

Concurrent Planning: Partnering for Permanency

Participant's Guidebook

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Agenda:

- Overview of Concurrent Planning
- Values
- Digital Story Video
 - Break - 15 minute
- Core Components
 - Lunch - 1 hour
- Concurrent Planning Criteria and Process
- Complete Disclosure
- Permanency Information Exchange (PIE) Meeting
 - Break - 15 minute
- Let's Practice
- Q&A

Concurrent Planning: Strengthening Promising Practice Skills - Learning Objectives

- Explain the definition, goals, values, and principles of concurrent planning.
- List the nine (9) core components of concurrent planning practice.
- Explain the concurrent planning process.
- Explain what may be disclosed to birth parents and foster families about concurrent planning practice.
- Describe the protocol for a Permanency Information Exchange (PIE) meeting.

Setting the Stage - Questions

1. What are your thoughts about concurrent planning?
2. What do you see as the primary benefit of concurrent planning?
3. What is the biggest challenge to practicing concurrent planning?
4. In your role what can you contribute as part of the concurrent planning team?

Concurrent Planning Values¹

1. No child/youth should grow up in foster care; children need families, nurturing relationships with adults, and continuity in family relationships for healthy growth and development.
2. Permanency includes strengthening and supporting families to care for children and youth in their own homes.
3. Emotional/relational permanency is achievable for all children and youth in care.
4. Legal permanency in the form of reunification, adoption or guardianship is achievable for most children and youth in care.
5. Permanency outcomes are individualized and span a wide range of relationships in the child's, youth's and family's life.
6. Adults take emotional risks to achieve timely permanency; children are protected from emotional risks.
7. Child welfare agencies deliver permanency related services at every contact with the family, starting with the first contact.
8. Foster care is a supportive service intended to assist families in achieving permanence; it is not an outcome of services.
9. Concurrent planning requires collaboration and information sharing between all partners. Parents (birth, foster and adoptive), relative caregivers, youth, tribe representatives, service providers, attorneys and workers work together in a child, youth and family centered process to develop and support permanency.
10. Parents and families are experts on their children/youth and are active partners in developing concurrent plans.
11. Whenever possible, birth parents and foster parents partner with each other and the worker to reduce placement trauma for children.
12. Whenever possible, relationships with siblings, birth parents and extended family are preserved.

¹ Louisell, M. L. (2009). Achieving Permanency: Guidelines for Expectations of County Child Welfare Staff. California Permanency for Youth Project.
National Resource Center for Foster Care and Permanency Planning. Concurrent Planning: Innovative Family-Centered Strategies for Timely Decision-Making.
Child Welfare Co-Investment Partnership. Permanency: A Statewide Approach to Sustainability.

Nine Components of Concurrent Planning Practice

1. Assessment and case review

Individualizing our understanding of the individual, family or group in the context of their present circumstances, past experiences, and potential for future functioning.

Deepening our family-centered understanding of the child in the context of family, culture, and community.

2. Complete disclosure to all participants in the case planning process

Complete disclosure is a respectful, candid discussion that begins when a child is placed in foster care. Birth parents, extended family, children and youth, foster parents, relative caregivers, tribal representatives (when appropriate), attorneys, guardian ad litem, and service providers are all entitled to full disclosure.

3. Family search and engagement

Early determination of paternity and family finding activities (including both maternal and paternal relatives) to identify possible resource families among the child's relatives. The Family Finding model has primarily been used as a strategy for permanence, particularly for youth in long-term care who are close to aging out of the foster care system. Child welfare workers are now turning to this model as a useful tool to identify a permanent placement option at the front end of a child's entry into the child welfare system. (Reaching Out: Current Issues for Child Welfare Practice in Rural Communities, Northern California Training Academy, Spring/Summer 2009)

4. Family centered meetings/teaming

Many states are implementing conferencing, as a key family engagement strategy that bring families together to meet with the child welfare agency, community providers and significant individuals in their lives who can support them in making the best decisions for their children.

5. Visiting between family, child/youth

While children/youth are in out-of-home care placements, it is important to maintain connections with their birth families. Parent-child visits are a key strategy to accomplish this and to work toward reunification.

Nine Components of Concurrent Planning Practice (cont'd)

6. Setting clear time lines for permanency decisions

ASFA limits the amount of time a child can be in the foster care system prior to being placed in a permanent home.

ASFA requires permanency hearings be held for children no later than 12 months after they enter foster care (6 months earlier than the prior law).

7. Transparent written agreements and documentation

The agency and the parents should document in a written agreement the steps that must be taken for the child to return home. The agreement should make clear what is expected of the parents and what the agency will do.

