

Concurrent Planning: Partnering for Permanency

Trainer's Guidebook

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Curriculum: Concurrent Planning: Partnering for Permanency

Competencies:

- Knows and understands definition of concurrent planning.
- Knows and understands the values and principles of concurrent planning.
- Awareness of the nine (9) core components of concurrent planning.
- Knows and understands the criteria and process for concurrent planning cases.
- Knows and understands the protocol for a Permanency Information Exchange (PIE) meeting.
- Knows and understands the components in the birth parent and foster parent concurrent planning agreement.
- Knows and understands the key qualities of a concurrent planning team.

Activity One: Introduction and Training Overview

Time: 60 minutes (8:30 - 9:30 am)

Materials: **Handout:** Learning Objectives (Participant Guidebook page 5)
Flip chart and markers
LCD Projector
Power Point Presentation
Prior to the training prepare flip chart with the words Parking Lot

Source: Concurrent Planning: Multiple Pathways to Permanence/Module
A/Trainer's Guide/Version 1.0 June 2010.
<http://calswec.berkeley.edu/concurrent-planning-multiple-pathways-permanence> retrieved August 8, 2012.

Trainer's Notes:

Welcome the participants and introduce self and colleagues. Trainers should provide background information and share professional experiences related to working with children and families in the child welfare system specifically implementing concurrent planning. Trainer explains the objectives of this training program, reviews the agenda and sets the group agreement for the session.

Examples of group agreements:

- Confidentiality - what is said in here stays in here
- Respect one another's opinion
- Cell phones on vibrate

Refer participants to the "Parking Lot" flip chart and tell them that we will record any questions and concerns that require additional clarification.

Ask participants to introduce themselves to the group by stating the following:

- Name
- County
- Role
- Training Overview

Refer participants to the *Handout: Learning Objectives* (Page 5 Participant's Guidebook) and review with the group. Display the agenda (Page 4 Participant's Guidebook) and review with the group.

Learning Objectives:

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

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

State that over the last four years Children, Youth and Families Department (CYFD) has introduced a new practice model that values the principles of safety, preserving connections, child and youth centered practice, family focused, organizational competence, customer service, trustworthy and accountable, culturally competent practice, data driven decision making, evidence informed practice, and shared responsibility.

State

In 2010, NM received a five-year grant through the national Children's Bureau to fund the Step Up! Diligent Recruitment Project in five counties (Lea, Luna, San Juan, San Miguel, and Bernalillo). CYFD recognized the on-going need for kinship, foster, concurrent and adoptive parents to care for the more than 4,000 New Mexico children in and out of foster care each year. The grant is designed to create statewide system improvements in the areas of customer service, concurrent planning and the recruitment and retention of foster families. The goals for children and youth include increased placement stability, more placement options, reduced time in care, and fewer youth aging out of care without achieving permanency. The goals for families and CYFD include improved customer service and increased engagement and collaboration of all of those involved with the care of children and youth, from recruitment through licensing, placement and beyond.

As part of the project, we have introduced a new customer service model, training, and follow-up training; in addition, each of the five project counties has its own customer service plan. We are creating a recruitment model suitable for urban, rural and frontier counties that will result in more families applying to become foster families and fewer families dropping out of the process. Starting in October 2013, the five project sites will implement the new concurrent planning process and training, with the goal of providing a more comprehensive and inclusive process and greater support for families.

**Handout: Concurrent Planning: Strengthening Promising Practice Skills
- Learning Objectives**
(Participant Guidebook Page 5)

- 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.

Activity Two: An Overview of Concurrent Planning

Time: 60 minutes (9:30 - 10:30 am)
Break 15 minutes (10:30 - 10:45 am)

Materials: **Handout:** Setting the Stage - Questions (Participant Guidebook page 6)
Worksheet: Concurrent Planning Values (Participant Guidebook page 7)
Digital Story: Josh's Story (available on line at http://www.nrcpfc.org/digital_stories/_youth/)
Flipchart and markers
LCD projector
Power Point Presentation

Sources: Concurrent Planning: Multiple Pathways to Permanence/Module A/Trainer's Guide/Version 1.0 June 2010.
<http://calswec.berkeley.edu/concurrent-planning-multiple-pathways-permanence> retrieved August 8, 2012.
National Resource Center on Permanency and Family Centered Practice. Concurrent Planning Toolkit. <http://www.nrcpfc.org/cpt/index.htm>

Divide participants into four small groups making sure that there are both foster families and workers in each group.

Distribute *Handout: Setting the Stage - Questions* (Page 6 Participant's Guidebook) and instruct small groups to discuss the questions.

