>
</tr>
<tr>
<td>Younger Males</td>
<td>Younger Females</td>
</tr>
<tr>
<td>Older Males</td>
<td>Older Females</td>
</tr>
<tr>
<td>No Room Sharing</td>
<td>No Dogs in Home</td>
</tr>
</tbody>
</table>

## Home Environment Preferences

<table>
<thead>
<tr>
<th>Home Has Cats</th>
<th>Neutral/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Has Dogs</td>
<td>Neutral/Unknown</td>
</tr>
<tr>
<td>Home in Rural Area</td>
<td>Neutral/Unknown</td>
</tr>
<tr>
<td>Home in Suburbs</td>
<td>Neutral/Unknown</td>
</tr>
<tr>
<td>Home in Urban Neighborhood</td>
<td>Neutral/Unknown</td>
</tr>
</tbody>
</table>

## Client Physical/Medical Health Information

| Height: | |
|---------||
| Weight: | |
| Health Comments: | |
| Doctor: | |
| Medical Diagnosis: | |
| Therapist: | |
| Mental Health Diagnosis: | |
| Mental Health Appointment Times: | |

## Medication

Client is not taking any medications

## Visitation Restrictions

Client does not have any visitation restrictions.

## Runaway Status

Does the child have any of the following documented running behavior? If yes, check all that apply. No
The running behavior occurred in the last 60 days.

The child is a chronic runner (3 or more occurrences in the last 150 days.)

**Mental Health Status**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child dangerous to self in the following ways? If yes, check all that apply.</td>
<td>No</td>
</tr>
<tr>
<td>The child engages in self mutilation or self abuse.</td>
<td></td>
</tr>
<tr>
<td>The child makes threats of suicide with specific plan of action.</td>
<td></td>
</tr>
<tr>
<td>Is the child taking prescribed psychotropic/behavior medication?</td>
<td>No</td>
</tr>
<tr>
<td>Is the child often refusing to take medications for a physical or mental illness?</td>
<td>No</td>
</tr>
<tr>
<td>Has the child been diagnosed with ADHD?</td>
<td>No</td>
</tr>
<tr>
<td>Has the child been diagnosed with an eating disorder?</td>
<td>No</td>
</tr>
<tr>
<td>Does the child have any of the following needed behaviors? If yes, check all that apply.</td>
<td>No</td>
</tr>
<tr>
<td>The child has tantrums that are inconsistent with the child’s development</td>
<td></td>
</tr>
<tr>
<td>The child does not display emotions like remorse or empathy in a typical manner</td>
<td></td>
</tr>
<tr>
<td>The child struggles with age-appropriate social interactions</td>
<td></td>
</tr>
<tr>
<td>Does the child need a provider with a very consistent schedule and few disruptions to the daily routine?</td>
<td>No</td>
</tr>
</tbody>
</table>

**Mental Health Placement Status**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child disrupting from one of the following placements due to negative behavioral health issues? Please specify.</td>
<td>No</td>
</tr>
<tr>
<td>The child is disrupting from a psychiatric residential placement.</td>
<td></td>
</tr>
<tr>
<td>The child is disrupting from an intensive group home.</td>
<td></td>
</tr>
<tr>
<td>Is the child stepping down (but not disrupting) from a psychiatric residential placement?</td>
<td>No</td>
</tr>
<tr>
<td>Was the youth screened for acute or residential placement, but was diverted from inpatient placement in the last 30 days or is stepping down from acute care?</td>
<td>No</td>
</tr>
</tbody>
</table>

**Aggression Toward Others**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child display verbal aggression? If yes, check all that apply.</td>
<td>No</td>
</tr>
<tr>
<td>Does the child have a history of chronic lying?</td>
<td>No</td>
</tr>
<tr>
<td>Is the child involved with gangs?</td>
<td>No</td>
</tr>
<tr>
<td>Does the child have a history of documented physically aggressive/assaultive behaviors toward others in last 150 days? If yes, check all that apply.</td>
<td>No</td>
</tr>
<tr>
<td>The child has documented physically aggressive/assaultive behaviors toward adults in the last 150 days.</td>
<td></td>
</tr>
<tr>
<td>The child has documented physically aggressive/assaultive behaviors toward peers in the last 150 days.</td>
<td></td>
</tr>
<tr>
<td>The child has documented physically aggressive/assaultive behaviors toward siblings in the last 150 days.</td>
<td></td>
</tr>
</tbody>
</table>
The child has documented physically aggressive/assaultive behaviors toward animals in the last 150 days.

The child has charges pending for physically aggressive/assaultive behaviors.

The child has made homicidal threats.

**Sexually Abused/Acting Out**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have LEO/state sexual misconduct investigation/charges pending?</td>
<td>No</td>
</tr>
<tr>
<td>Has the child been substantiated as a sexual perpetrator?</td>
<td>No</td>
</tr>
<tr>
<td>Does the child have documented sexually acting out behavior within the last 150 days that is inconsistent with the child’s development? If yes, check all that apply.</td>
<td>No</td>
</tr>
<tr>
<td>The child has documented sexually acting out behavior with peers within the last 150 days.</td>
<td></td>
</tr>
<tr>
<td>The child has documented sexually acting out behavior with siblings within the last 150 days.</td>
<td></td>
</tr>
<tr>
<td>The child has documented sexually acting out behavior with animals within the last 150 days.</td>
<td></td>
</tr>
<tr>
<td>Does the child engage in public masturbation?</td>
<td>No</td>
</tr>
<tr>
<td>Has the child been a victim, or a suspected victim, of commercial sexual exploitation/human trafficking?</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
</table>

**Destruction of Property and Theft**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have documented fire starting behavior in the last 150 days?</td>
<td>No</td>
</tr>
<tr>
<td>Does the child have documented destruction of property in the last 150 days?</td>
<td>No</td>
</tr>
<tr>
<td>The destruction of property is in excess of $100.</td>
<td></td>
</tr>
<tr>
<td>Does the child have a history of documented theft in the last 150 days?</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
</table>

**Chemical Dependency Status**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have any of the following substance abuse concerns documented? If yes, check all that apply.</td>
<td>No</td>
</tr>
<tr>
<td>The child is currently incapacitated or having black-outs.</td>
<td></td>
</tr>
<tr>
<td>The child was assessed for inpatient but diverted in the last 24 hours.</td>
<td></td>
</tr>
<tr>
<td>The child is stepping down from a chemical dependency inpatient setting.</td>
<td></td>
</tr>
<tr>
<td>The child is receiving out-patient treatment.</td>
<td></td>
</tr>
<tr>
<td>The child is refusing services.</td>
<td></td>
</tr>
<tr>
<td>The child has participated in recreational use since last assessment.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
</table>

**School/Pre-School/Independent Living Status**
Are there any of the following significant educational concerns for the child? If yes, check all that apply. No

- The child has been suspended or expelled in the last 30 days.
- The child is refusing to complete GED/job training.
- The child is participating in homebound or alternative school.
- The child is frequently refusing to attend school.
- The child displays chronic truancy or has been referred to court services.
- The child has sporadic attendance and/or truancy issues.
- The child currently receives specialized services.
- The child currently has an IEP.
- The child currently has a behavior plan.
- The child participates in specialized daycare.

