

# 321<sup>st</sup> DISTRICT COURT

## TRAUMA INFORMED FAMILY COURT

### TYPES OF CASES HEARD IN THE 321<sup>ST</sup> DISTRICT COURT

1. General Family Law (divorce, custody of children, visitation of children, adoption)
2. Child Support Cases of the Attorney General of Texas
3. Child Protective Cases (CPS)

### HISTORY

Trauma Informed Court practices were developed over time. In 2005, Judge Carole Clark became frustrated with the outcomes of the CPS system. In 2007, Dr. Karyn Purvis came to Tyler and introduced “the team” to the concepts of attachment and childhood trauma. A one hour lunch with Dr. Purvis began the journey into the brain science of trauma, symptoms, addiction, therapies and ultimately healing for parents and children.

Judge Clark began developing the “team approach” with the CPS system of Smith County and educating those team members and providers. Over a number of years, the team, resources, training and “attitudes” toward attachment and trauma have made the “team” approach developed in Tyler, Texas unique and successful in the CPS arena.

### CHANGES

1. Development of trauma informed assessments of all parents presenting with drug issues
2. Development of trauma informed Drug Court
3. Development of trauma informed CPS
4. Development of phase plans that are respectful of parents’ ability to learn from services sufficiently to be protective of their children
5. Development of new trauma informed services, i.e. EMDR, Brain Gym

- c. Phase three—monitored return—in-home care, continued phase two services as needed
- d. Visitation—phase one is supervised, phase two is unsupervised and phase three is in home living

## 5. FINANCING

1. Drug Court grant—the court receives a yearly Governor’s Grant. Part of that grant is used to pay for assessments for every CPS client whose children are removed for drug related issues. These assessments are very thorough and include a SASSI, ACES, in depth interview and recent hair and u/a drug testing. These assessments are time intensive and conducted by a trauma informed independent social worker.

The grant also pays for “trauma group.” This group is led by the same social worker who does the assessments. It is based on trauma informed principals.

2. Private grant funding—A local private foundation is interested in trauma training of “team members” and in-home care for reunited families. Yearly, funds are made available to a 501c (3) established to allow for funding from private foundations.
3. CPS funding—when funding is low in grants, CPS has been ordered to pay for services based on Department of Justice requiring CPS to pay for reunification services if parents are disabled. i.e. substance abuse, ADD, ADHD, etc. As a result, any service required by a court to assist a parent in reunification services must not be paid for by the client.
4. Scholarships—in the early years of development of a trauma informed court, TCU was generous with scholarships for training

## CHALLENGES

1. Personnel—finding providers that are professionally likeminded with “the team.”
2. Keeping all members of the team adequately trained—turnover of staff is always a concern—awareness that not all people in the CPS system

6. Development of financial resources to fund trauma training for “team”
7. Development of financial resources to fund additional trauma services

### IMPLEMENTATION

1. Practitioner Training—began with mental health providers. Eventually trained District Attorney Prosecutor, CPS conservatorship supervisors and Program director
2. Judicial Summit training—Judge, CPS workers, attorneys, CASA, mental health providers, substance abuse providers
3. Drug Assessments—this assessment is one of the most important parts of implementing trauma informed care into the treatment process. All CPS clients presenting with drug issues are given an assessment by a practitioner and social worker. The parts are :
  - a. Interview
  - b. SASSI
  - c. ACES

Recommendations are made as to type of drug treatment based on identification as:

  - a. Low risk-low need
  - b. Low risk-high need
  - c. High risk-low need
  - d. High risk-high need (Drug Court Eligible)
4. Phase plans—Same as the large service plan but broken into increments
  - a. Phase one—address safety issues. Most cases involve parents with significant drug use and history which require substance abuse treatment
  - b. Phase two—risk factors i.e. parenting, mental health, trauma group, individual Counselling, AA/NA/CR meetings, sponsor and step work, employment, housing, budgeting, etc.

are able to do trauma informed work because of their own untreated trauma history

3. Money—as new providers and programs are found, not all have contracts with the State or are not qualified for the State’s contracting requirements
4. Grant funding is always “iffy”
5. State funding is normally provided by contracts which is often inadequate to obtain the type of resources required.
6. Change is not easy. To become trauma informed requires a different mindset by all involved. Change to a belief system that values all parents and children, expectations for success, appreciates children’s need to be with their parents.

