

Concurrent Permanency Planning (CPP): Implementation Overview

Michigan Department of Human
Services

Federal Law

- Adoption and Safe Families Act of 1997.
- Identifies Concurrent Permanency Planning as a “best practice.”

State Law

- **2008 PA 202**, effective July 11, 2008, amended MCL 712A.19 The act states:
 - Reasonable efforts to finalize an alternate permanency plan may be made concurrently with reasonable efforts to reunify the child with the family.
 - Reasonable efforts to place a child for adoption or with a legal guardian, including identifying appropriate in-state or out-of-state options, may be made concurrently with reasonable efforts to reunify the child and family.

CPP Workgroup

- Workgroup consists of variety of internal/external stakeholders that will be impacted by CPP.
- Role is to assist and provide input on how CPP is implemented in Michigan.
- Has provided guidance on: policy development, system changes, curriculum development, training, and program evaluation.

Technical Assistance

- Michigan Child Welfare 2020 Initiative
 - Casey Family Programs
 - MSU – Child Welfare Resource Center

CPP Statewide Rollout

- Must begin implementation prior to October of 2009.
- Will begin piloting of CPP in spring of 2009.
- Goal of statewide rollout by October 2010.

Program Philosophy

- CPP emphasizes family reunification, while at the same time identifying an alternative permanency plan for the child if the child can not return home.
- CPP stresses the importance of achieving timely permanency for the child.

Goals and Outcomes

- Provide or support the safety and well-being for the child/family.
- Decrease the number of child replacements.
- Decrease the length of time spent in foster care.
- Increase timely legal permanency for children.

Draft Policy Overview

- CPP will be utilized for all foster care cases with the goal of reunification.
 - Relative search.
 - Team Decision Making (TDM).
 - Case planning meeting.
 - Full disclosure.
 - Service referral.
 - Parenting time visits.

Draft Policy: Relative Diligent Search

- Every effort must be made to place children with relatives, who will meet their needs.
- Relative diligent search and relative notification completed within 30 days of initial placement date.
- Children's Protective Services (CPS) Worker begins relative search prior to transferring case to foster care.
- Foster Care (FC) Worker continues efforts with relative search until legal permanency for the child is achieved.

Draft Policy: Relative Diligent Search

- CPS or FC worker asks birth parents and age appropriate children to identify the following relatives:
 - Maternal and paternal grandparents.
 - Maternal and paternal aunts.
 - Maternal and paternal uncles.
 - Adult siblings of the child.
 - Other relatives.

Draft Policy: Relative Diligent Search

- The CPS/FC worker obtains relative:
 - Names.
 - Addresses.
 - Phone Numbers.
- Document findings in case record.
- Identify potential relatives interested in having a relationship with the child.

Draft Policy: Relative Diligent Search

- Follow up with all relatives expressing:
 - An interest to have contact with the child.
 - A desire to provide a connection or support to the child.
 - Interest in having the child placed with them on temporary or permanent basis.

Draft Policy: Relative Diligent Search

- The following forms have been created to assist with the relative search requirements:
 - Relative Notification, DHS-990.
 - Relative Response, DHS-989.
 - Relative Search Information, DHS-988.
 - Relative Documentation, DHS-987.

Draft Policy: Team Decision Making (TDM)

- Team approach is an important component of CPP.
- TDM meetings help to facilitate family engagement and sharing in the decision-making processes.
- TDM's can be utilized to discuss aspects of concurrent planning.

Draft Policy: Team Decision Making (TDM)

- TDM's must take place under the following circumstances:
 - Prior to placement (considered removal TDM), or by the next working day after an emergency placement (emergency removal TDM).
 - Prior to the transfer of a child in foster care to a different placement setting, or by the next working day after an emergency transfer.
 - Prior to reunification.
 - Prior to a change in the permanency goal.

Draft Policy: Team Decision Making (TDM)

- When a child returns from Absent Without Legal Permission (AWOLP) status.
- When a child has been in care for 9 months with a goal of reunification, and sufficient progress has not been achieved to ensure reunification within 12 months.
- When a child has been legally free for adoption for three months but does not have a permanent placement identified.