Is the child performing well academically (mostly As and Bs)? No

Comments

Community Involvement

Has the child been regularly involved in at least one ongoing activity or group in the last 6 months? If yes, check all that apply. No

- Sports/ Athletics/ Dance
- Music
- Theatre
- Art
- Religious Youth Group
- Volunteer Work
- Part-time Employment
- Scouting or other civic organization
- Youth Mentoring Group

Comments

Physical Health Status

Does the child have any of the following? If yes, check all that apply. No

- child needs to see a doctor or therapist 1 - 4 x per month
- child needs to see a doctor or therapist more than 1 x per week
child requires in-home administration of medical treatments
Dietary Restrictions
Enuresis/Encopresis
Hearing Impairment
HIV/AIDS
Learning Disability
Medically fragile
Non-ambulatory
Pregnant or parenting
Speech Disorder
STI/STD
Visual Impairment/Blindness

Does the child have an intellectual developmental disorder, characterized by significant impairment of cognitive function? No

Other
Has the client self-identified as LGBTQ? No
Has the child been sexually abused? No
Has the child ever had any documented history of developmentally inappropriate sexual acting out behaviors? No
Does the child have a history of intentional fire starting behavior? No
## Region 2 Permanency Conference Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Units Staffing</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Wednesday of Month</td>
<td>Unit C7</td>
<td>Brownwood</td>
</tr>
<tr>
<td>2nd Monday of Month</td>
<td>Unit C5</td>
<td>Haskel</td>
</tr>
<tr>
<td>2nd Tuesday of Month</td>
<td>Unit C9</td>
<td>Coleman</td>
</tr>
<tr>
<td>2nd Wednesday of Month</td>
<td>Unit C5</td>
<td>Snyder/Sweetwater</td>
</tr>
<tr>
<td>2nd Thursday of Month</td>
<td>Unit C2, Unit C3, Unit C8</td>
<td>Wichita Falls</td>
</tr>
<tr>
<td>3rd Tuesday of Month</td>
<td>Unit C8</td>
<td>Bowie</td>
</tr>
<tr>
<td>3rd Thursday of Month</td>
<td>Unit C8</td>
<td>Vernon</td>
</tr>
<tr>
<td>4th Monday and Tuesday of Month</td>
<td>Unit C1, Unit C4, Unit CA</td>
<td>Abilene</td>
</tr>
<tr>
<td>4th Wednesday of Month</td>
<td>Unit C9</td>
<td>Eastland</td>
</tr>
<tr>
<td>Child's Placement</td>
<td>Recommended Designee First and Second Primary</td>
<td>Recommended Back Up First and Second Back Up</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>GRO Providing Emergency Care Services</td>
<td>Two Professional employee(s) of the GRO</td>
<td>• 3rd professional employee of the GRO; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CPS caseworker; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supervisor of primary/assigned caseworker.</td>
</tr>
<tr>
<td>CPA Foster family home</td>
<td>Foster parents, or Pre-consummated adoptive parents</td>
<td>Professional employee(s) of the CPA, such as a case manager.</td>
</tr>
<tr>
<td>CPA Foster group home with foster parents (without shift staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPA Pre-consummated adoptive home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRO offering child care services only (children’s home with cottage model)</td>
<td>Cottage parents</td>
<td>• Alternate cottage parents;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Professional employee of the GRO, such as a case manager; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CPS caseworker.</td>
</tr>
<tr>
<td>Home and community based (HCS) family home</td>
<td>HCS-based support family caregivers</td>
<td>• CPS caseworker, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Caseworker’s Supervisor.</td>
</tr>
<tr>
<td>GRO Residential Treatment Center</td>
<td>1. 1st Primary: the CPS caseworker or Local Permanency caseworker</td>
<td>Any combination of the following individuals may be selected as the 1st and 2nd backup:</td>
</tr>
<tr>
<td>GRO Therapeutic Camp</td>
<td>2. 2nd Primary: second CPS caseworker or Local Permanency caseworker</td>
<td>• CPS caseworker;</td>
</tr>
<tr>
<td>GRO Child Care Facility (Group Setting with Shift Staff)</td>
<td></td>
<td>• Local Permanency caseworker;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CPS Supervisor;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Local Permanency Supervisor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* 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.</td>
</tr>
<tr>
<td>HCS-based group home (with shift staff)</td>
<td>1. CPS Caseworker</td>
<td>3rd CPS Caseworker or CPS Supervisor</td>
</tr>
<tr>
<td>Nursing home</td>
<td>2. 2nd CPS Caseworker or CPS Supervisor</td>
<td>• CPS Supervisor.</td>
</tr>
<tr>
<td>Intermediate care facilities for Individuals with Intellectual Disabilities (ICF-IIID)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRO offering treatment services for individuals with intellectual disabilities</td>
<td>1. Developmental disability (DD) specialist assigned as secondary worker</td>
<td>2nd Developmental disability (DD) specialist</td>
</tr>
<tr>
<td>State Supported Living Centers (SSLC)</td>
<td>2. Primary CPS Caseworker or Caseworker’s Supervisor</td>
<td>3rd Developmental disability (DD) specialist or Primary CPS Caseworkan</td>
</tr>
<tr>
<td>Placement with Relative or Kinship Caregiver</td>
<td>Primary live-in caregiver(s) for the child</td>
<td>Another person, relative or kinship individual that knows the child and has knowledge of his/her medical condition and needs</td>
</tr>
</tbody>
</table>

**Medical Consent Chart**
All children who come into DFPS care need a good review of their physical and behavioral health needs right away. As a caregiver of a child in DFPS care, we know you are committed to the health, safety, and well-being of the children in your home.

With your help, CPS is launching a new practice in 2018 called 3 in 30. It combines three critical tools for learning the medical, behavioral, and developmental strengths and needs of children and youth. These tools will help us understand the children in your care so we can tailor services to their needs.

Children and youth who come to live with you must have the 3-Day Medical Exam within three business days of entering DFPS legal custody. The Texas Health Steps Medical Checkup and the Child and Adolescent Needs and Strengths (CANS) Assessment must be complete within 30 days.

- **3-Day Initial Medical Exam**
  - In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need.

- **CANS Assessment**
  - In 30 days, children (ages 3-17) must get a CANS assessment. This review helps us understand how trauma is affecting a child, and how the child is doing. CANS tells us which services may help the child, such as counseling. It also shows strengths we can build on, like good relationships.

