

Region 1 Panhandle Community-Based Care Stage II Operations Manual

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TEXAS
Department of Family
and Protective Services



**Saint Francis
Texas**

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Community-Based Care

This operations manual gives CPI, CPS and SFCS staff a more in-depth look at the protocols for case actions in conservatorship cases that include placement and case management services provided through Community- Based Care in Region 1.

Background

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 to 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. See [Texas Family Code §264.151](#)

Single Source Continuum Contractor: Saint Francis Community Services in Texas, Inc.

On June 1, 2019, DFPS awarded a Community-Based Care contract to Saint Francis Community Services in Texas, Inc. (SFCS). SFCS with a home base in Kansas, serves children and families in Kansas, Oklahoma, Nebraska and Texas. After six months of readiness activities, SFCS began serving children and youth as the Single Source Continuum Contractor (SSCC) for the Region 1 on January 6, 2020. SFCS serves Region 1 counties: Dallam, Sherman, Hansford, Ochiltree, Lipscomb, Hartley, Moore, Hutchinson, Robert, Hemphill, Oldham, Potter, Carson, Gray, Wheeler, Deaf Smith, Randall, Armstrong, Donley, Collingsworth, Parmer, Castro, Swisher, Briscoe, Hall, Childress, Bailey, Lamb, Hale, Floyd, Motley, Cochran, Hockley, Lubbock, Crosby, Dickens, King Yoakum, Terry, Lynn and Garza.

Note: Some links in this document will only work for DFPS and SFCS staff with access to the DFPS Intranet.

Mission Statement:

Saint Francis, providing healing and hope to children and families.

Vision Statement:

To transform lives and systems.

SFCS will operate a model through the SSCC contract that includes:

- Work to increase the capacity of existing providers and identify more Community-Based supports and services.
- Conduct a comprehensive assessment of community needs and an analysis to find gaps between the need for services and their availability.
- Do comprehensive safety and risk assessments to evaluate family strengths and needs.
- Provide service coordination based on the ten principles of Wraparound. For children and youth with complex behavioral health needs, SFCS will use what is known as evidence-informed models.
- Use a trauma-informed and trauma-based care service approach.
- Use a comprehensive continuous quality improvement (CQI) process to assess, inform, and guide how services are provided, and the system improved.

Have a centralized training department that provides evidence-based training to all providers and stakeholders in SFCS System of Care, based on CQI data and stakeholder feedback.

Operating Policies and Rules

The protocols detailed in this operations manual are for children from Region 1 (legal county is within Region 1) placed with and/or receiving services through SFCS as the Single Source Continuum Contractor.

DFPS Policy, Resource Guides and other supportive material linked in this operating manual may reference DFPS staff specifically. Texas statute provides authority for the Single Source Continuum Contractors (SSCC) in the State of Texas, either directly or through subcontractors, to assume the

statutory duties of DFPS staff. See [Legal Basis for DFPS and Single Source Continuum Contractor Relationship](#).

CPS Handbook policies and DFPS and HHSC Texas Administrative Code rules, including HHSC

Child Care Licensing Minimum Standards apply to an SFCS unless specifically waived, by DFPS. However, this manual may identify that the actions that were previously completed by DFPS are now completed by SFCS. For example, suppose differences or conflicts in the CPS Handbook policy are present that affect a child's best interest. In that case, the two parties will reference the Solution-Based Communication (Dispute Resolution) process and determine if SFCS needs to submit a policy waiver request. See [TAC §700.108](#).

If you have any questions about any information in this manual, please contact your supervisor or Jennifer Avila Region 1 Community-Based Care Administrator (CBCA) at 806-570-5971, or Jennifer.Avila5@dfps.texas.gov

For more information about Community-Based Care, visit the [Community-Based Care website](#).

Legal Basis for CPS and Single Source Continuum Contractor Relationship

For information regarding the legal basis for Child Protective Services including the governing State and Federal Laws see [CPS Policy 1200 Legal Foundation for Child Protective Investigations and Child Protective Services](#).

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

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

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:

- Caseworker visits with the child, family, and caregivers.
- Convening and conducting permanency planning meetings.
- Development and revision of child and family plans of service, including a permanency plan and goals for a child or young adult in care.
- Coordination and monitoring of services required by the child & the child's family.
- Assumption of court-related duties regarding the child; and
- Any other function or service that the department determines necessary to allow a Single Source Continuum Contractor to assume responsibility for case management.

History

In 2017, the 85th Texas Legislature through Senate Bill 11 established the Community-Based Care (CBC) Model for delivery of the state's child welfare services. Under the CBC Model, DFPS is required to purchase case management and substitute care services from the SSCC for children, youth and young adults who are in the department's conservatorship or who are receiving services through the extended foster care program.

Implementation of the CBC model transitions the Texas child welfare system from a statewide, "one size fits all" approach, to a Community-Based model designed to meet the individual and unique needs of children, youth and families in Texas at the local level.

As of December 2019, DFPS implemented CBC in seven (7) designated community areas of the state: Panhandle (1), Big Country & Texoma (2), Metroplex West (3W), Metroplex East (3E), Piney Woods (4), Deep East (5), and South Central & Hill Country (8b). The latest version of the statewide Implementation Update can be found on the [Community-Based Care public site](#) under [Implementation Plan](#).

Authority

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

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

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

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

When acting as a representative of DFPS, be afforded protection of attorney-client privilege in communications between the SSCC's employee, agent or representative and a prosecuting attorney or other attorney representing DFPS.

Under Texas statute, DFPS will, at a minimum:

- Contract with Community-Based nonprofit and local governmental entities that have the ability to provide child welfare services.
- Develop and maintain a plan for implementing Community-Based Care.

- Develop a formal review process to assess the ability of a single source continuum contractor to satisfy the responsibilities and administrative requirements of delivering foster care services and services for relative and kinship caregivers.
- Expand Community-Based care.
- Review contractor's performance.

Texas statute found in the Texas Family Code provides additional details regarding the requirements of the SSCC and DFPS.

In summary, the SSCCs, under contract with DFPS, assume the statutory duties of DFPS in connection with the delivery of child welfare services in a defined catchment area. Vendors and other organizations should treat the SSCCs as an agent of DFPS as it relates to the child welfare services being delivered by the SSCCs.

Placement and Family Service Referrals

Region 1 INV/FBSS staff will work directly with SFCS upon determining that a child is entering DFPS conservatorship. This section outlines protocols for referrals for new paid placements, kinship placements and other non-paid placement settings.

INV/FBSS staff must follow CPS Handbook policy related to the assessment, consideration, and selection of the least restrictive placement for every child's initial placement in substitute care.

For more information, see CPS Handbook policies:

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

SFCS is responsible for assessing the service level needs of children (policy 4410 Service Level Determinations and Reauthorizations) in conservatorship and providing a continuum of care and services to each child. CPS Handbook policies and other items related to requesting a service level for a child are, therefore, waived. See [TAC §700.108](#).

General Requirements for all SSCC Placements

Regardless of the type of placement, INV/FBSS workers must staff the child's case and specific needs with their supervisor and Program Director (PD) and obtain approval prior to requesting any type of substitute care placement and case management services from SFCS.

In situations where the removal worker has identified that a child *may* require substitute care placement, the Program Director may direct the INV/FBSS worker to provide SFCS advance notification of a child's need for possible placement.

- The INV/FBSS worker will notify SFCS by email or phone within 1 hour of the initial referral/call if it is determined that placement is not needed.
- Provide any possible kinship/relative options with 24-48 hours to SFCS.

The CPS Rights of Children and Youth in Foster Care

The CPS Rights of Children and Youth in Foster Care, also known as the Bill of Rights, is an important document that outlines the rights children and youth have when they are placed in foster care. It is required by federal law, Texas law, and CPS Policy Handbook [6420 Rights of Children and Youth in Foster Care](#).

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

The primary caseworker is responsible for reviewing the Bill of Rights with the child or youth:

- Within 72 hours of the child or youth entering foster care (i.e. at initial placement following the child's removal).
- Within 72 hours of the child or youth changing placements into a DFPS Foster and Adoptive Home Development (FAD) program.
- Every time the Child's Plan of Service (CPOS) is reviewed, including the first time the CPOS is developed. The Bill of Rights is included with the CPOS when the CPOS is generated from the Forms drop-down in IMPACT 2.0.

Again, at the time of initial placement but no later than 72 hours, children and youth in foster care must be provided with a copy of the CPS Rights of Children and Youth in Foster Care ([Form 2530](#)).

- The primary caseworker must review these Rights with the child or youth.
- Upon completion of the review, the primary caseworker must have the child or youth and caregiver sign on the appropriate signature lines.
- Provide a copy to the child or youth.
- Document the date reviewed and signed on the child's placement information page in IMPACT.
- Upload a signed copy into OneCase in IMPACT.

The primary caseworker must review the Bill of Rights orally and in the child's primary language, if possible. There are no exceptions for age or disability. Caseworkers will need to provide accommodations where needed, such as translators or sign language interpreters.

If a child cannot sign the Bill of Rights (e.g., such as infants, for example), this must be noted on the form by the caseworker.

- The review must still occur with the caregiver.
- A signed copy must still be uploaded into OneCase.

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

13. "Participate in... unsupervised childhood and extracurricular activities."
18. "Have my personal belongings transported in luggage...when being placed in foster care or changing placements, and the luggage be my personal property."
21. "Healthy foods in healthy portions for my age and activity level."
27. "Be informed of emergency behavioral intervention policies in writing..."
46. "Make calls, reports, or complaints" to

- The HHSC Ombudsman for Children and Youth currently in Foster Care at 1-844-286-0769
- The DFPS Office of Consumer Affairs at 1-800-720-7777.

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

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

For additional information see CPS Handbook Policy

- [6420 Rights of Children and Youth in Foster Care](#)
- [Rights of Children and Youth in Foster Care – Form 2530](#)

Sexual Incident History

Designating Child Sexual Aggression

Remedial Order 28-CSA

SFCS's Executive Director of Support, Esmeralda Kennedy, is the designated individual responsible for determining if a child or youth's behavior meets the definition of being sexually aggressive and has specific protocols and definitions that guide in that decision.

If DFPS staff have a child/youth entering DFPS conservatorship from a Region 1 county who needs to be assessed for sexually aggressive behavior, DFPS must:

- Contact SFCS's Executive Director of Support, Esmeralda Kennedy, as soon as the removal worker is made aware of possible sexual aggression.
 - Rachel Williams-Ehue is to be back-up point of contact.
- They will alert their chain of command and will email SFCS Executive Director of Support to set up a child sexual aggression staffing.
 - The removal worker will be prepared to share all known information required for the staffing.

SFCS must:

- SFCS Executive Director of Support will schedule the staffing within 24 hours of notification.
 - Participants include:
 - DFPS Removal Worker (required)
 - DFPS Supervisor (required)
 - DFPS Program Director (required)
 - SFCS Permanency Specialist (required)
 - SFCS Permanency Supervisor (required)
 - SFCS Director of Permanency (required, if supervisor is not attending)
 - SFCS Regulatory Staff
 - SFCS Regional Vice President
 - SFCS Clinical Utilization Staff
- Whether the behaviors and/or incident does or does not meet the definition of sexually aggressive, the Executive Director of Support will be responsible for documenting the CSA staffing in the

alleged aggressor's SUB stage using the 'CSA staffing' drop-down box and includes at a minimum, the following information:

- Staffing attendees.
- The victim's name and PID.
- The alleged aggressor's relationship to the victim.
- A description of the behavior and/or incident.
- Whether or not the alleged aggressor meets the definition of sexually aggressive behavior.
- The date of the incident.
- The placement at time of the incident.
- If the child was in DFPS custody at time of the incident. *If multiple incidents are staffed, the above must be documented for each.

If the incident is determined to be aggressive, the Executive Director of Support documents the sexual aggression and sexual victimizations incidents on both the victim (if victim has a PID and is in IMPACT) and aggressor's Sexual Incident History pages in IMPACT. Any recommendations/stipulations on sharing a bedroom and any supervision requirements will also be documented.

If the designation is determined at the time of removal

- And the child or youth **has not** been placed, DFPS worker updates the abbreviated version of the Application for Placement ([form 2087ex](#)) thoroughly before submission to SFCS for placement.
- If the child or youth **has already** been placed, and the placement is not aware of the child or youth's behavior, the SFCS Director of Support **IMMEDIATELY** notifies the SFCS Permanency Specialist regarding the designation so they can notify the placement about the child or youth's behavior and documents the notification in IMPACT. An updated Attachment A that includes the newly added aggression incident must be provided to and signed by all required caregivers and uploaded to OneCase within three (3) business days.

If the designation is determined after the child or youth is in conservatorship

- And the child or youth **is pending** a new placement, SFCS staff launches a new application for placement. The new application for placement will autofill with the information from the sexual incident history page in IMPACT.
- And the child or youth **is currently** in placement, the SFCS Permanency Specialist updates Child Plan of Service (CPOS) for the child or youth who was determined to have sexually aggressive behaviors and the child or youth who was the victim of child sexual aggression (if the victim is in DFPS custody) to include services and supports. CPOS will match the information that is in IMPACT Sexual Incident History pages.

Within 24 hours of the child or youth being identified as being sexually aggressive, SFCS's Clinical Utilization Specialist will send an email to the SFCS Permanency Specialist, Supervisor, and Director asking that they confirm that the Permanency Specialist has updated the application for placement, updated the Child Plan of Service, and notified the placement and Provider Child Case Manager by providing the [Form 2279](#), Attachment A and [Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b](#).

The Permanency Director will have 24 hours to respond to the Clinical Utilization Staff and Executive Director of Support confirming the above activities required of the Permanency Specialist have been completed.

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

CPI investigation:

- CPI notifies the caseworker of the Intake. CPI works with the caseworker to refer the child victim to a CAC for a forensic interview, if necessary.
- If findings include the discovery of sexually aggressive behavior, the caseworker notifies the aggressor child's Permanency Specialist, Supervisor, Director, and Executive Director of Support Services as soon as possible but no later than 24 hours.
- Executive Director of Support Services holds a CSA staffing as soon as possible but no later than 24 hours after being made aware of the behaviors.
- Executive Director of Support Services must document the staffing in IMPACT using the 'CSA Staffing' drop-down box.
- If CSA is determined:
 - The Executive Director of Support Services adds an aggression incident to the aggressor child's page and adds a victimization incident to victim child's page (if victim has a PID) in IMPACT.
 - The caseworkers for the aggressor and victim provide updated Attachment A's capturing the newly documented incidents to their caregivers for signature immediately but no later than three (3) business days. The signed Attachment A's are uploaded into OneCase.
 - The caseworkers for both children launch new Applications for Placements.
 - The caseworkers for both children update the children's Child Plans of Service.

RCI investigation:

- RCI notifies the caseworker on the Intake.
- If child sexual aggression is suspected, the RCI investigator notifies their chain of command, including the RCI PA.
- If the RCI PA determines there are concerns for child sexual aggression, the RCI PA contacts the Permanency Specialist, Supervisor, Director, and Executive Director of Support Services to schedule a joint CSA staffing.
- A joint CSA staffing is held between the RCI PA and Executive Director of Support Services.
- If both PA's agree the incident meets the criteria for CSA:
 - The Executive Director of Support Services adds an aggression incident to the aggressor child's page and adds a victimization incident to victim child's page (if victim has a PID) in IMPACT.
 - The caseworkers for the aggressor and victim provide updated Attachment A's capturing the newly documented incidents to their caregivers for signature immediately but no later than three (3) business days. The signed Attachment A's are uploaded into OneCase.
 - The caseworkers for both children launch new Applications for Placements.
 - The caseworkers for both children update the children's Child Plans of Service.
- If the PA's do not agree the incident meets the criteria for CSA, the decision is elevated to the RCI Division Administrator and SSCC Regional Director Equivalent. The decision continues to be evaluated through the chain of command until a decision is reached.

For additional information see CPS Handbook Policy

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

Child Sexual Aggression, Sexual Victimization, Sexual Behavior or Notification

Initial Placements

- INV/FBSS Worker will complete DFPS Placement Summary [Form 2279](#)
- INV/FBSS Worker will complete the question under the sexual victimization tab in IMPACT and enter any incidents if marked yes.
- If sexual aggressive behavior is identified, DFPS will follow the child sexual aggression designation process above.
- If applicable, DFPS will complete the trafficking information in IMPACT prior to printing the Child Sexual History Attachment A form.
- DFPS will print the Child Sexual History Attachment A form.
- DFPS will be responsible for discussing information in the Attachment A, the Placement Summary Form 2279, and Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b (when applicable) with the caregiver at the time of placement

If INV/FBSS Worker is transporting the child to the initial placement, DFPS will:

- Discuss the information in DFPS Placement Summary [Form 2279](#) and the Child Sexual History Attachment A with the receiving caregiver.
- Obtain signatures from the receiving caregiver
- Provide copy to caregiver
- When a child with a history of sexual victimization or behaviors of sexual aggression is under the care of an alternate, or temporary caregiver, form [2279b](#) will be signed.
- Upload DFPS Placement Summary [Form 2279](#), Child Sexual History Attachment A, and [Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b](#) (when applicable) into OneCase in IMPACT within (1) business day for access by SFCS.
- If the child/youth is placed in a GRO placement setting:
 - The Attachment A must be uploaded to the Case Summary Page under Digital Storage in IMPACT.
 - After uploading, Attachment A is sent electronically to the GRO placement via IMPACT
 - GRO staff signatures must still be obtained on paper.
 - This new workflow replaces Form 2279b for GRO direct caregivers' signature only, EXCEPT when a child is placed in a specific contract at a GRO. If a child is placed in a child specific contract (CSC) Form 2279b should still be used.

If INV/FBSS Worker is not transporting the child to the initial placement:

- INV/FBSS Worker will provide SFCS with a printed copy of the DFPS Placement Summary [Form 2279](#), Child Sexual History Attachment A, and [Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b](#) (when applicable).
- SFCS, or their designee, will be responsible for discussing information in the DFPS Placement Summary [Form 2279](#) and Child Sexual History Attachment A with the caregiver at the time of placement.
- Obtain signatures from the receiving caregiver
- Provide copies to caregiver
- When a child with a history of sexual victimization or behaviors of sexual aggression is under the care of an alternate, or temporary caregiver, form [2279b](#) will be signed.

- SFCS will upload signed DFPS Placement Summary [Form 2279](#), Child Sexual History Attachment A, and [Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b](#) into OneCase in IMPACT within (1) business day or by 7 pm the next calendar day.
- If the child/youth is placed in a GRO placement setting:
 - The Attachment A must be uploaded to the Case Summary Page under Digital Storage in IMPACT.
 - After uploading, Attachment A is sent electronically to the GRO placement via IMPACT
 - GRO staff signatures must still be obtained on paper.
- This new workflow replaces Form 2279b for GRO direct caregivers' signature only, EXCEPT when a child is placed in a specific contract at a GRO. If a child is placed in a child specific contract (CSC) Form 2279b should still be used

Subsequent Placements

- SFCS will update all information under the person detail page tabs prior to the placement change.
- SFCS (or designee) will be responsible for discussing information in the SFCS Region 1 Placement Change Form and Child Sexual History Attachment A with the caregiver at the time of placement.
- Obtain the signature of the receiving caregiver on the SFCS Region 1 Placement Change Form and the Child Sexual History Attachment A Form.
- Record the date provided on the placement detail page.
- When a child with a history of sexual victimization or behaviors of sexual aggression is under the care of an alternate, temporary or GRO caregiver, form [2279b](#) will be signed.
- Upload a signed copy of SFCS Region 1 Placement Change Form with Child Sexual History A into OneCase in IMPACT the same business day or by 7 pm the next calendar day.
- If the child/youth is placed in a GRO placement setting:
 - The Attachment A must be uploaded to the Case Summary Page under Digital Storage in IMPACT.
 - After uploading, Attachment A is sent electronically to the GRO placement via IMPACT
 - GRO staff signatures must still be obtained on paper.
- This new workflow replaces Form 2279b for GRO direct caregivers' signature only, EXCEPT when a child is placed in a specific contract at a GRO. If a child is placed in a child specific contract (CSC) Form 2279b should still be used

Signature Requirements for Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification

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

Form	Which Placements	When and Who Signs	Timeline for Uploading into OneCase
Attachment A *The Attachment A & 2279 (2279b when applicable) are needed for all children, regardless of the child's victimization history. (*Do NOT backdate an Attachment A. The Attachment A must be launched from IMPACT on or before the date of signature. Dating the Attachment A with a date before the generated date is falsification.)	ALL PLACEMENTS MUST have an Attachment A & 2279. <i>Including:</i> - Unauthorized Placements (4300) - Psychiatric Hospital (4231.1) - Juvenile (4231.1) - Returning a child home (4231.1) Which Placements <u>Do NOT Need</u> the Attachment A: - Runaway - Jail - SIL *If a caregiver refuses to sign, the caseworker must document on the Attachment A the name of the caregiver who refused to sign and the date they refused to sign it. The unsigned Attachment A must be uploaded to OneCase. The caseworker enters a contact documenting the caseworker's efforts to notify the unauthorized caregiver of the child's sexual victimization and aggression history. (Policy 4300) *For children whose placement type changes in IMPACT but the child remains in the same home (does not physically move), a new the 2279 (2279b	ALL caregivers and the caseworker must sign on or before the date of placement. All caregivers should PRINT their name and TITLE under their signature, and DATE, so that when reviewing the form, it can be identified the individual caregiver roles. For GRO Placements: - Administrator for the GRO - Child's case manager - Receiving intake staff, if applicable For Kinship/Relative Placements: - All adults living in the home who have unsupervised contact with the child. For Foster Home Placements: - All foster parents (this means if there are two (2) foster parents, both must sign) For Psychiatric/Medical Hospitals: - Hospital care coordinator or similar staff For Juvenile Detention or Other Facility Settings: - Admission staff or person responsible for oversight of the child	Upload the Attachment A on the day of the placement or by 7 p.m. on the next calendar day to the OneCase tab titled, "<u>Sexual History Report Attachment A.</u>" Additional signatures captured on the form are uploaded to OneCase within 72 hours of placement. Place the original form in the case record. (CPS Handbook §4133) <i>*Ensure the Attachment A has a date generated on the bottom of the document to reflect the most accurate information was reviewed timely.</i>

Form	Which Placements	When and Who Signs	Timeline for Uploading into OneCase
	when applicable) and Attachment A are not required to be signed as these forms should have been provided at the time of placement. <i>If the 2279 and Attachment A were not provided or signed by ALL caregivers at the time of placement, caseworkers must get the documents signed and uploaded into OneCase.</i>	For Unauthorized Placements: - The adult whose home the child is residing in For Parent Placements: - All parents in the home *If one of the required caregivers is not present on the date of placement, the missing required signatures must be obtained within three (3) business days of the child's placement. (CPS Handbook § 4133) - For placements in facilities regulated or operated by another state agency (juvenile/psychiatric hospitals), the child's caregiver may admit the child. Upon being notified of the child's admission the caseworker has up to three (3) business days to get the Attachment A signed by the required caregiver. (4231.1) For "Initial Placement" then the caseworker has up to three (3) days (72 hours) to get the Attachment A generated and signed. (4133)	

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

Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information (2279b)

The 2279b is required under these circumstances:

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

For additional information see CPS Handbook policy:

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

Evaluating a Possible Placement

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

For additional information see CPS Handbook policy:

- [4114 Required Factors to Consider When Evaluating a Possible Placement](#)
- [Placement Process Resource Guide](#) for additional guidelines.

IMPACT and CLASS History Checks

The SFCS Placement Coordinator must complete a Residential Child Care Investigations (RCCI) investigation history check of all potential placements using CLASS to consider compliance history. The SFCS/Designee also checks IMPACT for any pertinent abuse or neglect history.

The SFCS Placement Coordinator must review the results of the history checks and confer with the caseworker or supervisor if the history checks return results such as:

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

If Residential Child Care Licensing placed a general residential operation (GRO), residential treatment center (RTC) on probation, SFCS must not place a child or youth in that facility, unless the Associate Commissioner or Deputy Associate Commissioner of CPS or the Deputy Commissioner or Commissioner of DFPS approves the placement or a court orders it.

For additional information see CPS Handbook policy [4151 Court-Ordered Placements in Unapproved Facilities](#).

SFCS may not place a child or youth in a foster home with more than six children unless there is an approved 24-hour awake supervision plan and the director of conservatorship services approves the placement in advance.

SFCS must not place a child or youth in a foster home or foster group home if the child placing agency (CPA) that verifies the home has put its verification on inactive status.

For additional information see DFPS Rules 40, [TAC §700.1311\(c\)](#)

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

CLASS Variance Checks

The SFCS Placement Coordinator must review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs. The SFCS Placement Coordinator must review and confer with the Permanency Specialist or Supervisor if the variance checks return results that may impact the placement's ability to meet the child's individual needs. For initial placements, when SFCS Placement Team and removal worker or supervisor disagree, regional staff must escalate to the DFPS Regional Director, or designee, for a placement decision. The DFPS Regional Director, or designee, will consult with DFPS.

Heightened Monitoring

Remedial Order 20-Heightened Monitoring

SFCS will follow steps outlined in CPS Handbook policy [4211.6 Placements into Operations on Heightened Monitoring](#) (HM) when:

A child is already placed in a child placing agency (CPA), or a general residential operation (GRO), including a residential treatment center (RTC), and the operation is placed on heightened monitoring, **OR**

- For prospective placements, if a GRO, RTC, or CPA is on heightened monitoring at the time of the placement search.
- If the operation is also on probation (in addition to heightened monitoring), the approval of the associate commissioner or deputy associate commissioner of CPS is also required before placement.

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

Placements on Probation

If a GRO, RTC, or Emergency Shelter is on probation, then the CPS Associate Commissioner must provide advanced approval prior to placement. SFCS Placement Staff must submit the placement request to the DFPS Division Administrator for Placement. Once reviewed, it is submitted to the Associate Commissioner, or designee for final approval.

For operations on Heightened Monitoring, follow the Heightened Monitoring request process stated in the section above.

When an Operation is Issued a Placement Hold

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

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

Exceptional Foster Care

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

Children/Youth Under SFCS Supervision

All children that enter DFPS and/or SSCC supervision must be reported as required by policy. This includes children that are at an approved DFPS/SSCC supervision locations. Sec. 264.1071. OFFICE STAYS PROHIBITED. The department may not allow a child to stay overnight in a department office. SFCS must establish policies/procedures for safely caring for children/youth and meeting their needs while a placement is being located. Policies/procedures must comply with CPS Handbook policy [4152.2 Meeting the Needs of a Child or Youth](#) and all of its sub-items.

Note: SFCS Supervision or the use of the SFCS supervision locations are not placements and should not be considered a placement. It is not in the best interest of children to be in DFPS/SFCS Supervision situations. DFPS and SFCS will exhaust efforts to find the best and most appropriate placement that meets the children's best interests.

Daily Notifications

By no later than 9:00 am

SFCS will report the status of children under SSCC supervision from the prior day to DFPS via email to the DFPS Placement team at cwop@dfps.texas.gov copying the CBCA and CAM. Please title the e-mail "SSCC Supervision for the evening of DATE" This is the date prior to midnight for the overnight supervision that occurred. Date is defined by 12:00am-11:59pm of previous day.