#### SUMMARY

1. Judicial Leadership
2. Judicial Expectations that reunification is always the goal and parents are treated humanely
3. System training by entire “team”
4. Team encouraged to think creatively and “out of the box”

JUDGE CAROLE CLARK

[cclark@smith-county.com](mailto:cclark@smith-county.com) (until Dec. 19, 2018)

[cw.clark@suddenlink.net](mailto:cw.clark@suddenlink.net)

903-714-0447(cell)

**\*\*\*CAUSE NUMBER\*\*\***

**FAMILY PLAN OF SERVICE FOR**

**PHASE 1 OF 3**

(Supervised visits with child(ren) while working on safety related concerns.)

1. Immediately provide your caseworker with the child(ren)'s birth certificate(s) and social security card(s).
2. Immediately schedule and participate in a meeting with your caseworker to provide information regarding your child(ren), genetic and family history, and other information needed by the Department to best provide for your child(ren) during this case.
3. Abide by the 'General Rules and Requirements' attached to this Plan.

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**Infant Massage**

\*\*\*If a child is 6 months or younger at the time of removal, include this task\*\*\*

4. Immediately contact your caseworker to schedule a viewing of the "Baby, Baby, Oh Baby" infant massage video; Begin infant massage on \*\*\*name of child\*\*\* at your scheduled visits.

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**Incarcerated parent**

\*\*\*Create a phase 1 plan as if they are not incarcerated, but also include this task\*\*\*

5. While incarcerated, you shall maintain at least monthly contact with your caseworker through letters; immediately contact your caseworker upon your release. You shall immediately complete and return an Intensive Intake packet and a Child Caregiver Resource form once you receive the documents from your case worker.

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**Chemical Dependency Screening**

\*for parents with any positive drug screen during the case and/or a significant substance abuse related history that, if not properly addressed, creates a safety concern\*\*

6. Participate in a Chemical Dependency Screening with Brenda McBride on \_\_\_\_\_, at 8:30 a.m. at the Smith County Courthouse located at 100 N. Broadway, Tyler, TX 75702; Wait in the hallway that leads to the 321<sup>st</sup> courtroom.

**\*Please note that, if you are not on time and/or you fail to show up for this appointment, and/or if you fail to cooperate with drug testing as requested by the Department, the Court will be notified and you may be ordered to pay the \$400.00 cost for a full chemical dependency evaluation.\***

7. Immediately contact your caseworker to schedule a chemical dependency screening with Brenda McBride; Follow all recommendations therein.

8. Immediately schedule, attend and participate in a full chemical dependency evaluation with Brenda McBride at your own expense.

Please carefully follow these instructions to pay for and schedule this full evaluation:

- Contact ETMC Behavioral Health Center at 903-266-2200 and request Brenda McBride's voicemail.
- On the voicemail, state your name, phone number and that you are requesting to schedule your court-ordered evaluation.
- Ms. McBride will call you to set up a time and place to meet to collect the cash only payment and will provide you with the date and time for your appointment.
- If you do not meet or supply payment as arranged prior to your scheduled appointment, you will be considered as non-compliant and your appointment will be cancelled.
- The evaluation, once scheduled, will occur in a meeting room just outside of the 321<sup>st</sup> courtroom of the Smith County Courthouse, which is located at 100 N. Broadway, Tyler, TX 75702.

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#### Color System

\*\*\*The general rules cover drug testing already, but if the color system is specifically ordered, add this task\*\*\*

9. "Color System" - you must call 903-590-1648 each weekday between 7:30 a.m. and 8:00 a.m.; listen to the message to hear the color chosen each day and leave your name as a message to verify that you called as required. If the color \_\_\_\_\_ is called, submit to drug testing within one hour at The Drug and Alcohol Testing Compliance Services (D.A.T.C.S.) located at 4807 Old Jacksonville Highway, Tyler, TX 75701 (903) 534-3893.