- **Texas Health Steps Medical Check-Up**
  - In 30 days, each child must see a doctor for a complete check-up with lab work.
    - This makes sure:
      - We address medical issues early.
      - Kids grow and develop as expected.
      - Caregivers know how to help the child grow and develop.

Call **STAR Health Member Services** at **866-912-6283**

Ask for a nurse outside of normal business hours.

For help with:
- Finding a doctor for the exam, assessment, or check-up
- Learning if your current doctor can do the 3-Day exam and Health Steps checkup
- Questions about Medicaid ID cards
- Problems with pharmacy refills
- Medical, dental, behavioral health or vision services

For more information:
- Search “3 in 30” on the DFPS website at [www.dfps.state.tx.us](http://www.dfps.state.tx.us)
- Send questions to [DFPSStarHealth3In30@dfps.state.tx.us](mailto:DFPSStarHealth3In30@dfps.state.tx.us)
<table>
<thead>
<tr>
<th>Appointment</th>
<th>Date/Time/Location of Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-Day Initial Medical Exam</td>
<td></td>
</tr>
<tr>
<td>Due:</td>
<td></td>
</tr>
<tr>
<td>CANS Assessment</td>
<td></td>
</tr>
<tr>
<td>Due:</td>
<td></td>
</tr>
<tr>
<td>Texas Health Steps Medical Check-Up</td>
<td></td>
</tr>
<tr>
<td>Due:</td>
<td></td>
</tr>
</tbody>
</table>

**What should I bring to the appointment?**
- A fully signed and approved Medical Consent Form 2085-B (a form that shows the child has STAR Health and immediate coverage)
- Texas Benefits Medicaid ID Card, if available.
- Superior Health Plan ID Card, if available.
SUPERVISED INDEPENDENT LIVING FLOW CHART

**Supervised Independent Living (SIL) Process**

1. **Young Adult Aging Out/Return to Care**
   - Trial independence (1T) permits a young adult age 18 or older to voluntarily leave Extended Foster Care for up to 6 months (or up to 12 months with a court order) and live independently without losing foster care eligibility.
   - CPS Handbook §10550

2. **Young Adult returns DURING a Trial Independence Time Period**
   - The Legal Region is where DFPS was granted conservatorship.
   - CPS Handbook §10532
   - Courts retain jurisdiction while young adult remain in extended foster care.
   - The caseworker must request a review hearing by the court every six months, as required by Texas Family Code §263.602.

3. **Legal County is within a LEGACY Region**

   DFPS CVS/PAL staff completes forms 2605 and 2087ex on young adult and emails to State Office SIL Program Specialist for screening.

   If approved, State Office SIL Program Specialist sends DFPS CVS/PAL staff a SIL Approval Letter (form 2529). Once this letter is received the young adult may select a SIL provider of choice.

   **Young Adult Chooses a SIL within:**

   - **Current or Other Legacy Region (Non-SSCC)**
     - DFPS CVS/PAL staff sends forms 2605, 2087ex, and 2529 to SIL Coordinator of the young adult’s choice.
     - DFPS CVS/PAL staff should follow standard protocol.
     - Any subsequent placements will be reviewed by DFPS as outlined in CPS Handbook §19463.2

   - **SSCC Catchment Area**
     - DFPS CVS/PAL worker sends forms 2605, 2087ex, and 2529 to SSCC SIL Coordinator.
     - Complete a change of county in Sub-Stage under Case Management tab (using county of SSCC SIL Placement) and Complete Referral to SSCC LEGAL COUNTY WILL REMAIN THE SAME.

     Placement will be entered under the SSCC SIL RID in IMPACT. SSCC will document SIL Name and Address in the Placement Discussion Comment Box of Actual Placement.

     Prior to Approving Placement in IMPACT, DFPS CVS/PAL staff will go into Placement Information page and change address of Placement to correct address provided in the Comment Box.

