



**TEXAS**

**Department of Family  
and Protective Services**

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*Child Protective Services*

**Permanency Planning  
Resource Guide**

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The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides **does not substitute for policy**. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

***Per [4322.2 Re-Allowing Placement](#):***

Any time the caseworker becomes aware of detailed justification for changing the status of and considering placements in a foster family that has been placed on Disallowed Placement status, the caseworker must elevate this consideration through the regional chain of command to the regional director.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. **If you have questions, always follow the policy in the Policy Handbook.**

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.



## CASE PLANNING FOR PERMANENCY

### PRINCIPLES OF CASE PLANNING

Case planning is at the heart of the work in substitute care. While developing child and family plans is critical, case planning is more comprehensive. A good case plan is a roadmap for everyone involved in the case; it describes the destination (permanency), the means to get to the destination (the child and family plans of service), and how to know when the destination is reached (the desired outcomes). Case planning is a continuous process throughout the life of the case, and it does not end until the child is in a safe and permanent living situation and the case is closed.

Good case planning requires four essential elements:

- Family engagement
- Thorough assessment of the child and the family, including strengths, safety threats, child vulnerabilities and the sufficiency or insufficiency of protective capacities
- Services targeted to protective capacities identified as insufficient
- Tracking, evaluating, and adjusting the case plan to achieve the desired outcomes

### FEDERAL CASE-PLANNING REQUIREMENTS

[Section 475](#) of Title IV-E of the Social Security Act (SSA) requires each state that receives Title IV-E funds for substitute-care services to establish a written case plan for each child in substitute care. The act also requires each state to establish a case review system. Both requirements are set forth below:

#### Case Plan

The act defines the case plan as "a written document that includes at least the following:

- "A description of the type of home or institution in which a child is to be placed, including a discussion of
  - the appropriateness of the placement[,] and
  - how the agency which is responsible for the child plans to carry out the voluntary placement agreement entered into or judicial determination made with respect to the child pursuant to Social Security Act sec. 472(a)(1) ([42 U.S.C. 672\(a\)\(1\)](#)).
- "[A] plan for assuring that the child receives proper care and that services are provided to the parents, child, and foster parents to
  - improve the conditions in the parents' home,
  - facilitate return of the child to his own home or the permanent placement of the child, and
  - address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan.
- " The health and education records of the child, including the most recent information available regarding:
  - the names and addresses of the child's health and educational providers,
  - the child's grade-level performance,
  - the child's school record,
  - a record of the child's immunizations,
  - the child's known medical problems,
  - the child's medications, and
  - any other relevant health and education information concerning the child determined to be appropriate by the State agency."

*SSA, Title IV-E, Section 475(1) (Brackets added.)*

- Where appropriate, for a child age 14 or over, the case plan must also include a written description of the programs and services which will help the child prepare for the transition from foster care to independent living.
- When the plan is adoption or permanent custody to another person, Documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangement for the child. Documentation must highlight the agency's efforts to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and to finalize the adoption or legal guardianship. At a minimum, such documentation must include child specific recruitment efforts such as the use of state, regional, and national adoption exchanges including electronic exchange systems to facilitate orderly and timely in-state and interstate placements.
- In the case of a child with respect to whom the permanency plan is placement with a relative and receipt of kinship guardianship assistance payments under section 473(d), a description of:
  - the steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted,
  - the reasons for any separation of siblings during placement,
  - the reasons why a permanent placement with a fit and willing relative through a kinship guardianship assistance arrangement is in the child's best interests,
  - the ways in which the child meets the eligibility requirements for a kinship guardianship assistance payment,
  - the efforts the agency has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons therefor, and
  - the efforts made by the State agency to discuss with the child's parents arrangements made for the assistance with kinship guardianship, or the reasons why the efforts were not made.
- A plan for ensuring the educational stability of the child while in foster care, including:
  - an assurance that the state agency has coordinated with appropriate local educational agencies (as defined under section 9101 of the Elementary and Secondary Education Act of 1965) to ensure that the child remains in the school in which the child is enrolled at the time of each placement; or
  - assurances by the state agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school if remaining in such a school is not the in the best interests of the child.

*SSA, Title IV-E, Section 475(1)*

## **Case Review System**

### **Setting and Proximity**

The case review system is a procedure that assures that each child in substitute care has a case plan designed to achieve placement in the least restrictive (most family-like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child.

The case review system also provides assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of the placement., The case review system also addresses why a child is placed a substantial distance or in a different state from the parents, if applicable, and ensures visitation at least every six months if a child is placed out-of-state.

### **Periodic Review**

The status of each child is reviewed periodically but no less frequently than once every six months by either a court or by administrative review to determine:

- the continuing necessity for and appropriateness of the placement,

- the extent of compliance with the case plan, and
- the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care.

The periodic review also serves to project a likely date by which the child may be returned to the home or placed for adoption or legal guardianship.

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

With respect to each child, procedural safeguards will be applied to assure:

- a permanency hearing for each child in foster care under the supervision of the state. The permanency hearing is held in a family or juvenile court, or another court of competent jurisdiction, by an administrative body appointed or approved by the court, no later than 12 months after the date the child is considered to have entered foster care; and
- permanency hearings are held at least every 12 months after the initial permanency hearing while the child remains in care.