Draft Policy: Case Planning Meeting

- Worker holds case planning meeting with family within 30 days of initial removal date.
- Purpose of meeting is to discuss all aspects of concurrent planning
- Can be combined with two face-to-face visits already required in foster care policy, CFF 722-6.

Draft Policy: Case Planning Meeting

- Meeting includes:
 - Review aspects of CPP discussed in any prior TDM meetings.
 - Develop Parent-Agency Treatment Plan, DHS-67.
 - Develop concurrent plan for the child, “*Plan A and Plan B.*”
 - Provide “full disclosure.”

Draft Policy: Case Planning Meeting

- Obtain additional information regarding absent parent or relative search.
- Discuss service referrals.
- Discuss parenting time plan.

Draft Policy: Full Disclosure

- Ensuring open and genuine communication on all aspects of the foster care case.
- Explaining to parent(s) the importance of obtaining permanency quickly for the child.
- Ensuring parent(s) understand time limits to achieve objectives .

Draft Policy: Full Disclosure

- Explaining, parental rights and responsibilities, available DHS assistance, and consequences for actions.
- Developing a permanency plan for the child with all relevant parties involved (i.e., parents, relatives, caseworkers, attorneys, etc.)
- Providing regular progress updates on the PATP, acknowledging strengths, and addressing continued safety concerns.

Draft Policy: Service Referral

- Emphasis on timely service referrals tailored to family's individual needs.
- Service referrals should be made as soon as possible, but no later than 30 days after the initial placement date.
- Services unavailable for more than 30 days.

Draft Policy: Parenting Time Visits

- Emphasis on frequent visits in most family like setting.
- Frequency of visits correlates with child's age and sense of time.
- Utilizing various resources to assist in supervising visits.
- Reducing barriers to visits.
- Supervised vs. Unsupervised Visits.

Draft Policy: Parenting Time Visits

- Goal of Reunification:
 - Ages 0-2, minimum three visits per week.
 - Ages 3-5, minimum two visits per week.
 - Ages 6 and up, minimum once a week.

RELATIVE DOCUMENTATION
Michigan Department of Human Services

Child Name	Case Number
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RELATIVE NAME		RELATIVE NAME		RELATIVE NAME		RELATIVE NAME	
<input type="checkbox"/> MATERNAL	<input type="checkbox"/> PATERNAL	<input type="checkbox"/> MATERNAL	<input type="checkbox"/> PATERNAL	<input type="checkbox"/> MATERNAL	<input type="checkbox"/> PATERNAL	<input type="checkbox"/> MATERNAL	<input type="checkbox"/> PATERNAL
<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> GRANDFATHER	<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> GRANDFATHER	<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> GRANDFATHER	<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> GRANDFATHER
<input type="checkbox"/> AUNT	<input type="checkbox"/> UNCLE	<input type="checkbox"/> AUNT	<input type="checkbox"/> UNCLE	<input type="checkbox"/> AUNT	<input type="checkbox"/> UNCLE	<input type="checkbox"/> AUNT	<input type="checkbox"/> UNCLE
<input type="checkbox"/> COUSIN	<input type="checkbox"/> ADULT SIBLING	<input type="checkbox"/> COUSIN	<input type="checkbox"/> ADULT SIBLING	<input type="checkbox"/> COUSIN	<input type="checkbox"/> ADULT SIBLING	<input type="checkbox"/> COUSIN	<input type="checkbox"/> ADULT SIBLING
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
ADDRESS		ADDRESS		ADDRESS		ADDRESS	
TELEPHONE NUMBER ()	TELEPHONE NUMBER ()	TELEPHONE NUMBER ()	TELEPHONE NUMBER ()	TELEPHONE NUMBER ()	TELEPHONE NUMBER ()	TELEPHONE NUMBER ()	TELEPHONE NUMBER ()
SOCIAL SECURITY NO.		SOCIAL SECURITY NO.		SOCIAL SECURITY NO.		SOCIAL SECURITY NO.	
DATE OF BIRTH	AMERICAN INDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	AMERICAN INDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	AMERICAN INDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	AMERICAN INDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO
TRIBAL AFFILIATION	ENROLLMENT NO.	TRIBAL AFFILIATION	ENROLLMENT NO.	TRIBAL AFFILIATION	ENROLLMENT NO.	TRIBAL AFFILIATION	ENROLLMENT NO.
CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE	CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE	CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE	CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE
IF NOT, WHY?		IF NOT, WHY?		IF NOT, WHY?		IF NOT, WHY?	
COMMENTS:		COMMENTS:		COMMENTS:		COMMENTS:	
TYPE OF RESOURCE/SUPPORT <input type="checkbox"/> Placement <input type="checkbox"/> Respite <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Connecting Child with Cultural/Ethnic Heritage <input type="checkbox"/> Other: _____		TYPE OF RESOURCE/SUPPORT <input type="checkbox"/> Placement <input type="checkbox"/> Respite <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Connecting Child with Cultural/Ethnic Heritage <input type="checkbox"/> Other: _____		TYPE OF RESOURCE/SUPPORT <input type="checkbox"/> Placement <input type="checkbox"/> Respite <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Connecting Child with Cultural/Ethnic Heritage <input type="checkbox"/> Other: _____		TYPE OF RESOURCE/SUPPORT <input type="checkbox"/> Placement <input type="checkbox"/> Respite <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Connecting Child with Cultural/Ethnic Heritage <input type="checkbox"/> Other: _____	