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#### SASSI Recommendations

\*\*\*immediately amend plan to include one of the following, as applicable\*\*\*

10. Immediately present for an intake appointment at an approved detox facility to determine if detoxification is deemed necessary prior to inpatient treatment. If detox is recommended, successfully complete detox and follow all recommendations therein.
11. Following successful completion of detox, or if the need for detox has been evaluated and deemed unnecessary, immediately present for an intake appointment at an approved inpatient/residential drug treatment program. Attend, appropriately engage in and successfully complete an approved residential/inpatient drug treatment program that is a MINIMUM of \_\_\_\_\_ days. Comply with all discharge recommendations.

12. Immediately attend, appropriately engage in, and successfully complete an approved residential/inpatient drug treatment program that is a MINIMUM of \_\_\_\_\_ days, and comply with all discharge recommendations.
13. Immediately attend, appropriately engage in, and successfully complete an approved outpatient drug treatment program and comply with all discharge recommendations.
14. Attend a minimum of \_\_\_\_\_ drug education counseling sessions with Dawn McClain, LPC, LCDC, located at 1820 Shiloh Road, Suite 1502, TX (903) 534-1323 to address substance use/abuse related concerns; Follow all additional recommendations of said therapist.

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**AA/NA Meetings Attendance**

\*\*\*usually required in phase 2. but occasionally in phase 1\*\*\*

15. Participate in \_\_\_\_\_ N.A./A.A. (or other 12 step type program approved by the Court) meetings per week for \_\_\_\_\_ months.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with your sponsor while you work the steps in said program.

16. Participate in 90 consecutive N.A./A.A. (or other 12 step type program approved by the Court) meetings in 90 days.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with your sponsor while you work the steps in said program.

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**ALANON**

\*\*\*parents involved with someone who has a substance abuse/use issue that created a safety concern\*\*\*

17. Participate in: \_\_\_\_\_ AL-ANON meetings per week for \_\_\_\_\_ months.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

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**Psychological Evaluations/Psychiatric consultations/Andrews Center**

\*\*\*Psych evals: ONLY add this in phase 1 if his/her mental health is a cause for safety concerns (otherwise, this is phase 2 risk related task)\*\*\*

\*\*\*Psychiatric Consults – only if recommended in a psych eval. Parent can, instead, consult with an appropriate medical professional regarding the needs for medication.\*\*\*

18. Schedule and participate in a Psychological Evaluation with Dr. Donald Winsted located at 103 A Woodbine Place, Longview, TX (903) 238-9050; Follow all recommendations listed in said evaluation; contact said office by \_\_\_X date\_\_\_ to schedule an appointment.
19. Schedule and participate in a Psychiatric Consultation with Child and Family Guidance Center located at 8915 Harry Hines Boulevard, Dallas, TX (214) 351-3490 and follow all recommendations therein; Contact said office \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.
20. Demonstrate compliance in meeting your mental health needs through the Andrews Center resources and services located at 2323 W Front St, Tyler, TX 75702 (903) 597-1351. Sign a release of information for the Department to be able to obtain mental health records (including therapy notes, mental health evaluations, and medication evaluations/reviews) and consult with medical professionals who are treating your condition(s).

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#### **Counseling**

\*\*\*This is usually a phase 2 task and not included in phase 1. but can be included here as a safety related service for mental health issues, significant trauma and/or anger issues IF the parent has demonstrated sobriety for at least 90 days).\*\*\*

21. Participate in individual counseling sessions with Dawn McClain, LPC, LCDC located at 1820 Shiloh Road, Suite 1502, TX (903) 534-1323, until successfully discharged, to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; Contact said therapist by \_\_\_x date\_\_\_ to schedule an appointment.
22. Participate in individual counseling sessions with Georgia Beard, LPC, and her associates, located at 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030, until successfully discharged, to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; Contact said therapist by \_\_\_x date\_\_\_ to schedule an appointment.
23. Participate in individual counseling with Laurie Ann Frank, LPC, located at 1121 E Southeast Loop 323, Tyler, TX (903) 581-0933 to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_x date\_\_\_ to schedule an appointment.
24. Participate in individual counseling sessions with Dr. Donald Winsted (or one of his associates) located at 103 A Woodbine Place, Longview, TX (903) 238-9050, until successfully discharged, to address \_\_\_\_\_ LIST SPECIFIC GOALS



OF THERAPY \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.