If No Children Under SSCC Supervision

If there were no children were under SSCC Supervision, SFCS will provide email notification to DFPS that there were NOT any children in SSCC Supervision.

If Children Under SSCC Supervision

If there were children under SSCC Supervision, SFCS will include the following items in the 9:00 am email notification:

- A summary detailing how many children were in SSCC Supervision and status in the body of the email
- Attached SSCC Supervision Log template with information on all children supervised by SFCS (for date as defined above).
 - The naming convention for the log is "SFCS Supervision Log for [DATE]".
 - The log is provided daily until a placement is found. Logs completed for Friday-Sunday nights are submitted Mondays by 9:00 am.
- Individual shift notes for each child that was under SSCC Supervision

Individual Shift Notes

- If a child entered DFPS/SSCC Supervision, regardless of the length of time, a shift note is required and must fully document the child's location and activities.

- Notes are not required while the child is not at the CWOP location; however, the shift notes for that day should specify the time the child left and re-entered the CWOP location, if applicable
- *Example, if Jane Dow enters DFPS/SSCC Supervision Sunday July 7th at 2:00 a.m. and placement is found on July 7th at 9:30 a.m., a shift note must be provided from the time she entered until she leaves for placement. The shift note must document events from 2:00 a.m. to 9:30 a.m. and should clearly state the time Jane entered the DFPS/SSCC Supervision and the time she left DFPS/SSCC Supervision.*
- Staff must fill out one shift note, per child, per 24-hour day and all staff providing supervision should document their first and last name on their individual shift.
 - *Note: A 24-hour day is defined as 12:00 a.m. to 11:59 p.m.*
- Any shifts that cross the midnight threshold must be documented on separate days.
 - *Example, if you work a CWOP shift from 10:00 p.m. to 4:00 p.m. beginning Sunday July 7th, you should document activities from 10:00 p.m. to 11:59 p.m. on the shift notes for July 7th the remainder of your shift would be documented on July 8th from 12:00 a.m. to 4:00 a.m.*
- Shift noted must be emailed to fclcompliance@dfps.texas.gov by 10:00 a.m. the next business day.
- Shift notes for Fridays, Saturdays, and Sundays must be emailed by 10:00 a.m. the next business day, which is typically the Monday immediately following the weekend.
- Shift notes must be fully reviewed and checked for all required information prior to upload. It is the responsibility of the caseworker to fill out the form accordingly.
- Each day's shift notes should include a beginning, middle, and end. Please document any instance in which a child leaves the CWOP location. This includes, but is not limited to, when a child goes to school, a doctor's appointment, or leaves without permission.
- If the child is reported to the CWOP mailbox, shift notes must be uploaded for that child.
- Staff should follow the guidance and requirements from within their respective department/program for when a child should be reported to the CWOP mailbox.

By No Later Than 5:00 pm

SFCS will send an email to the CAM, copying the CBCA, detailing all the efforts made to secure placement for any child remaining in SSCC Supervision.

Significant Events or Issues

SFCS is to follow CPS Handbook policy [4152.2 Meeting the Needs of a Child or Youth without Placement](#) and the [Child without Placement Procedures](#) guide provided by CPS program and the internal SFCS document regarding supervising children without placement. If a significant event or issue arises while supervising a child or youth, staff members and caregivers must notify their supervisor immediately. All significant events and serious incidents must be immediately escalated up to the chain of command to the DFPS Regional Directors, using the email subject line *SFCS Supervision Incident*.

New Paid Placement and Case Management Referrals

After INV/FBSS determines, with Supervisor and Program Director approval, that the child requires placement the worker must determine if the child needs placement in a [Kinship Placement](#), or a Paid Placement or other Non-Paid Placement. Once initial placements are made, SFCS takes responsibility for all subsequent placements.

Notification & Referral

For T3C information please refer to the [T3C System Blueprint](#) and [Texas Child-Centered \(T3C\) System and Placement Resource Guide](#)

Process	Procedure
Notification & Referral	INV/FBSS Worker will contact SFCS during regular work hours and after hours by phone at 806-381-3573 (listen carefully and choose appropriate selection) and immediately or within one (1) hour follow-up by email at txreg1networkreferral@st-francis.org (include txreg1placement@st-francis.org if paid placement is needed). • The email subject line will read: "Last name, first name of oldest child being referred" and will include as much of the information below as possible: ○ Case Name ○ Case ID ○ County of Removal ○ Children(s) Name ○ Children(s) DOB ○ Removing Worker and Supervisor ○ Date of Removal ○ Custodial Parents ○ Reason for Removal (NSUP, SXAB, etc.) ○ The T3C recommended Service Package, based on the DFPS worker's professional judgment ○ Placement (kinship, hospital, etc.) ○ Court # and judge ○ Adversary Hearing Date ○ Ad Litem ○ Attorney for Parents ○ Provide SFCS with initial information (can be verbal) ○ If removal involves a sibling group and kinship placements have been identified for some of the children and not all require a paid placement search, INV/FBSS worker will clearly identify those that are needing an immediate paid placement. ○ Provide notification regarding if the child/youth requires a 3-day medical exam (this will also be included in the form 2087ex in the physical health section). *Note that removal documents (affidavit, ICM Form, etc) will need to be sent to the primary worker once they are assigned. SFCS Referral Mailbox Designee will: • Notify the INV/FBSS worker and provide the name of the Permanency Specialist to be assigned primary on the FSU and SUB stages. ○ During business hours the mailbox designee will respond with the name of the Permanency Specialist to be assigned primary within four (4) hours.

Process	Procedure
	○ Outside of business hours, the mailbox designee will respond with the name of the Permanency Specialist to be assigned primary by 12PM the following business day. • Provide the name of the Placement Coordinator and Family Support Worker (FSW) to be assigned secondary. ○ A FSW will be assigned secondary at the time of referral to initiate post-removal tasks. INV/FBSS worker will enter the following in IMPACT: • Open FSU and SUB stages in IMPACT • Create SFCS Child Referral and Family Services Referral in IMPACT ○ Ensure Person List reflects all principals identified in the case and that they are added to the family referral. • Assign Permanency Specialist to primary, Placement Coordinator and FSW as secondary. ○ INV/FBSS will remain secondary • If applicable, complete the trafficking information in IMPACT prior to completing the DFPS Placement Form Summary 2279 and Child Sexual History Attachment A Form. • Complete the child's information in IMPACT by creating either: ○ 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 information) and ○ Child Sexual History Attachment A for all initial placement. • If sexual aggression is identified, follow the child sexual aggression designation process above. <i>Note: If any additional information is needed, SFCS will call the INV/FBSS worker and request additional information.</i> Based on the child or youth's needs, INV/FBSS worker will: • Notify the relevant regional DFPS Subject Matter Experts (e.g. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc.). • When possible, will notify the Developmental Disability Specialist prior to the child or youth's removal. • Request a staffing with the relevant Subject Matter Expert as needed. Acceptance of the official child referral begin once SFCS has received: • Child Referral in IMPACT (assigning SFCS as primary/secondary and DFPS remains secondary) • Family Service Referrals in IMPACT (assigning SFCS as primary/secondary and DFPS remains secondary) ○ Ensuring all identified principals are added to the family referral. • An approved 2087ex to SFCS via IMPACT

Process	Procedure
	Any additional requested placement information that may not be on the 2087ex or Attachment A in IMPACT via email to SFCS that is needed to begin the placement search in ECAP Client Assessment. SFCS will review the 2087ex within one (1) hour of it being received and will notify INV/FBSS, via email, of the acceptance of the 2087ex or any needed changes or additional information to being the placement search process. The four (4) hours timeframe starts once the referral is accepted as complete by SFCS. If there are any issues completing the 2087ex in IMPACT, the CPI/FBSS caseworker will obtain approval from the CPI/CPS Program Director to complete the paper form 2087ex to submit to SFCS. The issues identified, and approval from Program Director will be communicated with SFCS. All timeframes to complete and review the 2087ex still apply. <i>Note: The timeframes associated with placement must take into consideration the best interest of each child/ren and/or youth. Although the timeframes will be followed in most instances, there may be times DFPS and SFCS staff will need to work together to ensure best interest of child/ren and youth take precedence.</i>
SFCS Placement Options and DFPS Approval	SFCS Placement Option No later than seven (7) hours after receiving notice of an official referral for the need for emergency placement, SFCS will provide the INV/FBSS Worker with: - Notification of a recommended placement and medical consent by phone, followed by an email to the INV/FBSS worker and Supervisor, or electronically via IMPACT. - Information about the recommended placement will include: - Placement Name, Address, Phone and Resource ID, if known - Network Provider Name - Placement credential status information including what T3C service packages and add-on services the placement is credentialed to provide - Medical Consenter name and PID, if known - Education Decision Maker name and PID, if known - Information regarding other children or youth placed in the home, including if any have a child sexual aggression designation or a victim of child sexual aggression designation. DFPS Placement Approval: - INV/FBSS worker will evaluate and approve SFCS's recommended placement option and medical consenter within one (1) hour of receipt of notification from SFCS by phone and/or email. - Approval of the placement will be assumed if denial is not received within one (1) hour. - If there are concerns about the placement recommendation:

Process	Procedure
	○ INV/FBSS worker must obtain Supervisor, Program Director, and Program Administrator approval to deny placement recommendation. ○ Denial justification must be included and provided to SFCS by responding to referral email. ○ Denial of placement option may impact the ability of SFCS to secure the placement within seven (7) hours. ○ Additional time should be given to SFCS to continue placement search given that they identified a placement within the four (4) hour time frame. If SFCS has not established a placement for a child/youth within seven (7) hours of initial referral: • SFCS will notify INV/FBSS worker and supervisor of status and planned strategy for finding placement. • INV/FBSS Supervisor will notify CBCA. • If placement is not identified by SFCS within the 7-hour timeframe and the child/youth has been physically transferred to SFCS, then the INV/FBSS worker will provide verbal approval of the placement and medical consent when placement is secured.
Physical Placement of Child/Youth	If placement is located within four (4) hours of documented emergency referral: • INV/FBSS worker will physically transport the child/youth to the placement. • INV/FBSS worker at the time of placement will complete the documents below, and will review the information with the caregiver, obtain the caregiver's signatures on the documents and provide copies of the documents to the caregiver: • Placement Authorization (form 2085FC) to be signed by caregiver and electronic copy uploaded into OneCase. • Designation of Medical Consenter (form 2085B) to be signed by caregiver and electronic copy uploaded into OneCase. • Designation of Education Decision-Maker (Form 2085E) to be signed by caregiver and electronic copy uploaded into OneCase. • DFPS Placement Summary Form 2279 to be signed by caregiver and electronic copy uploaded into OneCase. • Child Sexual History Attachment A from IMPACT to be signed by caregiver and electronic copy uploaded into OneCase. ○ If the child/youth is placed in a GRO placement setting: ▪ The attachment A must be uploaded to the Case Summary Page under Digital Storage in IMPACT ▪ After uploading, Attachment A is sent electronically to the GRO placement via IMPACT ▪ GRO staff signatures must still be obtained on paper ▪ The new workflow replaced Form 2279b for GRO direct caregivers' signature only, EXCEPT when a child is placed in a CSC at a GRO. If a child is placed in a CSC. Form 2279b should still be used.

Process	Procedure
	• Rights of Children and Youth in Foster Care (Form 2530) to be reviewed with child or youth, signed by worker, child/youth, and caregiver, provide copy to child/youth, document the date it was reviewed and signed in the child's placement information page, and DFPS will upload copy into OneCase within 72 hours. • Provide a youth 10 years of age or older a copy of the Texas Foster Care Handbook at the time they enter conservatorship. • INV/FBSS will document the Texas Foster Care Handbook was provided in a contact in IMPACT. • INV/FBSS will notify the caregiver if the child is eligible and will need to complete a 3-day medical exam within three (3) business days of removal. • INV/FBSS will ensure ALL signed placement documents are uploaded to OneCase in IMPACT. • INV/FBSS after completing placement and no later than twelve (12) hours from completing placement will email DataManagementTXReg1@st-francis.org using the following template: ○ Subject line will read: "Child's first initial, child's last name- Transportation Summary" ▪ Ex. J. Smith- Transportation Summary ○ Client's Name: ○ Transported by: ○ Placement or Visit: ○ Pick-Up Date: ○ Pick-Up Time: ○ Pick-Up Location: ○ Drop-Off Date (date of placement): ○ Drop-Off Time: ○ Drop-Off Location: ○ Client behavior at pick-up and in route: ○ Client behavior at drop-off: ○ Were trash bags used to transport child or youth's belongings to this placement? ○ Was education binder present at time of pick-up: ○ If education binder was not present, was a blank one provided: ○ Were you given documentation to give to the caregiver at time of placement: ○ Were medications sent along with the child: ○ Was the child and/or current placement aware of this move prior to driver's arrival for pick up? If placement is identified outside the four (4) hours of accepted emergency referral: • INV/FBSS worker will transport the child or youth to an alternative location coordinated between SFCS and INV/FBSS worker. • INV/FBSS worker will notify SFCS if the child or youth meet the criteria for a 3-day exam

Process	Procedure
	• For a child or youth's initial placement (brand new removal), when a placement has not been identified, INV/FBSS worker will remain medical consentor until a placement is identified. • SFCS will physically transport the child or youth to the placement. • When SFCS secures placement for the child or youth they will complete the placement documents below, will review the information with the caregiver, obtain the caregiver's signature on the documents and provide copies of the documents to the caregiver: ○ Placement Authorization (Form 2085KO) - to be signed by caregiver and electronic copy uploaded into OneCase. ○ Designation of Medical Consenter (form 2085B) to be signed by caregiver and electronic copy uploaded into OneCase. ○ Designation of Education Decision-Maker (form 2085E) to be signed by caregiver and electronic copy uploaded into OneCase. ○ DFPS Placement Summary Form 2279 to be signed by caregiver and electronic copy uploaded into OneCase. ○ Child Sexual History Attachment A from IMPACT to be signed by caregiver and electronic copy uploaded into OneCase. ▪ If the child/youth is placed in a GRO placement setting: • The attachment A must be uploaded to the Case Summary Page under Digital Storage in IMPACT • After uploading, Attachment A is sent electronically to the GRO placement via IMPACT • GRO staff signatures must still be obtained on paper • The new workflow replaced Form 2279b for GRO direct caregivers' signature only, EXCEPT when a child is placed in a CSC at a GRO. If a child is placed in a CSC. Form 2279b should still be used. ○ Rights of Children and Youth in Foster Care (Form 2530) to be reviewed with child or youth, signed by worker, child/youth, and caregiver, provide copy to child/youth, document the date it was reviewed and signed in the child's placement information page, and DFPS will upload copy into OneCase within 72 hours. • Provide a youth 10 years of age or older a copy of the Texas Foster Care Handbook at the time they enter conservatorship. • INV/FBSS will document the Texas Foster Care Handbook was provided in a contact in IMPACT. • SFCS will notify the caregiver if the child is eligible and will need to complete a 3-day medical exam within three (3) business days.

Process	Procedure
	• SFCS will ensure ALL signed documents placement documents are uploaded into OneCase in IMPACT. • SFCS after completing placement and no later than twelve (12) hours from completing placement will email DataManagementTXReg1@st-francis.org using the following template: ○ Subject line will read: "Child's first initial, child's last name- Transportation Summary" ▪ Ex. J. Smith- Transportation Summary ○ Client's Name: ○ Transported by: ○ Placement or Visit: ○ Pick-Up Date: ○ Pick-Up Time: ○ Pick-Up Location: ○ Drop-Off Date (date of placement): ○ Drop-Off Time: ○ Drop-Off Location: ○ Client behavior at pick-up and in route: ○ Client behavior at drop-off: ○ Were trash bags used to transport child or youth's belonging to this placement? ○ Was education binder present at time of pick-up: ○ If education binder was not present, was a blank one provided: ○ Were you given documentation to give to the caregiver at time of placement: ○ Were medications sent along with the child: ○ Was the child and/or current placement aware of this move prior to driver's arrival for pick up?
IMPACT Documentation	INV/FBSS worker will, within four (4) hours of verbal referral to SFCS: • Update Person Information in IMPACT SFCS will within twelve (12) hours or no later than 7PM the next calendar day: • If T3C placement is selected, create the recommended service package in IMPACT. • If T3C placement is selected create the selected service package in IMPACT. • Complete the placement entry in the placement information page in IMPACT. ○ If placement is in a Treatment Family Foster Home, please select TFC (Treatment Foster Home) as the living arrangement on the placement entry. • Create the Medical Consented entry in IMPACT. • Save/submit the placement entry in IMPACT to SFCS supervisor. INV/FBSS Supervisor will, by 5PM the next business day: • Review the placement and medical consenter documentation in IMPACT.

Process	Procedure
	• If the placement entry is not documented in IMPACT from SFCS within twelve (12) hours of the referral, INV/FBSS Worker will email datamanagementtxreg1@st-francis.org and request placement be documented. • If placement information is not documented in IMPACT within one (1) hour of contact with SFCS, INV/FBSS Worker will notify their supervisor. • The INV/FBSS Supervisor will contact the SFCS for immediate resolution and will notify CBCA.
Additional Documentation Shared with SFCS Within Seven (7) Days	INV/FBSS worker will provide by uploading into OneCase/complete in IMPACT, within seven (7) days, any remaining placement documentation to SFCS including: • Birth verification/certificate. • Social Security card or number (if available). • Education portfolio. • Medicaid/STAR Health card or qualifying information (if available). • Any external documentation (e.g. assessments, evaluations, or therapy notes) related to the care of the child. • Removal Affidavit • Add SFCS to the e-file notification using the mailbox: txreg1court@saintfrancisministries.org • Update person characteristics in IMPACT. • Update education log in IMPACT (with as much information as available). • Update medical/dental page in IMPACT. • Any requested intake forms from the residential provider. Any external forms and written placement information not available in IMPACT should be emailed to SFCS datamanagementtxreg1@st-francis.org with Subject Line: "CPS Emergency Placement- Last Name of Oldest Child"
Within Three (3) Business Days of Placement & Assessments Due Within Thirty (30) Days of Placement	SFCS will ensure completion of the following: • Ensure the caregiver or residential provider obtains the 3-day medical exam (three (3) business days) for all eligible children and youth identified meeting the criteria, document in IMPACT, and notify INV/FBSS Worker and Supervisor by email or written form. • Ensure the caregiver schedules Child and Adolescent Needs and Strengths (CANS) appointment to occur within 30 days for children age 3 years and older. ○ If child is placed in a T3C Service Package, ensure that the caregiver is aware that a CANS Assessor will be coordinating and scheduling the CANS assessment • Ensure the caregiver schedules and completes the TX Health Steps checkup within thirty (30) days. • Ensure any child under three (3) years old is referred to Early Childhood Intervention (ECI) if the child is suspected of having a disability or developmental delay, is identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, or the

Process	Procedure
	disability or developmental delay requires evaluation prior to their scheduled TX Health Steps check-up. • In collaboration with the parent create the temporary visitation plan. • INV/FBSS will communicate as to who may or may not attend visits and any safety threats they may be aware of. • Schedule the first parent-child visit within five (5) days of referral per Texas Family Code 262.115. ○ Note: If referral email is not received within 48 hours of removal INV/FBSS worker will schedule the first parent-child visit. • File the temporary visitation schedule with the court by the Adversary hearing if required by the court. Bring to the temporary visitation plan to the Adversary hearing. ○ It is not mandatory for Permanency Specialist to attend adversary hearing, but it is highly encouraged that they be present. However, if the initial parent-child visit was not completed within the five (5) days, a Permanency Staff will be present to testify. ○ Obtain updated Form 2625 Child Caregiver Resource.

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

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

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

Kinship Placement and Case Management Referral

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

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

Notification & Referral

Process	Procedure
Notification & Referral	INV/FBSS Worker will contact SFCS during regular work hours and after hours by email at txreg1networkreferral@st-francis.org - The email subject line will read “Kinship Placement Referral - Last Name of oldest child being referred” and will include: - Case Name - Case ID - County of Removal - Children(s) Name - Children(s) DOB - Removing Worker and Supervisor - Date of Removal - Custodial Parents - Reason for Removal (NSUP, SXAB, etc.) - Placement (Kinship, hospital, etc.) - Court # and Judge - Adversary Hearing Date - Ad Litem - Attorney for Parents - Provide SFCS with initial information (can be verbal) - If removal involves a sibling group and kinship placements have been identified for some of the children and not all require a paid placement search, INV/FBSS worker will clearly identify those that are needing an immediate paid placement. - Provide notification regarding if the child/youth requires a 3-day medical exam (this will also be included in the form 2087ex in the physical health section). - If Kinship placement is made, INV/FBSS worker will complete a Kinship Home Assessment Request to SFCS by submitting Request for Kinship Home Assessment or Services Form 6581 and the required attachments listed on the form to txreg1kinship@st-francis.org within 48 hours of placement. - If Kinship placement is outside of Region 1, Universal Referral Form 2077 will be used in place of Request for Kinship Home Assessment or Services form 6581. Once received, SFCS will send the referral to the region the kinship home is located in. *Note that removal documents (affidavit, ICM Form, etc) will need to be sent to the primary worker once they are assigned. SFCS Referral Mailbox Designee will: - Notify the INV/FBSS worker and provide the name of the Permanency Specialist to be assigned primary on the FSU and SUB stages. - During business hours the mailbox designee will respond with the name of the Permanency Specialist to be assigned primary within four (4) hours.

Process	Procedure
	○ Outside of business hours, the mailbox designee will respond with the name of the Permanency Specialist to be assigned primary by 12PM the following business day. • Provide the name of the Placement Coordinator and Family Support Worker (FSW) to be assigned secondary. ○ A FSW will be assigned secondary at the time of referral to initiate post-removal tasks. INV/FBSS worker will enter the following in IMPACT: • Open FSU and SUB stages in IMPACT • Create SFCS Child Referral and Family Services Referral in IMPACT ○ Ensure Person List reflects all principals identified in the case and that they are added to the family referral. • Assign Permanency Specialist to primary, Placement Coordinator and FSW as secondary. ○ INV/FBSS will remain secondary • If sexual aggression is identified, follow the child sexual aggression designation process above. Based on the child or youth's needs, INV/FBSS worker will: • Notify the relevant regional DFPS Subject Matter Experts (e.g. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc.). • When possible, will notify the Developmental Disability Specialist prior to the child or youth's removal. • Request a staffing with the relevant Subject Matter Expert as needed.
Placement of Child/Youth	INV/FBSS will complete the placement of the child in the kinship placement. This includes providing the caregiver with the following documents: • Placement Authorization (Form 2085KO) – to be signed by caregiver and electronic copy uploaded into OneCase by DFPS. • Designation of Medical Consenter (Form 2085B) - to be signed by consenter and electronic copy uploaded into OneCase by DFPS. • Designation of Education Decision-Maker (Form 2085E) - to be signed by decision maker and electronic copy uploaded into OneCase by DFPS. • DFPS Placement Summary Form 2279 – to be signed by caregiver, copy uploaded into OneCase by DFPS. • Child Sexual History Report (Attachment A) from IMPACT - to be signed by all caregivers and copy uploaded into One Case by DFPS in IMPACT. • Rights of Children and Youth in Foster Care (Form K-908-2530) - review with the child or youth, signed by the caseworker, child or youth and caregiver, provide a copy to the child or youth, document the date reviewed and signed in the child's placement information page, and DFPS will upload a signed copy into OneCase in IMPACT within 72 hours.

Process	Procedure
	• Provide a youth 10 years of age or older a copy of the Texas Foster Care Handbook at the time they enter conservatorship. • INV/FBSS will document the Texas Foster Care Handbook was provided in a contact in IMPACT. • Information about the 3 in 30 including scheduling the 3-day medical exam. ○ If this is a new removal INV/FBSS will notify the caregiver if the child is eligible and will need to complete a 3-day medical exam within three (3) business days of removal. • Kinship Manual • Get the kinship caregiver's signature on Form 0695 Kinship Caregiver Agreement. • Preliminary Kinship Caregiver Home Assessment for 6587. INV/FBSS will ensure ALL signed placement documents are uploaded to OneCase in IMPACT.
IMPACT Documentation	INV/FBSS worker will: • Complete the placement entry in IMPACT and save and submit to their supervisor. • Update the Person Characteristics in IMPACT • Update education log in IMPACT (with as much information as available). • Update medical/dental page in IMPACT • Upload the DFPS Placement Summary Form 2279, the Child Sexual History Attachment A, Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information Form 2279b (when applicable), and Rights of Children and Youth in Foster Care (Form K-908-2530) in OneCase. • Complete Request for Kinship Home Assessment or Services Form 6581. • Complete criminal History checks for all household members 14 years of age and older • Complete IMPACT CPS History checks for all household members 14 years of age and older • Provide Removal Affidavit • Add SFCS to the e-file notification using the mailbox: txreg1court@saintfrancisministries.org <i>Note: INV/FBSS worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.</i>
Within three (3) Days of Placement & Assessments Due Within Thirty (30) Days of Placement	SFCS will ensure completion of the following: • Ensure the caregiver or residential provider obtains the 3-day medical exam (three (3) business days) for all eligible children and youth identified meeting the criteria, document in IMPACT, and notify INV/FBSS Worker and Supervisor by email or written form. • Ensure the caregiver schedules Child and Adolescent Needs and Strengths (CANS) appointment to occur within 30 days for children age 3 years and older.

Process	Procedure
	• Ensure the caregiver schedules and completes the TX Health Steps checkup within thirty (30) days. • Ensure any child under three (3) years old is referred to Early Childhood Intervention (ECI) if the child is suspected of having a disability or developmental delay, is identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, or the disability or developmental delay requires evaluation prior to their scheduled TX Health Steps check-up. • In collaboration with the parent create the temporary visitation plan. • INV/FBSS will communicate as to who may or may not attend visits and any safety threats they may be aware of. • Schedule the first parent-child visit within five (5) days of referral per Texas Family Code 262.115. ○ Note: If referral email is not received within 48 hours of removal INV/FBSS worker will schedule the first parent-child visit. • File the temporary visitation schedule with the court by the Adversary hearing if required by the court. Bring to the temporary visitation plan to the Adversary hearing. ○ It is not mandatory for Permanency Specialist to attend adversary hearing but it is highly encouraged that they be present. However, if the initial parent-child visit was not completed within the five (5) days, a Permanency Staff will be present to testify. • Obtain updated Form 2625 Child Caregiver Resource.

If the kinship placement option is approved by DFPS leadership to begin while child/youth is hospitalized, the first placement entry into IMPACT will be the hospital unless the child/youth is being discharged the same day of removal then the first placement should be the kinship caregiver. The details surrounding the hospital admission will be documented in a contact in IMPACT. The removal worker should follow the Kinship Placement Referral Process.

If at the time of removal, there are no potential kinship caregiver options provided or deemed appropriate while the child/youth is in the hospital, and a paid placement has not been identified, the hospital information will be documented/entered on the placement page in IMPACT by the removal worker.

