

PMC

Introduction

CAI Pilot Program Model

Goal

To provide a focused intervention into the lives of children in the Permanent Managing Conservatorship (PMC) of the Texas Department of Family and Protective Services (DFPS) that will provide for greater stability and the possibility of enhanced permanency outcomes for them, both now and over time. The pilot spans two years. A total of 32 cases will be worked at a time by one full-time Advocacy Coordinator (who will take 24 cases) and one Team Leader (who will take 8 cases). The pilot will run through September 2013. Volunteer advocates working cases at that time will finish out those cases, but data collection for the cases will end at that time. All volunteers recruited for this pilot have participated in Advocacy University and have completed at least one TMC case.

At the end of the pilot, the goal is to answer two questions, which will help Child Advocates, Inc. (CAI) to determine whether this is a sustainable effort:

Have the children who were served in this pilot been positively impacted in terms of their current stability and the amount of personal connections they now have?

Do the volunteers who participated in this pilot feel that their volunteer experience has been meaningful and that they have made a difference in the life of a child?

As an organization, Child Advocates, Inc. will then make a determination about whether to then incorporate PMC cases into the current court program.

Background

Presently, approximately 45% of the 5,500 children currently in DFPS custody in Harris County are in PMC status. Of this total, roughly 80%

have already had parental rights terminated. Some of these children are in an adoptive placement or an adoptive family has been identified and they will transition from PMC to full custody being given to the caregivers. The remainder of these children typically spend years lingering in the foster care system, with roughly 80% of those who spend more than 2 years in foster care eventually “aging out” of the system.

The reasons for children ending up in PMC *without termination* vary. Some of the children (many are teenagers) have a bond to their parents and do not wish to be adopted. In some cases, the state is not able to present a strong enough case to obtain termination. A smaller population represents situations where the parents have not alleviated the risks that brought their children into care during TMC, but DFPS continues to provide them with services and continues to assess the viability of family reunification.

Numerous studies have highlighted the inadequacies of the current system to prepare children who spend years in PMC for adulthood, increasing the likelihood of poverty, drug addiction, homelessness, and unemployment. Ironically, the amount of oversight, engagement, and attention children in PMC cases receive is less than that afforded those in TMC. PMC cases are brought before the courts only once every six months (as opposed to every 3-4 months in TMC cases), and in some courts the caseworker is not required to be present, instead having a court liaison stand in for all the cases on the docket for a particular day.

It is not uncommon for both the attorney ad litem and the CASA volunteer (if one has been appointed) to be dismissed once DFPS takes permanent legal custody of a child at the conclusion of a trial in a TMC case.

CAI made a decision early on to focus on taking only TMC cases, because of a belief that if there is an effective intervention in the lives of children when they first enter the CPS system, then there is a better chance that they will not ultimately end up in PMC. In recent years CAI has focused more on getting appointments as early in the TMC phase as possible, ideally within the first two months of a case being opened.

Population

The children served will be those with cases in the 257th and 309th District Courts, without regard to age or status as *with* or *without* termination. The pilot will not, due to size, serve all children in PMC in

either court, so a selection criterion has been developed, ensuring that the children participating have the greatest identified needs and where a volunteer will be able to have the most impact. A case will consist of all siblings in the family who are in PMC care, though most cases consist of only one child.

The need for a selection criterion is two-fold:

1. Children who are already experiencing strong permanency (i.e. they are placed with relative/fictive kin/parent who is committed to keeping them long-term) and who do not have specialized needs that are not being met (psychological/educational/medical) would not fully realize the benefits of having a GAL
2. In some instances, though there is an identified need on the part of the child, participation in the pilot may not provide an optimal experience for the volunteer. An example of this would be a case where a child has severe medical or psychiatric conditions or children who are also involved in the juvenile justice system. In both cases the volunteer's ability to impact the child or permanency outcome is greatly diminished and would most likely result in frustration for the volunteer.

Focus

The program portion of the pilot will focus on three primary areas of engagement:

- Case Mining
- Child Engagement
- Family Engagement

Activities

Many of the activities performed by the volunteer will be the same as or similar to those performed on TMC cases.

Contact/Inform all parties of our appointment to the case and our responsibilities/how this role differs from our work on TMC cases

Case mining (called case reading in TMC cases)

At least once monthly contact with child/children

Assess present needs of child as they relate to placement and services-

Diligent Search for family members

Phone/Face to face contact with relatives

Facilitation, if appropriate, of contact between child and relatives

Completing a court report

Attending court and testifying as to the best interest of the child

Desired Outcomes

Increased stability in present placement

Increased contact with family/people important to the child

Increased well-being of child

Possibility of a change in placement that is more stable and long-term

Engaging the Child

Child Engagement will occur in much the same way as it does on TMC cases. Volunteers will meet with the child, caregivers and any other persons who are currently a part of the child's life. They will assess the child's needs and advocate accordingly. Where this deviates from the current TMC model is that there will be more focus on developing an understanding of people (most likely their family of origin and extended family members, but can include teachers, clergy, neighbors, godparents) who have had a significant impact on the child's life, what kind of contact they have had with the child, where they may currently be, and any contact information the child has for them.

