



## Policy Attachment: 16.31

<b>Subject:</b>	<b>Instructions for the Custodial Permanency Plan</b>
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### Additional Information:

Policy allows for certain areas of the Permanency Plan template to be completed prior to the Permanency Plan CFTM. The purpose is to allow the team to focus on developing the overall goal(s), outcomes and specific action steps during the meeting.

Information that is entered on the plan prior to the Permanency Planning CFTM should have been gathered from the Initial CFTM, non-custodial permanency plan, various DCS assessments, medical records, school records, and interviews with the child, family and other team members. This information is NEVER simply created by the FSW's, but must be identified from the one of the above-mentioned sources.

#### General Information:

- Most information is populated by TFACTS. The FSW should enter in the Court Custody Intake icon all information prior to Initial Permanency Planning CFTM.

#### Section 1: Court

- Current custody information is self-populated. If this information is incorrect, corrections will have to be made in the Court Custody Intake icon.
- Everything below "Plan Reviewed at Hearing on" will not be completed until the Permanency Plan summary is taken to court to be ratified. Please leave this section blank until then.

#### Section 2: Child & Family Team Members

- All parents and other persons' information should be entered in TFACTS Court Custody Intake icon before the template is printed out. If this is completed, this section will self-populate.
- All parents (biological, putative, legal, and adoptive) must be entered in TFACTS that they will appear on the plan. Please ensure that all persons have a correctly identified relationship in TFACTS.
- If new persons attend any Permanency Planning CFTM, then please add them to this section (through the Court Custody Intake icon) after the CFTM.

#### Section 3: Reasons for Custody

- This should have been reviewed at the Initial CFTM. The FSW needs to write in this section before the Initial Permanency Planning CFTM based on the family story and other reasons discussed at the Initial CFTM.

#### Section 4: Custodial Permanency Goal

- All information in this section should be written in by the FSW at the Initial Permanency Plan CFTM with input from all team members. Do not complete this section prior to that meeting. Decisions about goals should only be made during the Permanency Planning CFTM with input from the child, family and other team members.

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- If the team selects a goal of Exit Custody, Permanent Guardianship and/or PPLA the team must determine if the goal is being used with “relative” or “kin”.
  - A **Relative** is a person who has a legal relationship with the child by blood, marriage, or adoption.
  - A **Kin** is a person that has a significant emotional relationship with the child, but is not related by blood, marriage or adoption.
- If the team chooses the goal of Permanent Guardianship or PPLA, a Permanent Family must be identified in Section 11. If the team chooses the goal of Exit Custody, TFACTS will allow the FSW to enter a Permanent Family, but it is not required.
- The goal of PPLA cannot be used unless PRIOR approval has been given by Central Office. Please refer to **16.31 Attachment** : Planned Permanent Living Arrangement Protocol

### **Section 5: Placement**

- The level of care is populated from the placement tab in TFACTS.
- The FSW will also enter the level of care recommended by the CFTM. This can be determined at the Initial CFTM or the Initial Permanency Planning CFTM. If the level of care recommended is different from the level of care where the child is placed, an explanation should be given in the field for “Brief Description of the Current Placement, and the Safety and Appropriateness of the Placement”.

### **Section 6: Health**

- Health information in TFACTS is entered by the Well-Being unit based on medical records and Health Follow-up forms that are submitted to that unit.
- The health section will self-populate from TFACTS once the plan is entered in the system.
- If information is missing from the health tab (such as PCP) please make sure your health unit is notified so that it can be corrected.
- The FSW should print the Health Summary from TFACTS Health icon and attach it to the Permanency Plan when it is presented to the court.

### **Section 7: Education**

- The school name and grade will self-populate from TFACTS. If this information is incorrect the FSW will need to correct the school information in the Education Icon, and then refresh the information in the Permanency Plan.
- The FSW should hand write the grade performance level and how that determination was made prior to the Initial Permanency Planning CFTM. This information should be gathered during the Initial CFTM, and based on information received from school records, DCS assessments and interviews with the child and family.