25. Participate in individual counseling with Dr. Locke Curfman located at \_\_\_\_\_, Longview, TX (903) \_\_\_\_\_ to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.

26. Participate in individual counseling with Dr, Julieanne Davis (903) 675-7710 to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.

27. Participate in individual counseling with Aurora Valdovinos, LMFT, located at 812 John Street, Jacksonville, TX 75766 (903) 617-8585 to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.

28. Participate in individual counseling with Sherry Marasse, LPC, located at 120 W. 5<sup>th</sup>, Tyler, TX 75702 (903) 920-8112 to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.

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#### **Brain Gym**

\*\*\*parent must have demonstrated sobriety for at least 30 days; obtain supervisor approval before adding this task\*\*\*

29. Participate in 'brain gym' therapy with Mary Ann Girard at the Children's Advocacy located at 2210 Frankston Hwy, Tyler, TX 75701 (903) 533-1880 until successfully discharged.

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#### **Anger Management/BIP**

\*if anger issues/domestic violence issues exist at the time of plan creation\*\*\*

30. Attend and successfully complete Anger Management Classes and/or the Batterer's Intervention and Prevention Program at the East Texas Crisis Center. Contact the East Texas Crisis Center at 903-509-2526 by \_\_\_\_\_ x date \_\_\_\_\_ to schedule attendance in these classes.

31. Attend and successfully complete Anger Management Classes at the Children's Advocacy Center located at 2210 Frankston Hwy, Tyler, TX 75701 (903) 533-1880. Please call the Children's Advocacy Center by \_\_\_\_\_ x date \_\_\_\_\_ to schedule attendance in these classes.

**THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT WITHIN THE REASONABLE PERIOD SPECIFIED IN THE PLAN. YOUR COMPLIANCE WITH THIS SERVICE PLAN WILL BE EVALUATED AT THE HEARINGS LISTED ON THE SCHEDULING ORDER. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT, YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. THERE WILL BE A COURT HEARING AT WHICH A JUDGE WILL REVIEW THIS SERVICE PLAN.**

**I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS SERVICE PLAN, THAT I HAVE REVIEWED IT AND THAT I UNDERSTAND WHAT IS REQUIRED OF ME.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
CASEWORKER'S SIGNATURE

**\*\*\*CAUSE NUMBER\*\*\***

**FAMILY PLAN OF SERVICE FOR**

**PHASE 2 OF 3**

(Unsupervised visits with child(ren) while continuing to work on risk related concerns.)

1. Abide by the 'General Rules and Requirements' attached to this Plan.
2. Obtain and/or maintain stable housing that is free of safety hazards. The home shall be equipped with all working utilities and shall be consistently maintained for the rest of the case to demonstrate ability to provide the child with a safe, stable place to live; Provide a copy of the lease (if you have one) to your caseworker.
3. Obtain and/or maintain stable, legal employment to demonstrate your ability to consistently meet the financial needs of the child(ren); Provide the caseworker with a copy of any and all paystubs (or written verification of payment) on a monthly basis.
4. Provide the caseworker with a written budget that that demonstrates specifically how the financial needs of the child(ren) will be met if/when the child(ren) are placed home.
5. Provide the worker with a written transportation plan that identifies how the child(ren) will be safely transported when/if placed home.
6. Participate in and successfully complete Circle of Security Classes with Georgia Beard, LPC, 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030.

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**Infant Massage**

\*\*\*Include if there is a child 6 months or younger in case at the time of plan creation.\*\*\*

7. Continue infant massage on \*\*\*name of child\*\*\* at your scheduled visits.

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**Color System**

\* not typically required in phase 2. Drug testing is already covered by the general rules.\*

8. "Color System" - you must call 903-590-1648 each weekday between 7:30 a.m. and 8:00 a.m.; listen to the message to hear the color chosen each day and leave your name as a message to verify that you called as required. If the color \_\_\_\_\_ is called, submit to drug testing within one hour at The Drug and Alcohol Testing Compliance Services (D.A.T.C.S.) located at 4807 Old Jacksonville Hwy, Tyler, TX 75701 (903) 534-3893.

