

# SAMPLE INDIVIDUALIZED ADVOCACY AND ACTION PLAN



## Standard 7.D.

The CASA advocate volunteer will be busy advocating for the child’s needs, advocating for services for the child and family, monitoring the service plans, monitoring placements, communicating with everyone involved with the child’s care and well-being, gathering information from the child’s service providers and from the parent’s service providers, looking for family connections and advocating for permanency.

Part of gathering information will involve contacting school personnel and viewing the educational portfolio, contacting mental health providers, contacting health providers and accessing the child’s health passport, contacting relatives and anyone with a relationship to the child, and making recommendations to the court based on the information learned.

### Typically, the CASA VOLUNTEER agrees to:

- Conduct a thorough, independent investigation on the basis of independently obtained information.
- Maintain confidentiality of all information regarding the case.
- Complete required documentation including records of contact, regular contact with program staff, monthly reports to CASA and Court Reports.
- Utilize support and supervision provided by program staff.
- Follow the CASA program’s policies and procedures at all times.

In an effort to provide the highest level of quality advocacy, the CASA volunteer advocate and the CASA supervisor may create a **specialized advocacy plan** based on the unique needs of the child(ren) and family. This plan will more than meet the minimum expectations of service on a case and ensure the needs of the child are truly met.

**An agreement may include a unique advocacy plan like the sample below signed by both the CASA advocate and the CASA program:**

**This INDIVIDUALIZED ADVOCACY and ACTION PLAN has been agreed upon by:**

CASA VOLUNTEER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Preferred phone: ( ) - \_\_\_\_\_.

**1. PLAN FOR VISITING CHILDREN:**

Visit/observe children at their placement 1x every \_\_\_\_\_.  
Visit/observe children at school 1x every \_\_\_\_\_.  
Visit/observe children at daycare 1x every \_\_\_\_\_.  
Phone/mail/email/facetime children, as appropriate, every \_\_\_\_\_.

**2. PLAN FOR MEETING PARENTS:**

Visit/observe parents when visiting children at \_\_\_\_\_ 1x every \_\_\_\_\_.  
Monitor parents' compliance with Treatment Plan via treatment providers.  
Phone/email contact with parents 1x every \_\_\_\_\_.

**3. PLAN FOR MEETING RELATIVES:**

Advocate for and attend Family Group Conference.  
Advocate for Circle of Support.  
Research and contact relatives and significant non-relatives of the child.

**4. PLAN FOR MEETING WITH CHILD CARE PROVIDERS:**

Visit with Foster Parents when visiting the children \_\_\_\_\_ x/month.  
Phone/email contact to Foster Parents 1x every \_\_\_\_\_.  
In-person contact with daycare staff 1x every \_\_\_\_\_ (when visiting children).  
Phone/email contact with daycare staff 1x every \_\_\_\_\_.

**5. PLAN FOR MEETING WITH SCHOOL PERSONNEL:**

In-person contact with school personnel 1x every \_\_\_\_\_ (when visiting children).  
Phone/email contact with school personnel 1x every \_\_\_\_\_.

**6. PLAN FOR MEETING WITH HEALTH AND MENTAL HEALTH CARE PROVIDERS:**

Advocate for and verify all children have a medical passport as soon as possible.  
Monitor children's medical and mental health status via treatment providers.  
Phone/email contact to children's therapist 1x every \_\_\_\_\_.  
Phone/email contact to children's doctor 1x every \_\_\_\_\_.

**7. CONTACT WITH PROFESSIONALS (CPS worker, AAL, attorneys):**

Phone/email contact to caseworker 1x every \_\_\_\_\_.  
Phone/email contact to AAL 1x every \_\_\_\_\_.  
Attend all CPS staffings. (First one will be in \_\_\_\_\_.)  
Attend any staffings held by other agencies/schools in relation to the children.  
Access Case Connection information every \_\_\_\_\_.

