The Parent - Agency Treatment Plan (PATP) and DHS-67, Service Agreement, provides information on services and the specific goals for the parent(s)/legal guardian(s), child(ren), foster parents/caregivers, and foster care worker. It is the second section of the DHS-65, Childrens Foster Care Initial Service Plan (ISP), and all DHS-66, Updated Service Plan(s) (USP). There are three main sections:

- Child information.
- Service referral table.
- Specific goals and objectives.

DHS workers must complete the DHS-67, Parent-Agency Treatment Plan, and Service Agreement in SWSS-FAJ. Placement agency foster care providers will continue to use the DHS-67, Parent-Agency Treatment Plan and Service Agreement template.

Completion of the parent-agency treatment plan (PATP) and service agreement requires the foster care worker to engage in a discussion with the parent/guardian on case planning. Parental participation is required in developing the parent/caretaker goals and objectives. The foster care worker must engage incarcerated parents in the development of the PATP. This can be achieved through face-to-face, telephone, or letter contact. For more detailed information on engaging incarcerated parents; see FOM 722-06 Incarcerated Parents.

Youths age 14 and older must participate in developing the individual activities regarding their own service plan; see FOM 722-06, Independent Living Preparation.

The treatment plan and services agreement should be specific to the individual needs of the family and child(ren), express their viewpoints and be written in a manner easily understood by the family with expected outcomes clearly defined. The completed PATP
should blend required formal services with family-centered decisions.

The individual activities required by the foster parent/caregiver to meet the specific individual needs of the child placed in their home are included in the PATP. The foster parent/caregiver must be included in the PATP process. The foster parent/caregiver signature is required and indicates that the foster parent/caregiver acknowledges and agrees to the activities required to meet the needs of the child in their care. Additionally, the PATP details the services and activities provided by the foster care worker to assist the foster parent/caregiver in caring for the child.

Upon completion of the parent-agency treatment plan and service agreement, the parent is given a copy for review. Foster care workers need to ensure the parent understands all areas within the agreement. Parents and youths age 14 and older must sign the PATP. If a parent or youth is unavailable or refuses to sign the PATP, foster care workers must identify and document additional action needed to secure the parent’s and/or youth’s participation in service planning and compliance with the PATP. As the goals are achieved, modified or expanded, the updated PATP will reflect this process. Parents and youths age 14 and older must participate in the development of each updated treatment plan, allowing for opportunity to evaluate their progress towards completing goals.

The treatment plan and services agreement documents all service referral activity for the case and aids in evaluation of the outcomes for each service referral. This form provides a chronology of services for the family and explicit evaluation of each service for all family members. It is submitted to the court with the ISP or USP.

Release of Confidential Foster Care Information

Per SRM 131, Confidentiality, foster care case information or records may only be released after proper redaction of confidential information, such as CPS reporting person, mental health, substance abuse, medical, law enforcement, educational, Social Security numbers, etc. Prior to obtaining foster parent/caregiver signature and distribution of the PATP to any caregiver, the foster care worker must redact all confidential information.
Which Cases/When

All cases open for foster care services. The parent-agency treatment plan and service agreement is initially completed with the ISP and updated with each USP.

If the child(ren) is a permanent ward, the treatment plan and service agreement is included within the DHS-68, Permanent Ward Updated Service Plan; see FOM 722-09D, Permanent Ward Service Plan Requirements.

Decisions

None.

DHS-67, PARENT-AGENCY TREATMENT PLAN AND SERVICE AGREEMENT INSTRUCTIONS

Hidden text in the electronic form is in italics below.

Indicate the date the form is completed or updated.

Child Information

Record all requested information on each child.

Indicate the child's case number, name, permanency planning goal, the target date for achieving the goal, the anticipated next placement, and date of the anticipated next placement.

A. Service Referral Table

Record all referrals made for each child and family member. Include all service referrals and services required to resolve the presenting problems and primary barriers identified in the DHS-145, Family Assessment of Needs and Strengths, and the age specific Child Assessment of Needs and Strengths, DHS–432, 433, 434 or 435. Include any services that the family has initiated or was involved in at acceptance of the case that will continue as part of the goals and objectives.
Example: If one or both parents are participating in mental health treatment when the case opens and will continue as part of the service plan, record the appropriate information.