   Current DFPS worker will remain primary and all subsequent moves will be the responsibility of the DFPS worker in the Legacy Region. Regional policy will be followed on assigning a DFPS courtesy worker.
<table>
<thead>
<tr>
<th>County</th>
<th>Judge</th>
<th>Coordinator</th>
<th>Court Address</th>
<th>Children Attending Court</th>
<th>2INgage/Designee Attendance</th>
<th>Other Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archer - 97th</td>
<td>Associate Judge Hon.</td>
<td>Martha Harrington</td>
<td>100 S Center, 2nd Floor, Archer City</td>
<td>All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn’t come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.</td>
<td>2INgage designee will attend all adversary hearings in which 2INgage is involved. 2INgage designee will attend any hearing following a move of a child that was not to a relative or ordered by the court.</td>
<td>Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway</td>
</tr>
<tr>
<td>Archer City</td>
<td>Alyce Bondurant</td>
<td>900 7th Street, Rm 401, Wichita Falls, TX 76301 940-716-8624 Fax 940-716-8635 <a href="mailto:Martha.harrington@txcourts.gov">Martha.harrington@txcourts.gov</a></td>
<td>940-716-8624</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawley</td>
<td>Associate Judge Hon.</td>
<td>Robin Smajstria</td>
<td>100 S Main, Seymour</td>
<td>The children are not expected to attend hearings unless the AAL/GAL has previously filed a motion to have the Court confer with the children.</td>
<td>Not expected</td>
<td>None</td>
</tr>
<tr>
<td>Bellevue</td>
<td>Hon. Bobby D. Burnett</td>
<td>PO BOX 1127, Seymour, TX 76380 940-422-6912 Fax 940-422-4525 Munday: 940-422-4525 Fax: 940-422-5544 <a href="mailto:admin50th@srcaccess.net">admin50th@srcaccess.net</a></td>
<td>940-422-6912</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– 50th Paducah</td>
<td><a href="mailto:DJ50th@srcaccess.net">DJ50th@srcaccess.net</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brown - 13th</td>
<td>Associate Judge Hon.</td>
<td>Lisa Marks</td>
<td>200 S Broadway St Ste 212, Brownwood</td>
<td>Excludes children from being present for court unless specifically stated at the previous hearing for a child to be present, child has informed CPS worker or ad litem he/she wants to be present or the ad litem wants the child to be present. These are normally for our teens or final hearings.</td>
<td>Only if he there has been concern or issue with placement search or location.</td>
<td>He does not allow any participation via phone for child, parent or any other party. No cell phones at all or in the courtroom.</td>
</tr>
<tr>
<td>Brownwood</td>
<td>Gary Banks</td>
<td>112 W. Beauregard, Room 311, San Angelo, TX 76903</td>
<td>325-659-6577</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brown - 13th</td>
<td>Associate Judge Hon.</td>
<td>Darla Quinney</td>
<td>400 Market Street, Baird</td>
<td>Court does not expect children to attend, unless requested by the AAL/GAL. Please note, sometimes there may be only 24 hours-notice (or less) of needing the children in court.</td>
<td>– Not unless there is a serious placement issue that needs to be addressed. In the event a representative is needed at a hearing, but was not notified to be at the hearing, the court will reset a hearing in order to give the Department an opportunity to get an SSCC representative to the hearing.</td>
<td>None</td>
</tr>
<tr>
<td>Callahan</td>
<td>Hon. James Edson</td>
<td>Taylor County Courthouse</td>
<td>300 Oak Street, Suite 401, Abilene 79602</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42nd Baird</td>
<td></td>
<td>325-674-1314 Fax: 325-674-1256 Quinney@taylortxorg</td>
<td>325-674-1314</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>Judge</td>
<td>Coordinator</td>
<td>Court Address</td>
<td>Children Attending Court</td>
<td>2INgage/Designee Attendance</td>
<td>Other Expectations</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------</td>
<td>------------------------------</td>
<td>-----------------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Clay– 97th Henrietta</td>
<td>Associate Judge Hon. Alyce Bondurant <a href="mailto:alyce.bondurant@txcourts.gov">alyce.bondurant@txcourts.gov</a></td>
<td>Martha Harrington</td>
<td>214 N Main, Henrietta</td>
<td>All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn’t come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.</td>
<td>2INgage designee will attend all adversary hearings in which 2INgage is involved. 2INgage designee will attend any hearing following a move of a child that was not to a relative or ordered by the court.</td>
<td>Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway</td>
</tr>
<tr>
<td>Coleman– 42nd Coleman</td>
<td>Hon. James Edson</td>
<td>Darla Quinney</td>
<td>100 W. Live Oak St., Coleman</td>
<td>Court does not expect children to attend, unless requested by the AAL/GAL. Please note, sometimes there may be only 24 hours-notice (or less) of needing the children in court.</td>
<td>Not unless there is a serious placement issue that needs to be addressed. In the event a representative is needed at a hearing, but was not notified to be at the hearing, the court will reset a hearing in order to give the Department an opportunity to get an SSCC representative to the hearing.</td>
<td>None</td>
</tr>
<tr>
<td>Comanche– 220th Comanche</td>
<td>Hon. Philip G. Robertson</td>
<td>Linda Meinikowsky</td>
<td>101 West Central, Comanche</td>
<td>The court generally excuses all appearances for hearings unless specifically requested by the AAL/GAL.</td>
<td>Not expected unless requested</td>
<td>None</td>
</tr>
<tr>
<td>Cottle -50th Paducah</td>
<td>Hon. Bobby D. Burnett <a href="mailto:DJ50th@srcaccess.net">DJ50th@srcaccess.net</a></td>
<td>Tammy Pienaar</td>
<td>907 9th St., Paducah</td>
<td>The children are not expected to attend hearings unless the AAL/GAL has previously filed a motion to have the Court confer with the children.</td>
<td>Not expected</td>
<td>None</td>
</tr>
<tr>
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<tr>
<td>Eastland – 91st Eastland</td>
<td>Hon. Steven Herod</td>
<td>Tonya Orsini</td>
<td>100 West Main Street, Suite 302 Eastland 76448 Phone: 254-629-1797 Fax: 254-629-1558 <a href="mailto:91court@eastlanddcountytexas.com">91court@eastlanddcountytexas.com</a></td>
<td>The court generally excuses all appearances for hearings unless specifically requested by the AAL/GAL.</td>
<td>Not expected unless requested. Currently several CPA’s attend hearings.</td>
<td>None</td>
</tr>
<tr>
<td>Fisher – 32nd Roby</td>
<td>Hon. David Hall</td>
<td>Yvonne Lehnert</td>
<td>First Multicounty Court at Law 100 East 3rd Street, Suite 107 Sweetwater, 79556 Phone: 325-235-2353 Fax: 325-236-8098 <a href="mailto:Yvonne.lehnert@co.nolan.tx.us">Yvonne.lehnert@co.nolan.tx.us</a></td>
<td>North 1st Street, Roby</td>
<td>The Court does not expect attendance, unless attendance is requested by the AAL/GAL. AAL/GALs regularly request that the children attend the hearings and the court will not go forward with a hearing if the child is not present and will reset the matter.</td>
<td>A representative of the SSCC will be expected to attend all hearings. This Court expects DFPS and SSCC to look for and assess family placements, if a child(ren) is placed in one of its foster placements.</td>
</tr>
<tr>
<td>Foard – 46th Crowell</td>
<td>Hon. Dan Mike Bird</td>
<td>Sherrie Gibson</td>
<td>46th Judicial District Court 1700 Wilbarger Street Room 34-A Vernon, TX 76384 Phone: 940-552-7051 Fax 940-552-0305 <a href="mailto:judge46dc@co.wilbarger.tx.us">judge46dc@co.wilbarger.tx.us</a></td>
<td>100 N. Main St., Crowell</td>
<td>The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL. Judge may sometimes require the child to attend a final hearing if the child is of an age where they have a valid opinion regarding the outcome of the hearing, maybe 10 years old and above.</td>
<td>A representative is not expected to attend hearings unless the attorney for the Department believes that the SSCC representative is needed.</td>
</tr>
<tr>
<td>Hardeman – 46th Quanah</td>
<td>Hon. Dan Mike Bird</td>
<td>Sherrie Gibson</td>
<td>46th Judicial District Court 1700 Wilbarger Street Room 34-A Vernon, TX 76384 Phone: 940-552-7051 Fax 940-552-0305 <a href="mailto:judge46dc@co.wilbarger.tx.us">judge46dc@co.wilbarger.tx.us</a></td>
<td>300 S Main, Quanah</td>
<td>The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL. Judge may sometimes require the child to attend a final hearing if the child is of an age where they have a valid opinion regarding the outcome of the hearing, maybe 10 years old and above.</td>
<td>A representative is not expected to attend hearings unless the attorney for the Department believes that the SSCC representative is needed.</td>
</tr>
<tr>
<td>Haskell - 39th Haskell</td>
<td>Hon. Shane Hadaway</td>
<td>Debra Mayfield (Smith)</td>
<td>P.O. Box 966 Haskell, TX 79521 Phone: 940-864-2661 Fax: 940-863-4202 dmmayfield@yahoocom</td>
<td>One Avenue D, Haskell</td>
<td>The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL.</td>
<td>A representative is not expected to attend hearings unless specifically requested.</td>
</tr>
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<table>
<thead>
<tr>
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<th>Coordinator</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Jack – 271st Jacksboro</td>
<td>Associate Judge Hon. Alyce Bondurant</td>
<td>Martha Harrington 900 7th Street, Rm 401 Wichita Falls, TX 76301 Phone: 940-716-8624 Fax: 940-716-8635</td>
<td>100 N. Main, Suite 310, Jacksboro</td>
<td>All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn't come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.</td>
<td>2INgage designee will attend all adversary hearings in which 2INgage is involved. 2INgage designee will attend any hearing following a move of a child that was not to a relative or ordered by the court.</td>
<td>Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway</td>
</tr>
<tr>
<td>Jones – 259th Anson</td>
<td>Hon. Brooks Hagler</td>
<td>Santa Franco PO Box 429 Anson, TX 79501 Phone: 325-823-2721 <a href="mailto:Santa.franco@co.jones.tx.us">Santa.franco@co.jones.tx.us</a></td>
<td>1100 12th Street, Anson 79501</td>
<td>This court does not expect children to attend, unless requested by the AAL/GAL.</td>
<td>A representative of the SSCC will be expected to attend every hearing.</td>