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**Meeting Attendance**

\*If parent was ordered to complete outpatient and/or in patient in SASSI, he/she must complete 90/90. If he/she has already completed 90/90 during said treatment, the meetings must be 3 meetings a week.\*

9. Participate in 90 consecutive N.A./A.A. (or other 12 step type program approved by the Court) meetings in 90 days.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with that sponsor while you work the steps.

10. Participate in 3 N.A./A.A. (or other 12 step type program approved by the Court) meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with that sponsor while you work the steps.

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**ALANON**

\*\*\*Add for parents involved with someone who has a substance abuse/use issue\*\*\*

11. Participate in: \_\_\_\_\_ AL-ANON meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

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**CODA Meetings**

\*\*\*for parents whose involvement in an unhealthy relationship is posing a safety concern\*\*\*

12. Participate in: \_\_\_\_\_ CODA meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

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**Psychological Evaluations/Psychiatric Consultations/Andrews Center/Counseling**

\*\*\*Amend phase plan to include psych rees after you receive report – counseling and COS should already be in this plan; will probably only need to amend if a psychiatric consult is recommended.\*\*\*

13. Schedule and participate in a Psychological Evaluation with Dr. Donald Winsted located at 103 A Woodbine Place, Longview, TX (903) 238-9050; Follow all recommendations listed in said evaluation; contact said office by \_\_\_ X date \_\_\_ to schedule an appointment.
14. Schedule and participate in a Psychiatric Consultation with Child and Family Guidance Center located at 8915 Harry Hines Boulevard, Dallas, TX (214) 351-3490 and follow all recommendations therein; Contact said office \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.
15. Demonstrate continued compliance in meeting your mental health needs through the Andrews Center resources and services located at 2323 W Front St, Tyler, TX 75702 (903) 597-1351. Sign a release of information for the Department to be able to obtain mental health records (including therapy notes, mental health evaluations, and medication evaluations/reviews) and consult with medical professionals who are treating your condition(s).

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**Counseling**

\*\*\*This should almost always be included in phase to 2 to address trauma history – don't wait for psychological evaluation to come back.\*\*\*

16. Participate in individual counseling sessions with Dawn McClain, LPC, LCDC located at 1820 Shiloh Road, Suite 1502, TX (903) 534-1323, until successfully discharged, to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; Contact said therapist by \_\_\_ x date \_\_\_ to schedule an appointment.
17. Participate in individual counseling sessions with Georgia Beard, LPC, and her associates, located at 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030, until successfully discharged, to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; Contact said therapist by \_\_\_ x date \_\_\_ to schedule an appointment.
18. Participate in individual counseling with Laurie Ann Frank, LPC, located at 1121 E Southeast Loop 323, Tyler, TX (903) 581-0933 to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_ x date \_\_\_ to schedule an appointment.
19. Participate in individual counseling sessions with Dr. Donald Winsted (or one of his associates) located at 103 A Woodbine Place, Longview, TX (903) 238-9050, until

successfully discharged, to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.

20. Participate in individual counseling with Dr. Locke Curfman located at \_\_\_\_\_, Longview, TX (903) \_\_\_\_\_ to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.
21. Participate in individual counseling with Dr, Julieanne Davis (903) 675-7710 to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.
22. Participate in individual counseling with Aurora Valdovinos, LMFT, located at 812 John Street, Jacksonville, TX 75766 (903) 617-8585 to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.
23. Participate in individual counseling with Sherry Marasse, LPC, located at 120 W. 5<sup>th</sup>, Tyler, TX 75702 (903) 920-8112 to address \_\_\_\_\_ LIST SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.

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#### Couples Counseling/Family Counseling

28. Participate in conjoint (couples) counseling with \_\_\_\_\_ and/or family counseling with \_\_\_\_\_ located at \_\_\_\_\_ (903) \_\_\_\_\_ until successfully discharged. Follow all recommendations from said therapist.