Permanency hearings:

- determine the permanency plan for the child;
- consider in-state and out-of-state placement option and, in the case of a child who is placed out of state, the hearing shall determine whether the out of state placement continues to be appropriate and in the best interests of the child; and
- in the case of a child age 16 or older, consider the services needed to assist the child to make the transition from foster care to independent living.

Procedural safeguards are applied to parental rights pertaining to removal, a change in the child's placement, and to any determination affecting visitation privileges of the parents.

Procedural safeguards are also applied to assure that in any permanency hearing held with respect to the child, the court consults with the child in an age-appropriate manner regarding the proposed transition or permanency plan.

### **Review of the Health and Education Record**

A child's health and education record is reviewed and updated, and supplied to the foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care. In addition, the child's health and education record is supplied to the child at no cost at the time the child leaves foster care if aging out.

### **Termination of Parental Rights**

If a child has been in foster care for 15 of the last 22 months, or the court has determined that a child is abandoned or made an aggravated circumstances finding, the state must file for termination and being recruitment for adoption unless:

- the child is being cared for by a relative;
- the state has documented a compelling reason why such filing would not be in the child's best interest; or
- the state has not made reasonable efforts to reunify a child.

Note that because many jurisdictions file pleadings in the alternative and request termination at initial filing and because of Texas's mandatory dismissal deadline, this requirement almost never needs to be addressed separately.

### **Participation in Proceedings**

The foster parent and any pre-adoptive parent or relative providing care to a child must be provided with notice of, and a right to be heard in, any proceeding to be held with respect to the child.

### **Transition Plan**

During the 90 days before the child ages out of care, whether at 18 or a later age in extended foster care, the state must provide the child with assistance and support in developing a transition plan that:

- is personalized at the direction of the child;
- includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services;
- includes information about the importance of designating another individual to make health care treatment decisions on behalf of the child, if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under state law to make such decisions; this decision maker provides the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law; and
- is as detailed as the child may elect.

### **Credit Report**

Each child in foster care who is 16 or older (including young adults in extended foster care) must be provided with a copy of any consumer report pertaining to the child without cost each year until the child is discharged from care. The child must also receive assistance, in interpreting and resolving any inaccuracies in the report, including assistance from any court-appointed advocate when feasible.

*SSA, Title IV-E, [Section 475\(5\)](#)*

## **OVERVIEW OF PERMANENCY PLANNING**

Permanency refers to a child exiting from CPS care into an appropriate, permanent setting. Planning for permanency begins the moment CPS removes a child from the home and places the child in substitute care. The process does not end until a child exits CPS conservatorship, preferably to a permanent family setting.

Positive permanency is the philosophy which guides CPS staff in permanency planning for children in CPS conservatorship. Basically, it means that CPS seeks an outcome in which the child exits CPS care into a permanent setting which includes a legal relationship to a family. CPA achieves positive permanency when children are reunified, adopted, or permanent custody is given to another individual.

Every child has the right to a permanent and stable home, preferably with his or her own family. There is no adequate substitute for stable, permanent family ties. Family ties provide the child with a sense of belonging and connection to the larger world. When a child cannot return home safely, positive permanency underscores the need for CPS staff to actively seek another permanent family setting for the child. If CPS cannot achieve positive permanency for a child or youth, CPS must identify, develop, and support connections to caring adults who agree to provide support to the youth once the youth ages out of the foster care system.

## **BENEFITS OF PERMANENCY FOR THE CHILD**

For a child(ren) and youth, permanency is not theoretical; it is about “belonging” and having ongoing connections to significant people in their lives. Permanency is about assuring the child that someone will be in his or her life to provide support now and in the future.

For a child or youth, this means that CPS staff must strive to identify an appropriate permanent family setting in which a child or youth can:

- develop a mutual strong relationship with the people who are providing his or her day-to-day care;
- feel a sense of belonging as a member of the family or household;
- develop trust in his or her relationships with others;



- feel a part of a wider family, friendship and community network;
- feel loved and valued for who the child or youth is;
- experience continuity of culture, language and religion;
- develop a knowledge and acceptance of his or her birth family and personal life history;
- expect that placement will continue;
- have contact with the people who are significant to him or her; and,
- understand and exercise his or her rights and responsibilities as a member of the family or household, and in the community.

## THE PERMANENCY PLANNING PROCESS

The permanency planning process directs services toward providing the child:

- a safe living situation;
- a permanent living situation, where the placement is intended to be permanent and consistent with the permanency goal;
- a family committed to the child;
- an enduring and nurturing family relationship that can meet the child's needs;
- a sense of security;
- a legal status that protects the rights of the child without CPS maintaining conservatorship, whether the child is being placed permanently with a family or transitioning to independence; and
- a connection to a caring adult who will support the youth into adulthood during and after the transition to independent living, in the case of a youth whose permanency goal is another planned, permanent living arrangement.

See DFPS Rules, 40 TAC [§700.1201](#)

## ENTRY INTO CARE

Case planning effectively begins when a child enters care (or earlier if CPS has already been working with the family). Case planning is a comprehensive action that includes many of CPS's interactions with the family to assess needs and plan services. However, the first formal step in the case planning process is to gather information and complete relevant portions of [Form 2279](#) Placement Summary within 72 hours of entry into care.

## CONCURRENT PERMANENCY PLANNING

Reasonable efforts to finalize an alternative permanency plan may be made concurrently with reasonable efforts to reunify the child and family.