If the kinship caregiver option provided at the time of removal is appropriate for placement after discharge from the hospital, the removal worker will provide all background checks, preliminary assessments and collateral contact information to SFCS so they can move forward with a discharge plan for placement at the time of discharge. SFCS will complete the placement at discharge.

When TMC is not Granted

If FBSS/CPI removes on exigent circumstances and TMC is not granted, it will be the responsibility of FBSS/CPI to close the stages or stage progress the FSU and SUB stages, whichever is needed. They will close out the child and family referrals. FBSS/CPI will be responsible for transporting the child/youth home.

If FBSS/CBI removes with a court order and TMC is dismissed at the Adversary Hearing, the FSU and SUB stages will be closed or stage progressed by the SFCS primary worker. SFCS staff will be responsible for transporting the child/youth home.

*Please note in either scenario, if the child referral does not have an 'end referral' button, the worker will need to call in a ticket to request the button be added they must not use the 'rescind referral' button.

*If there are challenges or unique circumstances, please staff with DFPS and SFCS staff when needed.

Referrals When Placement Is Not Needed Immediately but DFPS Has Obtained Conservatorship

This process is used when INV/FBSS takes conservatorship of a child or youth, but due to the unique circumstances, a placement is not being sought at the time of referral. An example would be when a child or youth is hospitalized. SFCS will begin providing case management services upon referral.

Process	Procedure
Notification & Referral	INV/FBSS worker will contact SFCS during regular work hours and after hours by phone at 806-381-3573 and select menu option 1 to get to the On-Call Permanency Specialist, follow-up by email to txreg1networkreferral@st-francis.org (include txreg1placement@st-francis.org if paid placement is needed). The e-mail Subject Line: "TMC Obtained, Placement Not Needed but Immediate Case Management Services Needed- Last Name of Oldest Child" and will: • Provide INV/FBSS worker contact information. • Provide INV/FBSS worker back-up contact information (i.e. supervisor). • Provide SFCS initial referral information (can be verbal). • Provide notification regarding if the child/youth requires a 3-day medical exam as well as the criteria that is met to require the exam (this will also be included in the form 2087ex in the physical health section). • Request name of SFCS Permanency Specialist to be assigned as primary on the FSU and SUB stage in IMPACT. During business hours the txreg1networkreferral@st-francis.org mailbox will respond with the SFCS Permanency Specialist to be assigned primary. Outside of business hours, SFCS will respond by 12PM the following business day. • If paid placement will eventually be needed, request name of SFCS Placement Coordinator to be assigned secondary on the SUB stage in IMPACT. Removal worker will complete the following in IMPACT: • Open the FSU and SUB stages in IMPACT. • Create SFCS Child Referral (SUB Stage) and Family Services Referral in IMPACT, assigning SFCS Permanency Specialist, or Supervisor as appropriate, as primary on the FSU and SUB stage in IMPACT and INV/FBSS secondary on stages in IMPACT. • Complete child's placement information in IMPACT by creating either:

Process	Procedure
	○ Application for Placement of Children in Residential Care in IMPACT or ○ Alternative Application for Placement of Children in Residential Care ○ DFPS Placement Summary Form 2279 and ○ Child Sexual History Attachment A. <i>Note: When possible and based on the child's needs, the INV/FBSS worker will notify the Developmental Disability Specialist prior to the child's removal.</i>

Placements with Special Populations

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

Placing children who have IDD or PMN requires careful consideration 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 PMN. [The Foster and Licensed Facility Placements Process Resource Guide](#) describes the needs of children who have IDD needs.

Process	Procedure
New Placement with No Time for the PMN Meeting Before the Removal	When a PMN child is initially removed after hours or on weekends and the child's care needs are unclear, the child's caseworker may contact the child's healthcare provider after hours, or have the child seen in the local ER when appropriate (examples: diabetic child with insulin pump, child on a ventilator or with other special medical equipment). Star Health does have a benefit available on a case by case basis. This benefit provides an observation stay in an inpatient setting for up to 48 hours, when placement or supports are not immediately in place during an emergent transition. If the stay exceeds 48 hours, staff must request an authorization for the inpatient stay, going back to the date of admission. The caseworker follows the processes below to access special support services. If the caseworker is unable to safely transport the child, the caseworker may contact an ambulance to transport the child.
Special Medical Transportation or Nursing Support	If the child requires special medical transportation (including ambulance transport) or nursing support during the move the caseworker requests assistance: • If the move occurs before the PMN meeting access through the regional Well-Being Specialist. • If after hours, or on holidays or weekends, by contacting STAR Health at 1-866-912-6283. If the placement is occurring outside of regular business hours or on a holiday, prior to placement, an immediate staffing will take place between DFPS and SFCS, involving the Director level or above.

Process	Procedure
	This staffing is to ensure all of the child's medical needs will be met until a PMN staffing can take place with the Well Being Specialist. This staffing will not replace the required PMN staffing with the Well Being Specialist.

For additional information see:

- [Primary Medical Needs Resource Guide](#).
- CPS Policy [4117 Specific Placement Considerations for Children or Youth Who Have Primary Medical Needs](#) and the subsections.

New Placement Referral with time for PMN Staffing

INV/FBSS workers should follow the process outlined in [New Paid Placement And Case Management Referrals](#) process when requesting a paid foster care placement from SFCS for a child with IDD, PMN or Complex Medical Needs.

Process	Procedure
Upon Placement Referral	When planning the removal of a child with PMN in a non-urgent situation, the caseworker should contact the Well-Being Specialist and placement staff to set up a PMN Meeting before removal, to plan for the safe transportation and placement of the child. In addition to the placement referral, the INV/FBSS worker will upon placement referral or prior to the removal, when possible, coordinate a telephone staffing with: • INV/FBSS supervisor and Program Director, • Regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), • SFCS Intake Placement Coordinator To discuss: • The specific needs of the child or youth. Example: if a child needs a hospital sitter, INV/FBSS will request and pay for this service and share coordination with SFCS. • Once the child has been placed within the SFCS network of care, if there is a future need for hospital sitting then SFCS will be responsible for meeting that need either via SFCS contracted service provider or SFCS staff. • The ability of available placement options to meet the child or youth's specific needs.
After a placement for a child <i>with PMN</i> has been recommended by SFCS	INV/FBSS worker will contact the Well Being Specialist (WBS) 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 WBS will coordinate, facilitate, and document the PMN staffing in IMPACT. • The staffing will include: ○ SFCS Placement Coordinator, ○ Selected caregivers ○ Their provider ○ Medical staff if applicable

Process	Procedure
	○ SFCS Permanency Specialist ○ SFCS Permanency Supervisor and Director of Permanency ○ Regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist) ○ STAR Health and previous caregivers (when appropriate). • The PMN staffing must occur prior to placement if possible. If not possible, a staffing should occur and must be requested within 24 hours following the emergency placement.
After a placement for a child with significant medical issues, but <i>not</i> PMN has been recommended by SFCS	SFCS Placement Coordinator or Permanency Specialist may contact the Well Being Specialist to request a Medical Staffing. • The WBS will coordinate, facilitate, and document the Medical Staffing in IMPACT. • The staffing will include: ○ SFCS Placement Coordinator ○ Selected caregivers ○ Their provider ○ Medical staff if applicable, ○ SFCS Permanency Specialist ○ SFCS Permanency Supervisor and Director of Permanency ○ Regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist Well-Being Specialist) ○ STAR Health and previous caregivers (when appropriate). • The staffing must occur prior to placement if possible. If not possible, a staffing should occur immediately following the emergency placement. • When there is no time for a Medical Staffing prior to placement, contact the Well Being Specialist and/or Nurse Consultant to plan for a safe transfer of the child.
After a placement for a child <i>with</i> IDD has been recommended by SFCS	INV/FBSS Removal Worker will coordinate with SFCS Placement Coordinator or Permanency Specialist for a staffing. • The staffing will include: ○ SFCS Placement Coordinator ○ Selected caregivers ○ Their provider ○ Medical staff if applicable ○ SFCS Permanency Specialist ○ SFCS Permanency Supervisor and Director of Permanency ○ Regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist Well-Being Specialist) ○ STAR Health and previous caregivers (when appropriate). • The staffing must occur prior to placement if possible.

Process	Procedure
	- The DFPS Education Specialist should be included in the staffing as appropriate. - If possible, the staffing should occur prior to the child or youth arriving in his or her new placement, but no later than two business days after the child or youth's placement.

Placement Change Process for IDD or PMN

SFCS Permanency Specialist will request a non-emergency paid foster care placement or placement change from their placement team for a child with IDD or PMN when needed.

Process	Procedure
Upon Placement Referral	As a part of the placement request process, the SFCS Permanency Specialist will within 24 hours of the placement referral, coordinate a staffing to discuss the specific needs of the child or youth: - Staffing will include: - SFCS Permanency Supervisor and Director of Permanency, - Regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), - SFCS Intake Placement Coordinator To discuss: - The specific needs of the child or youth. Example: if a child needs a hospital sitter, INV/FBSS will request and pay for this service and share coordination with SFCS. - Once the child has been placed within the SFCS network of care, if there is a future need for hospital sitting then SFCS will be responsible for meeting that need either via SFCS contracted service provider or SFCS staff. - The ability of available placement options to meet the child or youth's specific needs.
After placement for a child <i>with PMN</i> has been recommended by SFCS	SFCS Placement Coordinator or Permanency Specialist will contact the Well Being Specialist to request a PMN Staffing to develop a plan to address the medical services, equipment and other needs during the transition to the new caregivers. - The WBS will coordinate, facilitate, and document the PMN staffing in IMPACT. - The staffing will include: - SFCS Placement Coordinator - Selected caregivers - Previous caregivers - Their provider - Medical staff if applicable - SFCS Permanency Specialist - SFCS Permanency Supervisor and Permanency Director - STAR Health. - The staffing must occur prior to placement if possible. If not, a staffing should occur immediately following the placement.

Process	Procedure
	• When there is no time for a PMN Staffing prior to placement, contact the Well Being Specialist and/or Nurse Consultant to plan for a safe transfer of the child. • For PMN children already in DFPS custody who experience a change in placement after hours, the SFCS Permanency Specialist can contact STAR Health Member Services' Nurse Wise medical advice line at 1-866-912-6283, option 7 (available 24/7, after hours, holidays and weekends). For additional information please see Primary Medical Needs Resource Guide
After a placement for a child with significant medical issues but not PMN has been recommended:	SFCS Placement Coordinator or Permanency Specialist may contact the Well Being Specialist to request a Medical Staffing. • The WBS will coordinate, facilitate, and document the Medical Staffing in IMPACT. • The staffing will include: ○ SFCS Placement Coordinator ○ Selected caregivers ○ Their provider ○ Medical staff if applicable, ○ SFCS Permanency Specialist ○ SFCS Permanency Supervisor and Director of Permanency ○ Regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist Well-Being Specialist) ○ STAR Health and previous caregivers (when appropriate). • The staffing must occur prior to placement if possible. If not possible, a staffing should occur immediately following the placement. • When there is no time for a Medical Staffing prior to placement, contact the Well Being Specialist and/or Nurse Consultant to plan for a safe transfer of the child
After a placement for a child with IDD has been recommended:	SFCS Placement Coordinator or Permanency Specialist will coordinate staffing. • The staffing will include: ○ SFCS Placement Coordinator ○ Selected caregivers ○ Their provider ○ Medical staff if applicable, ○ SFCS Permanency Specialist ○ SFCS Permanency Supervisor and Director of Permanency ○ Regional CPS Subject Matter Experts (Nurse, Developmental Disability Specialist Well-Being Specialist) ○ STAR Health and previous caregivers (when appropriate). • The staffing must occur prior to placement if possible. If not possible, a staffing should occur immediately following the placement.

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

Under special situations, a child or youth not in the conservatorship of Texas DFPS may need a temporary, paid foster care placement. Examples include when a child from another state is traveling through the CBC area and needing temporary placement until a parent or relative can pick them up. If this occurs, CPI will refer the child or youth needing paid foster care placement to SFCS per current protocols outlined in New Paid Placement and Case Management Referrals.

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

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

SFCS will request payment for placement through current regional processes established with local child welfare boards or, if applicable, the state child welfare department that has legal authority over the child or youth. If payment is denied by a local child welfare board or state child welfare department, then SFCS will request a Manual Payment (form 4116) from DFPS to pay the provider directly for the days the child or youth was in paid placement.

Note: Unless DFPS has custody or in the process of obtaining custody, CPI maintains possession of the child until a placement is located by SFCS and will be responsible for all related care activities, including transport. The four (4) and seven (7) hour CBC contract requirements do not apply for youth in this section, as this is courtesy assistance from the SSCC, and the child/youth is not under SFCS continuum of care.

Placing Children or Youth in Certain Institutions

DFPS (including the regional Developmental Disability Specialist and DFPS Placement team in State Office) and SFCS will work together when considering and requesting placement of a child or youth in one of the following settings (non- DFPS placement):

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

Placing a child or youth in a certain institution should only take place when no other less restrictive placement is available that can meet the child or youth's needs. These placements should not be the first placement option.

Placement in a certain institution requires careful consideration, assessment, and justification. DFPS and SFCS 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, SFCS will need to follow current DFPS processes outlined in:

- [The Foster and Licensed Facility Placement Process Resource Guide](#)
- [CPS Policy 4118 Additional Actions for Placing Children with Intellectual or Developmental Disabilities](#)

If a child or youth is placed in a certain institution, the Permanency Specialist must discharge the child or youth from SFCS in IMPACT by ending the child referral to ensure the placement is 2-tiered. Once the placement has been entered and approved in IMPACT, the Permanency Specialist will need to reestablish the SSCC Child Referral so case management services provided by SFCS may continue as long as DFPS continues to have conservatorship.

Psychiatric Hospitalization of Children/Youth in DFPS Conservatorship

There may come a time when a child or 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 or youth's acute mental health needs and is not a long-term intervention. Admission to a psychiatric hospital is not a placement and should not be treated as or referred to as such. To ensure a child or youth's needs are met during this time, there are very specific steps SFCS workers must take immediately following notification of hospitalization.

When SFCS Permanency Specialist finds out a child or youth in conservatorship is admitted into a psychiatric hospital they will immediately notify:

- Psychiatric Hospital referral Mailbox for the region where the hospital is located, DFPSReg01PsychiatricHospitalReferral@dfps.texas.gov
- SFCS Placement Mailbox: Txreg1placement@st-francis.org
- Education Specialist: Pauline.Taylor@dfps.texas.gov
- Well-Being Specialist: Yadira.Martinez@dfps.texas.gov
- SFCS Clinical Utilization: TXReg1ClinicalUtilization@st-francis.org
- SFCS Data Team: DataManagementTXReg1@st-francis.org
- Developmental Disability Specialist: Dianna.Gonzales@dfps.texas.gov (If the child/youth appears to have a developmental disability)
- Local Permanency Specialist (If the child/youth was previously assigned to a Local Permanency Specialist)
- SFCS Permanency Specialist will follow guidelines listed in [Psychiatric Hospital Contact Protocol for Children/Youth in DFPS Conservatorship](#) and e-mail the required information to all required parties.

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

- Removal worker will complete the initial notifications identified in the Psychiatric Hospitalization Protocols.

- Removal worker will send a Non-Emergency placement referral to TXreg1placement@st-francis.org indicating whether the child is currently on acute or placement days.
- At the time of removal, the removal worker and SFCS Intake will determine if placement days are needed.
- The removal worker will enter the hospital as the first placement within IMPACT, and the next identified placement will be considered a subsequent placement which SFCS will be responsible for entering in IMPACT.

For additional information see:

- [Psychiatric Hospital Contact Protocol](#),
- [Psychiatric Hospital Workers Safety](#) Net
- [6151.3 Notification Requirements and Schedule](#).

Placement at Casa Esperanza (Hope House), Mission Road

If SFCS has a contract with either Mission Road or Casa Esperanza (Hope House), SFCS Placement Coordinator will contact Mission Road or Hope House for a placement request for a child who meets criteria established by the provider in the Texas Provider Gateway. If the provider agrees to accept the child for placement, the SFCS Placement Coordinator will follow the below process beginning with submitting the required documents to the DFPS Developmental Disability Specialist (DDS).

If SFCS does not have a contract with Mission Roads or Casa Esperanza (Hope House), SFCS Placement Coordinator will notify the DFPS Disability Specialist and submit the referral and required documents for the placement of the child/youth to the DDS. Once the DDS determines the child meets the criteria for placement in Casa Esperanza (Hope House) or Mission Road the DDS will submit the referral to the provider.

The required documents for placement in Casa Esperanza (Hope House) or Mission Road are as follows and must be submitted to the Developmental Disability Specialist (DDS):

- Exhaustive Search for Placement Logs
- Current Application for Placement
- Psychological Evaluation
- School Records

Once Mission Roads or Hope House has accepted a child for placement, the DDS specialist, upon receipt of required documents, will reach out to the local CRCG to coordinate a meeting and obtain a CRCG letter, immediately, but no later than two (2) business days.

Once the DDS specialist has all the above documents and the decision is to proceed with Institutional Placements and the CRCG is held, the DDS will, within two (2) business days, develop and submit a formal written request to the SFCS Executive Director. The SFCS Executive Director will review and approve within two (2) business days.

Once approved, the DDS will forward the request to the State Office Child with Disability Project Program Specialist who will review and seek approval from:

- The CPS Director of Placement
- The CPS Associate Commissioner Director who will make the final decision.

If placement is approved, SFCS will then coordinate with the provider for admission date.

For additional information, please refer to [Foster and Licensed Facility Placements Process Resource Guide](#).

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 SFCS 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* SFCS.

Home and Community-Based Services (HCS) placements

When a Child Specific Contract for a Home and Community-Based Services (HCS) Placement is needed by SFCS, refer to Appendix [Child Specific Contract Placement is needed by SFCS](#). When a child is in a Home and Community-Based Services (HCS) home, SFCS Permanency Specialist conducts a face-to-face visit with each child at least twice a month, with the majority of visits occurring in the child or youth's HCS home.

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

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

Utilize the below resources to determine if exploration of an HCS placement is appropriate.

For additional information see:

- [4118.1 Assessing the Need for Facility Placement](#)
- [Intellectual or Developmental Disabilities \(IDD\)](#)
- [Home and Community-Based Services \(HCS\) Resource Guide](#)

Parental Child Safety Placements in CVS Cases

A Parental Child Safety Placement (PCSP) is a temporary out-of-home placement a parent can make when INV/FBSS determines that the child is not safe remaining in his or her own home.

For PCSPs where there are no children in the family for which DFPS obtains conservatorship, a referral to SFCS is not needed.

If a PCSP is considered during a DFPS case to an open CVS case, both the INV/FBSS Program Director and the SFCS Director of Permanency must approve the PCSP before it is implemented. SFCS Permanency Specialist will update the existing family referral in IMPACT.

Although DFPS does not have conservatorship of the child in the PCSP, that child is a member of the family unit. As such, the child must be seen face-to-face each month, and must be included in the parent's family plan of service, just like a child who remains in the home with the parent.

For PCSP's where at least one child in the family enters conservatorship and SFCS will be providing services to the family, they will also provide services to the child(ren) in the PCSP and the caregiver (as needed) as a part of the family referral.

CPS policy outlined, continues to be applicable including [Policy 12642 Required Contacts](#).

For additional information see:

- [PCSP Resource Guide](#)
- CPS Policy [3210 Safety Plan](#)
- CPS Policy [6380 Parental Child Safety Placement in CVS Cases](#)

Request for Placement into a CBC Catchment Area

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

This process does not include:

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

Requesting CPI/CPS Region will

- INV/FBSS workers will complete each section of [Request for Placement Into CBC Area Form 1508](#) and staff with their supervisor.
- The completed form along with exhaustive placement search log and updated common app will be emailed to receive approval from their chain of command: Supervisor/Program Director/Program Administrator/Regional Director.

If the requesting Regional Director approves the child's placement located in the CBC catchment area, the Regional Director will email the completed [Request for Placement Into CBC Area Form 1508](#) to Rachel Williams, SFCS Regional Vice President, Rachel.williams@st-francis.org and cc the Community-Based Care Administrator (CBCA) for that catchment area.

SFCS will

- If the Placement Director of SFCS agrees with the placement, she will notify the requesting Regional Director via email and cc the CBCA. A courtesy request will need to be submitted to txreg1courtesyservices@st-francis.org from DFPS Region for SSCC staff to provide courtesy supervision.
- If there is a disagreement about the child's placement into the CBC catchment area, SFCS Leadership or requesting Regional Director can email the CBCA requesting a staffing on the case. The CBCA will set up a resolution staffing with the following in attendance:
 - SFCS Regional Vice President
 - SFCS Placement Director
 - Requesting Area Regional Director
 - Region 1 Regional Director

For all contact information on CBCA's and SSCC Leadership please visit the Contact CBC section on the [Community-Based Care DFPS site](#).

Placement for Children/Youth From Other Regions Who Are Recovered In An SSCC Catchment Area and/or SSCC Children/Youth Recovered In Legacy Regions

This process primarily pertains to youth who have been on runaway and are recovered. These types of situations are unique in their circumstances and decision-making regarding placement or temporary placement. Primary considerations must include child/youth safety and what is in the child/youth's best interest. SFCS and DFPS Legacy areas must work together to support children/youth in DFPS Conservatorship as needed to ensure their safety and well-being. The four (4) or seven (7) hour CBC contractual requirements do not apply for youth in this section, as this is assistance from SFCS.

Possible scenarios include, but are not limited to:

- SFCS youth recovered in a legacy region
- Legacy youth recovered in a CBC catchment area
- SFCS youth recovered in other CBC catchment areas will be covered in an agreement between the SSCC int that area and SFCS.

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

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

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

Those involved in planning may include:

- Legal Region/Catchment DFPS/SFCS Program Director depending on Stage I or II
- Recovery Region/Catchment DFPS/SFCS Program Director depending on Stage I or II
- SFCS Intake Director
- Community-Based Care Administrator

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

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

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

The expectation for these types of temporary placements is that they are temporary and will **not** require multiple nights for placement. The Legal Region or the Legal Region's SSCC will secure placement for

the youth the following day after the youth is recovered and facilitate a least restrictive placement. In instances when DFPS cannot reimburse for placements that are less than 24 hours, payment will be made at the Emergency Shelter rate through Form 4116.

IMPACT documentation for the temporary placement

	The placement has a DFPS contract only	The placement has both SSCC and DFPS contract	The placement has an SSCC contract only
Youth Legal Region is SSCC Catchment	CBCA should be contacted and will aid in placement documentation. Payment will be directly paid to the provider and not through the SSCC. *See documentation steps below	Placement documented under SSCC network and paid via 3-tiered placement under SSCC contract	Placement documented under SSCC network and paid via 3-tiered placement
Youth's legal region is a legacy region	Placement documented under DFPS contract and paid via 2-tiered placement	Placement documented under DFPS contract and paid via 2-tiered placement	CBCA should be contacted and will aid in placement documentation. Have the SSCC provide you with the specific RID for the organization that only has an SSCC contract. Payment will then need to be requested for the organization via 4116 will be made to the provider for the emergency shelter rate.

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

- If this occurs, the SSCC or DFPS will notify the CBCA that a temporary placement for placement services across catchment boundaries that started and ended on the same date.
- The CBCA will verify the circumstances and contact the CAM to request that payment be requested via 4116 at the Emergency Shelter rate.
- All placements that meet these criteria of having a start date and end date on the same date payment via 4116 should be directed to the provider.

Initial Coordination Meeting (ICM)

The Initial Coordination Meeting (ICM) is an internal, collaborative process between INV/FBSS and SFCS 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 require placement or case management services from SFCS. This includes children placed in both kinship and paid placement. Relevant information includes assessments, evaluations, medical reports, recommended services, and all other information that pertains to the child's individual needs.

The ICM takes the place of the traditional removal staffing.

Process	Procedure
Referral	DFPS Removal worker will: • Complete as much of the Removal Staffing Checklist as possible, Page 1-4 (up to the Discussion Points) of the CBC Initial Coordination Meeting (ICM) form K-910-1502. • Send ICM forms and schedule to SFCS ICM mailbox Txreg1ICM@saintfrancisministries.org to be set for staffing. <i>Note: All ICM referrals need to be completed and sent to SFCS at least 24 hours in advance of ICM meetings in order to be able to schedule and for DFPS to be able to send out notifications to all participants.</i> • North ○ Friday at 1:30pm for Monday 1:30 pm staffing ○ Tuesday by 9am for Wednesday 9am staffing • South ○ Friday by 9am for Monday 9am staffing ○ Wednesday by 9pm for Thursday 9am staffing
Coordination	SFCS will: • Create a reoccurring TEAMS meeting on the ICM Calendar ○ North Mondays at 1:30pm and Wednesdays at 9am ○ South Mondays at 9am and Thursdays 9am • Host and facilitate the staffing and will include the ICM Form. • Update the calendar invite for the specified date and will be forwarded to all appropriate participants.
Participants	At a minimum, the following participants will be notified of the upcoming ICM: • Removal Worker and Supervisor • SFCS Placement Coordinator if paid placement was required • SFCS Permanency Specialist and Permanency Supervisor • SFCS Kinship Case Manager and Supervisor, if placement is kinship • SFCS Permanency Director (optional) • SFCS Attorney • Ad Litem • CASA, if applicable • Child Placing Agency (CPA) designee • Other CPS staff or subject matter experts as needed (e.g. Developmental Disability Specialist, Nurse, Education Specialist, Well Being Specialist) • Additional staff may be included in the notification email but may not need to participate in the ICM.
Documentation	During the ICM SFCS will: • SFCS Permanency PD will facilitate the ICM Meeting

Process	Procedure
	- Record notes from the meeting discussion on the ICM form, including but not limited to the primary and concurrent permanency goals for the child or youth. DFPS Staff will: - INV/FBSS staff will share details about the reason for removal and pertinent information SFCS will need related to ongoing services. - INV/FBSS will upload into OneCase 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. After the ICM, SFCS will: - Record the ICM as a contact in the FSU stage, Contact Detail page in IMPACT. - Ensure the ICM form is uploaded in OneCase.
Case Transfer	- Primary assignment of the FSU and SUB stages to SFCS will take place at removal. - INV/FBSS is responsible for ensuring the case's final disposition(s) is communicated to the SFCS Permanency Specialist. - See case transfer process under Case Documentation section for physical transfer of cases and electronic assignment.

Foster Care Assistance

Foster Care Assistance consists of daily care (such as food, clothes and shelter) and medical coverage provided through Title IV-E or medical assistance only (MAO) foster care. DFPS Rules 40 [TAC §700.315](#).

Applying for Foster Care Assistance

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

Determining Eligibility

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

- Obtain birth verification.
- Verifies the child's Social Security number.
- Searches other systems to obtain the child and family income and resource information.
- Processes the Foster Care Assistance Application and records in IMPACT.
- Maintains the eligibility file.
- Please see [CPS Policy 1500 Eligibility for Child Protective Service](#) for additional information.