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#### Brain Gym

\*\*\*obtain supervisor approval before adding this task\*\*\*

29. Participate in 'brain gym' therapy with Mary Ann Girard at the Children's Advocacy located at 2210 Frankston Hwy, Tyler, TX 75701 (903) 533-1880 until successfully discharged.

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**CODA Meetings**

\*\*\*for parents whose involvement in an unhealthy relationship poses a safety concern\*\*\*

32. Participate in: \_\_\_\_\_ CODA meetings per week for \_\_\_\_\_ months.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

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**Bonding Screening/Circle of Security with Georgia Beard**

\*\*\*bonding screening: after 90 days of demonstrated sobriety AND lack of bonding rises to the level of a safety concern. \*\*\*

\*\*\*circle of security is a phase 2 task typically, but can be added if bonding is a safety concern AND the parent has demonstrated sobriety for at least 90 days. \*\*\*

33. Participate in a Bonding Screening with Georgia Beard, LPC, 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030; Call by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.
34. Participate in and successfully complete Circle of Security Classes with Georgia Beard, LPC, 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030.

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**Medical Needs**

\*\*\*if not tending to such poses a safety concern\*\*\*

62. Demonstrate compliance in meeting your own medical needs. Sign a release of information for the Department to be able to obtain medical records (including pharmacy records to verify medication compliance) and consult with medical professionals who are treating your conditions.

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**Phase Meeting w/ Teresa Sanchez**

\*\*\*ONLY include after SASSI. IF parent is required to complete outpatient/inpatient treatment\*\*\*

63. Upon completing all services in this plan, contact your caseworker to schedule attendance at a Phase 1 completion meeting with Teresa Sanchez.
64. Receive permission from the Court to graduate from Phase 1 and move to Phase 2.

Your caseworker is: \_\_\_\_\_ (903) \_\_\_\_\_

The permanency goal in this case is: reunification with (a) parent(s).

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**Medical Needs**

\*\*\*if not tending to such posed a safety concern at the time of removal\*\*\*

57. Continue to demonstrate compliance in meeting your own medical needs. Sign a release of information for the Department to be able to obtain medical records (including pharmacy records to verify medication compliance) and consult with medical professionals who are treating your conditions.

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**Phase Meeting w/ Teresa Sanchez**

\*\*\*ONLY IF parent had outpatient/inpatient treatment ordered in his/her phase 1 plan\*\*\*

58. Upon completing all services in this plan, contact your caseworker to schedule your attendance at a Phase 2 completion meeting with Teresa Sanchez.
59. Request permission from the Court to graduate from Phase 2 and move to Phase 3.

Your caseworker is: \_\_\_\_\_ (903) 533-\_\_\_\_\_

The permanency goal in this case is: reunification with (a) parent(s).

**THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT WITHIN THE REASONABLE PERIOD SPECIFIED IN THE PLAN. YOUR COMPLIANCE WITH THIS SERVICE PLAN WILL BE EVALUATED AT THE HEARINGS LISTED ON THE SCHEDULING ORDER. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT, YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. THERE WILL BE A COURT HEARING AT WHICH A JUDGE WILL REVIEW THIS SERVICE PLAN.**

**I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS SERVICE PLAN, THAT I HAVE REVIEWED IT AND THAT I UNDERSTAND WHAT IS REQUIRED OF ME.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
CASEWORKER'S SIGNATURE



**\*\*\*CAUSE NUMBER\*\*\***

**FAMILY PLAN OF SERVICE FOR**

**PHASE 3 OF 3**

(Monitored return with child(ren) while working to achieve stability for the child(ren).)