45 CFR [§1356.21\(b\)\(4\)](#)

A child's permanency plan includes concurrent permanency goals consisting of a primary permanency goal and at least one alternate permanency goal.

Texas Family Code [§263.3025\(d\)](#)

Staff should use concurrent planning when children are in both CPS temporary and permanent managing conservatorship. For children in CPS temporary managing conservatorship, CPS expects permanency to occur before the mandatory dismissal date of 12 months after removal (unless extended to 18 months by the court in extraordinary circumstances). For children in CPS permanent managing conservatorship, working on concurrent plans increases the possibilities of the child or youth exiting care to positive permanency.

## PERMANENCY PLANNING FOR CHILDREN WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES IN INSTITUTIONAL SETTINGS

CPS uses the Permanency Planning Instrument (PPI), [Form 6578](#) (children under 18) or [Form 6577](#) (youth 18-21), to assist in permanency planning for youth with intellectual or developmental disabilities (formerly referred to as mental retardation) who reside in general residential operations (GRO). CPS uses the PPI for documenting community placement and data reporting. CPS also uses the PPI for obtaining state office and HHSC annual approval for continued placement of children with cognitive or intellectual disabilities in institutional settings if no less restrictive environment can be found.

The child's assigned developmental disability specialist completes the PPI, with subsequent reviews every six months thereafter. The assigned developmental disability specialist sends the PPI, along with the current child service plan, to the service program administrator and state office developmental disability specialist (DDS) for review.

The state office developmental disability specialist enters the PPI information into the DFPS ACCESS database so that this information and other information from IMPACT can be sent to HHSC on a six month reporting period.

For information about permanency steps associated with moving children with intellectual or developmental disabilities out of institutional placements, see the Health and Human Service Commission procedures and guidelines on permanency planning:

[Permanency Planning for Individuals Under Age 18 in Institutions](#)

[Permanency Planning for Individuals 18-21 in Institutions](#)

*Texas Government Code* [§§531.151; 531.159](#)

## FACTORS TO CONSIDER WHEN PLANNING FOR PERMANENCY

### Working Collaboratively

To achieve permanency as quickly as possible, CPS staff collaborates with the child's parents, relatives, caregivers, and others involved with the child's case.

Because effective communication is crucial, CPS staff:

- engage the parents in the family assessment, and in service planning for the family and the child, as soon as possible;
- specifically describe what the parents must do, and ensure that the parents understand what is expected;
- offer tangible support services that address:
  - the child's permanency and well-being needs in the child's service plan ; and
  - the safety threats, child vulnerability and parental protective capacity in the family's service plan;
- address any special needs related to the family's ethnicity, cultural background, disabilities, and so forth;
- involve other people who can help support the parents (such as relatives, friends, or church members);
- establish time frames;
- ensure that the parents know how to reach the worker; and
- treat case conferences, case plan reviews, and court hearings as opportunities to:
  - review progress toward reducing safety threats,
  - build parental, relative or fictive kin's protective capacities,
  - assess the family's progress, and

- reconsider options.

### **Duration of Child's Time in CPS Conservatorship**

CPS strives to keep every child and youth's stay in CPS conservatorship as brief as possible. To this end, caseworkers follow the guidelines specified below:

1. Every child or youth's caseworker is required to periodically review the original reasons for the child or youth's removal, and the situation that currently exists. The crucial question is if the parent's protective capacities can manage the safety threats to allow the child to return to a safe home, and *not* if the parents have completed all the services and achieved goals specified in the family's service plan. If the parents can ensure the child's or youth's safety, the child or youth can return home. If necessary, the parents can continue to work on their service plan with the child or youth in the home. In some cases, the parents will need support services and an effective safety plan for the child to return home. In other cases, an older child or youth's vulnerability may have been reduced during his or her stay in out-of-home care; with reduced safety threats and increased parental protective capacities, the older child or youth may be able to return home.
2. If parents have made significant progress in reducing safety threats and increasing their protective capacities in the first five months of the case, the caseworker staffs with the supervisor and program director at the fifth month to discuss possible family reunification planning. See [6500 Family Reunification](#).
3. If parents have not made significant progress in reducing the safety threats and improving their protective capacities in the first five months for the child to return home, the caseworker staffs the case with the supervisor about a possible change of the permanency goal.
4. If a final order has been entered and the child or youth is in CPS permanent managing conservatorship (with or without termination of parental rights), the caseworker continually re-evaluates the child or youth's circumstances, and address challenges and barriers to the child or youth achieving his or her permanency goals.

### **Staying Focused on Permanency**

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

- Whenever possible, try to keep a child or youth's placement from breaking down. Transferring children to new caregivers tends to disrupt their progress towards achieving permanency.
- If a child or youth's placement does break down, make sure that decisions about the child's next placement address the child's need for a safe, permanent home. If possible, the child or youth's next placement should represent a step towards achieving permanency.
- When a child's progress towards achieving permanency appears to be stalled, involve the program director in the case (or anyone else who may be helpful) to identify the obstacles to achieving permanency, and to specify tasks and time frames for overcoming them.
- Caseworkers must always remain aware that children and youth entering into CPS conservatorship are victims of child abuse and maltreatment. A child or youth's ability to cope with trauma varies from one individual to another. A child or youth's resilience to trauma and how the needs of the child or youth are met have a direct impact on permanency outcomes.
- In the same vein, when a case appears to be stalled in court, confer with the attorney representing CPS in the case to look for ways to bring it to a conclusion.
- Periodically update a child's key tests and assessments to make sure the child's needs are accurately identified and addressed.