- Record each referral or service type on a separate line.
- Indicate which members(s) are to receive the service, by name.
- In the Barriers/Needs Addressed Column, indicate the barrier or need addressed using the Family Assessment of Needs and Strengths code and the title of the item (S1 - Emotional Stability). If a child need is addressed, use the Child Assessment of Needs and Strengths Code (C1 - Emotional Stability/Behavior).
- Indicate the type of service using the Service Type Code and title listed on the form.
- Record the agency name of the service provider or the name of a single provider. If DHS or purchase of service (POS) agency staff will be providing services other than case management, include the service activity on the table using the DHS or POS agency name as appropriate. If one provider will be providing more than one service type (alcohol assessment and mental health assessment, for example), record the information for each service on a separate line.
- For each referral, indicate the month and year the referral is made (Mo/Yr Referred), is to begin (Mo/Yr Start) and is targeted for completion of the activity (Target Completion Date, Mo/Yr).
- In the Service Status Columns, indicate whether the service is Unavailable (such as the service cannot begin during the planning period or will not be available at any time), whether it is Continued service (for USP’s), or whether the client has Refused to participate in the services.
- When the service activity has been completed, indicate your assessment of Satisfactory completion or Unsatisfactory completion using the codes provided. This will be mainly used for the USP but may also occur in the ISP. Satisfactory and Unsatisfactory are defined as:
  - Satisfactory completion means the client obtained expected benefits from the referral and service. For
example, this can mean completion of an assessment or completion of a parenting class where the member has not only attended but successfully learned the parenting styles taught.

- **Unsatisfactory completion** means that the service has ended and that the member refused to participate, did not attend, or attended but did not resolve the issues the service was intended to address.

- If the service has been completed, indicate the month and year the service was completed, Mo/Yr.

**Specific Goals and Objectives**

In this section, provide the specific goals, objectives, activities and parenting time (scheduled and expected activities) of all parties, including the foster parent/relative caregiver, the child(ren) and the foster care worker with the expected outcome of each activity.

*The goals and objectives must be clear, measurable, and designed to:

- Resolve the primary barriers for reunification identified in the DHS-145, Family Assessment of Needs and Strengths.

- Achieve the permanency planning goal.

**B. Parent/Non-parent Adult Goals and Objectives**

- List each goal for parent(s), and non-parent adults(s), if applicable, specific action steps, time frame for achieving, and expected outcome. Goals must address the areas prioritized on the DHS-145, Family Assessment of Needs and Strengths.

- If applicable, specify involvement in the child's medical, dental and mental health appointments, attendance at school conferences and/or other activities.

- Indicate if employment, child care, and/or transportation is a barrier to the parent meeting any of the goals or action steps including parenting time. Indicate the plan to address any of these three items.
C. Foster Parent/Relative/Unrelated Caregiver Activities and Discipline and Child Handling Techniques

- List each goal for foster parent/relative/unrelated caregiver, specific action steps, time frame for achieving, and expected outcome.

- Describe the discipline and child handling techniques to be used while the child is in placement.

- Describe Safe Sleep requirements that foster parents must adhere to for infants, up to 12 months.

- Identify the tasks and/or additional expenses provided by the caregiver that justify the determination of care supplement. Describe all specific activities required by the caregiver to meet the individual needs of the child.

- Describe the plan of supervision for the child while in placement.

- Describe the plan for acceptable activities for the child(ren) such as baby sitting, routine household tasks, privileges etc.

- Describe activities to be provided by the foster parent/relative caregiver to promote educational stability and success for the child.

- If the youth is age 14 or older, detail the independent living preparation activities the foster parent/relative/unrelated caregiver will provide to assist the youth; see FOM 722-06 Independent Living Preparation.

D. Individual Child Activities

- List for each child, the service goals and action steps, time frame for achieving and expected outcome. Goals should address areas prioritized on DHS-146, Child Assessment of Needs and Strengths, and activities of daily living (if applicable). Identify what agency, parent(s) and placement provider need to do to meet these specific needs.
Address sibling visitation, if siblings are split. When separated, the relationship between siblings must be maintained by a detailed plan of visits, phone calls and letters. Outline the specific sibling visitation plan including:

- Dates of visits or contacts.
- Location of visits or contacts.
- Duration of visits or contacts.
- All other ongoing sibling interaction.

- Visits with relatives or other adults who have an on-going relationship with the child.

- For each youth age 14 or older (including those youths who become 14 years of age during the report period), include a description of the programs and services which will assist the youth to prepare for the transition to a state of functional independence or the ability to take care of oneself physically, socially, economically and psychologically. Identify where, how and by whom these services are to be provided; see FOM 722-06 Independent Living Preparation.