Tools will be provided to volunteers to assist them in establishing rapport with the child and assist in gathering information about family and friends. Tools utilized may include a genogram (that can be filled out with the child and a copy provided to them), the *Lifelines* book, the development of a life book. The life book could be a scaled down version of what is done in the current program, but there can also be the option of creating what would be considered a "page" out of a LB (i.e. creating something that represents their happiest memory).

The AC will go with the volunteer to the initial visit with the child and any subsequent visits at the request of the volunteer, but will have contact no less than quarterly with the child, which is consistent with current contact standards on TMC cases.

Advocacy for the child

Advocacy for the child will occur in the same way that it does on TMC cases. It will revolve around assessing the child's placement, educational needs, medical/psychiatric needs and their psychological and therapeutic needs. The volunteer will contact caregivers, school personnel, doctors, psychologists, psychiatrists and therapists and gather all relevant records, to help them determine whether all needs are presently being met, whether additional support services are needed and/or whether a change in placement or services provided needs to be made. The AC will assist the volunteer as needed in creating an action plan to meet these needs.

Case mining

Case mining refers to viewing the child's DFPS case file in its entirety, with a focus on gathering information that relates to the child's needs and any person who is identified as being a part of the child's life, both prior to and during DFPS involvement. Case Mining is essentially the equivalent of what is currently called a "case reading" on TMC cases. However, the time commitment may be more substantial, as a case may consist of multiple binders. Case mining can be done in one day or multiple-days, according to the volunteers schedule. AC does not have to attend the case reading, but can assist as needed.

The purpose of case mining is two-fold: 1.) to gather information regarding the child that is relevant to successful advocacy of the child and 2.) to obtain information about any possible relatives, kin or other persons who have previously had contact with the child and may be viable for future contact.

Advocacy for the Child: These are documents that assist you in ensuring that the child's medical, psychological and educational needs are being met. They also allow you to build a "story" regarding that child's history. Child in general are often not able to accurately recount many of the significant events in their lives. Children who have suffered abuse and neglect and CPS involvement are even more challenged to be able to recall dates, people and events. But having this information will allow you to better understand the child's current situation. It will also provide you with information that should be shared with caregivers, educators and treatment providers that will allow them to provide better support to the child.

Contact Information for family members: You should be reviewing the case file for names of family members and how they relate to the child, phone numbers and addresses. These should all be documented in the Log of Persons with Connections to the Child. This log will help you keep track of the people you are trying to locate. It can and should be shared with the caseworker after the case mining has been completed and then periodically thereafter as it is updated.

Important Point: If there is prior DFPS history that is not contained in the caseworkers file, then you will need to request that they either print out what the prior history or request it from their closed files department. Prior investigations can be printed

from their computer system. Any cases that include Family Based Safety Services involvement or a prior Conservatorship case will have to be requested. This is because the closed case files may contain evaluations, treatment provided and school records that will not be reflected in their computer system.

There is a lot of information in the case file that is *not relevant* to these two points. Do not spend time reviewing the non-relevant information. *Note:* Case files are organized into sections, but this list is not due to the fact that it is not uncommon to find that, the longer a case is active, the more likely it is that information can be filed incorrectly.

The following is a list of documents that are relevant and should be copied.

- Referral to CPS
- Investigation Narrative
- School Records for the Child
- Evaluations/Treatment provided to the child, including:
 - Psychological evaluations
 - Psychiatric Evaluations
 - Therapy Notes
 - Medical Records
 - Pictures (of child, siblings, family members)
- Evaluations and Treatments provided to the parents, including:
 - Psychological evaluations
 - Psychiatric evaluations
 - Therapy notes
 - Medical records
- CPS caseworker's monthly summaries *Note:* these are often not in the case file and you may have to request that the caseworker print them out for you).
- Letters from child and/or family members
- CPS court reports
- CAI court reports
- Home studies
- Criminal records

The following is a list of items that will *not* be needed:

- 2054 Service Authorizations
- Court orders
- County Attorney generated hearing reports
- Placement authorizations for the child
- Medical authorizations for child

When reviewing the case file, you should review each section and pull out any relevant information and makes copies of it. Information is filed chronologically, so it should be placed back in the file in the same manner.

Engaging Family Members

Family Engagement will consist of establishing contact with family, building rapport, discussing the child's present situation (adhering to established confidentiality guidelines), assessing the person's current situation and making a determination as to whether contact between the relative and the child would be beneficial/meaningful/impactful to the child. This will not be done without follow-up with the child to ensure that they want to have contact with this person.

Contact can be defined as letters, telephone, email and face-to-face visits. The focus will be on establishing meaningful connections, not on identifying placements (i.e. initial contact with the family member will not include asking them if they would like to be considered for placement, as this could be very overwhelming and deter them from being open to any further involvement).

In cases where there is no current contact information for the relative a diligent search will be done, utilizing the same methods presently used on TMC cases.