Annual Review of Eligibility

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

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

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

- The SFCS Permanency Specialist will receive an IMPACT *Task To-Do* when the review is due.
- The SFCS Permanency Specialist must:
 - Confirm that the young adult is meeting one or more of the education and work-related criteria
 - Provide verification to the eligibility specialist.
 - For additional information see CPS Handbook Policy [10421 Eligibility for Extended Foster Care](#)

If the annual eligibility review is not completed in response to the IMPACT "To Do" the regional eligibility specialist will receive a monthly data warehouse report and send a notice to the primary worker and supervisor listing the children who have an annual review that is due. If there continues to be no response, the regional eligibility specialist will then send the report of pending reviews to the Director of Permanency.

For additional information see CPS Handbook policy [1514 Annual Review of Eligibility](#).

Obtaining Certified Birth Certificates and Screen-Printing Birth Records

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

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

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

The DFPS points of contact for Region 1 birth certificates are [Foster Care Eligibility Specialists](#).

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

deliver the birth certificate to the youth in person and have them sign [Form 2527 Personal Documents Checklist – 15](#) or [Form 2528 Personal Documents Checklist – 18](#). In addition, the worker will check the new indicator box on the Child's Plan of Service in IMPACT.

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

Personal Documents Provided to Youth at age 16 and 18:

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

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

The SFCS Point of Contact for birth certificate related issues is Saint Francis Administrative Staff at txreg1admins@st-francis.org

Case Documentation

Documentation and Communication

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

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

SFCS must enter in IMPACT any face-to-face contact with the child or parent within 24 hours. SFCS must enter all case information into IMPACT as soon as possible, but no later than seven (7) calendar days from the date of the event being documented, unless there are different timeframes to document the event.

For additional information see:

- [6133.2 Documenting Contacts Using the Contact Details Page](#)
- [6133.22 Documenting Monthly Contacts and Visits](#)
- [6133.23 Requirement Narrative Content](#)
- [6133.24 Contact and Visits with the Child, Parent, Kinship, Relatives, and Caregiver](#)
- [6133.25 Contact and Visits with Collaterals, Court, and Legal Parties](#)

External Documentation

Primary Case Assignment

Between the Child and Family Referral and the 14th day, SFCS Permanency Specialist and the removal worker must cooperate in completing and filing all required legal forms and documents, attending court hearings, and ensuring that all required visits take place. If the adversary hearing is delayed, a staffing

may be requested by either SFCS or INV/FBSS at 14 days to discuss outstanding removal checklist tasks and responsibilities. The removal worker can request that the SFCS Permanency Specialist make them secondary on the FSU and SUB Stages if needed.

External Case File Transfer

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

External Case Documentation

The following documents must be included in OneCase. This list is not all-inclusive. Region 1 may have additional requirements for documents that must be included in the case file. The INV/FBSS worker and SFCS Permanency Specialist must ensure that as they are obtained, the documents are included in OneCase in IMPACT.

- Birth/citizenship records
- Health records, including a copy of any recent medical exams
- School records
- Copies of signed court orders, affidavits, and other court documents
- The court's determination that CPS made reasonable efforts to prevent removal, reunify the family or seek other permanency goals for a child
- DFPS notice to caregiver of court hearings, PPMs/administrative review. Caretakers include relatives, foster parents, and pre-consummated adoptive parents
- Placement and medical authorizations including medical consent forms
- Designation of education decision-maker
- Temporary Visitation Schedule
- Correspondence
- Other possible documents, such as photographs, authorizations, and letters

INV/FBSS worker will provide the Educational portfolio to the caregiver at the time of placement, with any documents available at that time. The INV/FBSS worker will continue to upload any additional documents to OneCase as they are received.

See CPS Handbook policy [6134 External Documentation](#).

Ensuring Safety

Abuse and Neglect Investigations on Child/ren in Conservatorship

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

See policy [4221.1 RCCI Notifying CPS of Alleged Abuse or Neglect in Foster Homes](#) for RCCI's steps and responsibilities in notifying SFCS of abuse and neglect in foster homes and SFCS's responsibilities when an intake is Priority None (PN) and a Home History review is completed. See RCCI Screener Email Notification Process Map.

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

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

If the report alleges child sexual aggression, SFCS Permanency Specialist must follow the protocols in the [Sexual Incident History Resource Guide](#).

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

See policy [4221.3 CPS Protocol During an Investigation Involving a Child in Conservatorship](#) for SFCS's responsibility during an investigation.

RCCI Investigations

The RCCI investigation is a separate record that RCCI maintains. After RCCI concludes the investigation, SFCS Permanency Specialist must save and upload as PDF into OneCase.

CPI Investigations

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

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

Child Safety Specialists

CPS Child Safety Specialists may conduct:

- Multi-Stage staffings when a new Investigation has been opened on an ongoing DFPS case. [See Multi-Stage Staffing Procedures](#).
- Case Reviews as requested by Regional Leadership.
- Provide training.
- Other tasks/job duties as determined by their Lead (supervisor).

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

The CPS Lead Child Safety Specialist Lead is [Penelope “Penny” Ferguson](#).

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

When Children Not in DFPS Conservatorship Are in Immediate Danger

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

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

- Staff with SFCS Supervisor for direction
- If at risk of immediate physical harm call 911
- Stay on site and call the local CPS office for assistance from the on duty INV worker
- If it is after hours, refer to the On-Call calendar for INV located in IMPACT.
- Call in a report to Statewide Intake (SWI) and inform that immediate response is needed if have not reached INV/on call
- Submit an intake to SWI for all new safety concerns

Note: Children who are living at home not in DFPS conservatorship and have siblings who are in DFPS conservatorship should be seen monthly face-to-face per policy [6321 Frequency of Contact](#).

Placement into an Inpatient Psychiatric Stabilization Program (IPSP)

Before placing a youth in an IPSP, the program must be approved by DFPS.

SFCS will electronically submit a request for approval of the IPSP to the CPS Director of Placement or designee. SFCS will submit a copy of the subcontract with the IPSP that includes:

- The IPSP treatment model
- The criteria and methodology used in considering a child/youth for IPSP placement, including client characteristics, approval process for the placement, and level of internal managerial approval
- How the SFCS will oversee, support, ensure safety, and monitor the placement while the child/youth remains in the placement
- A transition plan to ensure the youth is moved to a lesser restrictive setting after the program's treatment model timeframe, with the intent that the youth transitions as soon as the youth has completed the program.

Once the IPSP has been approved, Exceptional Care will be submitted for each child placed in the program. Should you need additional support, please contact your Contract Administration Manager.

Note: SFCS will not be reimbursed the foster care blended rate for any placement into the non-approved IPSP.

When a Mother in an Open CVS Case is Pregnant

The following is to address when a mother in an open CVS case is expecting a new baby including who to notify and steps to take once the child(ren) is born.

See CPS Policy [6370 When a Mother in an Open CVS Case is Pregnant](#) and [6371 After the Baby is Born](#)

When a Youth in Substitute Care is Pregnant or Parenting

See policy [6440 When a Youth in Substitute Care is Pregnant or Parenting](#).

The following is to address a youth parent in DFPS' managing conservatorship who has a baby while in care or enters care with a baby. The term *baby* refers to any youth parent's child regardless of the child's age.

For circumstances that the procedures indicate a need to a C-PB stage, SFCS Permanency Specialist will:

- Contact SWI and request an Intake C-PB stage be created.
- SFCS Permanency Specialist can stage progress the open Intake C-PB stage to a Sub C-PB stage in IMPACT.

Note: If the youth is placed in a T3C Service Package, see the [Texas Child-Centered Care \(T3C\) System and Placement Resource Guide](#) for more information about entering a C-PB into IMPACT.

See also CPS Policy [11740 Pregnancy](#)

Payment for Temporary Absences from Paid Placement

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

- [1537 Foster Care Payments During Absences from Foster Care Placements](#)
- [4280 Temporary Absence from Paid Placement](#)
- [4281 Criteria for Paying for Foster Care During a Child's Absence](#), and
- [4282 Payment Time Frames](#).

For Foster Care payment approvals, SFCS will follow the same approval process outline in DFPS policy above and [TAC 700.323](#) requiring approval by SFCS staff in positions equivalent to DFPS position identified.

These include:

- SFCS Permanency Supervisor and Permanency Director must approve payment for an absence of not more than 14 days. *Note that the supervisor is responsible for notifying the foster care eligibility when an approved temporary absence situation exceeds 14 days. The eligibility specialist will monitor the situation until the end of the temporary absence and update the child's Title IV-E eligibility status.*
- SFCS Vice President of Permanency or Vice President of Support Services must approve payment for an absence between 15 and 30 days.
- DFPS Regional Director and Director of Placement must approve payment for an absence between 31 and 90 days.
- In unusual circumstances, payments may continue for an absence of longer than 90 days with prior written approval by the CPS Assistant Commissioner or designee.

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

See DFPS [Temporary Absence from Placement Job Aid](#) for instructions on how to complete the IMPACT entry.

When a Child or Youth is Missing from DFPS Conservatorship Missing Incident

SFCS and its provider network will follow the [HHSC Minimum Standards](#) for reporting missing children.

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

- Required notifications include:
 - SFCS coordinator manages the txreg1missingchild@st-francis.org, who serves as the Regional Missing Children Coordinator (RMCC), the point of contact for missing children. The RMCC:
 - Oversees and coordinates missing children issues for the region.
 - Helps to ensure assignment of the Special Investigator.
 - Maintains an Excel tracking spreadsheet listing children and youth from the catchment who are missing.
 - Liaisons with DFPS State Office staff on tracking, data reconciliation, policies and protocols, and other needs.
 - SFCS Permanency Supervisor
 - SFCS Missing Children Mailbox: txreg1missingchildren@st-francis.org
 - DFPS Special Investigations Point of Contact: SIRequestRegion01@dfps.texas.gov
 - Appropriate law enforcement officials in the jurisdiction where the child went missing.
 - National Center for Missing and Exploited Children (NCMEC) at the [web portal](#) for child welfare reports or the 24-hour call center: 1-800-THE LOST (1-800-843-5678)
 - SFCS Clinical Utilization Team: Txreg1clinicalutilization@st-francis.org
 - Special Investigation Department via SIRequestRegion01@dfps.texas.gov, after the SFCS Permanency Specialist files a missing person or runaway report with the law enforcement agency (LE) with jurisdiction for the location from which the child went missing and with NCMEC. DFPS Special Investigations notification should include completed [CPS Missing Child Preliminary Sheet Form 4100](#).
 - SFCS staff will input any needed information into IMPACT to generate a missing child event. All other persons described in [6151.3 Notification Requirements and Schedule](#).

The SFCS Permanency Specialist must provide these notifications immediately and no later than eight (8) hours after learning the child is missing.

Discharge from Placement Following Missing Incident

- Current placement for a child/youth on missing status can be held/paid for 14 days (five days for emergency shelter placements) with SFCS Supervisor and PD approval (See [DFPS Policy 4281 Criteria for Paying for Foster Care During a Child's Absence](#) for additional requirements).

- If the placement is held the placement will remain open and the absence will be reflected on the IMPACT *Missing Child* tab and the *Temporary Absence* tab.

Recovery of the Child/Youth

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

- Determine the reasons the child was absent from care.
- Get information about the child's experiences while absent from care.
- Screen to determine whether the child was a victim of abuse or neglect, or a victim of sex or labor trafficking, while absent from care.

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

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

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

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

SFCS Clinical Utilization Team: txreg1clinicalutilization@st-francis.org

SFCS Missing Children Email Box: txreg1missingchildren@st-francis.org

DFPS Special Investigations Point of contact: SIRequestRegion01@dfps.texas.gov. They will assign appropriate SI.

See CPS Handbook [Policy 6461.5 Caseworker Actions When a Missing Child Returns to Care](#).
[42 U.S.C §671\(a\)\(35\)\(A\)](#)

Notifications for Identified or Suspected Victims of Human Trafficking

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

The caseworker must inform local law enforcement immediately, but no later than 8 hours after identifying or suspecting that a child, youth, or young adult (ages 0 – 20) has become or may become a victim of sex or labor trafficking.

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

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

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

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

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

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

For additional information see [6462 Confirmed or Suspected Victims of Human Trafficking](#)
See for more information US Government Code: [42 U.S.C §671\(a\)\(9\)\(C\)](#), [42 U.S.C §671\(a\)\(34\)\(A\)](#) and [42 U.S.C. 5106a\(b\)\(2\)\(B\)\(xxiv\)](#)

DFPS Protocol for Care Coordination

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

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

- [Care Coordinating Teams](#)
- [Advocate Agencies for Human Trafficking and Commercially Sexually Exploited Youth](#)

The DFPS Protocol for Care Coordination excludes: Bexar, Dallas, Harris, Travis and Tarrant counties who are operating under the [DFPS Human Trafficking Response Protocol](#)

Youth Recovery Meeting

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

Process

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

Notification will also be sent to txreg1missingchildren@st-francis.org so the Family Engagement Staff can offer and organize a Youth Recovery Meeting. During the Youth Recovery Meeting, the team will work with

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

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

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

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

Subsequent Meeting

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

For additional information see:

- [Placement For Children/Youth From Other Regions That Have Been Missing And Are Recovered In An SSCC Catchment Area Or SSCC Children/Youth Recovered In Legacy Regions](#)
- [6460 When a Child or Youth is Missing from CPS Conservatorship](#)
- [6461.5 Caseworker Actions When a Missing Child Returns to Care.](#)
- [6462 Confirmed or Suspected Victims of Human Trafficking](#)
- [Locating Missing Children in CPS Conservatorship Resource Guide](#)
- [Runaway Prevention Resource Guide](#)

Appendix: [Utilizing Background Checks Unit & DFPS Special Investigators](#)

Subject Matter Expert Support in Providing Services To Children and Families

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

- For DFPS state office subject matter expert contact information, visit [Region 12: State Office Resources](#).
- For Region 1 subject matter experts and contacts visit [Region 1 Resources](#).

Behavioral Health Specialists

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

For more information see [Mental Health Safety Net Page](#).

Trauma Informed Care Program Specialists

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

The Trauma Informed Care Program Specialists can:

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

Assistance can be requested through Traumainformedcare@dfps.texas.gov

Developmental Disability Specialist (DDS)

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

When to contact the DDS?

- Whenever there is an infant, child, or youth that comes into care, at any stage, who is diagnosed with IDD or you suspect an IDD is present.

- If you are unsure if an infant, child, or youth has IDD and you would like a consultation.

Why contact the DDS?

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

DDS can:

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

For additional information see:

- DFPS Safety Net page for [Intellectual and Developmental Disabilities](#)
- [6411.3 Contact with Children in IDD, GRO, SSLC and ICF Facilities](#)
- [6411.31 Responsibilities of Developmental Disability Specialist](#)
- [6411.32 Responsibilities of the Primary Conservatorship Caseworker When a Child Has an Intellectual or Developmental Disability.](#)

Education Specialists

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

DFPS Regional Education Specialists can also be a resource as needed to assist SFCS with access to, or communication with, Region 1 catchment area school districts and campuses.

For additional information see:

- [Education for Children Resource Guide](#)

- [CPS Policy 15000 Education for Children](#)
- [Safety Net Education Page](#)

Faith-Based and Community Engagement (FBCE)

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

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

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

Programs and Services

FBCE staff provide a wide range of programs and services designed to support the agency, our communities, and most importantly, the individuals and families we serve. We do this through public and partner education, outreach and partnership development, coalition and relationship building, volunteer engagement, and resource coordination.

Public and Partner Education

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

Outreach and Partnership Development

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

Coalition and Relationship Building

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

Volunteer and Intern Engagement

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

Resource Coordination

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

For more information see [Faith-Based and Community Engagement](#).

Fatherhood Initiative

The goal of the Texas Fatherhood Initiative is to build greater capacity within DFPS to serve fathers by shedding light on effective models of service that engage fathers - even if those fathers do not currently live in the homes of their children or are not actively involved in their children's lives.

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

For more information see [Fathers Matter: The Responsible Fathering Initiative](#)

FINDRS Search

FINDRS is short for Family Inquiry Network/Database Research System. Using multiple online resources, FINDRS investigators can perform simple or complex database searches and provide locating information on individuals. You can access the [FINDRS Resource Guide](#) and the [FINDRS Frequently Asked Questions](#) for additional assistance.

CPS Texas Juvenile Justice Department (TJJD) Liaison

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

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

For more information see [CPS Liaisons to TJJD Safety Net Page](#).

Immigration Specialist

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

See DFPS Safety Net: [Immigration Specialist](#) for more information.

Nurse Consultant

Nurse Consultants consult with and educate DFPS and SFCS staff about health care issues related to children on their caseloads. They are licensed registered nurses who provide support and guidance but do not function in a clinical direct patient care role for the agency. Their primary duties include: providing one on one consultation to caseworkers, reviewing medical records and interpreting medical information, and providing education. Nurse consultants also assist with Psychotropic Medication Utilization Reviews (PMURs) and act as a liaison for the Forensic Assessment Center Network (FACN).

Advocacy for Children's Healthcare Needs:

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

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

How to Request Assistance from Your DFPS Nurse Consultant:

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

For the most current list, visit the DFPS Nurse Consultants. More information on the DFPS Nurse Consultant role can be found in the Medical Services Resource Guide.

Forensic Assessment Center Network (FACN)

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

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

See CPS Handbook policy:

- [2233 Making a Referral to the Forensic Assessment Center Network](#)
- [2232.1 When and When Not to Make a Referral to FACN](#)

Psychiatric Hospital Workers

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

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

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

Statewide Parent Collaboration Group and Local Parent Support Group

Statewide Parent Collaboration Group (PCG)

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

The PCG provides:

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

Local Parent Support Group

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

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

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

Referrals to Parent Support Groups

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

Local Kinship Collaboration Group

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

For additional information please refer to CPS Policy [1143 Statewide Parent Collaboration Group and Regional Parent Support Group](#), [Parent Collaboration Group](#), and [Kinship Collaboration Group](#) Safety Net page.

SSI Coordinators

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

See [SSI Coordinators Safety Net Page](#)

State Office Divisions Collaboration

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

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

In-State, Out-of-State, and Out-of-Country Travel for Children in Conservatorship

For information on children traveling in-state please follow the [CPS Policy 6471.1](#) and for children traveling out-of-state please follow [CPS Policy 6471.2](#) in regard to approvals and communications.

For children traveling outside of the United States, prior court approval is needed. [Form 2069 Caregiver Declaration Regarding Out-of-County Travel](#) must be filled out by the caregiver and submitted to the SFCS permanency specialist. SFCS will then follow the steps outlined in [CPS Policy 6474.1](#) by following the SSCC's chain of command. Once all approvals are obtained from SFCS leadership, an Action Memo addressed to the Assistance Commissioner, will then be submitted to DFPS State Office Program Support, Regina Perez at regina.perez@dfps.texas.gov who will route for final review. Refer to [CPS Policy 6474](#) for additional information.

For additional information see [When a Child or Youth in CPS Conservatorship Travels Resource Guide](#).

Substance Abuse Specialist

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

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

For more information see [Substance Abuse Safety Net Page](#).

Well-Being Specialist (WBS)

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

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

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

DFPS Liaison to Superior/Cenpatico

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

Child Specific Staffings

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

For additional information see CPS [Medical Services Safety Net Page](#).

Helping through Intervention and Prevention (HIP)

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

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

For more information see [HIP Safety Net Page](#).

Access to Resource Rooms

Resource Rooms (RRs) are stocked with donated items SFCS Permanency Specialists can access to meet the needs of children and families served by DFPS at the time of removal or initial placement. Independent volunteer groups generously coordinate the many aspects of the rooms. SFCS will have access to these rooms during regular DFPS business hours. DFPS staff who assist with managing access to the rooms will assist SFCS with access as needed. The Community Resource Coordinators can provide additional guidance on the use of the Resource Rooms.

For information on each county's point of contact for the Rainbow Room see [Rainbow Rooms in Region 1](#).

Access to Conference/Visitation Rooms

SFCS will have access to DFPS conference or visitation rooms during DFPS business hours. When SFCS needs to utilize DFPS visitation rooms, the following applies:

- SFCS will schedule all visitations in advance and can only be scheduled through the Designated Visitation Contact for each office. DVC list is maintained/updated by the Regional DFPS Point of Contact.
- SFCS employees must present their badge and sign in and out at the front desk. SFCS employees will only have access to the visitation room and designated restrooms in buildings.
- Visits can only be scheduled during normal business hours.
- DFPS staff will need to be on site for a visit to occur.
- The DFPS Visitation Contact per office will be responsible for entering the visit into Outlook and ensuring a DFPS staff person is present in the office during the scheduled visit.

Regional DFPS Point of Contact for concerns/updates related to scheduling should be directed to the CPS Regional Director Assistant, [Kimberly Pendleton](#).

SFCS Point of Contact for concerns related to scheduling to txreg1adminsUPPORT@st-francis.org.

Payment for Purchased Client Services/Home Assessments

Primary and secondary case management staff must work closely together to ensure the coordination and payment of purchased client services to family members and caregivers across regional lines. DFPS authorizes SFCS to provide purchased client services as part of the Family Referral process. When a Family Referral is created in IMPACT, the system also creates a series of service authorizations that allows SFCS to provide purchased client services, and for SFCS to be reimbursed by DFPS for those services provided. This is commonly referred to as the 71 series of service authorizations. It is critical that a Family Referral be created by the removal worker at the time of removal and that all principals are added. The SFCS should ensure this is completed to enable these authorizations.

Payment for Purchased Client Services Selected by Parents

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

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

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

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

Payment for Purchased Client Services

If...	Then...
SFCS primary case manager requests purchased client services (i.e. counseling) for a parent or caregiver who resides in another DFPS Region	- The SFCS primary case manager will manage the payment for services through SFCS's billing system. - CPI, CPS courtesy, LPS, and KDW staff will NOT initiate a Service Authorization (form 2054) for any purchased client services for family members served by SFCS.
Another DFPS Region requests purchased client services for a parent or caregiver who resides in an SSCC catchment area	The primary CPS/CPI case manager will issue payment for services by submitting a Service Authorization (Form 2054 in IMPACT with the legacy provider's service code.

Payment for Kinship Home Assessments

If...	Then...
SFCS primary case manager requests a kinship home assessment on a caregiver that resides in another DFPS Region	- The SFCS primary case manager will manage the payment for services through the SFCS's billing system. - CPI, CPS courtesy, LPS, and KDW staff will NOT initiate a Service Authorization (form 2054) for any purchased client services for family members served by SFCS.
Another DFPS Region requests a kinship home assessment on a caregiver who resides in an SSCC catchment area	The primary CPS/CPI case manager will issue payment for services by submitting a Service Authorization (Form 2054) in IMPACT with the legacy provider's service code (68A) and selecting the SSCC as the provider.

Payment for Purchased Client Services When No Family Referral is Present

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

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

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

For more information see [Authorizing Purchased Client Services in Community-Based Care \(CBC\) Resource Guide](#).

Daycare Services

Foster Daycare Services

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

The following waivers are in place:

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

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

All other eligibility criteria must be met.

Daycare Request Process and Procedures

Process	Procedure
Caregiver Daycare Verification	When foster daycare services are needed for a child, who is legally from Region 1 and placed within SFCS's provider network, SFCS staff 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 initial daycare services are requested. This form is required for both initial requests and renewals. ◦ <i>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).</i> SFCS Daycare Liaison will need to verify caregiver employment. Acceptable verification includes: • Copies of the caregivers last three (3) paystubs or • Provide statement from the employer attesting to being employed full-time or working 40 hours a week, or • In the case of self-employment, provide a completed Form 1806 Caregiver Statement of Self-Employment Income for the past three months and include the tax ID#/business license # if applicable. All caregivers must be informed: • Only DFPS can authorize DFPS-funded day care services. • DFPS is not responsible for the payment of the day care services that eligible children may receive until after DFPS returns the approved IMPACT Form 2054 Service Authorization to the Child Care Services Agency (CCS) authorizing day care services.

Process	Procedure
	If a child receives day care services before the childcare services agency receives the approved Form 2054, DFPS will not pay for those days of service.
Sending to DFPS District Daycare Coordinator	SFCS will send an e-mail to the DISTRICT1DC@dfps.texas.gov mailbox that includes: - Subject line: Children's Name, Caregiver's Name, Case ID, SFCS Unit #, Region #, County Name, # of children related to this referral - The body of the email must include the following: - SFCS Permanency Supervisor's approval. (The request cannot be processed if the supervisor approval is not included in the email.) - A statement that employment verification has been provided and verified - Number of hours each caregiver works - Indicate if the caregiver is a teacher or works for a school district - Gender of each child - Attach the following: - Completed Daycare Request in IMPACT, - Completed Foster/Relative & Other Designated Caregiver Daycare Verification (Form 1809) unless an exception is met as described below SFCS Daycare Placement Coordinator will complete the Daycare Request in IMPACT for each child needing daycare. If the children are in the same placement, they will be included in one request and the request is completed in the youngest child's SUB stage.
District Daycare Coordinator Approval and Processing	After receiving the daycare request email and the daycare request in IMPACT and has approved day care services, the DFPS Regional Daycare Coordinator will: - Create the service authorization in IMPACT and send to CCS. - Upon receipt of the approved daycare request in IMPACT, the Regional Daycare Coordinator will process the daycare request. For more information see 8235.4 Foster Child Day Care

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 SFCS Program Director and should only be utilized where the foster parent has exercised reasonable diligence but has been unable to verify community resource unavailability. If such a waiver is approved, the foster parent will be required to verify the unavailability of community resources at the time of the first daycare renewal.

Kinship Daycare Services

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

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

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

Please see CPS Policy [8235.5 Kinship Child Daycare](#) for additional eligibility criteria.

General Protective Child Daycare

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

- The child is six (6) years or younger by September 1 (there is no before or after school daycare),
- Where all caregivers are employed and work at least 40 hours per week (daycare is available for children up to age 13 for school summer breaks), and
- Caregivers must complete and sign Form 1809 Foster/Relative & Other Designated Caregiver Daycare Verification
- Maintain the placement of a child in DFPS conservatorship with a kinship caregiver who does not meet the eligibility criteria for Kinship Child Day Care, but only if approved by the DFPS program administrator or a designee other than the DFPS regional day care coordinator.

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

Family Reunification Cases

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

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

Responsibility for Contact and Services Across Regional Lines

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

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

Courtesy Supervision

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

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

DFPS/CPI units outside Region 1 area may make request for supervision assistance from SFCS and likewise, SFCS may make request for supervision assistance from DFPS units outside of the Region 1 area.

For additional information see:

- [6314.1 Coordination Between Primary Caseworker and Courtesy Supervision Caseworker](#) and all of its sub items.
- [6320 Visits with the Family](#)

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

For additional information see [6314 Services to Children and Parents Across Regional Lines](#).

Local Permanency Supervision

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

See CPS Handbook policy: [6412.2 Local Permanency Supervision](#)

Kinship Home Assessment Requests

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

- A written assessment of a kinship caregiver's home, using [Form 6588 Kinship Caregiver Home Assessment](#).
- A risk assessment, using form 2049
- Criminal History Check.