Instruct the participants that they have ten minutes to work in their small groups. Ask each group to appoint a reporter to share their discussions with the group.

Debrief the activity by asking the group's reporter to share their highlights of their discussion to one of the four questions. Ask the other groups if they have additional information to add to the large group discussion.

Note to Trainer:

In order to provide an opportunity for discussion, ask each group to report on one question.

Use the following information to highlight the benefits of concurrent planning as the group discusses question 2:

For **children and youth**, the benefits are:

- Fewer placements while in foster care when children/youth are placed with foster families who support reunification and relative placement, yet stand ready to be the child/youth's permanent family should such efforts not be successful
- Earlier permanency through reunification or another permanency option
- Greater opportunities to benefit from all the caring adults in their lives as resource families and birth parents jointly work together to meet the child/youth's needs

For **birth families**, the benefits are:

- A clearly communicated sense of urgency in achieving permanency for their children/youth
- Prompt access to services as planning begins immediately upon the child's/youth's entry into care
- When reunification is not the outcome, a foundation for ongoing connections with the child/youth through open adoption or openness in guardianship arrangements

For **foster families**, the benefits are:

- Ongoing connections for child/youth
- Part of a team to achieve permanency and clear communication
- Fewer placements and early permanency

Use the following information on the challenges of concurrent planning as the group discusses question 3.

Note to Trainer: Read the entire article by Linda Katz at: [Katz, L. \(1999\). Concurrent planning: Benefits and pitfalls. *Child Welfare*, 78\(1\), 71-87.](#)

Linda Katz identifies six challenges associated with concurrent planning:

1. *Equating concurrent planning with adoption* and, as a result, minimizing reunification efforts. When this happens, caseworkers may pay less attention to parents' service needs and may not prioritize frequent parent-child visits.
2. *Assuming that an assessment tool can infallibly predict the outcome of the case.* This may also lead to minimizing reunification efforts and decreasing visitations if the assessment indicates poor outcome. Ultimately, the child's parents will support or prove wrong the assessed placement outcome.
3. *Investing in a particular outcome.* Caseworkers may come into the process with a commitment to making one outcome or another happen rather than allowing the case outcome to evolve based on the birth family's actions and decisions.

4. *Designing case plans that are not family-centered.* The planning process may not fully engage parents or help parents to assume roles and responsibilities that are important to their maintaining connections with their children or making the changes that they need to make so that their children can be safely returned to them.
5. *Offering foster parents and relatives an estimate of "legal risk."* Here, caseworkers may communicate to resource parents and relative the odds of a successful reunification and their becoming the child's permanent family. It is important to consistently communicate to foster parents and relatives that their role is to support reunification efforts while continuing to stand ready to be "Plan B" for the child.

Interpreting 12 months as the absolute limit on reunification irrespective of the parents' progress. It can be challenging but it is very important to maintain the balance between the judicious use of time limits to ensure that a child does not remain in foster care unnecessarily and a rote enforcement of time limits in a way that ignores the full picture of the parents' motivation, efforts, incremental progress and a foreseeable reunification.

State that this training is designed to help you integrate the concepts of concurrent planning into your work with children, youth and families. State that concurrent planning is a strategy consisting of several components. It requires all parties to work together to achieve permanency for children and youth. It asks adults to take the emotional risks to achieve permanency.

Ask: What do we mean by concurrent planning? Record participants responses on the flip chart.

State that New Mexico defines concurrent planning as:

Concurrent planning is the process of working toward a primary permanency goal of reunification while at the same time working on an alternative goal in the event that the birth parents are unable to do what is necessary to bring the child/youth home. 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.

Review the concurrent planning goals that New Mexico has identified with the group:

- Promote safety, permanency and well being
- Minimize the number of placements a child experiences
- Provide additional supports and resources to the child
- Achieve timely permanency
- Continue long term significant relationship for the child
- Increase continuity of family and sibling relationships

- Minimize the negative impact of separation and loss for the child

Ask: Is concurrent planning the same as permanency planning?

State that concurrent planning is a specific modality of permanency planning. It is the ongoing process of actively working two permanency plans in cases identified as appropriate for concurrent planning. Concurrent planning is most effective when systems are in place to support the case worker and concurrent family in the concurrent planning process. While all children, youth and families benefit from the tools and techniques involved in concurrent planning such as complete disclosure (PIE), visitation, family finding and family team meetings e.g.; FCM's, concurrent planning must be applied in a thoughtful manner starting with proper identification of the children who are least likely to reunify with their birth parents by following the eligibility criteria.