<td>Please be sure that the SSCC representative who attends these hearings is well-versed in their position</td>
</tr>
<tr>
<td>Kent - 39th Jayton</td>
<td>Hon. Shane Hadaway <a href="mailto:dj39th@srcaccess.net">dj39th@srcaccess.net</a></td>
<td>Debra Mayfield P.O. Box 966 Haskell, TX 79521 Phone: 940-864-2661 Fax: 940-863-4202</td>
<td>100 North Main Street, Jayton</td>
<td>The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL.</td>
<td>A representative is not expected to attend hearings unless specifically requested.</td>
<td>None</td>
</tr>
<tr>
<td>Knox - 50th Seymour</td>
<td>Hon. Bobby D. Burnett <a href="mailto:Dj50th@srcaccess.net">Dj50th@srcaccess.net</a></td>
<td>Tammy Pienaar P. O. Box 1127 Seymour, Texas 76380 Phone: 940-889-6912 Fax: 940-889-6918 Munday Phone: 940-422-4525 Munday Fax: 940-422-5544 Tammy.pienaar @srcaccess.net</td>
<td>The children are not expected to attend hearings unless they AAL/GAL has previously filed a motion to have the Court confer with the children.</td>
<td>Not expected</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Mitchell – 32nd Colorado City</td>
<td>Hon. David Hall</td>
<td>Yvonne Lehnhert First Multicounty Court at Law 100 East 3rd Street, Suite 107 Sweetwater, 79556 Phone: 325-235-2353 Fax: 325-236-8098 <a href="mailto:Yvonne.lehnert@co.nolan.tx.us">Yvonne.lehnert@co.nolan.tx.us</a></td>
<td>349 Oak Street, Colorado City</td>
<td>The Court does not expect attendance, unless attendance is requested by the AAL/GAL. AAL/GALs regularly request that the children attend the hearings and the court will not go forward with a hearing if the child is not present and will reset the matter.</td>
<td>A representative of the SSCC will be expected to attend all hearings.</td>
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<tr>
<td>Montague – 97th Montague</td>
<td>Associate Judge Hon. Alyce Bondurant</td>
<td>Martha Harrington</td>
<td>101 East Franklin, Montague</td>
<td>All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn't come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.</td>
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<td>Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway</td>
</tr>
<tr>
<td>Nolan-Court at Law Sweetwater</td>
<td>Hon. David Hall</td>
<td>Yvonne Lehnert</td>
<td>100 East 3rd Street, Sweetwater, 79556</td>
<td>The Court does not expect attendance, unless attendance is requested by the AAL/GAL. AAL/GALs regularly request that the children attend the hearings and the court will not go forward with a hearing if the child is not present and will reset the matter.</td>
<td>A representative of the SSCC will be expected to attend all hearings.</td>
<td>This Court expects DFPS and SSCC to look for and assess family placements, if a child(ren) is placed in one of its foster placements.</td>
</tr>
<tr>
<td>Runnels - 21st Ballinger</td>
<td>Associate Judge Hon. Gary Banks</td>
<td>Lisa Marks</td>
<td>613 Hutchings Avenue, Ballinger</td>
<td>Excludes children from being present for court unless specifically stated at the previous hearing for a child to be present, child has informed CPS worker or ad litem he/she wants to be present or the ad litem wants the child to be present. These are normally for our teens or final hearings.</td>
<td>Only if he there has been concern or issue with placement search or location.</td>
<td>He does not allow any participation via phone for child, parent or any other party. No cell phones at all out or in the courtroom.</td>
</tr>
<tr>
<td>Scurry – 132nd Synder</td>
<td>Hon. Ernie Armstrong</td>
<td>Kayla Phipps</td>
<td>1806 25th Street, Snyder</td>
<td>The court generally excuses all appearances for hearings unless specifically requested by the AAL/ GAL.</td>
<td>Not expected unless requested. Currently several CPA’s attend hearings.</td>
<td>None</td>
</tr>
<tr>
<td>Shackelford – 259th Albany</td>
<td>Hon. Brooks Hagler</td>
<td>Santa Franco</td>
<td>255 S. Main Street, Albany</td>
<td>This court does not expect children to attend, unless requested by the AAL/GAL.</td>
<td>A representative of the SSCC will be expected to attend every hearing.</td>
<td>Please be sure that the SSCC representative who attends these hearings is well-versed in their position</td>
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<tr>
<td>Stephens - 90th</td>
<td>Associate Judge Hon. Alyce</td>
<td>Martha Harrington</td>
<td>200 West Walker,</td>
<td>All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn’t come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.</td>
<td>2INgage designee will attend all adversary hearings in which 2INgage is involved. 2INgage designee will attend any hearing following a move of a child that was not to a relative or ordered by the court.</td>
<td>Judge will expect the placements to be as close as possible and SCC make accommodations for parental visits by transporting the child to the home county or halfway</td>
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<tr>
<td>Breckenridge</td>
<td>Bondurant</td>
<td>900 7th Street, Rm 401</td>
<td>Breckenridge</td>
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<tr>
<td></td>
<td></td>
<td>Wichita Falls, TX 76301</td>
<td>Phone: 940-716-</td>
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<td>8624 Fax 940-716-</td>
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<td>8635 Martha</td>
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<td></td>
<td></td>
<td><a href="mailto:harrington@txcourts.gov">harrington@txcourts.gov</a></td>
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<tr>
<td>Stone-</td>
<td>Hon. Shane Hadaway</td>
<td>Debra Mayfield</td>
<td>510 N Washington</td>
<td>The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL.</td>
<td>A representative is not expected to attend hearings unless specifically requested.</td>
<td>None</td>
</tr>
<tr>
<td>39th Aspermont</td>
<td><a href="mailto:dj39th@srcaccess.net">dj39th@srcaccess.net</a></td>
<td>P.O. Box 966</td>
<td>Aspermont</td>
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<tr>
<td></td>
<td></td>
<td>Haskell, TX 79521</td>
<td>Phone: 940-864-</td>
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<td>2661 Fax: 940-863-</td>
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<td>4202</td>
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<tr>
<td>Taylor – 326th Abilene</td>
<td>Hon. Paul Rotenberry</td>
<td>Lisa Clements</td>
<td>300 Oak Street,</td>
<td>The children are not expected to attend court hearings, unless the child has a desire to attend or their attendance is requested by the AAL/GAL.</td>
<td>The court feels attendance by the provider is always helpful and if in attendance, he does ask for their feedback regarding the well-being of the child. If there are placement issues in securing placement, then 2INgage attendance is required.</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:rotenberry@taylorcountytexas.org">rotenberry@taylorcountytexas.org</a></td>
<td>300 Oak Street, Suite 403</td>
<td>Abilene 79602</td>
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<tr>
<td></td>
<td></td>
<td>Phone: 325-674-1325</td>
<td>clements@taylor</td>
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<tr>
<td>Taylor – 326th Abilene</td>
<td>Associate Judge Hon. April</td>
<td>Julie Perry</td>
<td>300 Oak Street,</td>
<td>The children are not expected to attend court hearings, unless the child has a desire to attend or their attendance is requested by the AAL/GAL</td>
<td>The court feels attendance by the provider is always helpful and if in attendance, he does ask for their feedback regarding the well-being of the child. If there are placement issues in securing placement, then 2INgage attendance is required.</td>
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<tr>
<td></td>
<td>Propst <a href="mailto:April.Propst@txcourts.gov">April.Propst@txcourts.gov</a></td>
<td>300 Oak Street, 325-674-1387</td>
<td>Abilene 79602</td>
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<td></td>
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<td>Phone: 325-674-1387</td>
<td>clements@taylor</td>
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<tr>
<td>Throckmorton - 39th Throckmorton</td>
<td>Hon. Shane Hadaway <a href="mailto:dj39th@srcaccess.net">dj39th@srcaccess.net</a></td>
<td>Debra Mayfield P.O. Box 966 Haskell, TX 79521 Phone: 940-864-2661 Fax:940-863-4202</td>
<td>105 N. Minter, Throckmorton</td>
<td>The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL.</td>
<td>A representative is not expected to attend hearings unless specifically requested.</td>
<td>None</td>
</tr>
<tr>
<td>Wilbarger – 46th Vernon</td>
<td>Hon. Dan Mike Bird</td>
<td>Sherrie Gibson 1700 Wilbarger, Rm 33-A Vernon, TX 76384 940-552-7051 Fax 940-553-0305 <a href="mailto:judge46dc@co.wilbarger.tx.us">judge46dc@co.wilbarger.tx.us</a></td>
<td>1700 Wilbarger, Rm 33, Vernon</td>
<td>The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL. Judge may sometimes require the child to attend a final hearing if the child is of an age where they have a valid opinion regarding the outcome of the hearing, maybe 10 years old and above.</td>
<td>A representative is not expected to attend hearings unless the attorney for the Department believes that the SCCC representative is needed.</td>
<td>None</td>
</tr>
<tr>
<td>Wichita - Wichita</td>
<td>Associate Judge Hon. Alyce Bondurant <a href="mailto:alyce.bondurant@txcourts.gov">alyce.bondurant@txcourts.gov</a></td>
<td>Martha Harrington 900 7th Street, Rm 401 Wichita Falls, TX 76301 940-716-8624 Fax 940-716-8635 <a href="mailto:Martha.harrington@txcourts.gov">Martha.harrington@txcourts.gov</a></td>
<td>900 7th Street, Rm 401, Wichita Falls</td>
<td>All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn’t come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.</td>
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</tr>
<tr>
<td>Young - Graham</td>
<td>Associate Judge Hon. Alyce Bondurant <a href="mailto:alyce.bondurant@txcourts.gov">alyce.bondurant@txcourts.gov</a></td>
<td>Martha Harrington 900 7th Street, Rm 401 Wichita Falls, TX 76301 940-716-8624 Fax 940-716-8635 <a href="mailto:Martha.harrington@txcourts.gov">Martha.harrington@txcourts.gov</a></td>
<td>516 4th St, 3rd Floor, Graham</td>
<td>All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn’t come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.</td>
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Types of Adoption Services