The case plan should specify both short- and long-term goals and provide service linkages, such as connection of parents to mental health services, drug treatment, and family supports.

8. Committed collaboration between child welfare, the courts, and service providers

Creating a teaming approach with planned contact between birth and foster parents can result in children returning home sooner, having more stable placements, experiencing better emotional development, and being more successful in school.

Icebreaker meetings or visits represent the first step to integrating the birth family into their child's life while in out of home care.

9. Specific recruitment, training, and retention of concurrent families

These resource families need initial as well as ongoing training and support. Effectively facilitating the relationship between the birth family and the foster family is essential. This relationship can enhance placement stability as well as expedite permanency.

Concurrent Planning Criteria and Case Process

Criteria:

- Children who have previously been in Department custody within the past five years. This includes children on 48 hour holds. This should include the siblings of those children even if they have never been in custody (e.g., newborns, youth).
- Children who have been in the custody of another state within the past 5 years.
- Children who have siblings in custody.

Case Process:

1. Statewide Central Intake (SCI) will identify in the report those children with prior custody history.
2. Upon legal custody of the child the Investigator will determine if the child/youth meets the criteria within the last 5 years for this child or a sibling.
3. If the child/youth circumstances do meet the criteria then the Investigator will notify Placement requesting a Concurrent family for the child/youth.
4. The Investigator will invite the Placement Worker to the case transfer staffing.
5. Icebreakers will occur within 10 days of placement.
6. During the case transfer staffing from investigations to permanency, the Investigator will notify the Permanency Planning Worker that the circumstances of the case meet the criteria for concurrent planning.
7. If necessary Placement staff will make arrangements in conjunction with the Permanency Planning Worker and Supervisor to move the child to a concurrent home.
8. Permanency Planning Worker will ensure that birth families participate in the birth parent orientation.
9. Permanency Planning Worker is responsible for scheduling the initial Permanency Information Exchange (PIE) meeting within 40 days of custody. Meet with birth families and child/youth prior to PIE meeting and have them sign Release of Information.
10. Placement Worker will notify the concurrent family of the initial PIE meeting.

11. Prior to the initial PIE meeting Permanency and Placement Workers meet to discuss steps in concurrent planning include preparation for the meeting.
12. Hold PIE meeting within 40 days of custody. At the onset of the meeting all non-department participants must sign the Department's confidentiality statement.
13. At the close of the PIE meeting set a date for the next meeting. PIE meetings will be held monthly. As circumstances dictate, permanency and Placement Workers should meet individually with the respective clients to review any confidential issues.
14. As an ongoing practice, Permanency Planning Worker will contact by phone and/or letter the relatives identified by the birth parents or others as possible resources for the child/youth within 14 days of receiving the information.
15. Permanency Planning Worker informs the court of the work in process and completed with regard to concurrent planning at appropriate hearings.
16. Permanency and Placement Worker will document the outcome of the PIE meeting in FACTS and place the original PIE Checklist in the hard file under service agreements. A copy of the PIE Checklist should be placed in the concurrent family's file. One PIE Checklist should be completed for the family not for each child.

CONCURRENT PLANNING FOSTER FAMILY INFORMATION SHEET

Concurrent Planning is a process of working toward a permanent goal (primarily reunification) at the same time working an alternative goal and plan to move children or youth more quickly to a safe and stable permanent family. This process involves family engagement and targeted case practice intended to achieve timely permanency. This is not a fast track for adoption, but to timely permanency.

The concept of Concurrent Planning is a child-focused practice designed to:

- Minimize the number of placements a child experiences.
- Provide additional supports and resources to the child.
- Provide more timely permanency for a child.
- Provide for more long term attachment for a child.
- Minimize the negative impact of separation & loss.
- Increase continuity of family and sibling relationships.

Definition of a Concurrent Planning Foster Family:

- Supports a child's reunification efforts with their biological parents/family.
- Individual who is willing to become a child's permanent parent through adoption if reunification cannot occur.
- Individual who is willing to be a resource for a child if they are reunified with their biological parent(s).

As a Concurrent Foster Family you will:

- Be informed of the child's situation prior to placement.
- Take part in an Ice Breaker with the birth parent(s).
- Be provided information about the child's permanency and concurrent plan.
- Be provided a copy of the child's treatment plan.
- Work with the birth family in a non-judgmental manner toward reunification through role modeling, teaching & keeping them informed about what is occurring with the child.
- Accept placements of siblings.
- Actively support the plan of reunification and the concurrent plan.
- Participate in monthly meetings regarding the child and case status.
- Participate in grief and loss training two times per year.
- Participate in a monthly support group with other concurrent families.
- Develop a coping plan for you and your family in the event children are removed from your home.
- Participate in bi-monthly visits with a Placement Worker.