**8. ADDITIONAL CASE CONCERNS TO BE ADDRESSED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **INDIVIDUALIZED ADVOCACY and ACTION PLAN**

### **CASE SUMMARY**

**Type of Abuse:**

**Custody of Children:**

**Resource Needs of Parents:**

**Needs of Children:**

### **HOW CAN CASA MAKE A DIFFERENCE IN THIS CASE?**

**Goal:**

**What is our plan for balancing family preservation, child protection, and permanence?**

## CASE IMPACT CHECKLIST:

Left-hand column: At case assignment, CASA volunteer advocate and supervisor will discuss and establish goals, needs, or desired outcomes applicable for the child(ren) in the case. Desired advocacy will need to be updated throughout the duration of the case since the needs and circumstances of the child and family are likely to change.

Right-hand column: The CASA volunteer indicates the specific services that were provided.

<u>Applicable</u>	<u>CASA Advocacy Role</u>	<u>Provided</u>
<b>Medical Advocacy</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	[1] Recommend or facilitate a needed medical evaluation or assessment, including vision or hearing screens, as well as evaluation of dental or health issues or an evaluation by ECI for children aged 0 to 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[2] Review the child's Health Passport.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[3] Recommend assessments based on specific concerns (FASD, developmental delay, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[4] Search for community resources to address a child's special needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[5] Recommend to the court special medical treatments for a child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[6] Act as liaison to facilitate communication between caseworkers, caregivers and medical providers (maintaining case confidentiality).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[7] Follow-up in placement to ensure the child is taking prescribed medications.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[8] Follow-up in placement to ensure the child is receiving occupational therapies (not including medication).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[9] Contact the child's medical consentor to discuss any specific medical concerns or issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[10] Other: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Applicable</u>	<u>CASA Advocacy Role</u>	<u>Provided</u>
<b>Behavioral Health Advocacy</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	[1] Discuss the child’s prescribed medications with a pharmacist (only providing age, weight and medication types/doses) and request a Psychotropic Medication Utilization Review (PMUR) if needed to address concerns about the overmedication and incorrect medication of the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[2] Express concerns to a therapist regarding a child’s needs or known issues related to trauma, emotional, behavioral or social functioning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[3] Confirm the therapist has current mental health care records or information needed to provide services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[4] Provide first-hand knowledge of daily-life or weekly-life background information to a therapist, information <i>only you</i> can provide.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[5] Attend treatment team meetings and challenge the current treatment plan if it does not meet a child’s therapeutic needs or targeted outcomes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[6] Advocate for a new therapist for a child if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[7] Recommend training or recommend a community resource for foster parents training related to the psychological or emotional needs of the child in their care as well as trauma, grief and loss.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[8] Act as liaison to facilitate communication between caseworkers, caregivers and psychological providers (maintaining case confidentiality).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[9] Recommend to CPS and/or the court psychological services that may be helpful in meeting additional needs of the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[10] Recommend joint family or sibling therapy, if indicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[11] If indicated, recommend an evaluation for substance use or abuse for the child or youth.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[12] If indicated, recommend an evaluation for substance use or abuse for the parent(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[13] Other: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Applicable</u>	<u>CASA Advocacy Role</u>	<u>Provided</u>
<b>Sustaining Family Connections</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	[1] "Mine" the case record at DFPS by thoroughly reviewing all written information in hard or electronic files for names of relatives (ALL) or anyone who may have a special interest in the child. Pay particular attention to Notice of Hearings.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[2] Conduct or request a search from the DFPS Diligent Search Unit on viable relatives (you do not have to limit the number) and/or use free search engines and public records to locate their last known address (ex: white pages, Facebook, searchsystem, rootsweb)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[3] Talk with the child/youth about the people you've identified and get their input on who they know, feel close to, would like to have a relationship with, who they feel safe with and what type of relationship they are interested in with various relatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[4] Make initial contact with everyone you believe to have the potential of either having a positive connection with or being permanent placement for the child/youth. Track your contact and plan for future contact.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[5] Provide informal mediation or arrange mediation of a conflict situation among relatives and/or caregivers to maintain current placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[6] Encourage relatives to contact and comply with Child Protective Services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[7] Notify DFPS of the relatives you've contacted and the degree of interest they've expressed in being a connection for the child. Request DFPS approve appropriate persons for contact with or visitation with the child/youth.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[8] If the kin or fictive kin is open to becoming a potential placement for the child, provide them with information about DFPS, the application process, a homestudy, and benefit options for kin placements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[9] Make recommendations for sibling, parent, grandparent or other family member, fictive kin visitation needs or on-going contact with the child(ren).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[10] Other: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Applicable</u>	<u>CASA Advocacy Role</u>	<u>Provided</u>