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<th>Pre-Consummation Services (2054 = Placement services)</th>
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<th>Post-Consummation Services (2054 = Post-placement services)</th>
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<tr>
<td>Foster-to-New Adopt Home</td>
<td>Kinship-to-Adopt</td>
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<tr>
<td>Case Review</td>
<td>Home Screening</td>
<td>Supervision of the Adoptive Placement</td>
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<tr>
<td>Pre-Placement Visits (between the child &amp; prospective adoptive family)</td>
<td>Household Members Background Checks</td>
<td>Facilitate Sibling Contact</td>
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<tr>
<td>Adoption Placement Documentation</td>
<td>Supervision of the Adoptive Placement</td>
<td>Progression to Consummation (supervision of placement,</td>
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<tr>
<td>Foster-to-New Adopt Home</td>
<td>Kinship-to-Adopt</td>
<td>written reports, legal &amp; policy requirements</td>
</tr>
<tr>
<td>Home Screening</td>
<td>Progression to Consumption (supervision</td>
<td>Delays in Consumption (review of placement with CPS &amp; contractor and develop a revised Plan of Service)</td>
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<td>of placement, written reports, legal &amp; policy</td>
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<td>requirements)</td>
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<tr>
<td>Household Members</td>
<td>Delays in Consumption (review of placement with</td>
<td>• Disrupted Placement</td>
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<tr>
<td>Background Checks</td>
<td>CPS &amp; contractor and develop a revised Plan of</td>
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<td>Service)</td>
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<tr>
<td>Training for Adoptive Homes</td>
<td>Court Related Services:</td>
<td>Court Related Services:</td>
</tr>
<tr>
<td></td>
<td>• Testimony (judicial hearings, court depositions &amp;</td>
<td>• Testimony (judicial hearings, court depositions &amp; admin reviews)</td>
</tr>
<tr>
<td></td>
<td>admin reviews)</td>
<td>Court Related Assistance (assist adoptive family &amp; their attorney to complete consummation process)</td>
</tr>
<tr>
<td></td>
<td>• Court Related Assistance (assist adoptive family &amp; their attorney to complete consummation process)</td>
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<tr>
<td>Adoption Preparation of the Child</td>
<td>Adoption Service Plan</td>
<td>Adoption Service Plan</td>
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<tr>
<td>NA</td>
<td>Adoption Preparation of the Child</td>
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**CPS/SSCC Adoption Tips**

