

DHS Case Service Plan: “Initial” and “Updated Service Plans” and “Parent Agency Treatment Plan and Service Agreement” (PATPSA)

The **Case Service Plan** includes all reports written by the foster care agency about your case. It includes the Initial Service Plan, the Updated Service Plan, and the Parent-Agency Treatment Plan and Services Agreement.

- **The Initial Service Plan (ISP)** is a report written by the foster care worker that includes information about you, your family, and your child or children. It lists the services that are needed to bring your family back together again.
- The **Updated Service Plan (USP)** is written by your foster care worker every 90 days, with information about progress toward achieving the **Permanency Planning Goal**. The Permanency Planning Goal is developed by your foster care worker and is listed in your service plans. It says whether the plan is to return your child or children to your home, or to do something else, like have them live permanently with a relative, terminate your parental rights so that they can be adopted by another family, or another plan
- **The Parent-Agency Treatment Plan and Service Agreement (PATPSA)** is developed by you and your foster care worker together. If the plan is for your child or children to be returned to your care, then the PATPSA will list what you and your worker both must do to resolve the problems that caused your child or children to be removed.

• **The Parent-Agency Treatment and Service Agreement (PATPSA)** includes all of the actions and responsibilities of everyone in the case. This includes you, the foster parents, your child or children and the DHS foster care worker. You and your DHS foster care worker will develop this plan together. If the plan is for your child or children to return to your care, your PATPSA will include:

- Actions you and, if applicable, your partner must take before your child or children can return to your care
 - Actions your foster care worker must take to assist you and your child or children
 - Parenting time arrangements
- The court will review the plan and may add, change, or delete certain items from it. Some examples of things that may be part of your PATPSA are:
- Maintain safe housing
 - Maintain employment to support your family
 - Attend parenting classes, mental health counseling, or substance abuse treatment

There may be other items, depending on your case. See the next pages for more explanation of the ISP, USP, and PATPSA.

Unless your parental rights have been terminated, you have a right to ask for and receive a copy of all the reports and plans written by the foster care agency about your case.

DHS Case Service Plan: “Initial” and “Updated Service Plans” and “Parent Agency Treatment Plan and Service Agreement” (PATPSA)

On the following pages, there are samples of the Initial Service Plan form, and the Parent Agency Treatment Plan and Service Agreement Form.

Below are some points to help you understand what you are seeing in each of these forms. Each point below is numbered, and it relates to numbers that are written on the sample form.

1. The **Initial Service Plan** is the version that is produced first. After that, each form will be titled “Updated Service Plan”
2. The foster care worker will fill out each of the blanks in this form by typing directly into the form. The main sections completed in the Initial Service Plan are:
 - **Legal Status:** the worker lists the reasons the child or children entered care, the court history, and next steps
 - **Reasonable efforts:** the worker lists services that were provided to the children and parents to prevent removal, or reasons why it was not reasonable to do so
 - **Social work contacts:** the worker will list all the people spoken to, such as school, medical providers or others and briefly summarizes what they said
 - **Assessment:** the worker summarizes what has been learned about the family through initial assessments
 - **Recommendations to the Court:** the worker will recommend whether the children should be placed outside of the

home, or other orders that should be put in place.

A Sample of the “Updated Service Plan” is also included.

1. Note that it looks similar except for the title.
2. Note that the first three sections are the same titles as the Initial Service Plan; Legal Status, Reasonable Efforts, and Social Work contacts. You should read these carefully and compare with the Initial Service Plan to make sure you understand what is updated.
3. Note that there is a new section, called “Progress Summary”. This is a section where the worker summarizes progress made since the last report in different areas. There is going to be an assessment of progress in addressing barriers to safe parenting and also an assessment of how parenting time has gone.

A Sample of the PATPSA is also included:

- After discussion with your case worker, there will be a list of services included on this form. Some are services that you are required to participate in, and some are services and supports that the Agency must provide to you to address needs that you have stated. It is important to make sure that everything you have talked about with your worker is included in the form.
- You will be asked to sign this form, showing your commitment to completing these assignments.

- A. Include services that were provided to the child(ren) and parent(s) to prevent removal.

"Click Here and Type"

- B. If services were not provided, were not required or if providing services to the family was not reasonable, explain why.