State that in most case plans there are back up plans or Plan A or Plan B. By this we mean that workers usually have a "back up plan", e.g., we work the reunification plan first, and if it does not work, then we change the goal to adoption or guardianship. **This is a form of permanency planning but is not considered concurrent planning.** What differentiates concurrent planning is that the two goals are being actively worked on at the same time.

Ask: What is the philosophy behind concurrent planning? Review the following with the group:

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).

Trainer's Notes:

State that we are now going to create a historical context for permanency and concurrent planning. The Adoption and Safe Families Act of 1997 addressed the delays in achieving permanency for children and youth and imposed new timeframes for service delivery and decision making. The intent of the legislation was to promote accountability and timely outcomes for children and families specifically related to permanency, safety and well-being.

State that the Adoption and Safe Families Act of 1997 encouraged states to use concurrent planning when working with families toward reunification but does not mandate its use. The law states that reasonable efforts to place a child for adoption or with a legal guardian *may* be made concurrently with reasonable efforts to reunify. The law further requires that for children who have been in foster care for 15 of the

most recent 22 months, the state must file a petition to terminate parental rights unless certain exceptions apply. The state must concurrently identify, recruit, process and approve a qualified family to adopt the child when it files or joins a petition to terminate parental rights when the child has been in care 15 of the last 22 months or a court of competent jurisdiction has made determinations consistent with Section 475(5) of the Social Security Act (42 U.S.C. 675(5)(E)).

State the New Mexico Children's Code 32A-4-29H says:

H. For purposes of this section, a child shall be considered to have entered foster care on the earlier of:

- (1) the date of the first judicial finding that the child has been abused or neglected; or
- (2) the date that is sixty days after the date on which the child was removed from the home.

This ties into the 15/22 in that "When a child has been in foster care for not less than fifteen of the previous twenty-two months, the department shall file a motion to terminate parental rights..."

This is the general rule; of course there are exceptions when we hit the 15/22 and are not required to file.

What this all means:

- The general rule is: once a child has been in foster care for 15 of the last 22 months, the department is required to file a TPR Motion.
- We start counting the 15/22 on the date the child is determined to have "entered foster care" which is either at the time a court finds the child to be an abused and/or neglected child OR 60 days after the child was removed from the home -whichever comes first.

State that the most recent federal legislation, The Fostering Connections to Success and Increasing Adoptions Act of 2008, does not expressly address concurrent planning. It does, however, provide new resources for relatives who wish to become children's legal guardians, creating a meaningful permanency option in the context of concurrent planning practice. Additionally, this Act requires that adult relatives of children entering or at risk of entering foster care be contacted simultaneously with other permanency planning efforts.

Now let's review the history of concurrent planning in New Mexico. Since 1978 CYFD has had struggled to implement concurrent planning. The current concurrent planning program is:

- To establish a concurrent plan, the primary plan must be reunification.
- All children in custody between the ages of 0-4 and any of their siblings who are also in custody and have a plan of reunification will have a concurrent plan.
- Initially the concurrent plan of choice is adoption.
- Second potential concurrent plan is permanent guardianship.

State that as part of the STEP UP Diligent Recruitment grant, over the last two years the concurrent planning workgroup has been developing the new strategy and protocol that has brought us here today.

State let's look at some current New Mexico statistics and trends that relate to permanency:

Based on a statewide analysis of permanency data from April 1, 2012 - September 30, 2012 that revealed the following:

- 24% of children placed in have 3 plus placements
- The average number of placements is 2.1
- 14% of children are placed in relative foster homes
- 33% of the children in care have concurrent plans
- The average number of months in state custody is 13.2

Review with the group the Power Point Slide 16: Concurrent Planning Values and Principles in New Mexico. Highlight that our concurrent planning values and principles aligned to the New Mexico Piñon Project -Practice Model which are:

- **Safety:** Child and youth safety is paramount. Managing safety begins with our first contact and continues throughout the life of the case. We assess safety threats; child and youth vulnerabilities; protective capacities and develop safety plans based on these factors.
- **Preserving Connections:** All children and youth will have enduring relationships that provide a family, stability, belonging and a sense of self that connects them to their past, present and future.
- **Child and Youth Centered Practice:** Our practice is centered on the best interests, well-being and needs of each child and youth we serve. As age and developmentally appropriate, the child and youth's views, thoughts and ideas are expressed and taken into consideration in planning and service provision.
- **Family Focused:** We recognize that all families have strengths and will have a voice in decisions about their children. We work with and support the entire family.
- **Organizational Competence:** Children, youth and families receive services from highly trained and skilled staff. Our staff will have a supportive, respectful and positive environment.
- **Customer Service:** Customer service begins at the first point of contact and extends throughout all of our relationships. We are respectful, courteous, communicative and professional with each other, our children, youth and families, our community partners and the public. We engage our families, foster parents, and others as part of the team planning and caring for our children and young people to achieve positive outcomes.
- **Trustworthy and Accountable:** We are fair and compassionate and act with respect and integrity. We are transparent and responsive to our children, youth and families as well as our partners and communities within the limits of

confidentiality. We avoid personal bias and reach factually supported conclusions in a timely and thorough manner.