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

Please see [6623 Completing a Risk Assessment, and a Written Home Assessment of the Kinship Caregiver](#) for additional information regarding Kinship Home Assessments.

Requesting Services Across Regional lines from SFCS, another SSCC, or DFPS Region

[Request for Kinship, Conservatorship and Adoption Services \(aka Universal Referral Form 2077\)](#) is used to request Kinship, Conservatorship and Adoption services from SFCS, another SSCC and DFPS regions.

The SFCS mailbox identified to send requests for all case assignments is txreg1courtesy@st-francis.org. SFCS will assign the case within two (2) business days and notify the caseworker from the sending region of the caseworker assigned.

Please see the Request for Kinship, Conservatorship and Adoption Services (aka Universal Referral Form) instructions and the [Services Across Stage II Regions Resource Guide](#) for additional information.

Extraordinary Medical Conditions

Enrollment and Participation in Certain Drug Research Programs

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

In the [Medical Services Resource Guide](#), see *Enrollment and Participation in Certain Drug Research Programs*.

See CPS Policy [11710 Enrollment and Participation in Certain Drug Research Programs](#)

End of Life Medical Decisions

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

See CPS Policy [11720 End of Life Medical Decisions](#) for specific guidance and requirements for approvals.

Organ Donation/Anatomical Gifts

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

Please see CPS Policy [11730 Organ Donation/Anatomical Gifts](#) for additional guidance.

Pregnancy

Please see CPS Policy [11740 Pregnancy](#).

Confidential Illness

Please see CPS Handbook [Policy 11500 HUV Testing and Care for Children in DFPS Conservatorship](#)

Legal Services

SFCS will assume responsibility of court-related duties regarding the child, including but not limited to:

- Providing required notifications or consultations.
- Preparing court reports.
- Attending judicial and permanency hearings, trials, and mediation.
- Complying with applicable court orders.

- Ensuring the child is progressing toward the goal of permanency within state and federally mandated guidelines.

For additional information see:

- [CPS Policy 5000](#) CPS Legal Services.

Process For Transferring A Legal Case Between SFCS and DFPS

If...	Then...
A Court/Judge orders a case to transfer from SFCS region to another SSCC or DFPS region	• The SFCS Primary Specialist notifies their chain of command up to the SFCS Regional Vice President. • The SFCS Regional Vice President notifies the receiving region's DFPS Program • Administrator of case transfer by email within two (2) business days.
A Court/Judge orders a case to transfer from a DFPS/SSCC region to SFCS region	• The DFPS primary caseworker notifies their chain of command up to the DFPS Program Administrator. • The DFPS Program Administrator notifies the SFCS Regional Vice President of case transfer by email within two (2) business days.

The sending region's Regional Vice President /DFPS Program Administrator or designee must set up a case staffing/transfer between the sending and receiving region within five (5) business days of notification.

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

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

The Permanency Director/DFPS Program Director for the receiving region maintains communication with the attorney representing DFPS for the receiving region to ensure the case is received and no required timeframes for hearings are missed. Once the case is received by the court, the receiving Permanency Director /DFPS Program Director will notify the Regional Vice President and DFPS Program Administrator that the case has transferred courts.

A case is not officially transferred from one region to another until:

- A judge signs an order to transfer and the court file is received by the receiving county and docketed for a court hearing.
- The Permanency Director/DFPS Program Director for the receiving region must regularly follow up with the attorney to determine if the case has been received.

- The case is reviewed by the sending and receiving supervisors to ensure that all agreed-upon tasks have been completed. Once the supervisors agree that tasks are complete the case is reassigned to the receiving region in IMPACT.
 - When the case transfers the receiving region will need to update the following in IMPACT:
 - Update the Legal Status to reflect the County, Court and Cause Number the case transferred to;
 - *do not change TMC date
 - Enter a Legal Action for the Transfer of Jurisdiction dated for the date the order for transfer took place
 - If the case is transferring from SFCS to a DFPS/SSCC region, then SFCS staff will need to end the SFCS child and family referrals, placement, and any SFCS Service Authorizations in IMPACT before assigning the case to the receiving DFPS/SSCC staff.
 - Placement end date, child and family referrals should all be ended on the date the receiving region is made primary.
 - If the case is transferring to SFCS from another region, SFCS will create a SFCS child referral, family referral, and enter placement under their network once the Permanency Specialist is assigned primary on the case.
 - Placement date, child referral, and family referral date should match the date the case was assigned primary to SFCS Permanency Specialist.

Paying for Court-Related Services

Resources to cover legal expenses varies by Individual County in the Region 1 area. Examples of legal services which may incur a fee from the service provider include, but are not limited to:

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

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

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

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

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

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

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

When the court orders paternity testing in a foster care case in R1 SFCS Permanency Specialist must thoroughly complete Foster Care Referral to the Office of the Attorney General and return the form to the OAG Office.

Court Orders for Healthcare Related Treatment and Services

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

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

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

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

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

- Immediately inform the attorney representing DFPS/SFCS (within three (3) days of the court's rendering of the order) that SFCS cannot guarantee a doctor will agree to order the specific service, treatment, or test. This allows the attorney to take immediate action in court to inform the judge or pursue legal remedies, such as asking the judge to reconsider the order.
- If and when the court order is issued, inform the child's Medical Consenter (if it is someone other than the SFCS Permanency Specialist) about the order, and direct him or her to:
 - Ask the doctor to order the service, treatment, or test at the child's next visit with a STAR Health general practitioner.
- Make sure the doctor knows that DFPS/SFCS has been told that Medicaid does not generally cover the service, treatment, or test.
- Encourage the doctor to request prior authorization and confirm medically necessary coverage before ordering the service, treatment, or test.

Doctor Refuses to Order Medical Services, Treatments, or Tests

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

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

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

Doctor Orders Medical Services, Treatments, or Tests

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

When Medicaid Does Not Pay

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

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

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

When Medicaid Does Pay

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

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

Indian Child Welfare Act (ICWA)

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

Please see [CPS Policy 5740 Indian Child Welfare Act \(ICWA\)](#) for additional information.

Subpoena Protocol for SSCC Employees

The [DFPS Subpoena Policy for Single Source Continuum Contractors](#) explains the procedures to be followed when a party:

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

Subpoenas for DFPS Records in Open and Closed Cases:

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

These matters are highly time sensitive. Subpoenas must be sent to the Reg01subs@dfps.texas.gov mailbox within two (2) hours of receipt by the caseworker.

Subpoenas for Contractor Records

SSCC Contractors have separate records not maintained by DFPS. For subpoenas received by a contractor for personnel records or records maintained by the contractor, DFPS may give guidance as to

how DFPS legal handles such requests generally but will then refer the contractor to their in-house counsel for specific instructions and legal advice.

Notice Requirements for Elevating Certain Court Orders

DFPS regional management, legal representatives, and DFPS state office, must receive timely notification about court orders that may create problems for the DFPS program or may require immediate legal action. SFCS staff will ensure notices to Region 1 Managing Attorney and cc Regional Director.

See CPS Policy [5311 Notice Requirements for Elevating Certain Court Orders](#).

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

- Court orders that directly contradict federal law or regulation, or state law or regulation, including orders to place a child in violation of Child Care Licensing's rules on background checks, or ordering DFPS to use or conserve SSA benefits in a certain way or to release the benefits to a specific adult.
- Court-ordered placements that fit the criteria explained in [5313 Notice Requirements for Court-Ordered Placements with Unapproved Facilities](#).
- Court orders that place a child in violation of the Interstate Compact on the Placement of Children (ICPC), dismiss DFPS from a lawsuit in violation of the ICPC, or otherwise violate the ICPC, as explained in [5314 Court Orders That Violate the Interstate Compact on the Placement of Children](#).
- Court orders that direct DFPS to use its appropriated funds in an unauthorized manner, such as an order to pay medical expenses for a child in detention; or an order to pay permanency care assistance, adoption assistance, or kinship reimbursement payments, to persons who do not meet the eligibility criteria.
- Court orders that contain findings that indicate DFPS failed in a case to take a type of action required by federal law or regulation, or state law or regulation, such as a finding that DFPS failed to make reasonable efforts to prevent the removal of the child or a finding that DFPS failed to make reasonable efforts to finalize a permanency plan.
- Court orders that may set a precedent for other CPS cases that could be problematic for DFPS to comply with or that conflict with DFPS policy, including but not limited to:
 - Court orders directing a specific service level for a child.
 - Standing orders specific to one jurisdiction.
- Court orders that direct an action that conflicts with DFPS policy or DFPS' recommendation in the case.
- Court orders that may result in a threat to child safety.

Permanency Care Assistance

When a Region 1 child/youth's permanency plan calls for a change to permanent managing conservatorship by a relative or fictive kin (regardless of the relative/fictive kin's location) with intent to pursue permanency care assistance, SFCS staff must follow current CPS Handbook policy [6680 Permanency Care Assistance](#).

When a prospective kinship permanent managing conservator is nearing completion of the required six consecutive months as a verified foster parent, the child's SFCS Permanency Specialist must begin working with the caregiver to apply for assistance.

Applying for Permanency Care Assistance

Process	Procedure
Applying for Permanency Care Assistance	The SFCS Permanency Specialist must follow current CPS Handbook Policy 6685 Applying for Permanency Care Assistance. 90 days prior to anticipated PMC Transfer date SFCS Permanency Specialist will: • If the child is in a T3C placement, a LOC review is not needed, and the recommended service package will be used to inform subsidy negotiation. • Request Level of Care from Youth for Tomorrow (YFT) Documentation includes: ▪ Inform YFT that the purpose is for PCA ▪ If the provider that has licensed the caregiver is also scheduled for review in the near future, please inform YFT of that at the time of the request. ○ Last 30 days documentation of: therapy notes, incident reports, daily notes, school reports if any. ○ CANS Assessment ○ For children/youth with emotional disturbance: Psychological or psychiatric evaluations, completed within 14 months. ○ For PMN: An evaluation by a physician (MD), physician's assistant, or nurse practitioner, describing medical conditions or disabilities. • If the YFT LOC review results in a Moderate LOC or above, email the YFT Utilization Review and Reauthorization Service Form (completed by YFT) to CPS Fed/State Support Program Specialist Raquel.Garcia18@dfps.texas.gov upon receipt of the form from YFT. • If the child has a basic LOC and the Permanency Care Assistance will be based on Basic only, ask the assigned foster care eligibility specialist to add a Basic Authorized Level of Care (ALOC) in IMPACT. • Verify the correct ALOC listed in IMPACT is correct and accurate for each child. • Complete the PCA application packet. Refer to CPS Handbook Policy 6685.1 Completing a Permanency Care Assistance (PCA) Application. • The application document needs to have signatures and dated within 90 days. • If a sibling group, a complete set of forms is required for each child. • Complete the PCA application for each child in IMPACT in the SUB stage and submit to the assigned AA/PCA Eligibility Specialist. • Send packet for final review and approval to the SFCS Permanency Supervisor.

Process	Procedure
	SFCS Permanency Supervisor will: • After the final review and approval, send the completed PCA packet to SFCS adoption mailbox. SFCS Adoption Mailbox designee will: • Review the PCA subsidy packet and send to the AA/PCA eligibility specialist no later than 30 days prior to the transfer of PMC to the caregiver, as there must be enough time for eligibility to be determined and a PCA agreement signed with the family prior to transfer of PMC. See DFPS - Adoption Support Programs (texas.gov) and look for Adoption Assistance Regional Contacts to determine the appropriate specialist. The eligibility specialist will: • Review each packet for completeness. • Determine if the child is eligible. • Email the preliminary determination notification to SFCS Permanency Specialist and Supervisor. • Will forward the packet to the PCA negotiator: Carla Marshall, Carla.marshall2@dfps.texas.gov. The AA/PCA negotiator will: • Meet with the family either in person or by phone to negotiate subsidy benefits. • Email SFCS Permanency Specialist that the negotiation is complete, and PMC can be transferred to caregiver. The negotiator will attach the PCA agreement for the family to sign. SFCS Permanency Specialist will: • Obtain signatures on the agreements from the caregivers and dated no later than the day of the hearing. • Return the original signed documents to the AA/PCA eligibility specialist. <i>Note: Do NOT proceed with transferring PMC until PCA benefits have been negotiated and the Negotiators has notified SFCS the negotiation has been completed. If a hearing is held and PMC is transferred prior to the PCA benefits being negotiated, then the caregiver cannot receive PCA benefits.</i> SFCS will follow CPS Handbook Policy 1625 Enhanced Permanency Care Assistance when requesting Enhanced Permanency Care Assistance. • The EPCA forms are submitted in conjunction with the Adoption Assistance forms listed above. • The forms require a SFCS Permanency Specialists, Supervisor, and Director signature and date for each child. ○ Enhanced Permanency Care Assistance Request – Form 2310

Process	Procedure
	○ Documentation for Enhanced Permanency Care Assistance – Form 2309 ○ Enhanced Permanency Care Assistance Memo • The completed EPCA packet will be submitted to the AA Eligibility Specialist for processing. • Once the packet is processed and assigned to the AA Negotiator, the negotiator will submit the EAA packet to the State Office Adoption Program Specialist at adoption.policy@dfps.texas.gov for approval or denial.
Tasks After Transferring PMC	SFCS Permanency Specialist will: • After the final court hearing, scan the order signed by the judge and send to the assigned AA/PCA Eligibility Specialist. • In the SUB stage, update the legal status with “PMC to REL/FK.” • End placement in the SUB stage with reason “Child placed in PCA.” • Enter placement in the PCA stage using the RID for the FAD stage that was created. • Email the AA/PCA eligibility specialist that everything has been completed in IMPACT. The AA/PCA eligibility specialist will email the FCE eligibility specialist to end billing/FC benefits once PCA subsidy has been entered in IMPACT. • Close the SUB stage after FC eligibility has been ended. • Assign the PCA and FAD stages to the eligibility specialist as primary.

Adoption

SFCS will be responsible for the full array of adoption services in Region 1 as outlined in CPS Policy [6900 Adoption and Preparation and Support Services](#).

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

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

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

Applying for Adoption Assistance and Finalizing Adoption

Process	Procedure
Applying for Adoption Assistance	SFCS will follow the eligibility and application process outlined in CPS Handbook Policy 1700 Adoption Assistance Programs .

Process	Procedure
	SFCS Adoption Supervisor or designee will open the ADO stage in IMPACT. SFCS Permanency Specialist will: • If the child is in a T3C placement, a LOC review is not needed, and the recommended service package will be used to inform subsidy negotiation. • Request LOC from YFT. Documentation includes: ▪ Inform YFT that the purpose is for adoption. ▪ If the provider that has licensed the caregiver is also scheduled for review in the near future, please inform YFT of that at the time of the request. ○ Last 30 days documentation of: therapy notes, incident reports, daily notes, school reports if any. ○ CANS Assessment ○ For children/youth with emotional disturbance: Psychological or psychiatric evaluations, completed within 14 months. ○ For PMN: An evaluation by a physician (MD), physician's assistant, or nurse practitioner, describing medical conditions or disabilities. • If the YFT LOC review results in a Moderate LOC or above, email the YFT Utilization Review and Reauthorization Service Form (completed by YFT) to CPS Fed/State Support Program Specialist kaitlyn.wane@dfps.texas.gov upon receipt of the form from YFT. • If the child has a basic LOC and the Adoption Assistance will be based on Basic only, ask the assigned foster care eligibility specialist to add a Basic ALOC in IMPACT. • Verify the correct ALOC listed in IMPACT is correct and accurate for each child. • Complete the Adoption Subsidy packet. Refer to Adoption Assistance Checklist/Guide Form 2368. The checklist requires the Permanency Specialists' original signature and date for each child. • The family forms require the adoptive family's signature and date for each child. ○ Adoption Assistance Request Form 2250. ○ Adoption Assistance Worksheet Form 2253A. ○ Adoption Family Resources Forms 2253B. • If a sibling group, a complete set of forms is required for each child. • Complete the adoption assistance application for each child in IMPACT in the ADO stage and submit to the assigned AA/PCA eligibility specialist. • Send packet for final review and approval to the SFCS Permanency Supervisor. SFCS Permanency Supervisor will:

Process	Procedure
	- After the final review and approval, email the completed Adoption Subsidy packet to SFCS adoption mailbox. SFCS Adoption Mailbox designee will: - Review the Adoption Subsidy packet and send to the AA/PCA eligibility specialist no later than 30 days prior to adoption placement, as there must be enough time for eligibility to be determined and an Adoption Subsidy agreement signed with the family prior to consummation. See DFPS - Adoption Support Programs (texas.gov) / Adoption Assistance Regional Contacts to determine the appropriate specialist. The eligibility specialist will: - Review each packet for completeness. - Determine if the child is eligible. - Email the Preliminary Determination notification to SFCS Permanency Specialist and Supervisor. - Forward the packet to the AA/PCA Negotiator: Carla Marshall, Carla.marshall2@dfps.texas.gov. The AA/PCA negotiator will: - Meet with the family either in person or by phone to negotiate subsidy benefits. - Email the SFCS Permanency Specialist when negotiations are completed, and adoptive placement can happen. The negotiator will attach the signed agreement for the family to sign at the adoptive placement. SFCS Permanency Specialist will: - Obtain signatures on the adoption assistance agreement and adoptive placement agreement from the caregivers and dated that date of placement. - Return original agreements to the assigned AA/PCA eligibility specialist. SFCS will follow CPS Handbook Policy 1724 Approval for Enhanced Adoption Assistance when requesting Enhanced Adoption Assistance. - The EAA forms are submitted in conjunction with the Adoption Assistance forms listed above. - The forms require a SFCS Permanency Specialists, Supervisor, and Director signature and date for each child. Enhanced Adoption Assistance Request Form 2421. Enhanced Adoption Assistance Cover Memo 2422. Documentation for Enhanced Adoption Assistance 2425. - The completed EAA packet will be submitted to the AA Eligibility Specialist for processing. - Once the packet is processed and assigned to the AA Negotiator, the negotiator will submit the EAA packet to the State

Process	Procedure
Tasks if Child Does Not Qualify for Adoption Assistance	Office Adoption Program Specialist at adoption.policy@dfps.texas.gov for approval or denial. • If the SFCS Permanency Specialist is unsure about the child's eligibility, a packet should be submitted and the adoption eligibility worker will determine eligibility and notify all parties. • If an AA packet is not submitted, the SFCS Permanency Specialist will need to email the adoptive parent's home study and the child's name and PID to the Adoption Assistance Negotiator at least ten (10) business days prior to the planned adoptive placement so that a FAD stage can be created. • Adoption placement will be completed by the SFCS Permanency Specialist using the RID for the FAD stage created. • Following the adoption consummation, the SFCS Permanency Specialist will email the petition to adopt and the adoption decree upon receipt to the adoption eligibility worker.
Tasks After Adoption is Final	SFCS Permanency Specialist will: • After the final court hearing, scan the file stamped order (adoption decree) signed by the judge and send to the assigned Adoption Assistance Eligibility Specialist. • <i>For the SUB stage:</i> ○ Email the Foster Care Eligibility Specialist to end foster care eligibility for non-subsidy eligible children. ○ Complete a closing summary in the SUB stage. ○ Once foster care eligibility has been ended, submit SUB stage for closure. • <i>For the ADO stage:</i> ○ In the ADO stage, update the legal action with "Agreed Orders No Hearing" and update the legal status with "Adoption Consummated." ○ Change the children's names to the new adoption names on the person list in the ADO stage. ○ Change the stage name of the ADO stage to the new adoptive name under the case management tab. ○ Complete a closing summary in the ADO stage. • Once the AA/PCA eligibility specialist has entered the subsidy benefits in IMPACT, end the child referral and close the SUB and ADO stages. • A PAD stage will be automatically generated (if child is subsidy-eligible) once the ADO stage is closed. • Assign the PAD stage to the Adoption Assistance Eligibility Specialist as primary.
Issues That Cause a Delay with Adoptive Placement	• Adoption Assistance Packet does not have original signatures from family or supervisor. • AA checklist not fully completed. • Child's name or date of birth does not match what is on the birth certificate or legal documents • Source documentation missing. • Home study update/addendum not included (within 1 year of placement).

Process	Procedure
	• Vendor ID not obtained and entered into IMPACT prior to placement. • FAD stage not created prior to placement. • ADO stage not opened prior to adoptive placement occurring. • Online AA application not submitted. • ALOC issues where family is disputing Basic ALOC for child at negotiation.

Authorization of Adoption Services

Process	Procedure
Authorization of Adoption Services	SFCS will: • Complete the Service Authorization (form 2054) for the identified adoption service to SFCS in IMPACT: • For straight adopt both service codes 88F and 88G will be utilized. • For Foster to Adopt, use ONLY service code 88G. • All siblings placed together should be added to the one Service Authorization form 2054, with the oldest child as the primary client. • In the comments section of the Form 2054, add the following: ○ Child(ren)'s Name(s) ○ PID ○ Type of Adoption (straight adopt, foster to adopt) ○ Adoptive placement date: MM/DD/YYYY ○ Sibling Group? Yes/No If yes, how many siblings? See Appendix E: CBC Adoption Placement/Service Authorization Process for more information. In order to ensure placement stability, SFCS is responsible for obtaining and delivering services to children/youth placed with adoptive families prior to consummation of the adoption.

Post-Adoption Services

Adopted children who have been abused or neglected often need help coping with the effects of abuse and the loss of their birth family.

All families of children adopted through DFPS can obtain post-adoption services. This service is available to families along with Title IV-E and state-paid adoption subsidies from DFPS.

SFCS Regional Post-Adoption Liaison will facilitate referring the family to the local post-adoption service provider.

Since funding is limited there are times that children/youth requires out of home placement to meet their mental health needs and funds are not available through traditional Post Adoption Services. Refer to CPS Policy [6961 Post Adoption Substitute Care Services](#) for these situations.

Post Adoption Liaisons responsibilities include, but are not limited to:

- Fielding calls from post adoption families who may be in crisis or in need of Post Adoption Services and referring them to the appropriate provider.
- Working as a facilitator between, CPI, post adoption provider and the family.
- Be a subject matter expert for Region 1 catchment and for CPI and other CPS staff to reach out to with questions.
- Review service plans completed by the post adoption provider as appropriate.
- Coordinate, facilitate, and attend staffings with post adoption families, post adoption providers, CPI (If applicable) to assist in identifying steps and roles if needed for [Return to Foster Care](#) placement.
- Be a point of contact for their regional post adoption providers.
- Stay in communication with the SFCS Adoption Specialist as well as attend quarterly providers meetings (conference lines will be available).
- If any child/youth has the potential to enter Post Adoption Substitute Care Services and DFPS is seeking Joint Managing Conservatorship, the CBCA, CPS Adoption Program Specialist, as well as, the SFCS Regional Vice President will need to be notified.
- The Post Adoption Liaison or their designee will process, which includes entering and approving 2054 service authorizations for the post adoption cases.

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

Additionally, if any child/youth enter Post Adoption Substitute Care Services and DFPS is granted Joint Managing Conservatorship, the CBCA will need to be notified. The CBCA will then notify the CPS Adoption Program Specialist.

See CPS Handbook policy [8400 Post Adoption Services](#)

Services to Older Youth in Care

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

Birth Certificates for Youth

See [1520 Obtaining Certified Birth Certificates and Section Obtaining Certified Birth Certificates for Youth](#).

Credit Checks for Youth

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

SFCS Linda Arroyo Independent Living Supervisor.

Procedure

DFPS:

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

SFCS:

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

For additional information see [Credit Reports for Youth on the DFPS Safety Net](#).

Youth's Child Plan of Service Plan Development

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

If SFCS Permanency Specialist is not providing services to the youth, please follow the process for [requesting services across regional lines from SFCS](#). On the [Form 2077](#) complete request for Local Permanency Services and indicate that the service requested is Transitional Plan Development assistance.

Point of Contact: txreg1pal@st-francis.org

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

Youth Leadership Councils

Regional Youth Leadership Council

- SFCS will establish a regional Youth Leadership Council to address issues that affect children and youth who are or were in foster care and make recommendations to SCS and DFPS on how to improve foster care.
- Youth Leadership Councils are intended to cultivate advocacy skills amongst members, provide them with opportunities to speak or work on youth-related issues in foster care, and establish activities to encourage community services, social development, and professional growth.
- SFCS will provide at least three (3) Regional Youth Leadership Council meetings per fiscal year.

Statewide Youth Leadership Council

- Two (2) youth from the regional Youth Leadership council between the ages of 16-21 will participate in Statewide Youth Leadership council meetings.
- DFPS will provide SFCS the location and meeting details for the Statewide Youth Leadership Council meetings.

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

Preparation for Adult Living (PAL)

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

- All youth placed in DFPS conservatorship within the catchment area paid and non-paid placements (including kinship) and
- All youth from Region 1 catchment placed in paid and non-paid placements (including kinship) outside the catchment.

For eligible youth, please see policies [10211.1 Targeted Priority Population](#) and 10211.2 Additional Eligible Population.

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

CPS Handbook policy [10222 Life Skills Training](#).

SFCS PAL Email Box: txreg1pal@st-francis.org

Please refer to [PAL Life Skills Assessment and Training Flow Chart](#) for additional guidance. Please note that SFCS is now responsible for actions previously identified as CVS or PAL responsibilities.

Extended Foster Care/Return to Extended Foster Care

SFCS will identify young adults from Region 1 for either Extended Foster Care or Return to Foster Care programs.

Note: Young Adults who desire to return to foster care during their six (6)- or twelve (12)-month trial independence period are in Extended Foster Care. Young Adults who desire to return to foster care after their Trial Independence period are considered youth in Return to Foster Care.

Extended Foster Care

When a young adult from Region 1 is interested in staying in extended foster care, SFCS will:

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

Return to Foster Care

Process	Procedure
Eligibility and Referral	A young adult who was in DFPS conservatorship when turning 18 and leaves foster care may return to Foster Care at any time prior to the month before the young adult's 21st birthday, provided the young adult meets the requirements in 10420 Qualifying for Extended Care, or at any time prior to the month before the young adult's 22nd birthday if they are regularly attending high school or in a program leading to a high school diploma or General Education Diploma (GED). Young adults not in Extended Foster Care, who are attending college or a vocational or technical program, are eligible to return for Extended Foster Care during semester breaks for at least one (1) month but no more than four (4) months. Return to Foster Care does not include young adults who are in Trial Independence. Referrals for a young adult who wants to return for Extended Foster Care may include young adults whose legal case was outside the Region 1 catchment area, but the young adult now lives in the Region 1 catchment area. Young adults residing in Region 1 who are not from the Region 1 area that indicate to their PAL Coordinator a desire to Return to Care in Region 1 will be prescreened for their sincerity and eligibility for returning to care and then referred to the SFCS Independent Living Specialist. SFCS Independent Living Specialist will: • Follow CPS Handbook Policy 10521 Roles and Responsibilities of PAL Staff and CPS Handbook Policy 10532 Re-Entry Liaison • Open C-RC Stage
If Placement is Found	SFCS Permanency Specialist will: • Ensure the young adult with completes the Voluntary Extended Foster Care Agreement (Form 2540) • Provide completed Voluntary Extended Foster Care Agreement (Form 2540) to the CPS Foster Care Eligibility Specialist • Ensure the young adult is assisted in maintaining necessary documentation for the Return to Care Program. • Assist the young adult with following placement requirements.
If Placement is Not Found	If Placement is Not Found: • Maintain exhaustive placement and housing list paid placements, non-paid placements, housing voucher and rental agreement programs and share these options with the young adult. • Discuss with the young adult the reasons why the young adult is unable to Return to Extended Foster Care. • If the young adult expresses an interest in the housing voucher programs, assist young adult with applying and verifying eligibility for said programs. • Document the reasons why the young adult is unable to Return to Extended Foster Care in the contact section in IMPACT.