"Click Here and Type"

- C. Likely harm to the child(ren) if he/she were to be separated from parents, guardian, or custodian?

"Click Here and Type"

Likely harm to the child(ren) if he/she were to be returned to parents, guardian, or custodian?

"Click Here and Type"

III. Social Work Contacts

"Click Here and Type"

IV. Assessment

A. Family Social History and Assessment

1. Family History

"Click Here and Type"

2. Family Self Assessment

"Click Here and Type"

3. Family Resources

"Click Here and Type"

4. Religious Affiliation (if applicable)

"Click Here and Type"

5. Family Assessment of Needs and Strengths

"Click Here and Type"

B. Child Social History and Assessment

1. Placements during the report period.

"Click Here and Type"

2. Medical and Dental Information

3. "Click Here and Type"
Child History and Current Status

"Click Here and Type"

4. Education Information

"Click Here and Type"

5. **Child(ren)'s Reaction to Placement**

"Click Here and Type"

6. **Child Needs and Strengths Assessment**

"Click Here and Type"

7. **Placement Information**

a. **Placement Selection Criteria**

The case plan which includes the goal of permanence.
The physical, emotional, educational and safety needs of the child(ren).
Proximity to the child(ren)'s family.
Placement within relative family network of the child(ren).
Placement with siblings of the child(ren).
The child(ren)'s and child(ren)'s family's religious preference.
The least restrictive, i.e., most family like setting.
The continuity of relationships.
Availability of placement resources for the purposes of timely placements.
Expressed preferences for placement by the foster child.

b. **If any Placement Selection Criteria are not met, explain why not.**

"Click Here and Type"

8. **Placement Resources**

a. **Sibling Placement**

"Click Here and Type"

b. **Sibling and Relative Visitation**

"Click Here and Type"

c. **Relative Resources and Placement**

"Click Here and Type"

d. **Best Interests of Current Placement**

"Click Here and Type"

9. **Residential Care**

"Click Here and Type"

C. **Foster Parent/Relative Caregiver Input**

"Click Here and Type"

D. **Progress to Date**

"Click Here and Type"

*Please see the attached Parent-Agency Treatment Plan and Service Agreement.

V. Recommendation to Court (Complete for each child)

A. Should Child(ren) Remain in Out of Home Placement?

"Click Here and Type"

B. Mandatory Petition for Termination of Parental Rights

This recommendation applies to all children: Yes No

Recommendation for:

1. A mandatory petition is not required.
2. A petition for termination of parental rights has been filed and it is in the child(rens) best interest to proceed.
3. A petition for termination of parental rights has been filed and it is not in the child(rens) best interest to proceed
 - a. The child is age 14 or over and refuses to consent to his/her adoption.
 - b. Child in treatment services are not yet completed.
 - c. The youth is age 18 or over.
 - d. The supervising agency has not yet provided the services detailed in the prior service plans to make reunification possible.
 - e. Other.
 - f. The parent suffers from a chronic illness and the child is unable to return to the home, but there continues to be a close relationship between the child and parent.
 - g. There are financial benefits for the child to maintaining parental rights.
 - h. There is an appropriate relative caregiver to care for the child and the relative caregiver is not willing to adopt the child.
 - i. Child is an unaccompanied refugee minor.

"Click Here and Type"

C. Recommended Court Orders

"Click Here and Type"

By signing below on behalf of the Department of Human Services, we agree to those activities outlined above and will assist the family in their efforts to facilitate the Permanency Planning goal.

Name and Title: _____

Signature: _____

Date: _____

DHS Local Office Name: _____

DHS Local Office Approval:

Name and Title: _____

Signature: _____

Date: _____

Distribution of Case Plan

"Click Here and Type"

1

**CHILDREN'S FOSTER CARE
UPDATED SERVICE PLAN**
Michigan Department of Human Services

DHS FC Worker Load #:
DHS FC Worker Name:
POS Agency Name:
POS Agency Worker Name:
County of Referral:
Court Jurisdiction:
Court Docket #:

Report Period: _____ to _____

Report Date: _____

IDENTIFYING INFORMATION

Child(ren):

<u>Name</u>	<u>Date of Birth</u>	<u>Log Number</u>	<u>Case Number</u>	<u>Child Gender</u>	<u>Child Race</u>	<u>Height</u>	<u>Weight</u>	<u>Hair Color</u>
<u>Eye Color</u>	<u>Religion</u>	<u>Dated Entered Care</u>	<u>Date of Current Placement</u>	<u>Current Placement Type</u>	<u>Anticipated Next Placement</u>			
<u>Date of Anticipated Next Placement</u>	<u>Current Legal Status</u>	<u>Federal Permanency Plan Goal</u>						

Child's Address (if not FH)

Native American?