- **Culturally Competent Practice:** We understand, respect and serve children, youth and families within the context of their own family rules, traditions, history and culture.
- **Data Driven Decision Making:** We collect and use reliable and valid data to inform decision-making, to direct continuous quality and practice improvement and to evaluate our efforts in terms of safety, well-being, and permanency outcomes for children, youth and families.
- **Evidence Informed Practice:** We use evidence-informed practices for effective service planning and service delivery for children, youth and their families.
- **Shared Responsibility:** The entire community shares the responsibility of keeping children and youth safe and protecting them from abuse and neglect. Children and youth are best served when they are part of and supported by their community with services that are accessible and individualized. We recognize that community partnerships are essential to ensure child and youth safety, permanency and well-being.
- **Teamwork*:** Our practice focuses on engagement of bio families and foster families. During the concurrent planning process roles and expectations are clearly defined.

*Teamwork was added as a Concurrent Planning value and principle.

State that now we are going to explore some of the values associated with permanency and concurrent planning. Request participants turn to page 7 in their Participant Guidebook for the Worksheet: Concurrent Planning Values.

Ask the group to read the value statements and think about the following three questions which are posted on the flip chart:

- Identify the three values that seem most important.
- Are there any values that should be added?
- What three values will be the hardest for workers and concurrent planning families to implement?

Debrief the activity by indicating that all the values and principles matter. We want to highlight the following key points:

- Every child and youth deserves permanency.
- Foster care placement is not an outcome; it is a service and should be seen as such to promote permanency.
- Permanency and concurrent planning starts at the first contact with the family.
- Concurrent planning requires emotional risk and that risk should be carried out by the adults involved and not passed on to the children.

Show Josh's digital story which highlights on the impact impermanence has on youth in the foster care system.

Ask:

What feeling does Josh's story evoke for you?

What do you see as your role in improving outcomes for children and youth in New Mexico, given the issues that were presented in Josh's story?

Trainer Note: Emphasize the importance of listening.

Ask: Did you pick up on Josh's statement changing from needing his mother to needing a mother.

State: Josh's story describes a need for stability.

State now that we have reviewed the values, principles and definition for concurrent planning we will take a break and then look at the nine components that make up concurrent planning.

Break 10:30-10:45 am 15 minutes

Handout: Setting the Stage - Questions
(Participant Guidebook Page 6)

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?

Worksheet: Concurrent Planning Values¹ (Participant Guidebook Page 7)

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.

Activity Three: Core Components of the Concurrent Planning

Time: 30 minutes (10:45 - 11:15 am)

Materials: **Handout:** Nine Components of Concurrent Planning Practice (Participant Guidebook pages 8 & 9)
Prepare nine flip chart pages which reflect the nine core components of concurrent planning.
Flip chart and markers
Additional markers for the Walkabout activity.
Flipchart and markers
LCD projector

Sources: National Resource Center on Permanency and Family Centered Practice. Concurrent Planning Toolkit. <http://www.nrcpfc.org/cpt/index.htm>

Trainer's Notes:

Ask: As you think about concurrent planning practice, what are some the core components? What must we as caseworkers, supervisors, and concurrent planning families do to provide quality concurrent planning practice?

Record responses on the flip chart of the components that participants identify.

Refer to Handout: **Nine Components of Concurrent Planning Practice** (Participant Guidebook pages 8 & 9) and **review** the nine core components of concurrent planning that have been adapted from National Resource Center for Permanency and Family Connections are:

1. Assessment and case review
2. Complete disclosure to all participants in the case planning process
3. Family search and engagement
4. Family centered meeting/teaming
5. Visiting between family, child/youth
6. Setting clear time lines for permanency decisions
7. Transparent written agreements and documentation
8. Committed collaboration between child welfare, the courts, and service providers
9. Specific recruitment, training, and retention of concurrent families

Note to Trainer: Post the nine prepared flip chart pages around the room. *If any idea is generated in this activity that might contribute to significant change in practice please pass it on to the workgroup.*

Walkabout Activity: Each component is posted on one piece of paper. Divide participants into nine groups and assign each group one component. Ask the group to think about some promising practices that relate to their component. These are current practice or previously effective practices. If the group has additional time they can travel around to other components and add to the lists. The group has five minutes to complete this assignment.