<b>Educational Advocacy</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	[1] Confirm the current caregiver has the educational portfolio or, if they do not, advocate with CPS for them to receive it.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[2] Verify either the educational portfolio or the appropriate school records and evaluations have been provided to current school personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[3] If needed, recommend a better school placement, better academic testing, or a more appropriate “fit” for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[4] Request an ARD meeting for the child, if indicated, to evaluate the need for special education services or an Independent Education Plan (IEP).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[5] Encourage the foster placement to provide tangible rewards that recognize and encourage the child(ren)’s schoolwork.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[6] Build a relationship with school personnel by maintaining regular, on-going contact with teachers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[7] If a child is moved within the same school district, advocate for them to remain in the same school (TX Education Code 54.211)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[8] Challenge a teacher’s or counselor’s academic recommendations and/or actions to advocate for a child’s educational needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[9] Recommend tutoring for a child, if needed, in order to improve their academic standing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[10] Consider accelerated instruction for youth in secondary school or a Graduate Record Examination (GRE) to complete high school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[11] Attend the child’s school events.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[12] Advocate for and encourage parents or family members to advocate for a child’s educational needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[13] Advocate for an “aging out” youth to obtain copies of their records, and help them apply for vocational school or college.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[14] Consider serving as the child’s “surrogate parent” with regard to educational needs. Training and certification is required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[15] Other: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Applicable</u>	<u>CASA Advocacy Role</u>	<u>Provided</u>
<b>Legal Advocacy</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	[1] Maintain written or verbal contact with the attorney ad litem.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[2] Keep <i>attorneys</i> apprised of placement issues of which you may be aware.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[3] Provide informative, factual, concise court reports to aid the court's decision-making.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[4] Advocate for the child's voice in court either through appearance, meeting with the judge in chambers, a child or youth court report, or by teleconference.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[5] Recommend court hearing (or trial) arrangements that minimize the stressful impact on the child if they are called to testify.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[6] Challenge an attorney's recommendations of a child's expressed interest if they are not meeting with child, consulting or representing the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[7] Clarify immigration status and advocate for an undocumented child to receive legal residency or citizenship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[8] Advocate for a youth's juvenile records to be sealed prior to their "aging out" of CPS custody.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[9] Advocate for the protection and pursuit of a child's legal rights, utilizing the Bill of Rights for Children and Youth in the Foster Care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[10] Participate in a mediation, advocating for a child's best interests.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[11] Explain the legal process and system to the child and placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[12] Recommend plans for a youth who wishes to remain in care past 18.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[13] Act as liaison between parties (ad Litem, legal system, CPS workers, child, family) leading up to -- and preparing for -- a trial date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[14] Other: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



<u>Applicable</u>	<u>CASA Advocacy Role</u>	<u>Provided</u>
<b>Placement Stability Advocacy</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	[1] Make home visits looking for indicators of placement breakdown due to stressors in the caretakers' life (e.g., marital discord, a parent's serious illness, financial stress, child-care stress).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[2] Provide a new placement with (additional) information regarding a child's needs (maintaining case confidentiality).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[3] Ensure the foster parent's concerns with the child's behavior (in the foster home) are addressed in order to keep the child from having to be moved.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[4] Locate resources for direct necessities (clothes, school supplies, etc.) and extra-curricular activities (band, sports, camp, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[5] Facilitate communication between all parties to ensure stability.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[6] Research additional resources for families struggling to maintain custody.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	(7) Act as a liaison to ensure children 16 and older have the services they need to prepare for independent living.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	(8) Help access PAL classes for children 16 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Act as a liaison with caseworker to ensure that the child(ren) 16 and older who are <u>not</u> able to live independently have been referred to appropriate social service agencies (e.g., APS, MHMR).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	[10] Other: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No