If Yes, Tribal Affiliation

Parent (Caretaker) Name(s):

<u>Name</u>	<u>Relationship</u>	<u>Children</u>	<u>Participating</u>
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Parent's Current Address:

Date of Birth

Telephone:

I. LEGAL STATUS

2

A. Court History

"Click Here and Type"

B. Next Court Date:

"Click Here and Type"

II. REASONABLE EFFORTS

A. Services provided to or offered to child(ren), parent(s), guardian, or custodian, and non-parent adult(s), if applicable, to return the child(ren) home (unless the child is at home) or to finalize another permanency plan.

"Click Here and Type"

B. List the reasons why the agency believes that providing services for reunification are not "reasonable."

"Click Here and Type"

- C. If services were not provided, explain the reasons why the services were not provided.

"Click Here and Type"

Likely harm to child(ren) if separated from, or returned to, a parent, guardian, or custodian.

"Click Here and Type"

III. SOCIAL WORK CONTACTS

"Click Here and Type"

IV. PROGRESS SUMMARY

3

A. Child(ren) Reassessment

1. Child Needs and Strengths and Current Status:

"Click Here and Type"

2. Placement Information:

<u>Child name</u>	<u>Living Arrangement</u>	<u>Begin Date</u>	<u>End Date</u>
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Reason for Replacement:

"Click Here and Type"

3. Child(ren)'s Current Status

"Click Here and Type"

4. Education Information

"Click Here and Type"

5. Medical and Dental Information

6. Placement Resources

- a. Sibling Placement

"Click Here and Type"

b. Sibling and Relative Visitation

"Click Here and Type"

c. Relative Resources and Placement

"Click Here and Type"

d. Best Interests of Current Placement

"Click Here and Type"

7. Residential Care

"Click Here and Type"

8. Permanent Wardship

"Click Here and Type"

B. Foster Parent/Relative/Unrelated Caregiver Input

"Click Here and Type"

C. Reunification Assessment

Household of

1. Household Name

Is this the Household Children Were Removed From? (Y/N)

2. CPS Investigation Incident This Period? (Select One)

"Click Here and Type"

3. Family Assessment of Needs and Strengths

"Click Here and Type"

4. Specific Barrier Reduction Assessment:

Parent / Caretaker Progress Towards Reduction of Primary Barriers to Reunification

Primary Barriers

Progress Evaluation

5. Overall Barrier Reduction Assessment

- a. Yes, Caretaker(s) have substantially reduced barriers.
- b. Yes, Caretaker(s) have made partial progress in reducing barriers.
- c. No, Caretaker(s) progress is poor or they have refused services and barriers have not been reduced.

6. Progress to Date

"Click Here and Type"

7. Parenting Time Assessment

Parent / Caretaker

Progress Evaluation

8. Reunification Assessment Narrative

"Click Here and Type"

9. Is a Safety Assessment of this household required?

- a. Yes, both (parenting time and overall barrier reduction) are Substantial
- b. Yes, both (parenting time and overall barrier reduction) are Partial
- c. Yes, one is Substantial, one is Partial
- d. No, either is Poor or Refused

10. Safety Assessment Results

"Click Here and Type"

11. Permanency Planning Decision Guideline Recommendation:

Child(ren)	Policy Placement Recommendation	Policy Plan Recommendation	Override Recommendation
	Override Placement	Override Permanency Plan	

"Click Here and Type"

A. Permanency Planning Hearing

"Click Here and Type"

B. Children whose length of time in care is the same or greater than 15 out of the last 22 months.

"Click Here and Type"

C. Permanency Planning Hearing

Yes No This recommendation applies to ALL children

Recommendation for:

- 1. This USP is not prepared for the Permanency Planning Hearing.
- 2. This USP is prepared for the Permanency Planning Hearing and the agency is recommending that the child(ren) be returned to the home of the parent(s).
- 3. This USP is prepared for the Permanency Planning Hearing and the agency is recommending termination of parental rights.
- 4. This USP is prepared for the Permanency Planning Hearing and the agency is not recommending termination of parental rights.