Trainer moves around the room and reviews what practices are included for each component. It might be expected that some components have will have a number of practices listed and others will not have as many. It can be expected that assessment and case review and complete disclosure will have shorter lists of practices. Comment when there are very few practices listed. Highlight practices quickly.

Discuss the following practices as you debrief each component:

Assessment and case review - this is as area of focus for New Mexico:

- Culturally respectful and strengths-based
- Conducted within the first 10 days of placement

Complete disclosure - we are now introducing a new protocol entitled the Permanency Information Exchange (PIE) meeting which is the disclosure of specific information regarding legal child abuse and neglect cases for children/youth who are subject to concurrent planning. Complete disclosure:

- Starts at the first contact with families
- Birth Parent Orientation
- Open and honest discussions with all parties - birth family including children and relatives, foster/adoptive family, attorneys, service providers
- Icebreaker's
- Ongoing team meetings

Family search and engagement is an area that New Mexico is doing well in:

- Early identification and engagement of relatives to achieve permanency
- Engage youth in identifying concurrent planning resource
- Identify both relatives and fictive kin

Family Centered Meetings/teaming is an area that New Mexico is doing well in:

- Convening families early in case planning process
- Meetings bring together the wisdom, resources, and expertise of family and others to develop solutions to meet the family's needs and ensure the child's safety, permanency and well-being

Visiting between family & child/youth is an area that New Mexico is doing well in:

- Develop visitation plans with family members
- Involvement of foster/adoptive parents in visitation promotes supportive relationships
- Use of visit coaching
- Visits held outside the office in the community

Setting clear time lines for permanency decisions is an area that New Mexico is doing well in:

- Permanency Information Exchange Meetings
- Case review timelines
- Supervisory case reviews

Transparent written agreements and documentation is an area of focus for New Mexico:

- Written agreements that identify behaviorally specific goals both short and long term
- Concrete services linkages what specify who, what, where, and responsibilities of all parties

Committed collaboration between child welfare, the courts, and service providers is an area that New Mexico is doing well in:

- Inclusion of all parties in family centered meetings
- Use of icebreaker's

Specific recruitment, training, and retention of concurrent families is an area of focus for New Mexico:

- Monthly support groups
- Training modules specifically focused on concurrent planning and grief and loss

State now we are going to discuss the new concurrent planning criteria and process.

Handout: Nine Components of Concurrent Planning Practice (Participant Guidebook Pages 8 & 9)

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 complete 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.

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.

Activity Four: New Mexico Concurrent Planning Criteria and Case Process

Time: 60 minutes (11:15 - 12:15)
Lunch 1 hour (12:15-1:15 pm)

Materials: **Handout:** Concurrent Planning Criteria and Case Process (Participant Guidebook page 10 &11)
Handout: Concurrent Planning Foster Parent Info Sheet (Participant Guidebook page 12 & 13)
Handout: Concurrent Planning Birth Parent Info Sheet (Participant Guidebook page 14-15)
Handout: Privacy and Confidentiality Agreement (Participant Guidebook page 16)
Handout: Release of Information (Participant Guidebook page 17)
Flipchart and markers
LCD projector
Power Point Presentation

Trainer's Notes:

Now let's look at the new concurrent planning criteria and process. Over the last two years the concurrent planning workgroup made up of workers, supervisors, foster families, youth, and administrators throughout the state have been working diligently to design a new concurrent planning strategy. The new criteria and process will be piloted in the five counties (Bernalillo, Lea, Luna, San Juan and San Miguel) starting October 1, 2013.

Review: the following is the criteria for identifying cases for concurrent planning:

- Children who have been in custody within the last five years and their siblings. This will include children who have been on a 48 hour hold even when no legal case was filed.
- Children who have been in the custody of another state within the past 5 years.
- Children who have siblings in custody.

State that this new process begins at the time of placement and everyone from SCI, Investigations, Placement, Permanency Planning Workers, Birth Families, and Concurrent Families have a role to play.

State that if a case meets the above criteria the following is the concurrent planning case process:

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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. If the release of information is not signed by the birth parents the Department may only share information that directly impacts the child. We may not discuss specific information regarding the parents.
 - Refer participants to the Handouts: Privacy and Confidentiality Agreement and Release of Information. (Participant Guidebook page 16-17)
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. PIE meetings will stop if the court orders a change of plan to straight adoption.
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 PIE Disclosure Checklist in the hard file under service agreements.

Placement Workers will:

- Maintain a list of families who are approved by the Department as concurrent families.
- Provide increased support to concurrent families during the first four months of placement.
- Contact their concurrent families bi-monthly.