Discharge from Extended or Return to Extended Foster Care

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

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

All discharges are expected to be planned.

Process	Procedure
Planned Discharge	A planned discharge occurs when: • The young adult is due to complete goals for participation in Extended or Return to Extended Foster Care; or • Eligibility for Extended or Return to Extended Foster Care is scheduled to end. Within 90 days before planned discharge: SFCS will: • Schedule a service planning meeting or COS with the young adult and other important adults. <i>Note: SSCC will document the meeting in IMPACT under Permanency Planning Meetings if it was a staffing.</i> Upon discharge: SFCS Permanency Specialist 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 ○ Medicaid card or other proof of the youth's enrollment in Medicaid or an insurance care from a health plan that provides health coverage to youth in foster care. ○ Education records and transition portfolio. ○ Personal pictures or keepsakes. ○ Printed medical records from Health Passport
Unplanned Discharge	An unplanned discharge occurs when: • Young adult's behavior or noncompliance with Extended or Return to Extended Foster Care eligibility results in the foster caregiver submitting a discharge notice and <i>another foster care placement cannot be found</i>; or • Young adult leaves the placement before the planned end date. SFCS will work to prevent and address unplanned discharges from Extended and Return to Extended Foster Care. <i>Note: If SFCS receives a discharge notice from a provider for a young adult in Extended Foster Care, SFCS will follow their placement</i>

Process	Procedure
	<i>Change Process before implementing the unplanned discharge process below.</i>
Actions to Prevent an Unplanned Discharge	The following process outlines SFCS's responsibilities when an unplanned discharge is identified for a young adult in Extended or Return to Extended Foster Care: SFCS will: • Within one (1) day of learning about the unplanned discharge, schedule and convene a discharge staffing with: ○ Young adult ○ Current caregiver ○ PAL Coordinator and supervisor ○ SFCS Permanency Specialist or designee ○ Attorney Ad Litem, if assigned ○ 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 Extended Foster Care eligibility requirements. • Discuss the benefits of and parameters of remaining in current placement. • Discuss the implications of leaving foster care or continued non-compliance with the Voluntary Extended Foster Care Agreement. • Identify short- and long-term goals and tasks. • Based on the young adult's current eligibility status and commitment to abide by placement parameters, develop a recommendation regarding the young adult's discharge from Extended or Return to Extended Foster Care. • If applicable, discuss the discharge process and schedule a discharge date. • If applicable, set the next staffing date to follow up on the young adult's progress to meeting the requirements of Extended or Return to Extended Foster Care. • <i>Note: Up to two separate staffings will be convened by SFCS to address unplanned discharges.</i> • Document the notes from the staffing and encourage the young adult's signature, if possible. Continue to search for placement (paid and non-paid) for the young adult for 30 days after initial discharge staffing. SFCS Permanency Specialist will: • Attend and participate in all staffings with the young adult. • Assist SFCS with the coordination of the staffings as requested. • Continue to assess family members and other community living arrangements for the young adult for 30 days after initial discharge staffing.

Process	Procedure
	• Notify PAL and Program Director of recommendation for any unplanned discharges. SFCS will approve or deny the recommendation for all unplanned discharges. Any appeal of the decision will follow the Solution-Based Communication Process.
Discharge Activities	When the decision is made to discharge a young adult from the Extended or Return to Extended Foster Care Program: SFCS Permanency Specialist will: • Assist the young adult in gathering personal items. • Transport the young adult to available living arrangement with family or in the community. • End the young adult's placement in IMPACT. • If Trial Independence applies, the case will remain open. SFCS will create, maintain, and share an accurate log for auditing purposes of young adults discharged with the regional CBCA. If a young adult wishes to return after an unplanned discharge: • The young adult and SFCS 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.

SFCS will continue to follow established protocol regarding SIL placements for Youth Adults being served that are from a legal county within the Region 1 catchment area and those that are from another legal county that desire SIL placement in the Region 1 area.

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

DFPS Housing Program and Rental Assistance Options

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

The strategies to achieve these goals include:

- Providing information and training about rental assistance programs and voucher options throughout Texas.
- Creating materials and a dedicated webpage to share related information (DFPS Youth Housing Program).
- Designating regional housing liaisons as local points of contacts.
- Conducting outreach to public housing authorities and increasing partnerships.
- Increasing referrals to these rental assistance programs.
- Supporting additional housing options, such as the Supervised Independent Living (SIL) program, Transitional Center Housing programs, Transitional Independent Living programs, and traditional Housing Choice Voucher programs.
- Participating in statewide workgroups, task forces, and collaborations.

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

Rental Assistance Programs and Eligibility

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

Housing Duties and Regional Housing Liaisons

- SFCS Housing Liaison, [Nicole Carr](#), serves as the point of contact for housing and rental assistance program referrals in the region. They should attend the State Office Quarterly Housing Meeting and complete the Quarterly FYI report for state office Youth Housing Specialist in a timely manner. They should be familiar with the DFPS Housing Program webpage and the application, eligibility,

and PHA process requirements in their regions. They should provide this information across departments and community within their regions.

- SFCS will ensure outreach to PHAs in their region occurs to make targeted housing vouchers available to young adults exiting care in R1.
- SFCS will build and maintain relationships and effective communications with PHAs. This should include regular contact as needed and at least a quarterly meeting to discuss referrals, applications, and related items. SFCS should educate PHAs about working with our target population and advocate for more support and flexibility throughout the entire housing process. SFCS should encourage PHAs to reach out to them if they have engagement problems with young adults, so that the young adult can be connected with services before denying them a voucher.
- SFCS should collaborate with allied professionals in their regions like transition centers, nonprofits, housing programs, schools, landlords and others to educate about these rental assistance program and to increase wrap around supports and housing availability for young adults participating in them. They should connect and build relationships with their HUD representatives and public housing authorities for support and guidance related to technical aspects of these programs and to resolve issues related to them.
- SFCS staff should use the Housing Plan to have a guided discussion about housing with youth young adults beginning at age 17 to develop an action plan.

National Youth in Transition Database (NYTD)

NYTD Outcomes Survey

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

SFCS Independent Living Specialist must track survey completion, assist youth with taking the survey and enter survey responses in IMPACT according the federal survey reporting requirements.

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

NYTD Data and Information Errors

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

NYTD Services

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

NYTD Results

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

See the [Transitional Living Services Resource Guide](#), NYTD Manual in SMILEY and PAL Manual for information on completing the survey, correcting data and information errors and entering services.

PAL Aftercare Services

PAL Aftercare services and programs are available for young adults from Region 1 and the resources for these services will be shared between SFCS and DFPS. Please see [10200 Preparation for Adult Living \(PAL\)](#) for additional information regarding these services and their eligibility requirements.

To access, SFCS Independent Living Specialist will complete a Service Authorization (2054) to the contractor providing the service and the contractor will bill DFPS directly.

Interstate Compact on the Placement of Children

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

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

- Help each state find the best available caregiver for each child who must be placed in substitute care.
- Ensure that every interstate placement fully involves appropriate state authorities and complies with applicable state laws.
- Promote appropriate jurisdictional arrangements by the courts involved in interstate placements.

For additional information regarding processes for referrals for services related to the Interstate Compact on the Placement of Children (ICPC) please see the *ICPC Resource Guide* on listed with [CBC Resources](#) on the DFPS Safety Net.

If a Texas Caregiver Moves to Another State

If a child's caregiver moves to another state, and it is in the child's best interest to move with the caregiver, SFCS must ask the other state for permission to continue the placement there. Please see CPS Policy [4513.6 If a Texas Caregiver Moves to Another State](#)

When a SSCC worker receives an I&R in IMPACT and/or notification from Texas ICPC of a report of alleged child abuse, neglect, or exploitation in another state

When notification is received, SFCS Permanency Worker must follow CPS Policy 4221.2 CPS Responsibility and Procedure after Receiving a Notification of Alleged Abuse and Neglect by Either RCCI or CPI and take the following actions:

- Immediately review the abuse, neglect, or exploitation report in IMPACT.
- Immediately discuss the intake with the supervisor.
- Contact the investigator from the other state for additional information.
- Consult with the program director about the circumstances surrounding the investigation no later than 7 p.m. the next business day.
- Document an *I&R A/N Notification Staffing* contact type in the child's *Sub* stage no later than 7 p.m. the next business day after notification of the report.
- The contact documentation must include the following:
 - A copy of the I&R.
 - Discussions with supervisor and program director.
 - Consideration of the child's safety needs and any related actions.
 - Any plans for future actions.

SFCS Permanency Specialist must document the execution and results of any follow-up actions as normal contacts in IMPACT when they are completed.

SFCS Permanency Specialist must document as a contact in IMPACT a summary and the disposition of the investigation once the investigation is concluded.

ICPC Violations

Court orders that violate the Interstate Compact on the Placement of Children (ICPC) include orders that:

- place a child in another state without an approved ICPC home study
- send a child into another state on visits that extend past 30 days; or
- dismiss DFPS from its lawsuit without the other state's agreement.

The exception involves placement of a child with a noncustodial parent who resides in another state. This type of placement is not subject to the ICPC but requires following a specific protocol. See [4513.1 Placing a Child with an Out-of-State Non-Custodial Parent](#).

For Subject Matter Assistance regarding ICPC matters, please contact [Texas Interstate Compact Office \(TICO\)](#)

Additional reference:

[Hearings and Legal Proceedings Resource Guide](#).

Administrative Related

Title IV-E University Training Program

Refer to: DFPS Policy [3000 Introduction to the Title IV-E Program, 4000 Title IV-E Training Contracts With Universities](#)

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

This section explains the:

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

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

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

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

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

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

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

The email must contain the applicant's:

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

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

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

- University acceptance letter
- Statement of interest

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

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

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

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

The CBCU forwards the results of the checks to:

- The ROSA
- SFCS Director of Human Resources and
- The contract manager.

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

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

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

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

The ROSA sets up an orientation meeting to review and sign the stipend contract agreement. Participants include the ROSA, SFCS Director of Human Resources, the university coordinator and the students. These contracts are not executable until they are signed by SFCS.

During the orientation meeting, the following topics are covered:

- The terms and conditions of the agreement, including any payback responsibilities. Repayment if eight calendar months of employment in an IV-Eligible position for each semester which the stipend was paid to the employee. Repayment of the stipend through full time employment begins

the first day of employment. The commitment that students must make to accept any statewide employment with SFCS on completion of their training.

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

After each agreement is approved:

- The State Office Contract Manager will send a signed copy of the agreement to the stipend student.
- The ROSA or SFCS Director of Human Resources completes a Move, Add, or Change form (known as an eMAC) to obtain a log-in ID for access to DFPS systems
- The interns are ready to attend training offered by the SFCS.
- The SFCS Director of Human Resources will designate a unit supervisor for the intern to be placed under for training through the duration of the placement, communicate the information/location to the University liaison and intern.
- The SFCS Director of Human Resources will send training orientation invites to the SFCS interns before the intern reports to the placement location.
- Interns must maintain satisfactory performance while participating in the program. If an intern fails to complete training or is disqualified from the program, he or she must pay back the award, in accordance with the agreement.
- Two months before university graduation, each student must submit an employment application to SFCS for a Title IV-E eligible position.
- Each intern must accept any Title IV-E eligible position offered statewide within 60 days of graduation.
- The ROSA or SFCS Director of Human Resources notifies the Title IV-E contract manager that the intern has been placed in a Title IV-E position.

Calendar dates for submitting and processing non-employee stipend students must be followed as below:

Fall Semester:

- May 15: All names submitted by University along with background forms, etc during this week.
- June 1: All applicants must have taken any pre-test/assessments required by SFCS
- June 15: Set up interview during this week
- July 15: All contracts ready this week.
- Mid-August: Semester begins

Spring Semester:

- October 1: All names submitted by University along with background forms, etc during this week
- October 15: All applicants must have taken any pre-test/assessments required by SFCS.
- November 1: Set up interview during this week
- December 1: All contracts ready this week.
- Mid-January: Semester begins

Summer Semester:

- February 15: All names submitted by University along with background forms, etc during this week
- March 1: All applicants must have taken any pre-test/assessments required by SFCS.
- March 15: Set up interview during this week

- April 15: All contracts ready this week.
- Last week of May: Semester begins

Inventory and Equipment Agreement

Since Title IV-E interns do not receive Tablet PCs, they require a separate process through SFCS to ensure accessibility to the required computer equipment. The SFCS Human Resource Manager will ensure the Title IV-E interns under SFCS receive necessary computer equipment.

Applying for Title IV-E Stipend for SFCS Employees

A current SFCS employee interested in obtaining their MSW through the stipend program must be in an SFCS IV-E eligible position and completes the following steps:

- Submit an application to the Title IV-E School of Social Work program that has a stipend program in the region. Employee will need to follow the application deadlines set forth by the School of Social Work program they are applying for.
- Email the ROSA, the University Coordinator and the SFCS Director of Human Resources of the intent to apply to a social work stipend program.
- Obtain approval from the supervisor to apply for the program and have the supervisor complete a Supervisor Checklist and submitted to the ROSA and SFCS Director of Human Resources.
- Three months prior to the beginning of the first semester to which the employee is applying, submit a brief proposal to the ROSA and SFCS Director of Human Resources with an explanation of how the employee will maintain currency of their workload and complete their schoolwork and any internships outside agency time.

The ROSA reviews the Supervisor Checklist and verifies the following:

- Employee has been employed by SFCS or DFPS for at least one continuous year by the start date of the proposed first university semester.
- Employee is currently in an IV-E eligible position.
- Employee meets all performance criteria.

The ROSA schedules an interview which includes the ROSA and SFCS. The interview panel reviews all documentation and based on the interview, approves, or disapproves the stipend. If approved, the ROSA notifies the appropriate university coordinator who will prepare a Stipend Student Information Form for the employee. The university coordinator will then forward the information form to the contract manager who prepares an agreement for each student.

The ROSA sets up a contract signing meeting to review and sign the stipend contract agreement. The participants include the ROSA, SFCS Director of Human Resources, the university coordinator and the employee. These contracts are not executable until they are signed by the SFCS.

During the contract signing meeting, the following topics are covered:

- The terms and conditions of the agreement, including any payback responsibilities.
- The employee must sign a contract with SFCS to repay the stipend received, through full time employment with SFCS.
- Repayment is four calendar months of employment in an IV-E eligible position for each semester which the stipend was paid to the employee.
- Repayment of the stipend through full time employment begins the first working day after the date of graduation.

The ROSA then forwards all signed agreements, along with a completed checklist for each contract, to SFCS for final approval. Once signed, the ROSA will send the original signed agreements to the State Office Contract Manager for final processing. The State Office Contract Manager will send a signed copy of the contract to the stipend employee.

- Stipend employees must maintain satisfactory job performance while participating in the stipend program. The employee is responsible for consistently meeting all agency job expectations and requirements regardless of the field requirements.
- Stipend employees must maintain at least a “B” average on all coursework and remain in good standing in accordance with university standards.
- If any employee fails to complete the academy or is disqualified from the program, the employee must pay back the stipend in accordance with the Stipend Agreement.

Calendar dates for submitting and processing employee stipend students must be followed as below:

Fall Semester:

- May 15: All names submitted by University along with background forms, etc. during this week
- June 1: All applicants must have taken any pre-test/assessments required by SFCS.
- June 15: Set up interview during this week
- July 15: All contracts ready this week.
- Mid-August: Semester begins

Spring Semester:

- October 1: All names submitted by University along with background forms, etc. during this week
- October 15: All applicants must have taken any pre-test/assessments required by SFCS.
- November 1: Set up interview during this week
- December 1: All contracts ready this week.
- Mid-January: Semester begins

Summer Semester:

- February 15: All names submitted by University along with background forms, etc during this week
- March 1: All applicants must have taken any pre-test/assessments required by SFCS.
- March 15: Set up interview during this week
- April 15: All contracts ready this week.
- Last week of May: Semester begins

Records Management

DFPS Records Management Group will support SFCS with the same services it provides to DFPS. For more information about services see [Records Management Group](#) Safety net page.

RMG adheres to the nine-level priority list established by Texas Administrative Code when fulfilling redaction records requests. The detailed priority list from highest to lowest priority ranking is as follows:

1. Records provided in response to a subpoena or court order that has been properly served on DFPS.
2. Records provided in response to discovery in a lawsuit to which DFPS is a party.
3. Records provided to a prospective adoptive family before an adoption may be consummated.

4. Records provided to a party or the administrative law judge in an Employee Misconduct Registry administrative hearing.
5. Records provided to a party or the administrative law judge in a hearing conducted by the State Office of Administrative Hearings.
6. Records provided to a duly authorized person documenting the results of a school investigation as required by [Texas Family Code §261.406](#).
7. Records provided to a party in an administrative review of investigative findings that is conducted by DFPS.
8. Records provided to an adult who was previously in the conservatorship of DFPS, if the request is for a copy of the adult's own case record as defined by [Texas Family Code §264.0145](#).
9. Records provided to all other requesters entitled to receive the requested records, which are fulfilled in the order they are received.

SFCS Administrative Support Supervisor will have access to RMG Case Track system.

All records requests should be submitted directly to DFPS Records Management by submitting the request for records through OneCase in IMPACT.

Exceptions for not requesting records through OneCase:

- District and County Attorney Offices may submit an email requesting discovery directly to the RMG mailbox when the office is representing DFPS.
- When a SSCC caseworker receives an email directly from a District or County Attorney requesting discovery, the SSCC caseworker may upload the email into OneCase in lieu of the required discovery court order.

SFCS Permanency Case Manager On-Call

SFCS will be expected to have a Permanency Case Manager On-Call Schedule. To reach the on-call staff member, please contact the **SFCS Care Management division at (806) 516-3084**.

The CPS Liaison, Brandi.Vance@dfps.texas.gov will ensure the on-call schedule on the Safety Net is updated with the SFCS contact information.

Reporting Threats or Incidents

Safety is the most important factor in any client interaction. No law, policy, or local procedure requires employees to put themselves in or remain in a dangerous situation. However, because employees must often interview people who are angry, fearful, and occasionally hostile or aggressive, it is wise to take precautions and ensure that information about worker safety incidents such as assaults, threats, harassment, etc. are reported and information is shared with both SFCS and DFPS. For qualifying safety incidents, DFPS Worker Safety Support (WSS) staff will track safety incidents and ensure that information is shared with both SFCS and DFPS.

Threats or incidents reportable to DFPS Worker Safety Support include but are not limited to:

- Client makes a threat to come to a shared location and cause harm.
- Client makes a threat to SSCC worker that is tied to a case decision and DFPS staff could be perceived as in danger due to the nature of statement/action.
 - *Example:* Client's visitation is suspended and makes a threat to physically harm anyone that gets in the way of them and their children.
- Client makes a threat toward DFPS staff or a DFPS building to an SSCC worker.

- There is an outburst by a client in a shared location that causes damage to the building.
- Law enforcement is called to a shared office to respond to a safety concern for staff.
- Vandalism of a car on state property or DFPS leased facility.
- Internal worker safety issue between a DFPS staff and SSCC staff.

To report a worker safety incident, SFCS staff will send notification to WSS at workersafetysupport@dfps.texas.gov and CC txreg1directors@st-francis.org.

The DFPS Worker Safety Support team will document and track reportable incidents as well as send notification to points of contact with DFPS and SFCS. SFCS will be notified at txreg1directors@st-francis.org.

Additionally, SFCS staff should document worker safety information in the IMPACT case record. This information can be documented on the Case Summary page, under the Special Handling drop down section by checking the box next to Worker Safety and adding details regarding the safety concern in the comment box. The information should also be documented as a regular contact in the case, so it appears on the contact summary page.

The screenshot shows a web form interface for 'Special Handling'. It includes a dropdown menu for 'Special Handling' with a downward arrow. Below it is a text area for 'Special Handling Comments'. Further down, there is a checkbox labeled 'Worker Safety Issues' which is checked. Below that is another text area labeled 'Comments:' with the placeholder text 'ENTER SAFETY ISSUE HERE!'.

SFCS staff should also follow any internal procedures for incident reporting that may be outlined in the SFCS Operations manual.

Child and Family Services Review

The CPS division of **Federal and Program Improvement Review** (FPIR) provides continuous quality improvement services to all regions in Texas to support successful outcomes for children and families served by CPS. The division is made up of:

- Child and Family Services Review (CFSR) Team.
- Parental Child Safety Placement (PCSP) Review Team.
- Family-Based Safety Services (FBSS) Critical Case Review Team.

The Child and Family Services Review (CFSR) Team will be randomly selecting cases that are served by SFCS as part of their review.

For Additional information see Federal and Program Improvement Review Safety Net page.

Office of Consumer Affairs (OCA) Assignments

SFCS will develop their internal protocol to address OCA/FCO/Legislative Inquiries to adhere to time frames required by the division requesting the response.

- OCA/FCO/Legislative Inquiries will be sent directly to SFCS via the following email box TXcustomer@SaintFrancisMinistries.org, Mary Olivarez, 1-866-671-4735. The DFPS Regional Mailbox, DFPS Regional Director and CBCA will be cc'd on requests.
- SFCS will respond to OCA/FCO and any legislative inquiries within required timeframes as directed by OCA by replying all to the original email.
- If a substantiation results from the inquiries, SFCS will create a corrective action plan with staff involved to address policy violations.
- If SFCS believes the substantiation is not valid, they can ask for a review of findings.
- If the substantiation is upheld, they will continue with their corrective action plan.

For more information see: Office of Consumer Affairs webpage

Ombudsman for Children and Youth in Foster Care Process (FCO)

The HHS Office of the Ombudsman provides recommendations along with their decision, the SSCC must advise whether they will implement to the Ombudsman's recommendations or explain why they will or cannot implement the recommendations.

Same process as above. For more information see [HHS Ombudsman Foster Care Help Page](#)

Legislative Inquiry Process

Same process as OCA/FCO; however, there is no corrective action unless there is an inquiry/complaint that accompanies it with a substantiation.

Solution-Based Communication

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

Solution-focused communication is goal-oriented communication which focuses on the solution rather than the problem. The emphasis is on strengths and resources and how these can be utilized to achieve a positive outcome.

There will be instances when there may be an issue that cannot be agreed upon by DFPS and SFCS. During this time, all parties involved will need to work together and communicate by e-mail, phone calls, in person, or virtually to ensure that the best interest of child/ren and youth take precedence.

The safety and best interest of the child/youth should always be paramount in making the case decision and finding a solution to a barrier or disagreement.

The following section outlines the protocol to resolve any type of case disputes between INV/FBSS and SFCS

Solution-Based Communication Process:

Step 1

- CPI/CPS workers and supervisors, SFCS 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 three (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 CPI/CPS and the Director level in SFCS for attempted resolution.
- The disputed issues will be elevated in writing.
- 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.
- SFCS must ensure continuity of services, as defined by CPI/CPS, to the child or family affected while seeking to resolve case-specific disputes.

Step 2

Escalation

- The escalating party will send an email with supporting documentation to the Community Based Care Administrator and SFCS Senior Vice President with the subject line of "Solution-Based Communication."

Resolution

- Once a dispute is escalated (appeal), the Community Based Care Administrator will provide a written decision to the appeal within five (5) business days.
- The written decision will be emailed to the SFCS Regional Vice President with the subject line of "Solution-Based Appeal Decision."
- If the SFCS Regional Vice President 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 five (5) business days to make a decision on the SFCS Regional Vice President's appeal.
- If the SFCS Regional Vice President chooses not to appeal, they will notify the CBCA. The CBCA will distribute the decision to the appropriate staff and management.
- If the SFCS Regional Vice President appeals the decision of the CBCA to the CPS Regional Director, the CPS Regional Director will distribute their decision to the appropriate staff and management.

Situations Requiring Immediate Notification between SFCS and DFPS

Situations that require immediate notification between SFCS and DFPS include:

- When a child, who is referred or placed with SFCS, is in a life-threatening situation **and/or**
- Any time the media is involved with a child placed with SFCS.
- When a court hearing is imminent and DFPS disagrees with SFCS's recommendation as to the child's permanency.

Examples of situations that require immediate notification (but not limited to):

- Child Fatality
 - If a child fatality occurs in an open conservatorship case and meets the qualifications for an OCA Child Fatality Review, please follow the process outlined in the appendix [OCA Child Fatality Review Process](#)
 - Follow steps outlined in the [Child Fatality Protocol Handbook](#)
 - SFCS will be included in QRT team as appropriate
- Confirmed Abuse or Neglect situations that may attract media attention
- Child abductions
- Investigation or serious incident in kinship placement
- Staff acting inappropriately that may attract media attention or has been posted on social media
- Child abuse or neglect investigations involving a SFCS staff and a child in conservatorship
- If contacted directly for legislative inquiry
 - See Government Relations Handbook [Policy 300](#)
- Natural disasters where children are displaced

Immediate Notifications

Notice of the incident should be sent immediately upon knowledge. SFCS Regional Director Equivalent will send notification via email or text message to the CPS Director of Field, CPS Regional Director, the OCBCT Director, and the CBC Operations Director and include the following information (If there is a lack of detailed information about the incident or event, SFCS Regional Director Equivalent will notify that more information is to follow):

- Case ID, Youth PID
- Situation and reason for escalation
- Next steps for managing the incident/event
- Point of contact should additional information be needed with urgency

Following notification

- Regional Director will contact and inform the Regional Media Specialist and Community-Based Care Administrator of the situation.
- Regional Media Specialist will contact and inform the Media Relationship Manager of the situation; and
 - Contact and coordinate media message with SFCS prior to releasing any information or comments to the media about the situation.

Single Source Continuum Contractor (SSCC) Abuse or Neglect Investigations

A CPI investigation is considered an employee abuse or neglect investigation when:

- A DFPS employee or SSCC employee is alleged to have abused or neglected a child in his or her own family.
- A DFPS employee, contracted staff, volunteer, or intern or an SSCC employee is alleged to have abused or neglected a child in DFPS conservatorship, and the child is in an unlicensed setting.

Special investigators are assigned to conduct employee investigations meeting the above criteria. If a special investigator is the alleged perpetrator in an employee investigation, CPI conducts the investigation.

SSCC will follow steps outlined in policy [2121.1 DFPS Employee or Single Source Continuum Contractor \(SSCC\) Abuse or Neglect Investigations](#).