- Children must attend court reviews unless specifically excused by the court. The child may participate by electronic means such as telephone, video conferencing, or Skype if there is a prohibitive distance from the child's placement and the court location.

## ***DEVELOPING AND DOCUMENTING THE PERMANENCY PLAN***

In developing a permanency plan for a child, staff identifies specific steps to achieve the identified permanency goal. Since these are considered part of the permanency plan for the child, the presentation of the child's permanency plan includes a discussion of the specific steps needed to achieve the goal.

These specific steps are also considered part of the case planning process. For further information about case planning see [6240](#) Case Planning.

Staff needs to address the following areas in order to develop an appropriate permanency plan for the child:

- What the parents need or want to be able to safely maintain the child in the home;
- What the relatives or extended family members may need or want to care for the child on a permanent basis;
- What the child needs or wants to be able to return to the care of the parents;
- What the child needs or wants to be placed in the care of a relative or fictive kin;
- What the child's caretaker needs or wants to care for the child on a long term basis and what the caretaker needs to support the permanency goal for the child;
- What can be done to identify a caring adult.

In order to develop an adequate permanency plan, staff must gather information from a variety of sources using appropriate methods to:

- assess the child and the family's needs, wishes, strengths, and problems;
- reach out to the child, the child's family, and the child's extended family as appropriate;
- develop relationships and rapport as circumstances warrant;
- gather sufficient information about the child and the family;
- assess the extended family for their strengths, needs, supports, wishes, and problems;
- obtain additional assessments as needed; and
- learn and stay knowledgeable about the resources and services that are needed and that are available in the community for children and families.

From this information, staff develops a permanency plan and service plan with the child and family, with appropriate tasks for those involved and identified time frames.

## ***PRESENTING AND IMPLEMENTING THE PERMANENCY PLAN***

### **Court Review and Determination**

The caseworker submits the permanency plan to the court using the Permanency Court Report, and ensures that the court reviews the plan at regular intervals. The court then makes a determination at every permanency hearing that CPS is making reasonable efforts to finalize the permanency plan.

## ***IMPLEMENTING THE PERMANENCY PLAN***

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

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

- referring parents for testing, counseling, parenting classes, alcohol or drug addiction rehabilitation services, or other specific services;
- meeting with parents on a regular basis to discuss ongoing issues;
- facilitating frequent parent-child visits and modeling parenting skills as necessary;
- arranging for siblings to maintain frequent contact;
- completing home studies on families for potential, long-term placement;
- helping a relative find resources to be able to support a child;
- making specific adoption recruitment efforts (such as registering children on adoption exchanges, making presentations, or setting up media events);
- preparing cases for termination so that children can be adopted;
- developing specific steps and resources to help a 17-year-old prepare for adult living;
- placing a child on a Medicaid Waiver list;
- sharing case information with other state and private agencies to obtain long-term services or find families; and
- identifying steps for relatives or kin to become verified foster care placements for possible preparation for permanency care assistance.

Activities such as these are examples of the reasonable efforts staff are required to make to achieve or finalize the identified permanency goal.

### **CHANGING OR REVISING THE PERMANENCY PLAN**

As a result of the permanency plan review, the caseworker modifies the permanency plan for a child as required by circumstances and the child's needs, if the child is in temporary managing conservatorship or permanent managing conservatorship. Staff must consider the length of time to achieve potential permanency goals.

### **DOCUMENTING EFFORTS TO ACHIEVE THE PERMANENCY GOAL**

The permanency plan addresses the efforts made by the department to pursue the goal of permanency.

Staff documents CPS's efforts to achieve permanency for a child in the:

- reviews of the child's service plan (see [6241.22](#) Child Plan Review);
- Permanency Progress Report, which is completed for permanency hearings (see [5530](#) Permanency Hearings for Children Under Temporary DFPS Conservatorship); and
- Placement Review Report, which is completed for placement hearings (see [5580](#) Permanency Hearings After Final Orders for Children Under DFPS Permanent Managing Conservatorship (PMC)).

Staff ensures that the information in IMPACT is accurate and updated promptly, particularly the permanency goal, legal status, placement information and child characteristics.

For information about specific documentation requirements for children with developmental disabilities, see the Health and Human Service Commission's procedures and guidelines on permanency planning for individuals under age 18 in institutions and permanency planning for individuals ages 18-21 in institutions, as noted in [6237](#) Permanency Planning for Children With Intellectual or Developmental Disabilities in Institutional Settings.

## ***SELECTING THE CONSERVATORSHIP OPTION THAT SUPPORTS THE PERMANENCY GOAL***

When CPS recommends a permanency-planning goal for a child, CPS also asks the court to make a conservatorship appointment that supports the goal. The options ordinarily available to the court are to:

- dismiss CPS's managing conservatorship;
- transfer managing conservatorship from CPS to a relative or other suitable person;
- terminate parental rights and appoint CPS, a relative, or other suitable person as permanent managing conservator; or
- appoint CPS as permanent managing conservator without terminating parental rights.