Dyad Group Activity:

Ask participants to pair up in dyads (groups of two). Have each dyad discuss a time when they had a crisis or were under stress. Have each member of the dyad describe what their crisis or stress was, what they did to deal with the crisis or stress and how they knew how to handle the crisis or deal with the stress.

Note to Trainer: Do not conduct any debriefing from the activity.

State that we recognize that concurrent families require additional supports and as part of this concurrent planning strategy, we have designed some additional supports:

- Concurrent families will receive and participate in increased support services with their Placement Worker during the initial four months of placement to include:
 - ✓ Development of a coping plan;
 - ✓ Bi monthly contact with their Placement Worker;
 - ✓ Semiannual grief and loss training;
 - ✓ Monthly concurrent planning support groups.

State monthly support groups will look different for each county depending on the number of concurrent families.

Small Group Activity:

Divide participants into small groups and have them discuss the impact on this new practice from their unique perspective - example what does this mean for me in my role as Investigator, Placement, Permanency Planning Worker and Foster Parent?

Handout: Concurrent Planning Criteria and Case Process (Participant Guidebook Pages 10 & 11)

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.

Concurrent Planning: Partnering for Permanency - draft (V1.1) 09/25/13

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.

HANDOUT: CONCURRENT PLANNING FOSTER FAMILY **INFORMATION SHEET** (Participant Guidebook Pages 12 & 13)

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.

Concurrent Planning: Partnering for Permanency - draft (V1.1) 09/25/13

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

HANDOUT: CONCURRENT PLANNING BIRTH PARENT INFORMATION SHEET

(Participant Guidebook Pages 14 & 15)

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.
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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)

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

(Participant Guidebook Page 16)

State of New Mexico
CHILDREN, YOUTH AND FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR



YOLANDA BERUMEN-DEINES
CABINET SECRETARY

JOHN SANCHEZ
LIEUTENANT GOVERNOR

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

(Participant Guidebook Page 17)

State of New Mexico CHILDREN, YOUTH AND FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR



YOLANDA BERUMEN-DEINES
CABINET SECRETARY

JOHN SANCHEZ
LIEUTENANT GOVERNOR

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

Activity Five: Definition of Complete Disclosure

Time: 15 minutes (1:15 - 1:30 pm)

Materials: Flipchart and markers
LCD projector
Power Point Presentation

Sources: Minnesota Department of Human Services. *Practice Guide for Concurrent Permanency Planning*.
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONTENT&dDocName=id_003712&RevisionS%09electionMethod=LatestReleased
Pennsylvania Child Welfare Training Program. *209. Integrating Concurrent Planning into Child Welfare Practice*. <http://www.pacwrc.pitt.edu/curriculum/209IntegratingConcurrentPlanningIntoCW.html>
National Resource Center on Permanency and Family Connections. Tools for Permanency: Concurrent Permanency Planning. A Focus on Permanency. Georgia Division of Family and Children Services. Nuts and Bolts of Concurrent Planning.
Washington State Division of Children and Family Services. *A Parent's Guide to Child Protective Services*.
<http://www.dshs.wa.gov/pdf/publications/22-484.pdf>

Trainer's Notes:

State Welcome back. Let's look at where we are in our agenda. So far we have completed:

- Intro and training overview
- Overview
- Values & Principles
- Nine Core Components
- Criteria & Case Process

For the afternoon we will work on the last of our agenda:

- Definition of Complete Disclosure
- Permanency Information Exchange (PIE) Meeting
- Let's Practice
- Q & A

State that complete disclosure is a core component of concurrent planning. Let's look at what "complete disclosure" means in child welfare practice. In New Mexico "full disclosure" is a term used to define the information that is provided to potential adoptive parents regarding the child/children that they are adopting. "Complete

disclosure” refers to the information provided to concurrent families regarding the children that are placed with them and their family.

State that we all know what “disclosing” means. When we talk about “disclosing”, we mean:

- Revealing
- Uncovering
- Sharing relevant information

Ask the group: What makes a disclosure “complete” for concurrent planning practice:

Possible responses may include:

- All of it
- Everything that is relevant
- Telling people all that they need to hear

Ask the group: So what does “complete disclosure” mean for child welfare practice in New Mexico?

Facilitate discussion and then **state** that is this how the National Resource Center for Permanency and Family Connections describes complete disclosure:

A respectful, candid discussion that begins when a child enters foster care, is offered to parents and other team members, and continues through the life of the case.

State that first and foremost complete disclosure is offered to parents. **Ask:** What other “team members” need complete disclosure?