### **Section 8: Interdependent Living**

- **The Interdependent Living Section will only appear if the child is 14 years old or older.**
- Children age 14-16 must develop outcomes and action steps for two sections of the Interdependent Living tab. The sections are Life Skills and Daily living, and Support: Social Relationships and Communication Skills. The team is allowed to complete more than these two sections if they desire.
- Children age 17-19 must complete all eight sections of the Interdependent Living tab.

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- The [Ansell Casey Life Skills Assessment \(ACLSA\)](#) must be completed before this section of the Permanency Plan can be developed.
- The FSW should print off the results of the assessment prior to the Permanency Planning CFTM. Please refer to Attachment 1- Ansell Casey Life Skills Assessment/Protocol for more assistance with the ACLSA.
- The FSW can write the strengths and needs that are provided as part of the ACLSA results under each applicable section of the IL tab on the template. This should be done prior to the Initial Permanency Planning CFTM.
- An IL Program Specialist can provide technical assistance interpreting the assessment results, and make recommendations about life skills training materials, tools and other resources.

### **Section 9: Visitation**

- Visitation should have been discussed and arranged at the Initial CFTM. The visitation schedule is recorded on the CFTM Summary form, and a copy placed in the child's file.
- The FSW should handwrite this section based on the details written on the CFTM Summary form prior to the Initial Permanency Planning CFTM. The visitation schedule that is entered in the Permanency Plan should be flexible enough to allow for occasional schedule changes.
- The section can be reviewed and updated if changes need to be made at the Initial or Revised Permanency Planning CFTM.

### **Section 10: Child and Family's Strengths and Needs**

- This information will be gathered from the Initial CFTM as well as from other assessments and interviews.
- Child and Family's Strengths and Needs that were discussed at the Initial CFTM and gathered from assessments and interviews should be handwritten on the Permanency Plan before any Permanency Planning CFTM.
- Remember to include the strengths and needs of the child, parents, and other caretakers.

### **Section 11: Goals, Outcomes and Action Steps**

- Outcomes and Action Steps must be developed during the Permanency Planning CFTM with the input of the Child and Family Team. Most of the Permanency Planning CFTM should be dedicated to this task. Do not enter any of this information prior to the meeting.
- Outcomes should describe the parent's or child's behaviors and the environment that is created when their needs are addressed. Outcomes are not services.
- Action Steps are the individual tasks that must be completed to achieve the outcomes. Action steps are detailed and specific enough so that family members know exactly what they must do.
- Every action step must include the name of the person who is responsible for that step and a date by which it will be completed. (For example, Josh Smith will call the Community Health Center at 555-7894 and schedule an appointment by 5/5/08.)
- Completion dates must be reasonable and achievable for the family. (If a parent tested positive for THC today, it would be unreasonable to expect him or her to have a clean drug screen by next week. It might be

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more reasonable to assume that he or she will not be able to test negative for THC until after treatment has been completed for 30 days.)

- The “Expected Achievement Date” reflects the date that all of the action steps are completed and the outcome has been achieved.
- If reunification is a goal, all parents (biological, legal, putative and adoptive) must have some action steps and outcomes that apply to them, unless the parents’ rights have been terminated. (This includes missing and unknown parents.)
- Child support must be addressed in the outcomes and action steps unless the parents’ rights have been terminated.
- A Permanent Family can be identified in this section.
  - If the permanent family is a relative, he or she must be identified as a relative in the relationship tab (under the Court Intake icon).
  - If the permanent family is kin, he or she must be identified as “other non-relative” in the relationship tab (under the Court Intake icon).
  - If the permanent family is a foster family, they must be identified in the Permanent Family Icon. The name will self populate in the Permanency Plan once they are identified in the icon.

### **Agreements and Signatures**

- Must be completed at any Permanency Plan CFTM.
- FSW should ask that all parents sign the Permanency Plan. Parents have the right to refuse to sign the document.
- The FSW should ensure that parents receive and sign [CS-0745, Criteria and Procedures for TPR](#), [TennCare Medical Appeal Rights](#), and [CS-0158, Notification of Equal Access to Programs](#).

**\*\*Any section of the Permanency Plan template that is hand written prior to a CFTM can be reviewed and changes made if necessary during the meeting.**