## ***THE PERMANENCY PLAN***

All children receiving services, whether in family-based safety service or in conservatorship, are required to have a permanency plan.

The permanency plan addresses the specific steps that are needed to pursue the identified permanency goal for the child. It is developed in the case plan, which consists of the child and family plans of service. CPS staff reviews the permanency plan periodically and updates it as necessary.

## APPENDIX 1: GUIDE FOR COMPLETING THE CHILD PLAN OF SERVICE

### Required Content of CPOS

The instructions embedded in the Guide Topics for the CPOS in IMPACT are based upon the best interest of the child or youth, requirements to meet federal regulations and Minimum Standards for Child Placing Agencies.

### Permanency Goals

Two Permanency Goals must be selected to include a primary permanency goal and a concurrent permanency goal. The primary goal and target date for when the permanency goal is anticipated to be achieved must be selected. If there is a difference between the Target Date and estimated time in care, an explanation is required.

A Concurrent Goal must also be selected. The CPOS must contain tasks necessary to obtain the Primary and Concurrent Goal. The Primary and Concurrent Goal must be worked on simultaneously. See 6200 Permanency Planning in Substitute Care.

### Previous Adoptions

The CPOS contains questions relating to any previous adoptions experienced by the child or youth. Information regarding any type of consummated adoption the child may have experienced either through DFPS or a private agency adoption must be obtained and documented. A consummated adoption is an adoption that has been finalized by a court.

## CHILD PLAN GUIDE TOPICS

### Initial History

The following topics must be described when including initial history in the Child Plan Guide:

- Reason that the child is in care, including the circumstances that led to the child's need for substitute care
- Efforts for the child to remain in the school of origin, if appropriate
- Family's view of the child, including the family's view of the child's interests, skills, behaviors (appropriate and inappropriate), and personality
- Child's developmental history, including attainment of milestones, identified delays and the source of information
- Any history of abuse or neglect
- Any history of previous placements, including those that did or did not involve DFPS, as well as the date of entry, date of discharge and reasons for placement. History should include when a parent may have sent the child to live with a relative or friend for a period of time or may have placed a child in a private foster care agency
- Any history of involvement with the juvenile justice system (criminal history)
- Any history of substance abuse
- Any history of behavioral health issues or concerns
- Child's home environment and family functioning
- Indication of whether the child is or has been receiving special education services, including ancillary services such as speech therapy and any special accommodations under [Section 504](#) of the Rehabilitation Act

The following information is no longer required to be documented in the CPOS and will be removed from the instructions in IMPACT in future updates.

The child or youth's school history, including a list of the schools and school locations and dates that the child has attended. Indicate grades earned and special achievements. This information must be documented in the Education Log located in Maintain Persons only.

**Initial Family and Genetic History**

The following topics must be described when including initial family and genetic history in the Child Plan Guide:

- Information about the child's parent, including background, relationship, employment, interests, activities, achievements, and the parent's concerns (including any criminal history, any abuse and neglect history, and any history of substance abuse or family violence)
- Significant events in the history of the family (such as marriages, divorces, deaths, and so on)
- The child's home environment and family functioning
- The child's relationship with his or her parents and the quality of that relationship
- The child's siblings and the quality of the relationship with each sibling, including siblings that may be living outside the home of the child or adult siblings
- People who are or have been important in the child's life, including adults and children. Indicate where these people can be found, how well the child knows them, and whether they have cared for the child. This list may include parents, siblings, or extended family pertinent to the child's genetic heritage (such as racial backgrounds, health histories, causes of death, genetic testing of child or family members)
- Birth and neonatal history

**Permanency Efforts**

The following must be described when including permanency efforts in the Child Plan Guide:

- The current legal status
- Progress made towards achieving the permanency goal since removal (for initial plan) or since last plan (for review):
  - for reunification, efforts to assist the family in having the child returned home to a safe environment and to mitigate the circumstances that caused the removal,
  - for adoption or placement in another permanent home, agency efforts to find a planned permanent living arrangement and place the child in the home or facility, and obtain legal resolution; documentation must include all general and child specific recruitment efforts such as the use of state, regional, and national adoption efforts including electronic exchange systems
- Progress in complying with any required court actions
- Attempts, if needed, to locate absent parents and relatives for service or placement
- The reasons for the child's continued need for placement
- Justification for choice of current goal if it does not involve returning a child home, placing the child with relatives, adoption, or transferring conservatorship to someone other than the department.
- Justification for not seeking termination of parental rights if any of the following situations apply:
  - The child has been in care 15 of 22 months:
  - A baby has been abandoned
  - The parents have committed designated crimes

If an APPLA goal has been selected as the primary or concurrent permanency goal, the identification and connection to a caring adult must be included in the child or youth's CPOS.