For additional information see policies:

[2120 CPI Authority for Investigating Reports of Abuse or Neglect](#)

[1260 Administrative Review of Investigation Findings \(ARIF\)](#)

Forms and Publications

If SFCS needs to re-order DFPS forms or publications, one designated person from SFCS can order by emailing formsandpublications@dfps.texas.gov.

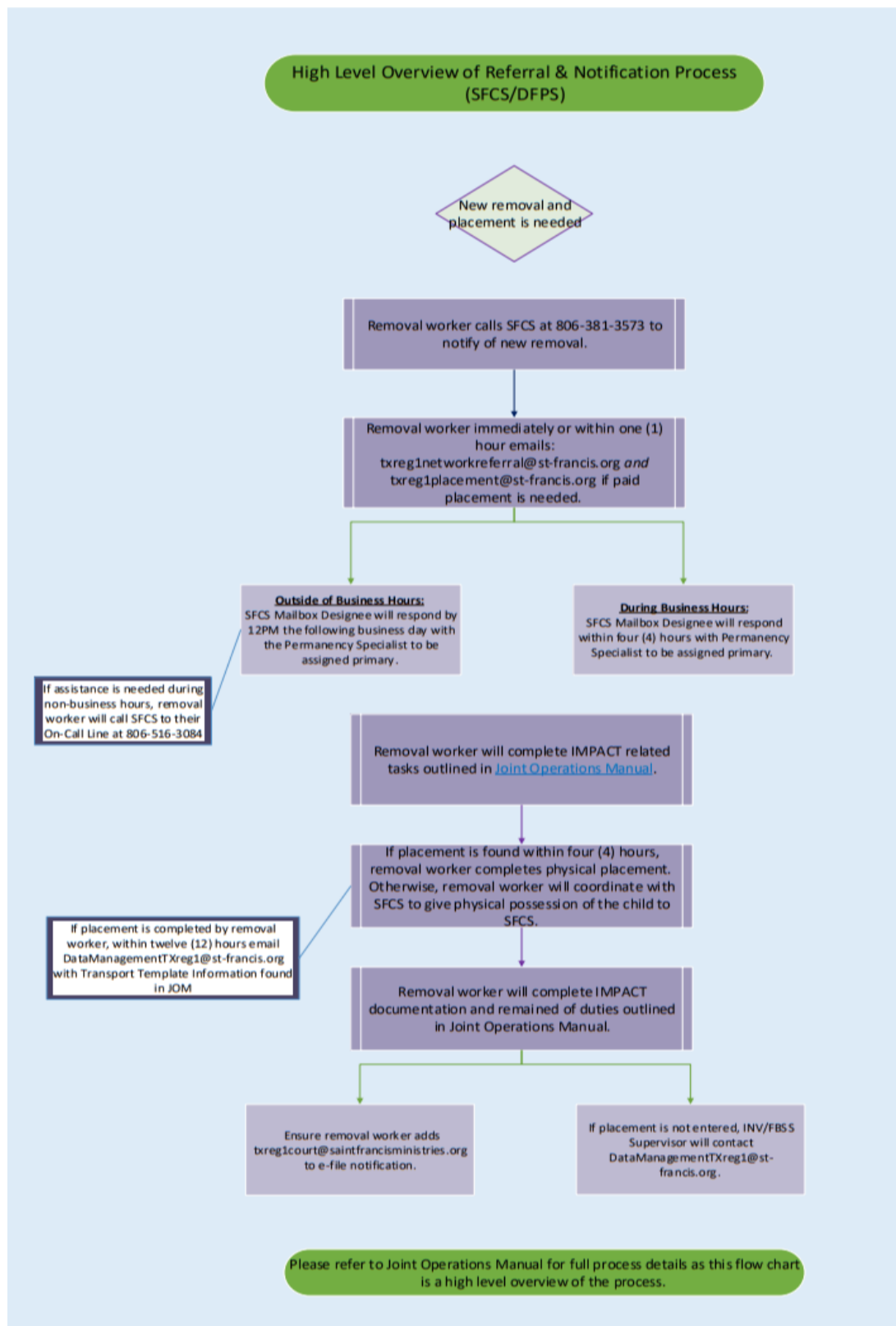
Appendix A: CBC Forms

Region 1 Removal Staffing Checklist

Please use this link for the Region 1 [Removal Checklist](#).

Purpose: Use this form to ensure all tasks associated with an emergency or non-emergency removal are completed.

Appendix B: R1 Referral Process Map (SFCS/DFPS)



Appendix C: SSCC Process on Funeral/Burial Procedures and Invoicing

For children or youth die while in substitute care please follow CPS Policy:

- [6491 Immediate Notification Requirements When a Child Dies](#)
- [6492 Making Funeral Arrangements](#)
- [6491.2 Inquire about Children's Funds](#)
- [6492.2 Involve Biological Parents](#)
- [6492.3 Involve Foster Parents and Other Significant Individuals](#)
- [6492.4 Involve Community Partners](#)
- [6492.5 Access CPS Funding](#)
- [8512 Funeral and Burial Services for Children in DFPS Conservatorship](#) (\$4,500 max per policy)
- [8512.1 DFPS Funding for Services](#)
- [8512.2 Purchasing and Payment of Services](#)

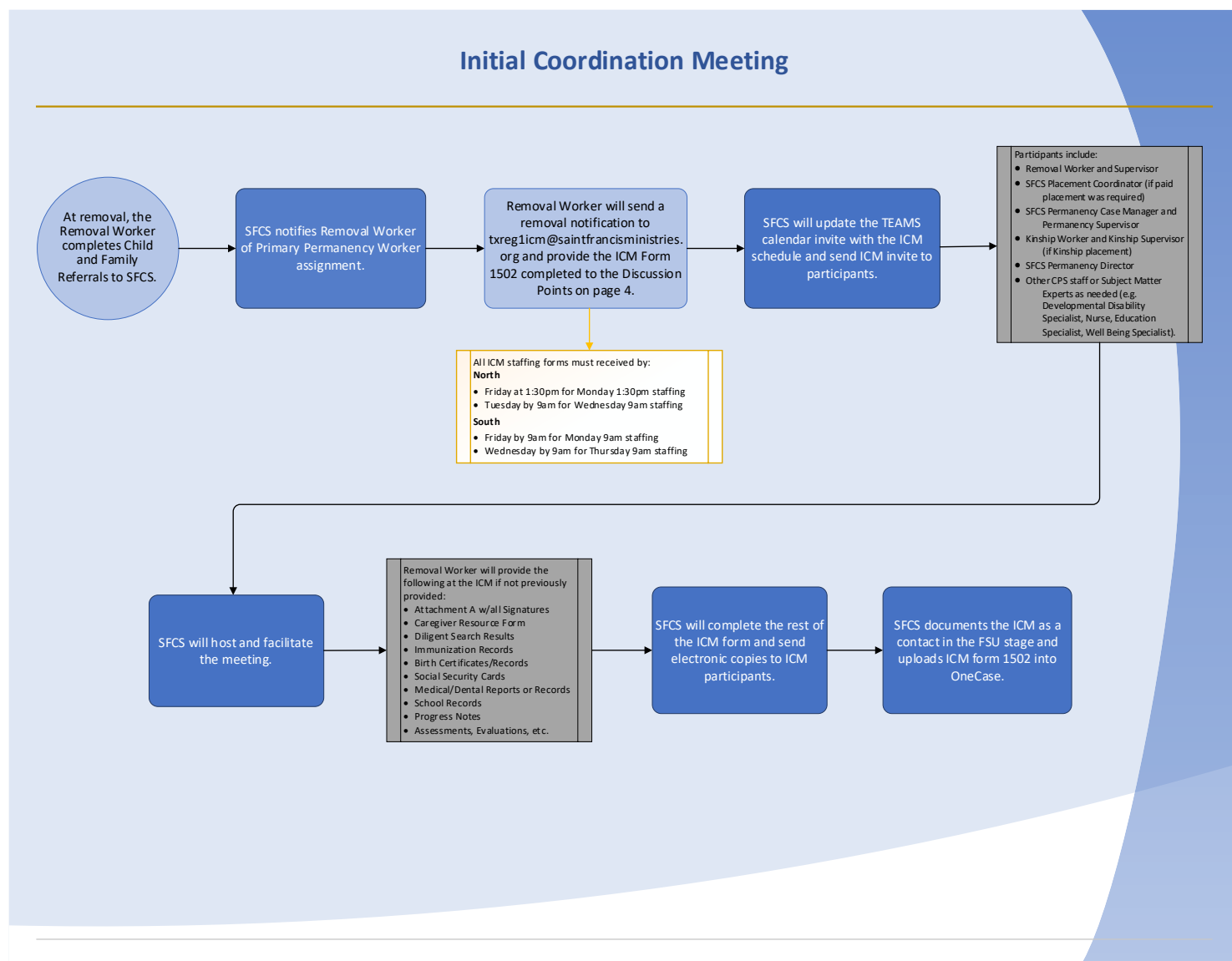
SFCS caseworker uses as much of the DFPS burial funding as is needed to cover the allowable expenses after applying contributions provided by the parents and community partners. Contributions from parents and community partners may be used for floral arrangements, police escort, limousine transportation, or catering depending on their preferences but must not be included in the funeral home contract/agreement.

- A complete Form 4116 Purchase Voucher. This form must be signed by funeral home representative and SFCS designated staff. Funeral home can contact the CBC Region 1 CAM, [Amy Forister](#) for help in filling out this form (806) 742-9443.
- A complete Form AP-152 Application for Texas Identification Number and 74-176 Direct Deposit Authorization.

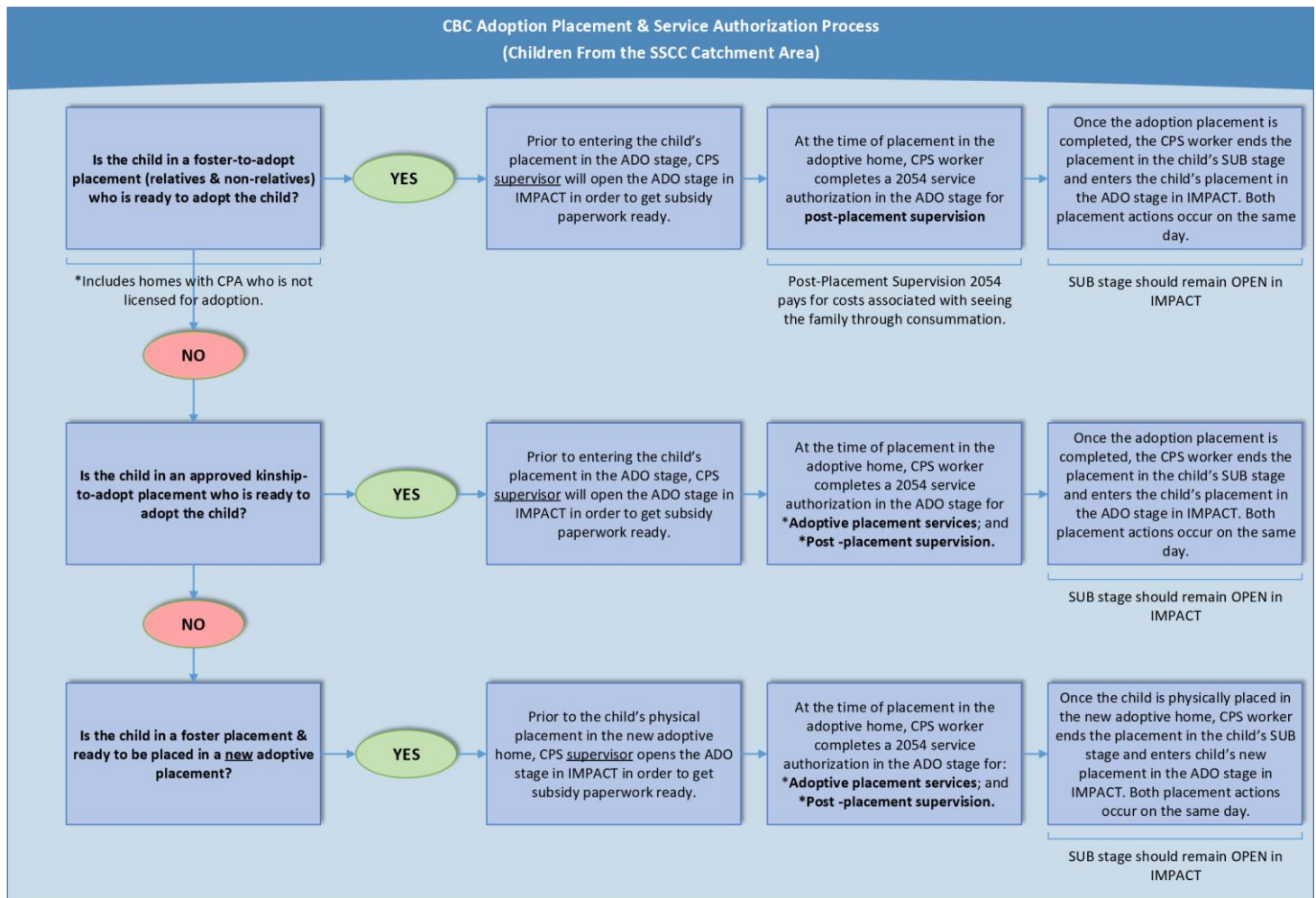
Important Notes:

- Only include the items that DFPS is paying for on the [Form 4116](#) in box #20 Description of Good and Services.
- Funeral home representative signature authority will need to sign next to the X (above box #24), including phone number. Print name and phone number in #24
- SSCC authorized staff must sign the first line in box #26 include phone number and date.
- Email all completed documents to the CBC Region 1 Contract Administration Manager:

Appendix D: ICM Flow Charts



Appendix E: CBC Adoption Placement/Service Authorization Process



Adoption Services Descriptions

Pre-Consummation Services (2054 = Placement services)	Pre-Consummation Services (2054 = Placement services)	Post-Consummation Services (2054 = Post-placement supervision)
Foster-to- <u>New</u> Adopt Home	Kinship-to-Adopt	Supervision of the Adoptive Placement
Case Review	Home Screening	Facilitate Sibling Contact

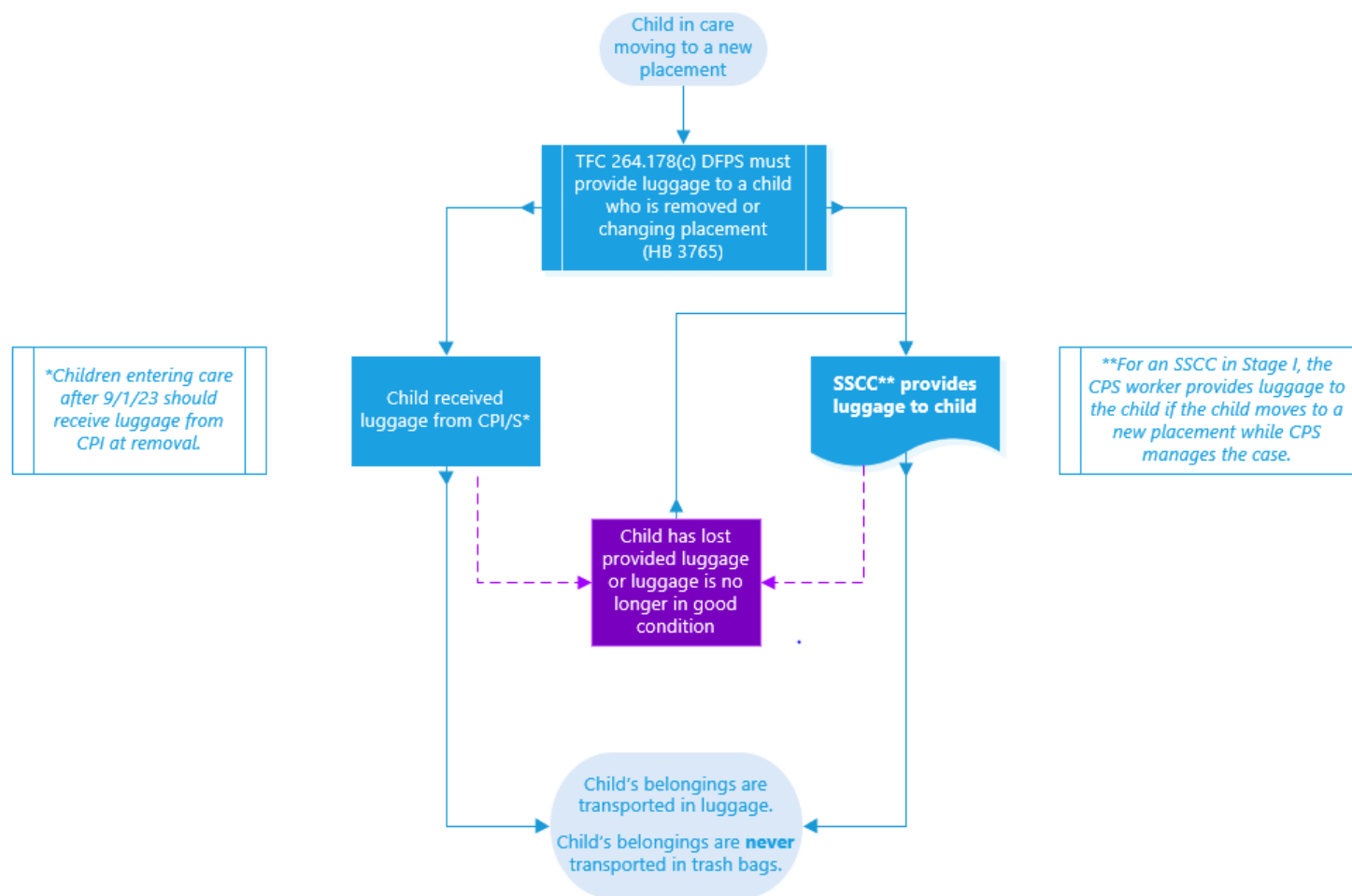
Pre-Consummation Services (2054 = Placement services)	Pre-Consummation Services (2054 = Placement services)	Post-Consummation Services (2054 = Post-placement supervision)
Pre-Placement Visits (between the child & prospective adoptive family)	Household Members Background Checks	Progression to Consummation (supervision of placement, written reports, legal & policy requirements)
Adoption Placement Documentation	Supervision of the Adoptive Placement	Delays in Consummation (review of placement with CPS & contractor and develop a revised Plan of Service)
Home Screening	Progression to Consummation (supervision of placement, written reports, legal & policy requirements)	Disrupted Placement
Household Members Background Checks	Delays in Consummation (review of placement with CPS & contractor and develop a revised Plan of Service)	Court Related Services: • Testimony (judicial hearings, court depositions & admin reviews) • Court Related Assistance (assist adoptive family & their attorney to complete consummation process)
Training for Adoptive Homes	Court Related Services: • Testimony (judicial hearings, court depositions & admin reviews) • Court Related Assistance (assist adoptive family & their attorney to complete consummation process)	Adoption Service Plan
Adoption Preparation of the Child	Adoption Service Plan	Adoption Preparation of the Child
	Adoption Preparation of the Child	

Appendix F: Medical Consenter Chart

Child's Placement	Recommended Designee First and Second Primary	Recommended Back Up First and Second Back Up
GRO Providing Emergency Care Services	Two Professional employee(s) of the GRO	• 3rd professional employee of the GRO; or • SFCS Specialist; or • Supervisor of primary/assigned caseworker.
CPA Foster family home CPA Foster group home with foster parents (without shift staff) CPA Pre-consummated adoptive home	Foster parents, or Pre-consummated adoptive parents	Professional employee(s) of the CPA, such as a case manager
GRO offering childcare services only (children's home with cottage model)	Cottage parents	• Alternate cottage parents; • Professional employee of the GRO, such as a case manager; or • SFCS Specialist.
Home and community-based (HCS) family home	SFCS Specialist, or Specialist's Supervisor	• SFCS Specialist, or • Specialist's Supervisor
GRO Residential Treatment Center GRO Therapeutic Camp GRO Child Care Facility (Group Setting with Shift Staff)	1. 1st Primary: the SFCS Permanency Specialist or Local Permanency caseworker 2. 2nd Primary: SFCS Case Care Specialist or Local Permanency caseworker	Any combination of the following individuals may be selected as the 1st and 2nd backup: • SFCS Permanency Specialist; • Local Permanency caseworker; • SFCS Supervisor; or • SFCS Director of Case Management. * 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.
HCS-based group home (with shift staff) Nursing home Intermediate care facilities for Individuals with Intellectual Disabilities (ICF-IID)	1. SFCS Specialist 2. 2nd SFCS Specialist or SFCS Supervisor	• 3rd SFCS Specialist or SFCS Supervisor • SFCS Supervisor
GRO offering treatment services for individuals with intellectual disabilities State Supported Living Centers (SSLC)	1. Developmental Disability Specialist (DDS) assigned as secondary worker 2. Primary SFCS Specialist or 3. Specialist's Supervisor	• 2nd Developmental Disability Specialist (DDS) • 3rd Developmental Disability Specialist (DDS) or Primary SFCS Specialist
Placement with Relative or Kinship Caregiver	Primary live-in caregiver(s) for the child	Another person, relative or kinship individual that knows the child and has knowledge of his/her medical condition and needs

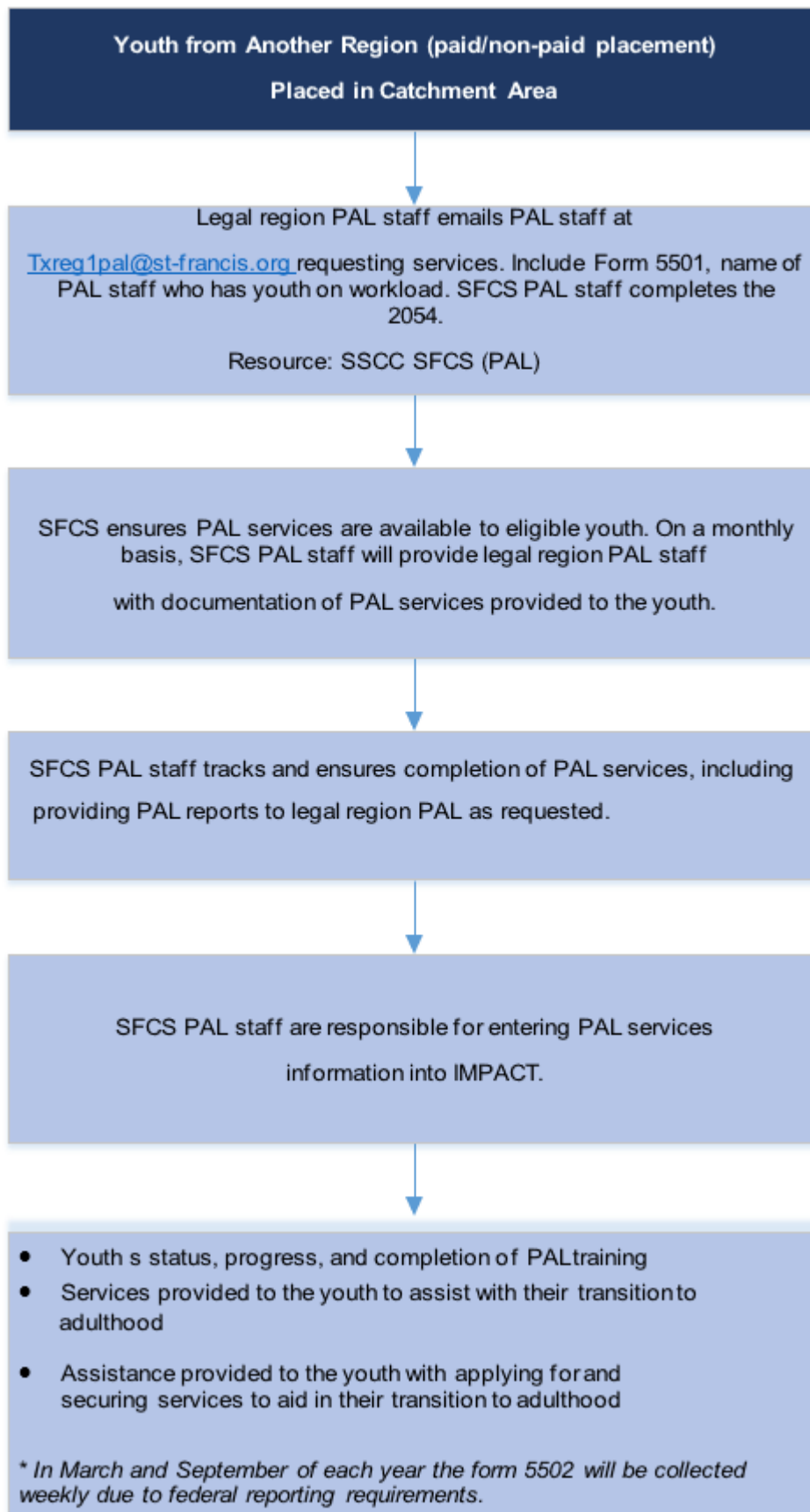
Appendix G: Providing Luggage to Children

Children in foster care have the statutory right to have their belongings transported in luggage. At least one piece of luggage is provided to every child that enters foster care beginning 9/1/2023, or at the first placement change occurring after that date. Children’s belongings may never be transported in a trash bag.