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I/We understand that the Children, Youth and Families Department has placed

_____ with _____
(Child/Youth) (Concurrent Planning Foster Family)

I have read this concurrent planning foster family information sheet; it has been explained to me and I had the opportunity to ask questions. I understand the child(ren)'s primary plan is reunification and the concurrent plan is adoption.

_____ 1. As the current foster parent I/we agree to support the child(ren) and the Department in pursuing the primary permanency plan including but not limited to ensuring the child is available for visitation.

_____ 2. I/We understand that this child is/is not eligible for enrollment with a Native American tribe, further I acknowledge that if the child is determined to be eligible for enrollment the child will be subject to the Indian Child Welfare Act which among other things mandates placement preferences.

_____ 3. I/We understand that the Department is obligated to look for absent parents as well as relatives for placement of the child (ren). I/we understand that if found and determined to be appropriate the child will be removed from my home and placed with the absent parent or relative.

_____ 4. I/we understand that relatives who live out of state are required to undergo a home study through the Interstate Compact for the Placement of Children (ICPC) and such a home study can take six months or more.

_____ 5. I/We understand that the Department does not typically place with relatives out of state while the primary plan is reunification due to the barriers it can create around visitation and reunification. I/We understand that the Department's decision not to place with an out of state relative should not be interpreted to mean that the child will not be placed with the relative.

_____ 6. I/We understand that if reunification does not occur, I/we agree to be considered for adoption of this child(ren).

Concurrent Planning Foster Parent

Date

Concurrent Planning Foster Parent

Date

CONCURRENT PLANNING BIRTH PARENT INFORMATION SHEET

Concurrent Planning is a process of working toward a permanent goal (primarily reunification) at the same time working an alternative goal and plan to move children or youth more quickly to a safe and stable permanent family. This process involves family engagement and targeted case practice intended to achieve timely permanency. This is not a fast track for adoption, but to timely permanency.

The concept of Concurrent Planning is a child-focused practice designed to:

- Minimize the number of placements a child experiences.
- Provide additional supports and resources to the child.
- Provide more timely permanency for a child.
- Provide for more long term attachment for a child.
- Minimize the negative impact of separation & loss.
- Increase continuity of family and sibling relationships.

Definition of a Concurrent Planning Foster Family:

- Supports a child's reunification efforts with their biological parents/family.
- Individual who is willing to become a child's permanent parent through adoption if reunification cannot occur.
- Individual who is willing to be a resource for a child if they are reunified with their biological parent(s).

Birth Parent responsibilities:

- Work your court ordered treatment plan
- Attend visitation and support your children during their time in foster care
- Participate in a Ice Breaker meeting with the foster parents
- Participate in a concurrent planning birth parent orientation meeting
- Work with the foster parent in a respectful and non-judgmental way
- Provide the Permanency Planning Worker with information about your relatives, especially children's grandparents, aunts and uncles, for possible placement and visitation with children

I understand that the Children, Youth and Families Department has placed

with

(Child/Youth)

(Concurrent Planning Foster Family)

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I have read this concurrent planning birth parent information sheet; it has been explained to me and I had the opportunity to ask questions. I understand that failure to comply with my court ordered treatment plan and change the causes and conditions that brought my child (ren) into custody may result in (1) termination of my parent rights and (2) a change in my child's permanency plan to adoption.

Parent

Date

Parent

Date

State of New Mexico CHILDREN, YOUTH AND FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR



YOLANDA BERUMEN-DEINES
CABINET SECRETARY

JENNIFER PADGETT
DEPUTY CABINET SECRETARY

PRIVACY AND CONFIDENTIALITY AGREEMENT

By signing this document I understand and agree to the following for a meeting being held on

_____ at _____:

- 1.) As the parent or guardian I understand all information in an abuse and neglect proceeding or information obtained during an investigation in anticipation of an abuse and neglect proceeding is confidential and is closed to the public. The information may only be released pursuant to the Abuse and Neglect Act, NMSA 1978 Section 32A-4-33.
- 2.) I also understand that confidential information about myself and my family will be shared with all parties present at this meeting. I consent to the sharing of this confidential non public information for the purpose of _____.
- 3.) I further understand if new allegations of abuse or neglect are identified, the PSD worker, supervisor and others have the responsibility of making a new abuse and neglect report to Statewide Central Intake.