**Visitation and Contact Summary**

The following must be described when including a visitation and contact summary in the Child Plan Guide:

- Contacts between parent and child, child and sibling, worker and parent, and worker and child; include family or other significant persons in the life of the child
- Method of contact for each of the above (such as mailing address or phone number), including any restrictions on visits or contacts. Indicate the source of these restrictions, such as a caseworker or court order. Review and update list of authorized contacts and restrictions for the caregiver



- Summary of family interaction, including number, frequency, and duration of visits between parent and child, child and siblings, and worker's contacts with parent and with child
- *Service Plan Review*: Describe the efforts and progress made in addressing the tasks listed in the last plan and any new needs identified since then
- *Plans for Future Visitation and Contacts*: Describe plans for the number, frequency, and duration of future visits and contacts. Designate who is responsible for addressing plans

### **Child's Cultural Heritage**

The following must be described when including the child's cultural heritage in the Child Plan Guide:

- The child's cultural heritage, including information about the child's race, ethnicity, and religion
- Ways to help the child connect with the culture in his or her community in order to maintain connections with his or her cultural heritage. This includes uses of language, if the child's family's language is other than English
- Ways to address the child's needs if culture or language of the caregiver is not similar to that of the child in the placement

*Service Plan Review*: Describe the efforts made in addressing the needs and plans to be addressed, listed in the previous plan, and any new needs identified since then.

*Plans for Preserving Child's Cultural Heritage*: Describe plans to ensure the preservation of the child's heritage. Designate who is responsible for addressing plans.

### **Interests, Behavior, and Personality**

The following must be described when including interests, behavior, and personality in the Child Plan Guide:

- The child's personality
- The child's behavior
- Special interests, talents, and skills the child may possess
- The child's level of functioning regarding social activities

### **Recreation, Community Interaction, Religious Needs**

The following must be described when including recreation, community interaction, and religious needs in the Child Plan Guide:

- Religious needs
- The child's favorite hobbies and sports
- Special recreational interests of the child
- The child's extracurricular school activities
- Organized community-group activities the child participates or wants to participate in.

This information will assist the caregiver in arranging appropriate activities, including appropriate worship or religious attendance.

*Service Plan Review*: Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan, and any new needs identified since then.

*Recreation, Community Interaction, Religious Needs Planning*: Outline plans to address identified recreation, community interaction, and religious needs. Designate who is responsible for addressing plan.

### **Social and Emotional Needs**

The following must be described when including social and emotional needs in the Child Plan Guide:

- The child's adjustment to current placement, including separation issues, strengths, and unique social and emotional needs
- The child's need for sibling contact or the plans for reunifying the child with siblings who are placed separately

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan, and any new needs identified since then.

*Social and Emotional Needs Planning:* Outline plans to address identified social and emotional needs. Designate who is responsible for addressing plans.

### **Relationship Issues (For Ages 13 and Older)**

The following discussions must be tracked and described when including relationship issues in the Child Plan Guide:

- Healthy interpersonal relationships
- Healthy boundaries
- Pro-social communication skills
- Sexually transmitted diseases
- Human reproduction

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and any new needs or plans identified since then.

*Relationship Planning:* Outline plans to address the child's relationship issues and needs. Designate who is responsible for addressing plans.

### **Psychological, Intellectual, Mental, and Behavioral Health Needs**

The following must be described when including psychological, intellectual, mental, and behavioral health needs of the child in the Child Plan Guide:

- Intellectual functioning, including any testing performed
- Any intellectual developmental disability (IDD), formerly referred to as mental retardation, if the child has one
- Any history of substance abuse

In addition, include a list the following:

- Psychiatric and psychological evaluations, including the diagnoses, prognosis, recommendations for treatment, and estimated length of treatment
- The names, purpose, and dosage (amount and schedule) of any psychotropic medications prescribed for and administered to the child. Describe the condition or behavior each medication is expected to control or ameliorate
- Known or observable side effects the child may experience as a result of the medication.

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan, and any new needs identified since then. Service Plan Reviews must evaluate the effectiveness of the medication, discuss any changes in psychotropic medications, and address the behaviors and reactions of the child.

*Psychological, Intellectual, Mental, and Behavioral Health Needs Planning:* Outline plans to address identified psychological, intellectual or behavioral health needs and any recommendations made by an evaluation. Include treatment goals and progress made toward those goals. Describe types of therapy (Cognitive Behavioral, Individual, Group, and Family).

If the child is involved in any type of service management designed to coordinate the behavioral healthcare needs of the child, designate who is responsible for addressing plans.

### **Educational Needs**

The following must be described when including educational needs in the Child Plan Guide:

- Referral of the child to Early Childhood Intervention (ECI) for screening, if recommended by Texas Health Steps medical provider, for children under the age of 3

- The child is enrolled in a pre-kindergarten program available through the local public school or Head Start, if available in the community and appropriate for the child, ages 3,4, and 5, according to policy
- The child is enrolled in full-time elementary or secondary school student, if applicable
- The child is enrolled and regularly attending college or a vocational or technical program, if applicable;
- The child is incapable of attending school due to a documented medical condition
- The child is not of school age
- The status of the Educational Portfolio, to include current school records (assessments, report cards), all special education and ancillary services provided to the child, and copies of the birth certificate, Social Security card, and personal identification. For secondary school students, include the current cumulative transcript
- A plan for ensuring the educational stability of the child while in foster care
- The child's current school placement, educational needs, any limitations in the child's English-speaking proficiency, and adjustment to school, including strengths
- If the child has been placed in a new school, address the efforts made to help the child transition to the school and whether or not the school records have been transferred
- Any special education services for Section 504 External Link accommodations the child may be receiving, including current copies of Admission Review and Dismissal committee decisions and the child's Individual Education Plan (IEP), and Behavior Improvement Plan (BIP). Discuss surrogate parent issues.