The AC will assist as needed with the diligent search using tools currently at the disposal of CAI (JIMS, public data, Auto Trax) and the volunteer and AC will need to have face to face contact with anyone identified who will have any type of verbal or face-to-face contact with the child. The AC will assist as needed throughout the process of engagement, assessing and facilitating contact between the person and child. The AC and volunteer will be present for all initial face-to-face contact between the person and child.

Note: Parents will be assessed in the same manner as all others, though in a more thorough manner, especially if they were previously identified as a designated perpetrator (by co-mission or omission) of abuse. The fact that family reunification did not occur prior to the end of the TMC phase tells us only that the parent was not appropriate *at that point in time* to be again be a caretaker for the child. For example, a parent previously battling a drug/alcohol addiction that prevented family reunification from being a viable option could have subsequently achieved sobriety.

It is in this area that identified stakeholders and service providers will play a key role. Psychological evaluations, parenting classes, individual and/or family therapy, etc. may be needed in order to fully assess an SP or their relationship with the child. Assistance from DFPS (who has the ability to provide the services through contact providers) and the Court (who has the ability to order DFPS to provide services) will be critical.

Court Hearings and Reports

PMC hearings will be held every six months. The next PMC hearings for the 257th court will be 07/06/12 and 07/13/12. Judge Warne has agreed to create a special docket for this pilot. The normal docket will continue to be on at 8:00 am. Pilot cases will be heard at 1:30 on the 6th and 13th. The format of these hearings will also be different. A round-table discussion will be use. This will allow for a less formal but more specific discussion tailored to addressing the needs and progress towards permanency for each child.

Specifically, the format will include:

Discussion of the present placement- type of placement, duration of placement, ability of placement to meet the child's needs, relationship between caregiver(s) and child, relationship between child and other children in the home.

Has the child been involved with the juvenile justice system? What is the status of that case?

Does the child have any siblings? Are they in CPS custody? Do they visit each other? How often?

Special needs- Is the child participating in therapy? How often? Is progress being made? If not, what are the barriers?

Is the child taking any psychotropic medications? What is their diagnosis? How often do they see a doctor/psychiatrist? How are they progressing?

Does the child have any medical needs? What is their diagnosis? What medications are they taking? Any upcoming appointments? What is the expected duration of the medical issue?

Does the child have any educational needs? What grade are they in? Where do they go to school? What are their grades? What is the feedback from their teachers/guidance counselors? Are they in Special Ed? Have they had an ARD? When will they/will the next review occur?

Significant people in the child's life- who currently is involved in the child's life in a way that is having a positive impact on them? Are there any people who are having a negative impact on them and their ability to progress?

Progress at identifying others who may be appropriate for contact with the child

Present permanency goal- what is it? Has it changed?

The Judge will facilitate the discussion of these issues, and it is expected that the GAL will provide input as it is relevant to each topic. The CPS caseworker will be provided with this format ahead of the hearing by the AC.

Resources

Electronic file

An electronic file will be provided to all volunteers, which will contain the following:

- Court report template
- Case mining template
- Genogram template
- Sample dialogue for contacting family members via telephone
- Sample letters for contacting family members via email or regular mail
- Websites and search engines commonly used to locate people

Lifelines: 10 things every child in CPS custody should know

Former CPS caseworker and supervisor Regina Harris wrote a book for children currently in foster care to help them navigate the CPS system. It is a very empowering book that provides places for them to store important information, guides them through questions they should be asking the people who are there to support them and provides meaningful advice for how to handle difficult situations. All volunteers will be provided with a book for every child over the age of 10. Volunteers are encouraged to go through the book with the child, and it can serve as a good tool in the early stages of building a relationship with the child.

PERMANENCY COURT REPORT

PERMANENCY REVIEW COURT REPORT COURT APPOINTED ADVOCATE (COURT NUMBER) DISTRICT COURT HARRIS COUNTY, TEXAS

This report is of a confidential nature for the benefit of the Court and may be distributed only to parties to the proceeding.

NAME: (CHILD) **D.O.B.:** (CHILD's DOB) **CAUSENO.:** (#)

TYPE OF HEARING: Review

HEARING DATE: (DATE)

TIME: (TIME)

Respectfully submitted,

(GAL's NAME)

Child Advocates, Inc.

Guardian Ad Litem

Child Advocates Inc. was appointed Guardian Ad Litem on (DATE).

A trial was held on (DATE) and at that time the Texas Department of Family and Protective Services (DFPS) was named Permanent Managing Conservator (PMC) *with or without termination* of (CHILD).

Placement:

Recommendation:

Reason:

Psychological/Therapy Services:

Recommendation:

Reason:

Educational Needs:

Recommendation:

Medical/Psychiatric Needs:

Recommendation:

Reason:

Progress Towards Enhanced Permanency:

Number of Persons Identified:

Number of Persons Contacted:

Number of Person

Current Status:

Cc: DFPS Attorney
DFPS Caseworker
GAL
(AC)