Name the following if not mentioned:

- Foster/Concurrent parents
- Child (as appropriate to age and developmental status)
- Attorneys
- GAL’s
- Service providers

Ask: Why do so many of us find complete disclosure so challenging? **Record** the group's responses on the flip chart.

State that complete disclosure may not be easy but it is a skill that we can develop to share information, establish expectations, clarify roles and address obstacles to achieving permanency for children and youth in foster care.

State that as we have discussed when reviewing the new concurrent planning process in New Mexico, birth parents have the right and responsibility to determine what pieces of information they want shared about their own situation. For this information to be shared the Release of Information Form must be signed by the parent.

State now we are going to focus on the Permanency Information Exchange Meeting both its process and practice as it relates to complete disclosure.

Activity Six: What is the Permanency Information Exchange Meeting?

Time: 60 minutes (1:30 - 2:30 pm)
Break 15 minutes (2:30 - 2:45 pm)

Materials: **Handout:** PIE Meeting Roles (Participant Guidebook page 19)
Handout: PIE Checklist (Participant Guidebook pages 21-26)
Handout: Birth Parent Information Sheet (Participant Guidebook pages 14 & 15)
Handout: Concurrent Planning Foster Parent Information Sheet (Participant Guidebook pages 12 & 13)
LCD projector
Power Point Presentation

Trainer's Notes:

State the definition of the Permanency Information Exchange is:

As used in this protocol permanency information exchange is the disclosure of specific information regarding legal child abuse and neglect cases for children who are subject to concurrent planning. It refers both to formal and informal meetings, which occur regularly as well as ongoing information provided throughout the duration of a case. Information is released to parties in a case in accordance with the children's code, Department policies and procedures.

State PIE is the initial step of disclosure in concurrent planning cases.

Now let's look at specifics in the setting up and conducting a Permanency Information Exchange (PIE) meeting:

Ask Who participates in the PIE Meeting?

State the following individuals participate in the meeting: Permanency Planning Worker and Supervisor, Placement Worker and Supervisor, Birth Parents, Foster Parents, child/youth as appropriate.

- Supervisors are optional participants after the initial PIE meeting.
- In subsequent PIE meetings other participants may be invited (e.g.; providers).

Ask participants to review PIE Meeting Roles (Participant Guidebook page 19).

What is the timing for holding these meetings?

State the Initial meeting occurs within 40 days of custody; subsequent meetings monthly

How long are the meetings?

State the initial meeting: 1 hour; subsequent meetings: 30 minutes

State This is not a decision-making meeting, but a tool for team building and informational exchange.

Now let's examine the Nuts and Bolts of PIE Preparation:

1. The Permanency and Placement Worker set a date and schedule the meeting respectively with the birth parents, foster parents' & children/youth as appropriate.

2. Permanency and Placement Worker meet prior to the meeting to decide as specifically as possible what information and which documents, if any, need to be given to participants at the meeting. Including the following child-specific information:

- the child's birth certificate,
- social security card,
- educational records (including IEPs and cumulative files),
- medical records (including the child's Medicaid number, birth records, immunizations, and hospitalization records), and
- psychological records (including psychological and psychiatric evaluations)

3. The PPW and Placement Worker and supervisors review and prepare information as outlined in the PIE checklist. **Distribute** the PIE checklist (Participant Guidebook pages 21-26), Birth Parent Information Sheet (Participant Guidebook pages 14 & 15) and Concurrent Planning Foster Parent Information Sheet (Participant Guidebook pages 12 & 13).

Ask the group, to think about some ways that they would introduce the PIE meeting to all the participants?

Use the following statement as some ways to introduce the PIE meeting to participants:

- 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

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- 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

Note to Trainer: At this point refer participants to the Birth Parent and Concurrent Parent Foster Parent Information sheets (Participant Guidebook pages 12-15). These will generate discussion amongst foster families attending the training. It is important to allow time for clarification of issues, but do not get bogged down in a lengthy discussion of specific issues.

- **Birth Parents:** As we discussed before, we are working on two plans at the same time for your child/ren. One is reunification, which means you demonstrate to others that you can safely parent your child. We as a team are here to help you do that. At the same time we are working a second plan, which is adoption.
- **Concurrent family:** As we discussed before, we want you to have a positive relationship with the birth family and to understand not everyone parents the same. Our goal is that the child is raised in a safe, permanent home.
- **Concurrent family:** We want you to support the family that can include bringing the child to visits, to therapy inviting parents to school meetings, and such.
- 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".

State: Now let's think about how we would use these prompts to introduce the initial PIE meeting with a specific case.

Divide participants into pairs and think about a concurrent planning case that would be holding their first PIE meeting. Ask the pairs to think about the statements they would make to introduce the initial PIE meeting to the group. Give participants five minutes to complete their discussions.