### **Developmental Needs**

The following must be described when including developmental needs in the Child Plan Guide:

- Current developmental needs and level of functioning
- Services being provided for the child or being arranged if the child has an intellectual or developmental disability (IDD), developmental delay, or a pervasive developmental disorder (PDD), and any gaps in needed services
- Developmental and chronological ages, if there is more than one child and the children are of different ages
- Any Medicaid waiver or other lists of interest the child or youth has been placed on

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan, and any new needs identified since then.

*Developmental Needs Planning:* Outline plans to address identified developmental needs. Designate who is responsible for addressing plans.

### **Medical and Dental Needs**

The following must be described when including medical and dental needs in the Child Plan Guide:

- The child's current health status and existing health, medical, dental condition or medically related disabling condition
- Ongoing medical services to support and sustain life such as nursing services, personal care services, speech therapy, occupational therapy, or physical therapy
- Ongoing medical supplies and devices to support and sustain life such as hearings aides, ventilator, g-tube supplies, diabetic supplies, breathing treatments, prosthetics (artificial limbs), orthotics (cranial molding helmet, ankle brace), and augmentative communication devices
- Allergies to medications, food, environmental conditions, or pets
- Current non-psychotropic medication and known observable side effects the child has had
- Needs identified in the last physical and dental exams
- Additional exams needed for further evaluation
- Medical treatments required for physical disabilities

- Need for eyeglasses or an eye exam
- Results of any medical, dental, or other exams completed

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan and any new needs identified since then. Note if the child's Texas Health Steps medical and dental checkups are current. If they are not, describe the plan to correct the situation.

*Medical and Dental Needs Planning:* Outline plans to address identified medical and dental needs. Note if the child is involved in any type of service management designed to coordinate the medical needs of the child. Designate who is responsible for addressing plans.

### **Special Physical Needs**

Describe special, non-medical physical needs or disabling conditions, including:

- clothing;
- dietary requirements;
- exercise and activities required for physical development, including any extracurricular activities in which the child is participating;
- the child's strengths that contribute to addressing special physical needs; and
- use of any supportive devices, such as equipment, special bed, wheelchair, and so on; include clinical justification for continued use. In the Plans section, address a plan for reducing the need for the devices; for example: Sensible clothing for a child or youth who must use a wheelchair.

If this is a *Service Plan Review*, describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan, and any new identified since then.

*Special Physical Planning:* Outline plans to address identified special physical needs. Designate who is responsible for addressing plans.

### **Appropriateness and Safety of Placement and Expected Outcomes**

Describe:

- the child's current placement (relative or fictive kin home, foster home, foster group home, general residential operation, residential treatment facility, or something else);
- additional programmatic services (emergency or transitional living) and treatment services (emotional, intellectual, or developmental disability, pervasive developmental disorders, primary medical needs), if the child is in foster care and the home or program is providing more than child care services; and
- any specialized needs not being met by facility, if the child is in a specialized facility (such as nursing home, or residential treatment center) and how the plan of service will address those unmet needs.

Describe how the current placement is appropriate and meets the child's needs, including:

- permanency;
- well-being;
- safety;
- special needs (such as meeting the child's medical, intellectual or developmental disabilities);
- need for the least restrictive, most family-like environment;
- need for close proximity to the parent's home:
  - if the child is placed a substantial distance from the parents or is placed out of the state, list the reasons why such a placement has been selected and why it is in the child's best interest to be there, and
  - if the child is placed out of state, discuss plan to ensure child is visited either by the supervising agency or the sending agency at least once a month;
- need for close proximity to the child's school; and
- the child's best interest.

Other key placement issues include:

- length of the anticipated stay in placement;
- the child's understanding of placement;
- the immediate and long-term goals of the placement; and
- the parent's expectations of the placement.

Identify any other objective of placement and expected outcomes not specifically mentioned.

If the child's identified needs are not being met by the current placement, the reasons must be explained.

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan and any new needs identified since then.

*Plans to Address Safe and Proper Care and Expected Outcomes:* Discuss the plan for assuring that the child receives appropriate care in placement that meets the child's needs, as identified, and meets any other identified objective of placement. Designate who is responsible for addressing plans.

If another placement is being sought, describe the placement being sought and how it will better serve and meet the needs of the child. Identify and document the efforts for the child to remain in the school of origin, if appropriate. Explain how the child's needs will be met until the new placement is found.

### **Behavior Management**

The following must be described when including behavior management in the Child Plan Guide:

- Methods of discipline used on the child. Discipline must be age appropriate and fit circumstances and developmental needs; methods of discipline may include:
  - establishing routines,
  - setting reasonable limits,
  - modeling appropriate behavior,
  - offering choices,
  - giving explanations,
  - repeating instructions,
  - administering "time-out",
  - enforcing or permitting logical or natural consequences, and
  - reinforcing desired behavior;
- Additional strategies, if needed, for managing the child's behavior
- Use of any protective devices that have been prescribed by a physician, psychiatrist or other qualified individual, such as a helmet, elbow guards, mittens, bedrails, and wheelchair seat belts, that are used to protect a person from involuntary self-injurious behavior or permits wounds to heal. Include clinical justification for continued use. Address a plan for reducing the need for the devices. Identify recommended behavior management methods used to address the child's behavior
- Issues, situations, or stressful events that could escalate a child's behavior. These may include issues with food, eye contact, physical touch, personal property, or certain topics.