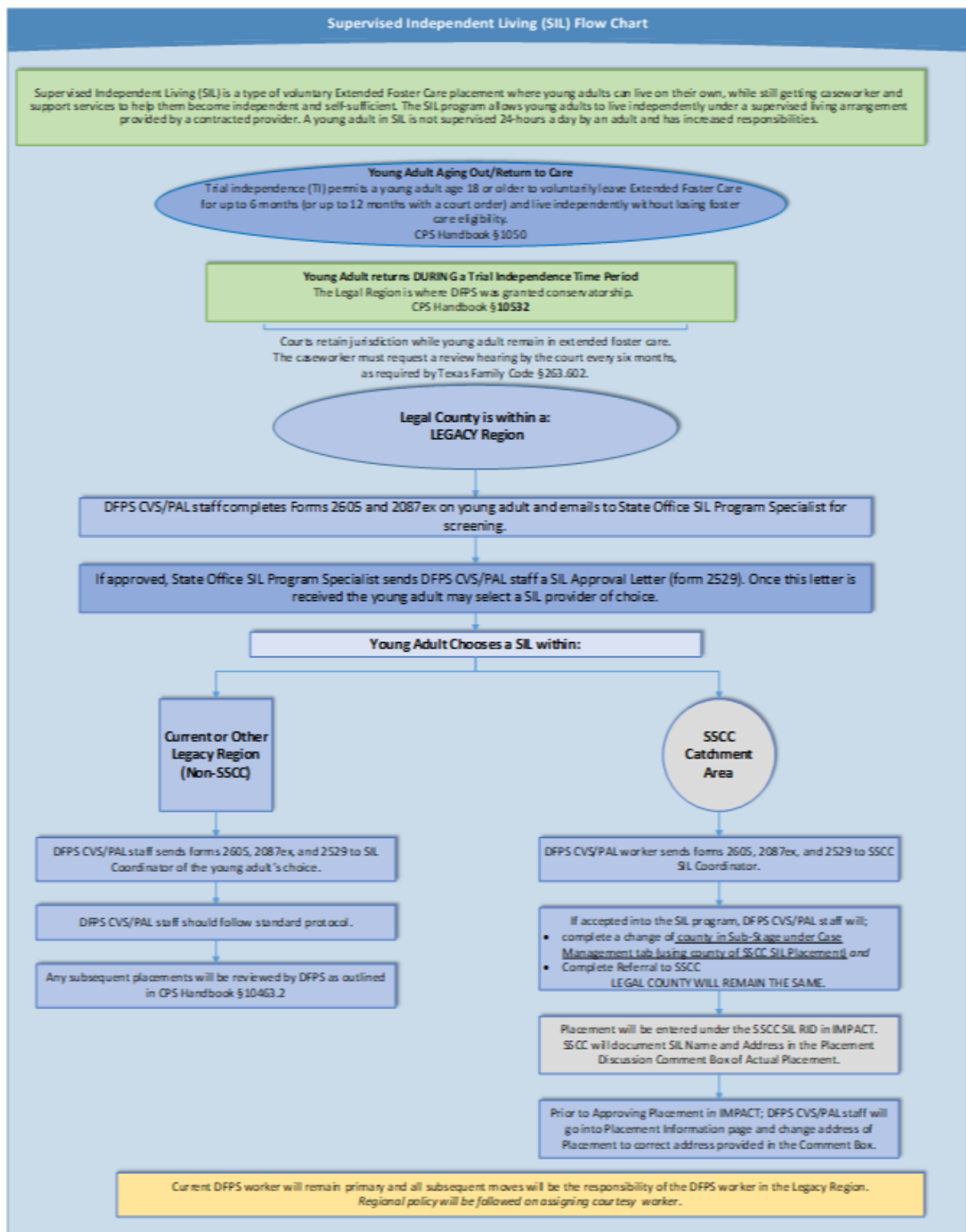


Appendix H: PAL Transition and Financial Support PAL Services for Eligible Youth Serviced by SSCCs

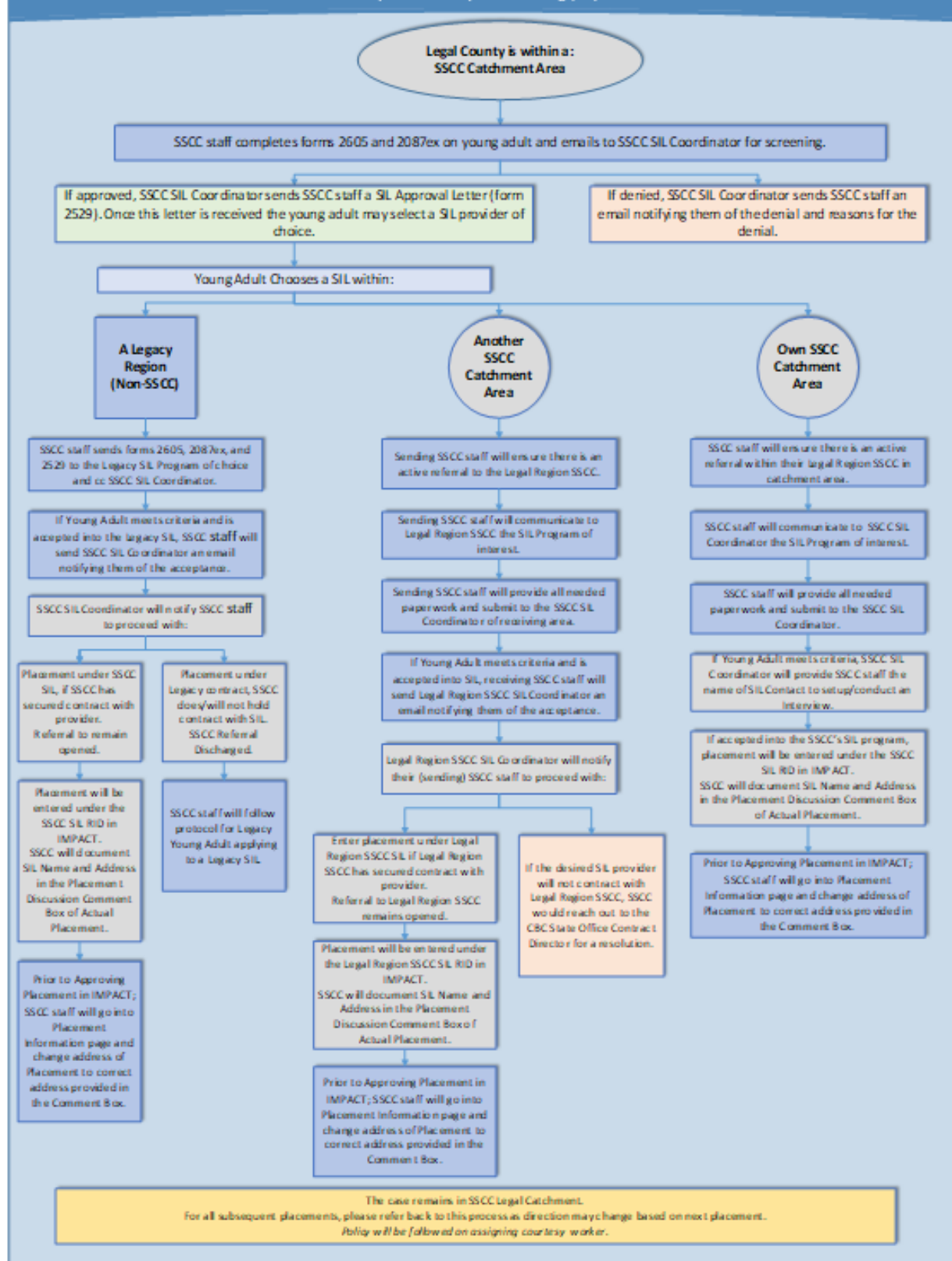
PAL Aftercare Services					
CBC Stage	Who sends request to service provider	Who is the service provider on 2054	Who completes 2054	Where is 2054 sent	Who documents services in IMPACT
SSCC in Stage I	Placement Region DFPS PAL Staff make the request	DFPS contracted Aftercare provider for placement area	Placement Region DFPS PAL Staff	DFPS contracted Aftercare provider for placement area	Placement Region DFPS PAL Staff
SSCC in Stage II	SSCC PAL Staff	DFPS contracted Aftercare provider for placement area	SSCC PAL Staff	DFPS contracted Aftercare provider for placement area	SSCC PAL Staff
Other PAL Services Sent to 3rd Party Claims Processor					
CBC Stage	Who sends request to service provider	Who is the service provider on 2054	Who completes 2054	Where is 2054 sent	Who documents services in IMPACT
SSCC in Stage I	Placement Region DFPS PAL Staff make the request	3 rd Party Claims Processor contract following existing procedures in PAL manual	Placement Region DFPS PAL Staff	3 rd Party Claims Processor contract following existing procedures in PAL manual	Placement Region DFPS PAL Staff
SSCC in Stage II	SSCC PAL Staff	3 rd Party Claims Processor contract following existing procedures in PAL manual	SSCC PAL Staff	3 rd Party Claims Processor contract following existing procedures in PAL manual	SSCC PAL Staff



Appendix I: Supervised Independent Living (SIL) Flow Chart



Supervised Independent Living (SIL) Flow Chart



Appendix J: Utilizing Background Checks Unit & DFPS Special Investigators

What is CBCU?

CBCU stands for Criminal Background Checks Unit. DFPS staff members within the Background Checks unit process background checks for the following populations:

- CPS Emergency Placements (FBI Exigent Checks)
- DFPS New Hires and Volunteers
- External Volunteers
- Purchased Client Services contractors
- General Public

How does the SSCC contact CBCU?

The SSCC can send an email to their mailbox (ASKBC@dfps.texas.gov) for questions or information. The SSCC can also visit the [DFPS Background Checks site](#)¹.

On the site, there are links and access to FINDRS information, Handbook, Training, CPS Background Checks, Resources, and a direct link to contact information.

What are SIs?

SI stands for Special Investigator. A Special Investigator performs advanced consultative protective services work in Child Protective Investigations (CPI), with an emphasis on forensic investigations. Work involves investigating cases that are of a high profile or high-risk nature or require joint investigation with law enforcement due to alleged criminal acts. A Special Investigator provides consultation and assistance regarding complex cases and issues, forensic investigation techniques, and investigation skills. A Special Investigator accompanies workers on cases and provides information on criminal statutes and law enforcement procedures when circumstances warrant. Special Investigators can assist the SSCC partner in the following activities:

- With sufficient notice, Special Investigators can attend meetings to train on best practices and how to utilize tools (e.g. Accurant) available to the SSCC for locating families and missing children.
- On certain cases, Special Investigators can support in emergencies to help track families and [locate missing youth from care](#)². Special Investigators would assess the request and consult with the SSCC requestor on recommended actions per available resources.
- Special Investigators can provide consultation/assessment/assistance on Human Trafficking related concerns.

How does the SSCC contact the DFPS SIs? AND What to expect when requesting Special Investigator assistance?

All requests for SI assistance should go through the SI regional mailbox. The mailboxes are monitored and are the method for routing assignments to Special Investigators. Only for emergencies (e.g. abduction) should the SI Program Director be contacted directly.

As soon as the caseworker finds the need to involve a Special Investigator, their supervisor must be notified and follow any protocols determined for the situation. Requests should be made to the Region of the child's legal custody, not the region of placement. For a search request such as running online searches for records and reports on persons of interest (e.g. TEA, Accurant, Location databases, Data Broker), include an [Information Request From-2005](#), detailing the need. Every region is

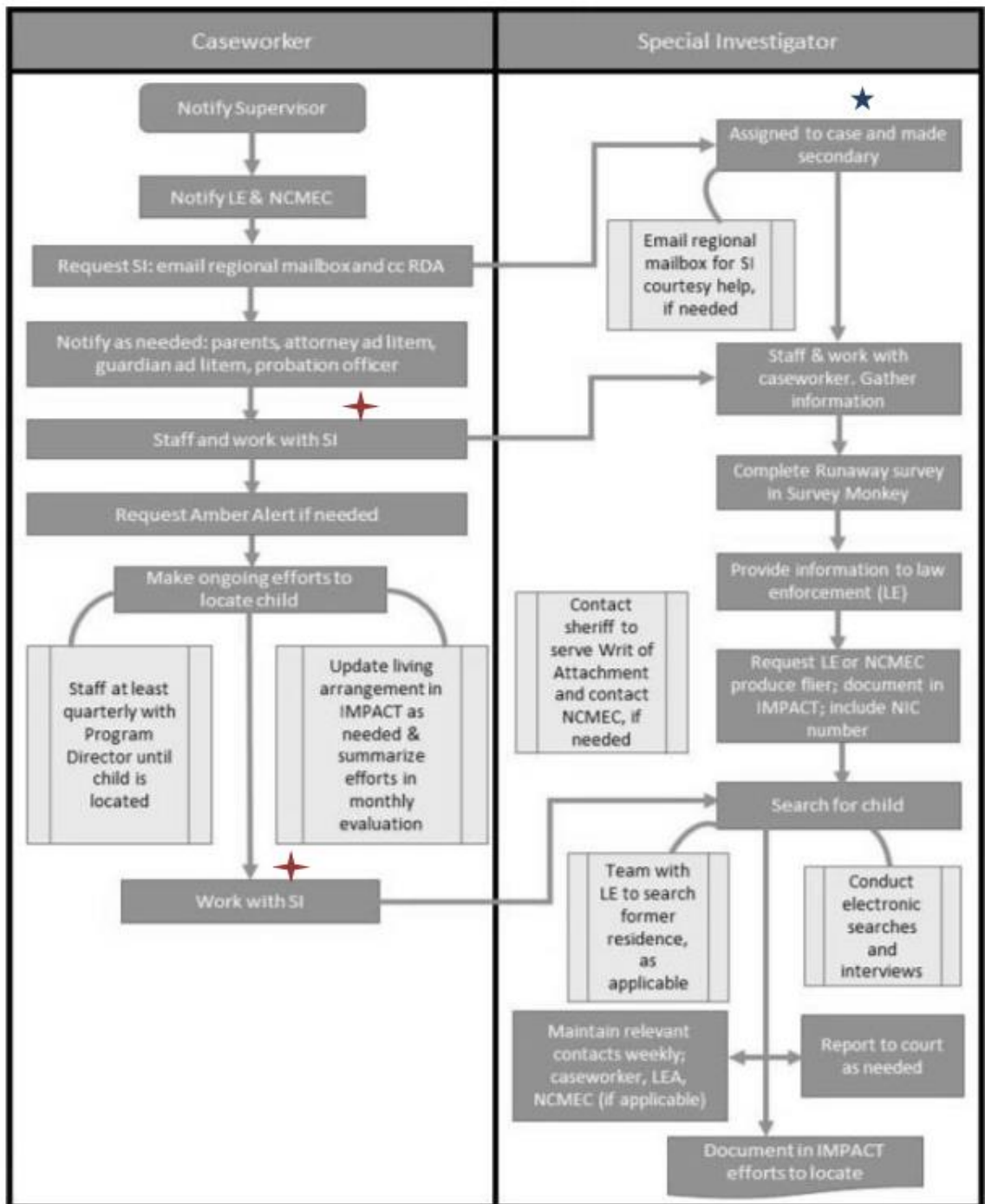
¹ http://intranet.dfps.txnet.state.tx.us/Operations/OSS/Background_Checks/resources.asp

² http://intranet.dfps.txnet.state.tx.us/CPI/Missing_Children/default.asp

different on an SI request, so consider creating an IMPACT 2.0 courtesy request¹. Courtesy requests for missing children also require the [CPS Missing Child Preliminary Sheet-4100](#)² with a copy of the orders granting custody, and an email subject line "Missing Child Request for Assistance". As soon as the caseworker receives notification, via email or phone, on who's been assigned, the caseworker makes that Special Investigator secondary on the case (SUB stage). This flowchart for SSCC caseworker and special investigator steps when a child runs away or goes missing is an example of what the collaboration may look like.

¹ http://intranet/CPI/Courtesy_and_Transfer_List/default.asp

² <http://intranet.dfps.txnet.state.tx.us/Forms/CPS/Conservatorship/default.asp>



★ SSCC must assign SI secondary on the SUB stage immediately upon notification of who's assigned to the case.

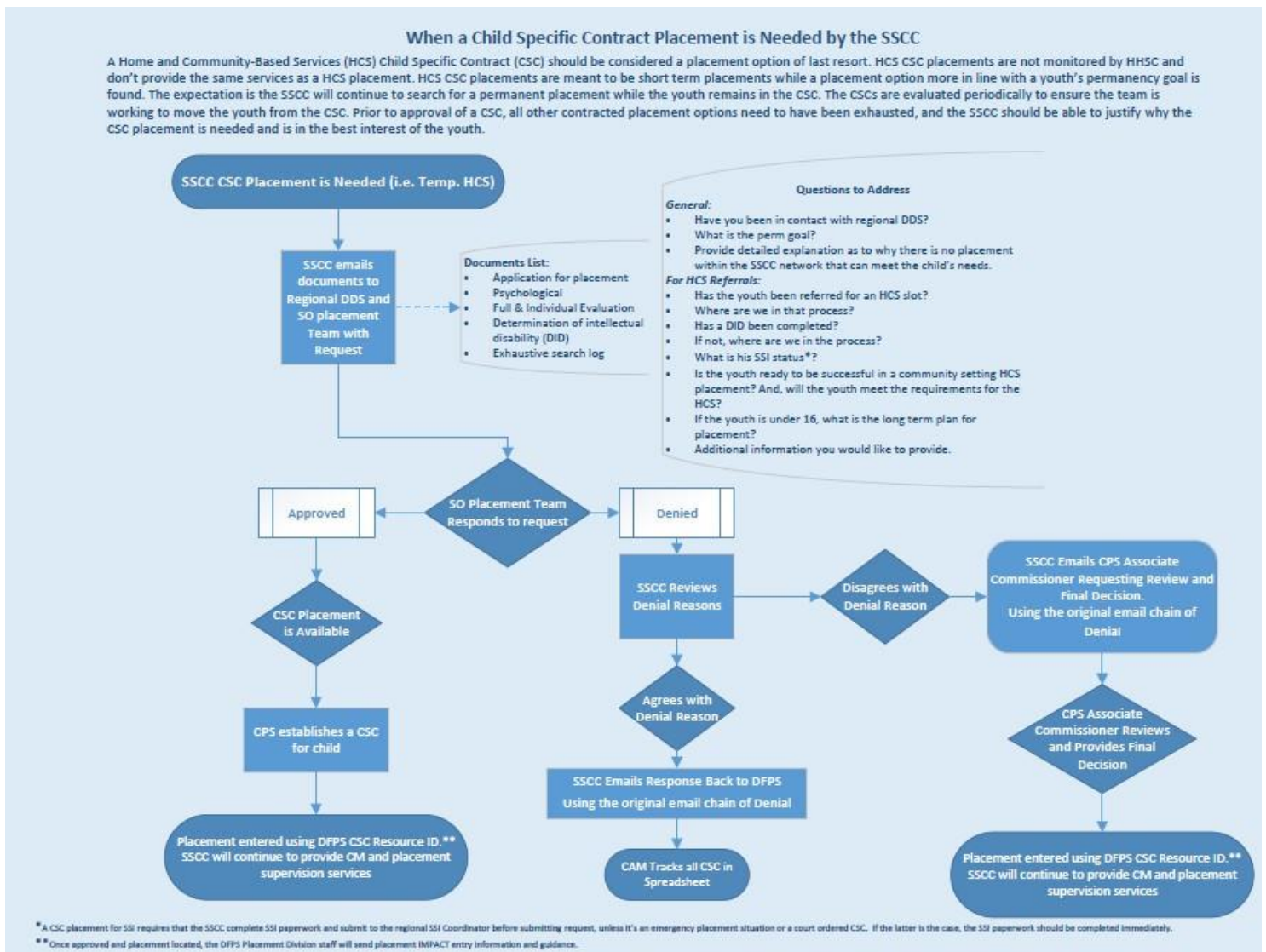
★ Complete missing event in IMPACT and coordinate with SI to complete recovery event in IMPACT if the SI completed the recovery interview.

Appendix K: Child Specific Contract Placement is needed by SFCS

A Home and Community-Based Services (HCS) Child Specific Contract (CSC) should be considered a placement option of last resort. HCS CSC placements are not monitored by HHSC and don't provide the same services as a HCS placement. HCS CSC placements are meant to be short term placements while a placement option more in line with a youth's permanency goal is found.

Prior to approval of a CSC, all other contracted placement options need to have been exhausted, and SFCS should be able to justify why the CSC placement is needed and is in the best interest of the youth. The expectation is that SFCS will continue to search for a permanent placement while the youth remains in the CSC. The CSCs are evaluated periodically to ensure SFCS is working to move the youth from the CSC.

It is important to emphasize that a CSC for SSI entails that the requester, in this case SFCS, complete all SSI paperwork (application for SSI benefits and supporting documentation) and submit to the regional SSI coordinator before submitting the CSC placement request, unless it is an emergency placement situation or a court ordered CSC. If the latter is the case, the SSI paperwork should be completed immediately upon request. Please review the attached process flowchart for guidance on CSC requests.



Appendix L: OCA Child Fatality Review Process

OCA Child Fatality Review

The Office of Consumer Affairs (OCA) conducts reviews on cases when a child fatality has occurred and the case involves the following criteria:

1. The cause of death is suspected to be caused by abuse and/or neglect
2. There is an open or closed (CPI, CVS, FBSS, Kinship) within the last year.

OCA will conduct a review of the open Investigation regarding the child fatality with the most up-to-date information as the Investigation may still be ongoing and review any open and closed family cases within the last two (2) years. This review will identify staff involved, child safety concerns, policies associated with the concerns, trends, and patterns.

Critical Case Report is sent to DFPS Executive Leadership Team, Governors Office and external parties.

OCA Child Fatality Review is sent to the CPI Director of Investigations, CPS Director of Field, CPS Regional Director, and SSCC

The SSCC will review the cases OCA reviewed and other cases from the program area where the child fatality occurred. The SSCC will identify and list the steps and efforts to address issues noted in the OCA Child Fatality Review and their review of other cases on the Region Response to OCA Case Review Form.

The SSCC will review their findings with the CPS Regional Director and submit the Region Response to OCA Case Review Form to the CPS Director of Field and OCA within 30 days of the child fatality.

There will be times when OCA may identify cases for a Critical Case Meeting (CCM). The SSCC will receive a notification for when the CCM will occur. In lieu of providing the Regional Response for Cases Reviewed, the SSCC shall prepare to discuss any similar issues and policies affecting child safety as those listed in the OCA Child Fatality Review. SSCCs should be ready to provide updates on surviving children, who may be in care, or information relevant to SSCC oversight.

Operation Manual Version Tracking

Version (Published Date)	Section Topics Affected	Change Details
February 2022 V.1	NA	
April 2022	Courtesy Supervision email address	Corrected email address
	Administrative	Added section of Other Miscellaneous Administrative Items and added Forms and Publications to that section.
	Appendix: CBC Flow Charts RCCI Screener Email Notification Process Map	Updated RCCI Screener Email Notification Process Map to include SFCS Regional Compliance Mailbox and SFCS RD Asst. Equivalent.
	Kinship Placement and Case Management Referral	Removed incorrect supervisor
	Volunteer and Community Engagement, Access to Resource Rooms	Correct phone numbers for contacts.
	SSCC Exceptional Care Flow Chart	Updated to latest version includes edits related to the OCBCT Office and Placement team contacts.
	Title	Added area name in addition to region to title.
May 2022	New Paid Placement and Case Management Referrals	Change initial primary assignment from Placement Coordinator to Permanency Specialist
	Referrals When Placement is Not Needed Immediately but DFPS Has obtained Conservatorship	Change initial primary assignment from Placement Coordinator to Permanency Specialist
	Region 1 Removal Checklist	Correct link to Region 1 Removal Checklist
April 2023	Operating Policies and Rules	Updated CBCA information
	Legal basis for CPS and Single Source Continuum	Updated catchment areas
	Child Sexual Aggression Designation	Replaced Child Sexual Aggression Resource Guide with Sexual Incident Resource Guide.
	Signature Requirements for Child Sexual Aggression, Sexual Victimization, Sexual Behavior Notification	Updated chart to reflect "Unauthorized Home" setting.

		Updated chart under “Other Facilities” section
	New Paid Placement and Case Management Referrals	Wording changed to clarify sentence
	Placing Children in Certain Institutions	Added information about reestablishing the SSCC child referral after placement is complete.
	Placement at Casa Esperanza (Hope House), Mission Road	Process was updated
	State Office Divisions Collaboration	Added In-State, Out-of-State and Out-of-Country travel section
	Administrative Related	Replaced “Director of Community Engagement” with “Director of Human Resources”
	Records Management	Added that records should be requested through OneCase unless they fit one of the exceptions listed.
	SSCC Exceptional Care Process Update	Link to Exceptional Care Rate Resource Guide added
	ICPC Flow Chart	ICPC Flow Chart added to the appendix
	SIL Flow Chart	SIL Flow Chart Updated
September 2023	CSA Designee	Updated point of contact for CSA matters
	3-day medical	Additions made for new 3-day policy
	Abortion	Pregnancy section replaced previous Abortion section.
	External Documentation	Section updated
	Payment for Temporary Absences from Paid Placement	Section Added
May 2024	The CPS Rights of Children and Youth in Foster Care, also known as the bill of rights	Section updated
	IMPACT and CLASS History Checks	Added information
	Exceptional Foster Care	Section updated
	SSCC Contract with Non-Paid Residential Providers	Removed
	New Paid Placement and Case Management Referrals	Section and format updated
	Kinship Placement and Case Management Referral	Section and format updated
	Referrals When Placement Is Not Needed Immediately but DFPS Has Obtained Conservatorship	Format updated
	Placing Children Who Have Intellectual or Developmental Disabilities (IDD), Primary Medical	Format updated

	Needs (PMN) or Complex Medical Needs	
	Psychiatric Hospitalization of Children/Youth in DFPS Conservatorship	Section added and updated
	Placement into an Inpatient Psychiatric Stabilization Program (IPSP)	Section updated
	Initial Coordination Meeting (ICM)	Section and format updated
	Obtaining Certified Birth Certificates and Screen-Printing Birth Records	Section updated
	Abuse and Neglect Investigations on Child/ren in Conservatorship	Section replaced previous Multi-Stage staffings
	When Children Not in DFPS Conservatorship Are in Immediate Danger	Information added
	Trauma Informed Care Program Specialists	Section Added
	Faith-Based Specialists and Community Engagement	Title Change and section updated
	CPS Texas Juvenile Justice Department (TJJD) Liaison	Section Added
	Local Kinship Collaboration Group	Section Added
	Helping through Intervention and Prevention (HIP)	Section Added
	Daycare Services	Format Updated
	Confidential Illness	Section Added
	Referring Cases to the Office of the Attorney General for Paternity Testing	Section Added
	Permanency Care Assistance	Format updated
	Adoption	Format updated
	Youth Leadership Councils	Section added
	Extended Foster Care/Return to Extended Foster Care	Section added, updated, and format change
	DFPS Housing Program and Rental Assistance Options	Section added
	Housing Duties and Regional Housing Liaisons	Section added
	NYTD Results	Section added
	Interstate Compact on the Placement of Children	Section updated
	Solution-Based Communication	Title changed to replace previous Case Dispute Resolution

	Appendix B: R1 Referral Process Map (SFCS/DFPS)	Section added
	Appendix C: SSCC Process on Funeral/Burial Procedures and Invoicing	Updated
	Appendix D: ICM Flow Charts	Section added
	Appendix E: CBC Adoption Placement/Service Authorization Process	Section added
	Appendix F: Medical Consenter Chart	Section added
	Appendix G: Providing Luggage to Children	Section added
	Appendix H: PAL Transition and Financial Support PAL Services for Eligible Youth Serviced by SSCCs	Section added
	Appendix I: Supervised Independent Living (SIL) Flow Chart	Section added
	Appendix L: OCA Child Fatality Review Process	Renamed
September 2024	Children/Youth Under SFCS Supervision	Section revised and updated with information regarding time frames and shift notes
	New Paid Placement and Case Management Referrals	Foster Care Handbook
	Process for Transferring A Legal Case Between SFCS and DFPS	Clarification of Process and Steps
December 2024	Permanency Care Assistance	Information updated regarding opening and assigning FAD stage.
February 2024	N/A	Links Updated
	When a Youth in Substitute Care is Pregnant or Parenting and When a Mother in an Open CVS Case is Pregnant	Section and policy updated.
April 2025	Adoption	Level of Care (LOC) point of contact to update in IMPACT
	N/A	Updated TAC code links
	New Paid Placement and Case Management Referrals	T3C Updates
June 2025	When CVS is Not Obtained	Section added
July 2025	Multiple Sections	GRO Attachment A's information
	New Paid Placement and Case Management Referrals	New case assignment referral process
	Kinship Placement and Case Management Referral	New case assignment referral process