Ask for volunteers to read their opening statements. Help the group focus on the use of strengths-based language.

Ask the group, how is this different from current practice?

Ask What do you think are the strengths of using the PIE meeting to discuss concurrent planning?

Ask What do you think will be some of the opportunities for change in practice with the PIE meeting?

What else can be done to help move the PIE meeting to a successful outcome?

State Let's take a break. When we come back we will walk through the case process and PIE meeting.

Break 15 minutes 3:00 -3:15 pm

Handout: Permanency Information Exchange (PIE) Meeting Roles:

(Participant Guidebook Page 19)

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)
Checklist**
(Participant Guidebook pages 22-27)

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: _____

HANDOUT: CONCURRENT PLANNING FOSTER FAMILY **INFORMATION SHEET**

(Participant Guidebook Pages 12 & 13)

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.

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- 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.

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

HANDOUT: CONCURRENT PLANNING BIRTH PARENT **INFORMATION SHEET** (Participant Guidebook Pages 14 & 15)

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.

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- 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)

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

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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

Activity Seven: Statewide Central Intake (SCI) to PIE

Time: 45 minutes (3:15-4:00 pm)

Materials: **Handout:** Concurrent Planning Criteria and Case Process (Participant Guidebook pages 10 &11)
Handout: PIE Case Scenario (Participant Guidebook page 18)
Handout: PIE Meeting Roles (Participant Guidebook page 19)
Handout: PIE Meeting Facilitator's Guide (Participant Guidebook page 20 & 21)
Handout: PIE Checklist (Participant Guidebook pages 21-26)
Power Point Presentation
LCD Projector

State now we are going to practice utilizing the case process. Think of case in your county that you currently have or have had that meets the concurrent planning criteria or take out the case scenario (Participant Guidebook page 18).

Ask individuals to take out their Case Criteria and Process (Participant Guidebook page 10 & 11) and the PIE Meeting Roles (Participant Guidebook page 19).

Tell individuals that we will be walking through a case as it is handled and passed from SCI to Investigations and through to the PIE Meeting. As we walk through the case you will be acting in your identified role (i.e. if you are an Investigative worker you will be acting in the role of an Investigative worker). The trainer will be the Statewide Central Intake (SCI) worker.

Divide individuals into small groups or maintain as a large group if missing individuals in different roles. If needed, trainers can act in any of the missing roles.

State Statewide Central Intake (SCI) worker has identified a child with prior history. Let's get started with the process.

State Statewide Central Intake (SCI) sends Investigations a referral that says "Prior custody within 5 years has been verified."

You are in Investigations - What do you do next? Remember to utilize the Case Process Review the Case Process (Participant Guidebook pages 10-11). Who do you contact?

Review the Case Process (Participant Guidebook pages 10-11). Go over each individual step, asking what it means to them in their role, who they will be interacting with and what challenges they will have at this step. Process with each individual and the group throughout the process.

When you get to step 12 in the Case Process, introduce the PIE Meeting Facilitator's Guide (Participant Guidebook pages 20-21).

Read the definition, philosophy and go over why everyone is here today.

Discuss the importance of timeliness for attendance of the meeting and how to handle people coming late. When you get to the end of the Facilitators Guide talk about the length of the meeting.

Review the PIE checklist. Respond to any questions and remind individuals where the checklist is documented & maintained in the record.

Remind individuals to thank everyone for attending the PIE meeting and remember to schedule the next PIE meeting.

Discuss the importance of holding the PIE meeting at the identified time and not getting into a pattern of rescheduling.

Ask does anyone have any questions about the case criteria, process or PIE meeting?

Handout: Concurrent Planning Case Scenario (Participant Guidebook Page 18)

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:

(Participant Guidebook Page 19)

6. **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.
7. **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.
8. **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.
9. **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.
10. **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.

Handout: PIE MEETING

Facilitator's Guide

(Participant Guidebook Page 20 & 21)

- *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**
(Participant Guidebook Pages 22-27)

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: _____

Activity Eight: Questions & Answers:

Time: 15 minutes (4:00-4:15 pm)

Materials: None

Ask participants if they have any questions about the information that was provided in today's training.

Ask participants if they have everything they need to start this process? Respond to any questions.

Remind individuals that this is a pilot and if they have feedback please provide it to one of the Concurrent Planning Workgroup members and let them know who their contact would be for their county.

Activity Nine: Adjourn

Time: 15 minutes (4:15-4:30 pm)

Materials: Handout: Training Evaluation form

Thank the participants for attending and participating in the training.

Ask participants to complete the training evaluation.