Key Points:

- SSCC functionality only exists in SUB stage currently = SSCC can only document in specified sections of SUB stage;
- SSCC can have secondary, view-only access to ADO stage, as they can to the FSU stage; there is no SSCC functionality in the ADO or FSU stages;
- The SSCC Child Placement Referral requires that the reference SUB stage be open for the referral to remain active;
- Summary of ADO functionality in IMPACT:
Pre-Adoptive SSCC Placement Services (pre-consummation services): Requires SUB stage to remain open. Includes ADO recruitment activities & placement supervision (up to subsidy). The relevant system areas were:

- Placement (initial recording of the Placement as SSCC as licensed adoptive home scenario) until the subsidy kicks in.
- Child Plan (Adoption Plan in the SUB stage before child is placed in adoptive home).
- Service Authorization (recording of SSCC pre-adoptive placement services in the ADO stage): As it stands now, similar to PAL Trainings provided by the SSCC, DFPS Staff must continue to complete these Service Authorizations
- Contacts (SSCC recording of adoptive services activities in SUB stage is part of future IT enhancement)

Post-Adoptive SSCC Placement Supervision Services (post-consummation services). Requires SUB stage to remain open as long as service documentation and input by the SSCC is required/desired. The relevant system areas would be:

- Child Plan (Adoption Plan in the SUB stage after child is placed in adoptive home)
- Contacts (SSCC recording of post-adoptive placement supervision services in the SUB stage)
- Service Authorization (recording of SSCC post-adoptive placement supervision services in the ADO stage)

What are the implications if the adoption service plan is created from the SUB stage (ADO stage is open & the child’s placement has been entered in ADO stage)?

- It is considered best practice to enter the adoption service plan in the ADO stage when the child's placement has been entered in the ADO stage; however, if the adoption service plan is completed in the SUB stage with the ADO stage is open, all service plans completed during the case, regardless of the stage, can be viewed in the ADO stage under the "case service plans" tab.

2054 service authorizations for Adoption Services in the ADO stage of service:

- Always issued to the SSCC (not to the individual CPA);
- Issued by service type;
- Units = 1;
- Check all children that will receive the service (the amount the SSCC receives differs depending on the size of the sibling group);
- Dates of authorization are usually issued for 3 months or more depending on how long services are desired by the SSCC.
**Region 2 Tip Sheet for ICPC Cases**

1. **Out of State Home Studies** - Caseworker will make the Region 02 ICPC Coordinator, Angela Meador, Secondary on the children’s sub stage in IMPACT. Do this when you begin working on the ICPC.

2. **Caseworker will set up the 100A for each child in IMPACT.** Caseworker will then submit the 100A to their supervisor for approval. The Caseworker will scan “one packet of all documents below” and email to the Regional ICPC Coordinator who will upload them in the 100A of the oldest child once the supervisor approves the 100A. Do Not Scan Individual Items Into The 100A and Do Not Email Them As Separate Attachments to the Coordinator. Supervisors should make the Regional ICPC Coordinator, Angela Meador, the next approver. The email should be sent to the DFPS Region 02 ICPC mailbox, not to personal email address, because someone else monitors the mailbox when Coordinator is on extended leave. Be mindful if you forget and get an out of office reply from Coordinator’s personal email to send the packet to the ICPC mailbox for processing. This is critical on Expedited Requests. 2INgage will assist with gathering needed documents for the out of state request.

3. **States that require a “Foster Care Request” on anyone except a parent are:** California, Connecticut, Hawaii, Maine, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New Mexico, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia, Alabama if placement is with cousin, great aunt/uncle or great grandparents, South Carolina if placement with 2nd cousin, great aunt/uncle or great grandparents

The following items must be printed out and scanned into one ICPC packet for each request:

- **Interstate Compact Placement Request:** for each child in case located bottom drop down of 100A. Multiple children can be named on this form but 100A must be done in each child.
- **Cover Letter:** completely filled out located bottom drop down of 100A. Multiple children can be named on this one form.
- **Financial/Medical Form:** located bottom drop down of 100A. Each child must have their own Financial/Medical form.
- **Regulation 2 Form:** in Smiley Forms under ICPC. Not required if it is a Regulation 7 Request
- **Affidavit**
- **Temporary Orders**
- **Current Permanency Review Hearing Order** (if applicable)
- **Termination Order** (if plan is Adoption)
- **Copy of Birth Certificate**
- **Copy of Social Security Card**
- **Medical Records:** medical / dental / immunizations / psychological / developmental assessments
- **School Records:** ARD, report cards
- **Child’s Plan of Service:** for each child
- **FPS Checks:** on all adults
For Expedited Regulation 7 Requests the following must be additionally included:

— **Sending State Priority Home Study Request:** located bottom drop down of each 100A. Multiple children can be named on this form.

— **Statement of Case Manager/Potential Placement/Party under ICPC Regulation 7:** Expedited, Smiley Forms - commonly called the Regulation 7 checklist - Form ICPC105)

— **Regulation 7 Priority Home Study Request Court Order signed by the Judge:** Save this form for last. Legal should be notified prior to court that an Expedited Order is to be requested. Legal will prepare this order for the Judge to sign. Give them adequate time. Have all other documents ready to scan and then request the Judge to sign. There is only a 48 hour window for submitting to ICPC once the Judge signs. *If deadline is not met you will have to ask the Judge to sign it again.*

4. **Prior to Out of State Placement** the Caseworker must email the Well Being Specialist, John Clymer, to make him aware of the planned move of the child. Well Being Specialist will then advise the Caseworker on how to make this transition from Star Health easier. The Caseworker will need to review all medication for the child and secure a minimum of 3 months of medication to give to the new caregiver at the time of placement. **A placement should not be made until this can be ensured as there is typically a delay in getting services set up for the child in the new state.**

5. **Notices of Out of State Placements:** Caseworker will set up the 100B for each child immediately upon placement. This 100B will request the receiving state begin supervision. Caseworker will submit to their supervisor for approval. The Supervisor will make the Regional ICPC Coordinator the next approver. The Caseworker will scan in one packet all documents relating to the placement that have not previously been sent such as new medical information, social security cards, birth certificates, and school records and email to the Regional ICPC Coordinator who will upload them into the 100B of the oldest child. The email should be sent to the DFPS Region 02 ICPC mailbox, not to personal email address. **Caseworker must enter the new placement in IMPACT immediately.** Once the child is placed in the out of state resource, the child will be discharged from the 2INgage network in IMPACT.

6. **Immediately, upon Out of State Placement, an email must be sent to the appropriate Regional Eligibility Specialist, Janet Elliott:** stating the child has been moved to another state on MM-DD-YYYY and request closure of Texas foster care Medicaid so the Relative can have Medicaid opened in the new state. The Eligibility Specialist must have a request by email to do this for audit purposes. Normally this is processed within a day and within two to three days the Relative can apply to have the new state open their Medicaid. There is no alert or task to notify this be done so the Caseworker must ensure it is.