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan and any new needs identified since then. Describe the outcome of behavior management techniques utilized.

### **High Risk Behaviors**

The following must be described when including high risk behaviors in the Child Plan Guide:

- Examples of high risk behavior. Examples may include, but are not limited to:
  - self-harm,
  - sexual aggression,
  - running away, or

- substance abuse.

State what has been put in place to minimize risk of harm to self or others; discuss a safety contract developed between the child and the caregivers that addresses how the child's safety needs will be maintained

- High risk behavior planning
- Plans to address identified high risk behavior. Designate who is responsible for addressing plans.

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan and any new needs identified since then.

### **Supervision/Special Actions**

The following must be described when including supervision and special actions in the Child Plan Guide:

- Supervision needed by the child based on the child's age, maturity, physical and psychological condition, and any other pertinent circumstances
- Special actions the caregiver must take to meet the child's special needs. This may include:
  - medication,
  - medical care,
  - dietary needs,
  - psychiatric care,
  - increased supervision,
  - how to communicate with the child, and
  - use of a reward system
- Special bathroom or sleeping arrangements, for situations in which a child under the age of 3 is sleeping in the foster parents' room and situations in which youth is sharing a room with a young person who is age 18 up to age 22

### **Travel**

The following is stated on the CPOS:

- The child may travel to participate in normal activities, such as religious gatherings and school events. Any trips by the caregiver that last more than 72 hours or by others that last more than 48 hours must be approved in advance by the child's caseworker.
- Trips outside the state must be approved in advance by the child's caseworker and the court. The child must be restrained in a car safety seat or seat belt, whichever is required by law based on the child's age. Specify additional stipulations, if any.

Any plans for trips must be described.

### **Support Services to Caregiver**

Describe support services to be provided to the caregiver to help him or her meet the child's needs. Include the planned frequency of worker visits to the child and to the placement.

### **Transition Plan Needs for Adult Living**

When including transition plan needs for adult living, list:

- the areas on the Ansell Casey Life Skills Assessment in which the youth needs improvement;
- other areas identified on the youth's transition plan that need improvement of actions to be taken; and
- any needs or action to be taken.

Describe the youth's participation in:

- the department's Preparation for Adult Living (PAL) program;
- the Transitional Living Services Program, if offered; and
- any transitional living services program.

The transition plan and the CPOS should be similar and must complement each other. If the youth is in special education, include the needs and actions to be taken as identified in the Special Education Transitional Living Plan.

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan, and any new needs identified since then.

### **Discharge Planning (from Placement)**

Describe the plan for the child to leave:

- the placement, unless it is the child's permanent placement; or
- the department's care.

For both options above, if the option is discussed under another guide topic, indicate which topic.

*Service Plan Review:* Describe the efforts and progress made in meeting the needs and plans to be addressed, listed in the previous plan, and any new needs identified since then.

*Discharge Planning:* Outline plans to discharge planning (from placement). Designate who is responsible for addressing plans.

### **Child Plan Participation**

Individuals who participated in the development of the CPOS, either formally or informally, should be listed as participants and the method of participation indicated.

If any information was not available regarding any area of the plan, describe efforts that were made or are being made to obtain the information.

### **Other Assessments:**

If assessments have been recommended but not otherwise specified elsewhere in the CPOS, those recommendations are listed in this section. If there have been no other recommendations, please state "None".

## APPENDIX 2: LEGAL REQUIREMENTS FOR THE FAMILY PLAN OF SERVICE

The bulk of the federal legal requirements for a case plan are addressed in the CPOS. However, federal law does require that the case plan include a plan for assuring that services are provided to the parents to improve the conditions in the parents' home and facilitate the return of the child to his own safe home or the permanent placement of the child, which is addressed in the FPOS.

See [42 USC 675\(1\)](#).

In addition, the FPOS must cover requirements of state statute, which requires that the service plan must be:

- specific;
- written in a language that the parents understand; and
- written clearly enough for the parents to understand.

State statute also requires that the FPOS cover:

- the permanency goal for the child;
- the steps that are necessary to achieve the permanency goal;
- the terms or conditions that DFPS or another agency determines to be necessary to the service plan's success;
- the actions and responsibilities that are necessary for the child's parents to take to achieve the plan goal during the period of the service plan, and the assistance to be provided to the parents by DFPS or another agency toward meeting the goal;
- the specific skills or knowledge the parents must demonstrate and any behavioral changes they must exhibit to achieve the plan goal;
- the tasks the parents must complete to make sure a child attends school and maintains or improves academic compliance;
- a plan for complying with judicial determinations regarding the parents
- the appropriate deadlines for achieving change; and
- an agency contact person who can give the parents information about the child, if that contact person is someone other than the worker preparing the plan.

For a child under the age of 2, CPS must consult with relevant professionals to determine specific skills or knowledge the parents must learn or acquire to provide a safe placement for the child, and must incorporate these skills into the FPOS,.

The service plan must also include following language:

To the parent: This is a very important document. Its purpose is to help you provide your child with a safe environment within the reasonable period specified in the plan. If you are unwilling or unable to provide your child with a safe environment, your parental and custodial duties and rights may be restricted or terminated or your child may not be returned to you. There will be a court hearing at which a judge will review this service plan.

*Texas Family Code [§263.102](#)*