1. Abide by the 'General Rules and Requirements' attached to this Plan.
2. Maintain stable, legal employment to demonstrate ability to consistently meet the financial needs of the child(ren); Provide the caseworker with a copy of any and all paystubs (or written verification of payment) on a monthly basis.
3. Maintain stable housing that is free of safety hazards. The home shall be equipped with all working utilities and shall be consistently maintained for the rest of the case to demonstrate ability to provide the child with a safe, stable place to live.
4. Demonstrate your ability to utilize the written transportation plan you provided to your caseworker.
5. Ensure that the child(ren) are not left in the care of anyone until that person has been cleared and approved by your caseworker. If a babysitter is needed, inform your caseworker several days in advance so background checks can be run prior to said person providing care for the child(ren). This requirement includes any plan to leave the child(ren) in the care of a family member or friend.
6. Ensure that the child(ren) receive necessary follow-up medical and/or dental attention. Inform the worker of any appointments for the child(ren) within 7 days and provide written documentation of said appointments within 30 days of each appointment.
7. Ensure that your child(ren) attend(s) school in your local district every day unless there is an excuse (as set forth by said school district) for your child(ren)'s nonattendance on a particular day.

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**In home parenting education/support/Family (or child's individual) Counseling**

28. Participate in parenting training with Jennifer Gregory (903) \_\_\_\_\_ until successfully discharged. The worker will arrange for this training to begin; participate in said service until successfully discharged.
29. Participate in the Family Solutions program with Methodists, as arranged by your caseworker, until successfully discharged from said program.
30. Continue to participate in family counseling sessions (or ensure that the children continue counseling) with \_\_\_\_\_ located at \_\_\_\_\_ (903) \_\_\_\_\_, until successfully

discharged, to address \_\_\_\_\_ LIST SPECIFIC GOALS OF  
THERAPY \_\_\_\_\_.

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**Infant Massage**

\*\*\*Children 6 months or younger\*\*\*

31. Continue infant massage on \*\*\*name of child\*\*\* during the monitored return.

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**Meeting Attendance**

\*\*\*Following 90/90, 3 meetings per week is required.\*\*\*

32. Participate in 3 N.A./A.A. (or other 12 step type program approved by the Court) meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with your sponsor while you work the steps.

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**CODA Meetings**

\*\*\*as a continuing support for parents whose involvement in an unhealthy relationship created a safety concern \*\*\*

33. Participate in: \_\_\_\_\_ CODA meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

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**ALANON**

\*\*\*as a continuing support for parents whose involvement with a person who has had a substance use/abuse issue created a safety concern\*\*\*

34. Participate in: \_\_\_\_\_ AL-ANON meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

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**Counseling/Mental Health**

\*\*\*unless successfully discharged from counseling during phase 2\*\*\*

35. Demonstrate continued compliance in meeting your mental health needs through the Andrews Center resources and services located at 2323 W Front St, Tyler, TX 75702 (903) 597-1351. Sign a release of information for the Department to be able to obtain mental health records (including therapy notes, mental health evaluations, and medication

SPECIFIC GOALS OF THERAPY \_\_\_\_\_; follow all recommendations of said therapist \_\_\_\_\_; Contact said therapist by \_\_\_\_\_ x date \_\_\_\_\_ to schedule an appointment.

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**Brain Gym**

\*\*\*obtain supervisor approval before adding this task\*\*\*

44. Participate in 'brain gym' therapy with Mary Ann Girard at the Children's Advocacy located at 2210 Frankston Hwy, Tyler, TX 75701 (903) 533-1880 until successfully discharged.

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**Medical Needs**

\*if medical needs being met was originally part of the Department's safety concerns\*\*\*

62. Continue to demonstrate compliance in meeting your own medical needs. Sign a release of information for the Department to be able to obtain medical records (including pharmacy records to verify medication compliance) and consult with medical professionals who are treating your conditions.

Your caseworker is: \_\_\_\_\_ (903) \_\_\_\_\_

The permanency goal in this case is: reunification with (a) parent(s).