Compelling Reasons

- a. The child is age 14 or over and refuses to consent to his/her adoption.
- b. Child in treatment services are not yet completed.
- c. The youth is age 18 or over.
- d. The supervising agency has not yet provided the services detailed in the prior service plans to make reunification possible.
- e. Other.
- f. The parent suffers from a chronic illness and the child is unable to return to the home, but there continues to be a close relationship between the child and parent.
- g. There are financial benefits for the child to maintaining parental rights.
- h. There is an appropriate relative caregiver to care for the child and the relative caregiver is not willing to adopt the child.
- i. Child is an unaccompanied refugee minor.

"Click Here and Type"

D. Recommended Court Orders

"Click Here and Type"

Prepared and Approved by:

Name and Title: _____

Signature: _____

Date: _____

DHS Local Office Name: _____

Date Sent: _____

DHS Local Office Approval:

Name and Title: _____

Signature: _____

Date: _____

Distribution of Plan:

**CHILDREN'S FOSTER CARE
PARENT - AGENCY TREATMENT PLAN AND SERVICE AGREEMENT**
Michigan Department of Human Services

FC Case Number: _____
 FC Case Name: _____
 DHS FC Worker Load #: _____
 DHS FC Worker Name: _____
 PS Case Number: _____
 PS Case Name: _____
 Court ID #: _____
 POS Agency Name: _____
 POS Agency Worker Name: _____

Date Completed: _____

Check One:
 Initial Service Plan
 Updated Service Plan

This treatment plan is developed to assure that each child will receive safe and proper care and services by the following activities.

CHILD INFORMATION

DHS Case Number	Child Name	Permanency Planning Goal Code	Target Date	Anticipated Next Placement Type	Date Anticipated Next Placement

Service Type Code:

- AD = Alcohol or Drug Abuse Rehabilitation
- OT = Other Program Needs
- JT = Job Training/Employment Assistance
- HS = Homemaker Services or Parent Aides
- DV = Domestic Violence Program

- FR = Reunification Services
- DC = Day Care
- PS = Parenting Skills Training
- MH = Mental Health Services
- MD = Medical Service

- IL = Independent Living Services
- FC = Family Counseling/Outreach Counseling
- ED = Education
- TH = Individual/Group Therapy
- WP = Wrap Around

A. SERVICE REFERRAL TABLE

Using the codes above for member referred and service provider type, enter the information for all services below.

Family Member Name	Barriers/Needs Addressed	Service Type Code	Service Provider Name	Mo/Yr Referred	Mo/Yr Start	Target Completion Date (Mo/Yr)	Service Status	Completed Services	Completion Date (Mo/Yr)

Parent - Agency Treatment Plan and Service Agreement (continued)

B. Parent/Caretaker Goals and Objectives

"Click Here and Type"

C. Foster Parent/Relative Caregiver Activities and Discipline and Child Handling Techniques

"Click Here and Type"

D. Individual Child Activities

"Click Here and Type"

E. Foster Care Worker Activities

"Click Here and Type"

F. Parenting Time

"Click Here and Type"

The development of this plan was negotiated with (also list those individuals who were unavailable to participate in the development and why not):

"Click Here and Type"

By signing below I agree that I have read the above, discussed it with my foster care worker, and understand what is expected of me to facilitate the permanency planning goal.

Parent/Caretaker Name: _____

Parent/Caretaker Signature: _____ Date: _____

By signing below on behalf of the Department of Human Services we agree to those activities outlined above and will assist the family in their efforts to facilitate the Permanency Planning goal.

Name and Title: _____

Signature: _____ Date: _____

DHS Local Office Name: _____

DHS Local Office Approval:

Name and Title: _____

Signature: _____ Date: _____

Distribution of Plan:

"Click Here and Type"