E. Foster Care Worker Activities

- Identify services to be provided to the parent(s), the child(ren), and to foster parents/relative/unrelated caregiver(s) by the foster care worker. State activities which support the services offered to all participants in the service plan.

- State proposed foster care worker contact with the family, child(ren), caregivers, and service provider, if applicable.

- If the youth is age 14 or older, detail the independent living preparation activities that the worker will provide to assist the youth; see FOM 722-06 Independent Living Preparation.

- Identify what the worker will do to facilitate parenting time and sibling visitation, if applicable.

- If siblings are in separate placements, identify the ongoing efforts the worker will make to place the siblings within the same home.
• Identify all required foster care worker actions to ensure educational stability for each child.

F. Parenting Time

Identify the parenting time plan for all parents/caretakers and non-parent adults, if applicable. Identify under worker activities what the department will do to facilitate parenting time; see above.

• Specify type, frequency, location, and duration of parenting time. If less than weekly, specify why.

  • State how parenting time setting will assure a family friendly environment.

  • If location is other than parental home, specify where and what conditions must exist for in-home visits to take place.

• If parenting time is supervised, specify by whom and what conditions must exist for unsupervised visits.

  • If a court is limiting parenting time, specify why more frequent parenting time would be harmful to the child and what the parent must do to achieve at least weekly parenting time.

  • If parent is limiting parenting time, indicate parent’s reasons for wanting less frequent parenting time and project if and when frequency could be increased.

• Specify behaviorally specific activity expected of the parents during parenting time.

• Specify the requirements for the expansion of parenting time. Identify the circumstances for parenting time to progress in frequency and duration.

Development, Participation and Negotiation of PATP

Indicate who the plan was negotiated with and any individual who is involved in the plan but was unavailable to participate in its development. If any individual was unavailable, state the reason why they were not involved. If the parents were not involved in
developing the case plan, the **reason** why must be documented; see **FOM 722-06**, Developing the Case Plan.

Youths age 14 and older must be involved in the development of the plan and be responsible for its implementation with the assistance of identified individuals.

If a parent or youth is unavailable or refuses to sign the parent-agency treatment plan (PATP), foster care workers must identify and document additional action needed to secure the parent’s and/or youth’s participation in service planning and compliance with the PATP.

The foster care worker must engage incarcerated parents in the development of the PATP. (For more information, see **FOM 722-06 Incarcerated Parents**.)

**Signatures**

When completed, obtain all signatures as appropriate, including those of parent(s)/guardian(s), foster care worker, supervisor, foster parent, caregiver, any youth age 14 and older and in the case of placement agency foster care cases, the local DHS office designee.

**DHS-67, PARENT - AGENCY TREATMENT PLAN AND SERVICE AGREEMENT CODES**

**Permanency Planning Goal Code**

The code that is entered must be supported by the current services plan for the youth and have all required approvals.

- Reunification.
- Adoption.
- Guardianship.
- Permanent Placement with a Fit and Willing Relative.
- Another Planned Permanent Living Arrangement.
Service Provider Type Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>Alcohol or Drug Abuse Rehabilitation</td>
</tr>
<tr>
<td>DC</td>
<td>Child Care</td>
</tr>
<tr>
<td>DV</td>
<td>Domestic Violence Program</td>
</tr>
<tr>
<td>ED</td>
<td>Education</td>
</tr>
<tr>
<td>FC</td>
<td>Family Counseling/ Outreach Counseling</td>
</tr>
<tr>
<td>OT</td>
<td>Other Program Needs</td>
</tr>
<tr>
<td>PS</td>
<td>Parenting Skills Training</td>
</tr>
<tr>
<td>TH</td>
<td>Individual/Group Therapy</td>
</tr>
<tr>
<td>IL</td>
<td>Independent Living Services</td>
</tr>
<tr>
<td>JT</td>
<td>Job Training/Employment Assistance</td>
</tr>
<tr>
<td>MD</td>
<td>Medical Service</td>
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<tr>
<td>MH</td>
<td>Mental Health Services</td>
</tr>
<tr>
<td>FR</td>
<td>Reunification Services</td>
</tr>
<tr>
<td>HS</td>
<td>Homemaker Services or Parent Aides</td>
</tr>
<tr>
<td>WR</td>
<td>Wraparound</td>
</tr>
</tbody>
</table>

Anticipated Next Placement Type

- Foster Home
- Adoptive Home
- Relative
- Own Home
- Residential
- Independent Living
- Other

Completed Services

- S = Satisfactory
- U = Unsatisfactory

Service Status

- Service Unavailable
- Continue Services
- Refused Services
- New