**TO THE PARENT: THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT WITHIN THE REASONABLE PERIOD SPECIFIED IN THE PLAN. YOUR COMPLIANCE WITH THIS SERVICE PLAN WILL BE EVALUATED AT THE HEARINGS LISTED ON THE SCHEDULING ORDER. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT, YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. THERE WILL BE A COURT HEARING AT WHICH A JUDGE WILL REVIEW THIS SERVICE PLAN.**

**I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS SERVICE PLAN, THAT I HAVE REVIEWED IT AND THAT I UNDERSTAND WHAT IS REQUIRED OF ME.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
CASEWORKER'S SIGNATURE

## OTP STAFFING

Case: 14-XXXX-D

Cause #: Department v. Mother.Father

Hearing Date: \_\_\_\_\_

### Phase Plan Compliance for each parent:

**\*Copy and paste each parent's plan here and evaluate compliance with each task\***

### Compliance with General Rules (detail for each parent below each rule/requirement):

#### GENERAL RULES AND REQUIREMENTS

1. **VISITS WITH CHILD(REN):** The caseworker shall provide each parent with a written visitation schedule. Each parent shall attend every scheduled visit with his/her child(ren) and shall not be more than 15 minutes late for any scheduled visit.
2. **VISITATION RULES:** Each parent will review and sign the rules of visitation agreement provided by the Department. Each parent shall abide by the rules of visitation during each visit with his/her child(ren).
3. **ADDRESS/PHONE NUMBER:** Each parent shall ensure that, at all times, his/her caseworker has a current address and phone number by which he/she may be located and/or contacted.
4. **NO NEW CRIMINAL OFFENSES:** Each parent shall not commit any new criminal offenses which constitute a Class B Misdemeanor or greater.
5. **PROBATION/PAROLE REQUIREMENTS (if applicable):** If there is any active probation/parole during the suit, a parent shall: 1) follow all of the rules/regulations associated with his/her parole/probation 2) immediately provide his/her caseworker with the probation/parole officer's contact information and 3) sign any and all necessary releases so that the Department and the probation/parole officer may share information.
6. **RANDOM DRUG TESTING:** Each parent shall submit to drug testing (urinalysis, hair follicle, oral swab, etc.) as requested by the Department within two (2) hours of said request being communicated to him/her. Unless otherwise directed, the parent shall immediately present, with proper picture identification, for drug testing at the Drug and

Alcohol Testing Compliance Services (D.A.T.C.S.) located at 4807 Old Jacksonville Hwy, Tyler, TX 75701 (903) 534-3893.

7. **DEMONSTRATE SOBRIETY**: Each parent shall demonstrate, through drug testing and otherwise, during his/her case that he/she remains free from any and all illegal substances, prescription medications for which he/she does not currently have a valid prescription and/or *any other* mood altering substances such as alcohol, K2, etc.
8. **NO ASSOCIATION WITH KNOWN CRIMINALS**: Each parent shall not associate with known criminals and shall not go to locations wherein criminal activity or drug use is (or may be) occurring. *"Known criminal" is defined as a person the parent (or a reasonable person) has reason to believe that said person has engaged in (or is currently engaging in) activities which would constitute the commission of a felony, assault and/or drug related criminal offense.*
9. **CHILD SUPPORT**: Each parent shall pay child support as ordered by the Court for the subject child(ren) during his/her case.
10. **RESIDING WITH OTHER PERSONS DURING CASE**: Each parent shall not reside with any other person at a personal residence during his/her case until background checks have been run and such is approved by the Court in advance. Additionally, each parent shall not reside with any person who is not fully complying with any and all services being offered by the Department to said person.
11. **HOME VISITS**: Each parent shall allow his/her caseworker to enter his/her place of residence to complete announced and/or unannounced home visits during his/her case.
12. **NO SUPERVISION OF CHILDREN**: No parent shall be permitted to supervise any child under the age of 18 during his/her case, unless advance permission has been provided by the Court.
13. **ATTEND COURT HEARINGS/MEETINGS**: Each parent shall attend all Court hearings and meetings held by the Department for which said parent has received at least three (3) days' notice.
14. **COURT ORDERS**: Each parent shall abide by all court orders during the case.
15. **HONESTY**: Each parent shall be honest, at all times, with the Court, the caseworker and all service providers.

**Status of Children in their placement/services being offered:**

\*Describe placement, services being offered, educational and/or daycare needs, medical, dental, counseling, etc.\*

**OAG Referral:**

\*Detail when purple packet was sent to AG, when you received the service packet, which waivers have been signed and date of the AG hearing\*

**Court Orders to be Requested at Next Scheduled Hearing:**

\*Approve phase plan changes, supervision requirements, etc.\*