Parent/Guardian

Date

Parent/Guardian

Date

Parent/Guardian

Date

Youth/Child

Date

State of New Mexico CHILDREN, YOUTH AND FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR



YOLANDA BERUMEN-DEINES
CABINET SECRETARY

JENNIFER PADGETT
DEPUTY CABINET SECRETARY

RELEASE OF INFORMATION

The participants listed below, identified by their signatures, understand and acknowledge the following with respect to this meeting:

- 1.) I am serving as a participant in _____ with the Children, Youth and Families Department and other meeting participants to provide important information, voice concerns or recommendations regarding the child/youth's safety, permanency and well-being.
- 2.) I understand that all information in an abuse and neglect proceeding, including the information that will be shared in this meeting, is confidential and may not be publically released.
- 3.) I also understand that under the Abuse and Neglect Act, if I intentionally and unlawfully release any information or records that are confidential and closed to the public pursuant to this Act, or release or make other unlawful use of records or information in violation of this Act, I may be found guilty of a petty misdemeanor and sentenced pursuant to the provisions of Section 31-19-1 NMSA 1978.

Participant Relationship to Child

CYFD Representative Date

Concurrent Planning Case Scenario

Case Name: Sheila Montoya age 19

Children: Felicia, age 3

Date of Custody: August 10, 2011

Felicia's father: Unknown

Jacob: 04/17/13

Date of Custody: May 17, 2013

Jacob's father: Mario Garcia age 21

Point of time in case: Adjudication hearing

Sheila, first became involved with CYFD when her 3-year-old daughter, Felicia came into custody for medical neglect. Sheila was not adequately providing Felicia with medications for her seizures. During the time Felicia was in custody, Sheila gave birth to a baby boy, Jacob on 04/17/13. Jacob was born premature. His lungs were not fully developed and he required hospitalization for a month. Medically he still needs to be closely monitored.

Sheila received minimal prenatal care during her pregnancy with Jacob. While he was at the hospital Sheila did not feed him adequately for him to sustain growth, attend to his diapers or hygiene needs. Sheila did visit Jacob regularly, but during her visits she was focused on her cell phone or the TV and not on caring for or stimulating Jacob.

Mario has not attended meetings or visits. He has been reported to have anger issues. He was verbally abusive to hospital staff during the time Jacob was in the hospital. As a child, Mario was in foster care and later adopted. Sheila and Mario are no longer together. Mario is not on his birth certificate; however, he verbally claims to be the father. Sheila also verbally reports that he is the father. Mario has been minimally involved with Jacob. He has expressed a willingness to work his treatment plan.

Felicia has been in the same foster home since she came into custody. Her foster parent was unable to take Jacob, and is not interested in being a permanent home for Felicia. Felicia has special needs and requires extra care. Maternal grandparents were ruled out as a placement resource for Felicia because they could not commit to consistently providing her seizure medication and had a previous substantiated report. No other relatives have been identified as willing or able to be a placement option for Felicia or Jacob.

A TPR petition has been filed on Felicia's case and a court hearing is pending. Sheila has agreed to work a treatment plan with Jacob. Sheila has been inconsistent in her visitation with Felicia and Jacob. She is required to call in on a daily basis to confirm if she will be attending the visit.

Participants at the first Permanency Information Exchange (PIE) meeting:
Permanency Planning Worker, Permanency Planning Supervisor, Placement Worker, Birth Parents, Foster Parents for Felicia and Jacob and any providers or individuals currently working with the family.

Permanency Information Exchange (PIE) Meeting Roles:

1. **Birth Parent** - Your role is to understand concurrent planning, understand and be able to explain how you are doing on your treatment plan and reunification plan, and provide information about you, your family and your children.
2. **Concurrent Foster parent** - Your role is to gather information about the children for your ongoing care of them. You would like to show the birth parents you are there to help and support them. If the children are returned to the birth parents or to relatives you want to ensure they are returned safely.
3. **Permanency Planning Worker (PPW)** - Your role is to provide information related to the children and how the parents are doing on their treatment plan and reunification plan. You want to ensure both parents understand concurrent planning, ensure both parents understand their treatment plan, facilitate the relationship between foster parents and birth parents and ensure the foster parents understand their roles in the concurrent planning process. As the PPW you will also educate other partners in the concurrent planning process.
4. **Permanency Planning Supervisor** - Your role is to facilitate the meeting and ensure the PPW has provided all the pertinent information. You should explain what concurrent planning is at the first meeting and allow for questions, to insure that all parties understand what their responsibility is in the meeting.
5. **Placement Worker** - Your role is to support the foster parents, help the foster parents understand their roles in concurrent planning, assist the foster parents in facilitating a relationship with the birth parents, assist the foster parents in understanding the birth parent's and children's treatment plan requirements and assist the foster family in identifying how they will support a permanency plan of reunification.