7. **All Quarterly Supervision Reports should be forwarded by the caseworker to their Supervisor for approval.** Supervisors will then print, sign and forward the document to the Regional ICPC Coordinator. The Regional Coordinator will upload the Quarterly Report into the 100B document section. The TX ICPC Specialist will receive a Task in their To Do of the upload and will forward the report to the sending state.
8. **Case Closures- Court documents should be emailed to the Regional Coordinator when the new 100B indicating PMC to parent or relative or adoption is created.** 100Bs must be sent to authorize the other state to stop supervision if DFPS no longer has custody or to give permission to close their case if the placement will not be used in the event a home study on relative is not deemed suitable.

9. **FAD Home Studies with License and Memo** should be scanned and emailed to the DFPS Region 02 ICPC mailbox, not to personal email address. The documents will be appropriately uploaded by the Regional Coordinator into the 100A.

10. **All Inquiries for Status of a submitted request** should be emailed to the DFPS Region 02 ICPC mailbox, not to State Office ICPC Specialists. Caseworkers should have monthly contact by phone/email with the assigned out of state caseworker. Monthly contacts should be entered in IMPACT for all TX children placed out of state. If you need contact information for an out of state assigned worker please email the Regional ICPC Coordinator for that contact information. The out of state worker is required to see our TX children monthly. It is possible you will only receive a formal report quarterly but you may be able to get monthly emails or phone calls you can document. It is up to you to develop a good relationship with your courtesy caseworker.

11. **If you are assigned to supervise an ICPC placement** you are responsible to enter the placement in IMPACT. *(Regional Coordinator routinely does this for you.)* You should not complete any narratives regarding the placement as the other state made the placement, not you. You are only documenting the child is placed with relative/fictive kin/parent in Region 02. You should then update the person list with the address where the child is placed so that when the relative applies for Medicaid it will match the relative’s address. You are required to see the children each month and provide a supervision report that runs continuous for 3 months and then is submitted to your supervisor for signature. The supervisor then submits to the Regional ICPC Coordinator who uploads into the 100B. Multiple children in the same household can be named on one report and the upload should be marked as Case Specific so the report will reflect in all children's documents.

12. **Once the child is seen each month at the home a contact should be entered in IMPACT with the basic information filled in.** No narrative is required, however, you should enter into the Comment section - "See 100B Supervision Report". No monthly evaluation contact is required for an ICPC placement. Regional expectation is supervision reports will be recorded monthly on the Quarterly Supervision Report and will be forwarded to the supervisor for approval once 3 months are on the report.

13. **Caseworkers should review ICPC Policy in Section 9000 of the CPS Handbook.** There is also ICPC Training on-line to assist you in preparing requests. Should you have specific questions or need help please contact me anytime.
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 be a danger 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 as 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 in DFPS conservatorship at the time of hospital admission and children who are admitted to a psychiatric hospital during the course of an investigation results in DFPS taking conservatorship.

**Required Actions (Initial)**

**Immediately but no later than one business day** after notification that a child/youth on your caseload has been admitted to a psychiatric hospital, the caseworker must call STAR Health Member Services or the child/youth’s Behavioral Health Service Manager at 1-866-218-8263, if the child/youth is enrolled in STAR Health. You will need to inform them that the child is hospitalized and provide the following information:

- **The Subject line must state:** Psychiatric Hospital Admission – Child/Youth’s Last Name, First Initial and PID.  The body of the email must include the name of the hospital, the child/youth’s hospital access code, and the reason for hospitalization. The email must also indicate if the youth will be returning to his or her placement after discharge from the hospital.

The email **must** be sent to:

- **Local Permanency Specialist (LPS) Mailbox for the Region where the hospital is located** - While most regions designate the Local Permanency Specialists as the staff assigned to see children/youth weekly in psychiatric hospitals, regions have flexibility in assigning another caseworker to do so. If the regional decision is that a worker other than LPS is assigned, the LPS Supervisor still maintains responsibility for notifying the requesting region and tracking the assignment.
- **Regional Placement Team Mailbox** (except in situations where the child 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 and a subsequent placement is needed.
• **Single Source Continuum Contractor (SSCC)** - If the child/youth is being served by a Single Source Continuum Contractor (SSCC) as part of Community Based Care, notification must be sent to the assigned SSCC staff person.

• **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** - If the child/youth has complex behavioral healthcare needs, the Well-Being Specialist is available to assist in placement staffings, referral to internal and external resources, etc. See the [Medical Services Resource Guide](#) for detailed information.

• If the child/youth appears to have a developmental disability, the caseworker must also notify the Developmental Disability Specialist. The DDS will assist the caseworker with making referrals to community resources.

**Required Actions during Hospitalization**

While the child/youth is in the psychiatric hospital, **the CPS Caseworker, LPS or Other Designated Caseworker** must:

• Make weekly face to face contact with the youth at the facility;

• Request treatment plans, progress notes, individual/group therapy notes, and medication status and/or changes;

• Document the face to face contact in a narrative and email it to the primary worker; and

• Send weekly emails, including any records collected from the hospital, to the primary caseworker and assigned placement staff or SSCC staff.

While the child/youth is in the psychiatric hospital, **the Primary Caseworker** must:

• Notify the child/youth’s parent within 24 hours of notification (unless an exception listed under 6151.1 exists). As soon as possible, but no later than 10 days after admission, notify the GAL, AAL, parent’s attorney and CASA.

• Enter information sent by LPS or regional designated hospital worker via email into IMPACT within timeframes required by policy; and

• Update the common application 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 common application as described.

Within the first three days of the child/youth being admitted to the psychiatric hospital, **the Regional Education Specialist** must:

• Collect all education-related information from the CPS caseworker.

If the student is receiving special education services, the **Education Specialist** will contact the Special Education Director at the child/youth’s home school and the Special Education Director at the psychiatric or medical facility’s school district for IEP and ARD information. **The Regional Education Specialist** must:

• Contact the psychiatric/medical facility’s education representative to make arrangements for continuation of student’s education programming under current IEP if the student was previously identified as eligible for special education services.

• Consult with child/youth’s caseworker, caregiver for school withdrawal/enrollment process.
If the child/youth is not receiving special education services, the Education Specialist must:

- Consult with caseworker and relevant stakeholders to determine if a referral for eligibility for special education services is appropriate.
- Contact the local ISD to make a written referral for determination of eligibility for hospital or homebound services.

If the child/youth is not eligible for special education services, the Education Specialist must:

- 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 the Child/Youth is Not Returning to Placement**

If the child/youth is not expected to return to their placement, the Primary Caseworker must send the assigned placement staff all items required for a placement search within 24 hours of receiving notification. Those items include:

- Updated common application
- 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 Placement Process Resource Guide

*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.

**When Placement is Identified**

As soon as a placement is identified, the Primary Caseworker will send an email 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:

- LPS or Other Designated Caseworker responsible for weekly contact
- Well-Being Specialist
- Primary Caseworker’s supervisor
- Education Specialist
- Regional Placement Mailbox

*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.