Permanency Information Exchange (PIE) MEETING Facilitator's Guide

- *We are here today to have a Permanency Information Exchange (PIE) Meeting. PIE meetings are held when the case meets certain criteria for Concurrent Planning. In this case we meet the criteria for Concurrent Planning because: (be case specific with first names)*
- *Concurrent planning is based on the philosophy that adults, rather than children/youth, should assume the emotional risk of foster care. Concurrent planning assumes that adults are better able to manage the ambiguity of relationships and the uncertainty of an unknown future than are children/youth – so, the emotional burden is shifted (Northern California Training Academy, 2009).*
- *Concurrent planning moves children/youth more quickly to a safe and more stable permanent family. This process involves engagement with the family, open communication and specific case planning intended to achieve timely permanency. **This is not a fast track to adoption, but to timely permanency.***
- *Introduce Birth Family and Concurrent Family. Avoid confusion or avoidance of the reality of the situation.*
- *(FIRST NAMES) are a Concurrent Family and are prepared to help shoulder the uncertainty of the unknown future of these children and are here as a supportive service intended to assist in achieving timely permanence whether that outcome is reunification or adoption.*
- *The purpose of this meeting is to exchange accurate and honest information. We have a Confidentiality Statement to be signed by all non-Department participants and the Birth Parents (FIRST NAMES) have signed a Release of Information. With these documents we all agree that we will be accurate and honest in the information we share and that this information is not to be shared with others.*
- *I'd like to begin by confirming that we can all agree that we are here because*
 - *We care about the children (NAMES).*
 - *We can all agree that it is not good for the State to be a child's parent and certainly it would be best not to be in the foster care system*
 - *We can all agree that every child, needs to be in a home where safety, permanency and well-being are provided*
 - *We want the birth family to be willing and able to parent and provide for that safety, permanency and well-being of their child/ren. We will all work to make that happen; our goal is reunification*

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- *This meeting is about safety, permanency and well-being of children – it is about everyone sharing information. **This meeting is not about “reunification”, “adoption” or “termination”.***
- *We have a checklist of items to discuss today and we only have (LOOK AT CLOCK) _____ minutes. We must end this meeting at _____. So let's get started.*
- **CHECKLIST**
- Plan time at the end of the meeting to discuss scheduling of the next PIE meeting. Date and time should be confirmed by all participants.

Permanency Information Exchange (PIE) Checklist

Child(ren)/Youth:

Date(s) of Birth:

FACTS #:

Date:

Participants:

Release of Information & Confidentiality Statement:

Parent: _____ Yes _____ No _____ Date _____

Parent: _____ Yes _____ No _____ Date _____

Parent: _____ Yes _____ No _____ Date _____

A PIE meeting is different from an FCM in that it is a place to exchange information regarding the children, parents and the progress of the concurrent plans. It is not a place for decision making. Attorneys do not attend PIE meetings.

Custody & Placement Background (Initial PIE Meeting):

Discussion Points-

The reasons the child/youth came into foster care and the date

Any abuse/neglect experiences or which the child(ren)/youth have been a victim

The child(ren)'s/youth's placement/custody history with CYFD and outside of CYFD

Relative Search:

Discussion Points-

Relatives identified to date (or since last PIE)

Response of relatives

Steps CYFD is taking to maintain connections with relatives or consider them for a relative placement

Visitation:

Discussion Points-

Type and frequency of visitation to date (or since last PIE)

Birth family's description of visitation and child(ren)'s/youth response during visits

Foster parent's description of child(ren)'s/youth's response before and after visits

Child/youth's description of visitation to date and how they respond before, during and after visits

Foster parent's description of how child/youth adjusting to their home

Child/youth's description of how they are adjusting to the foster home

Foster Parent Needs:

Education Information:

Discussion Points-

The education and special education needs of the child(ren)/youth

IEP Information

Parent/Teacher Conferences

School Events

Health Information:

Discussion Points-

Child(ren)'s/youth's health conditions and hospitalizations

Name of Doctor (upcoming appointments)

Name of Dentist (upcoming appointments)

Name of Eye Doctor (upcoming appointments)

Immunizations

Upcoming Medical Appointments

Medications

Immunizations

Allergies

Mental Health and Behavior Information:

Discussion Points-

Behavioral characteristics of the child(ren)/youth

Mental Health provider

Techniques that have been attempted and/or are currently being used for specific behaviors

Diagnosis

Assessment

Child/ Youth Connections:

Activities

Child's/Youth Progress on Treatment Plan (Release for youth 14 and older):

Completed By: _____

Date: _____