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

RELATIVE RESPONSE FORM

Michigan Department of Human Services

As the child(ren)'s relative, DHS needs to know if you want to provide contact, connection or support to the child(ren) and/or to provide a temporary or permanent home to the child(ren).

Please indicate your response(s) below.

I _____ understand that _____
(Relative Name) (Child(ren)'s Name)

is currently in the custody of Michigan Department of Human Services. If the parents are available, services will begin to return the child(ren) with parent(s). If these services do not remove the safety concerns, DHS will make another permanent plan for the child(ren).

The child(ren) is/are in need of family contact, connection and support. The child(ren) is/are also in need of safe, positive temporary placement, and may in the future be in need of a permanent placement.

1. Please indicate if you want DHS to consider you for providing the following contacts and support to the child(ren):

<input type="checkbox"/> Writing letters to the child(ren).	<input type="checkbox"/> Having phone contact with the child(ren).	<input type="checkbox"/> Visiting with the child(ren) including holiday visitation.
<input type="checkbox"/> Having the child(ren) visit you.	<input type="checkbox"/> Provide transportation for visits.	<input type="checkbox"/> Providing family history information including photos.
<input type="checkbox"/> Providing family contact information of other potential relatives.	<input type="checkbox"/> Providing family medical history.	<input type="checkbox"/> Other involvement:

2. Please indicate whether you wish DHS to consider you as a possible temporary placement:

(Initial only one) _____ **Yes. Do** consider me as a temporary placement for the child(ren).
 _____ **No. Do not** consider me as a temporary placement for the child(ren).

3. Now indicate whether you wish DHS to consider you as a possible permanent placement:

(Initial only one) _____ **Yes. Do** consider me as permanent placement for the child(ren).
 _____ **No. Do not** consider me as permanent placement for the child(ren).

4. I would like to discuss the child(ren) and their needs more fully with the caseworker.

Please contact me at: _____

If you wish to be considered as a placement home for the child(ren), please sign, date, and return this form within 30 days. If you do not return this form, DHS may not consider you as a placement resource for the child(ren), and may proceed with another permanent plan for the child(ren).

DHS will be making decisions about where the child(ren) lives, the type of contact a child(ren) may have with a relative based on the best interests, and the needs of the child(ren). A relative's criminal history, child abuse history will also be considered in determining the degree, and type of contact a relative may have with children. DHS will contact you if you expressed:

- a. an interest in contact with the child; or
- b. a desire to provide a connection or support to the child; or
- c. interest in having the child placed with you on a temporary or permanent basis

(Relative Signature)

(Date)

Address _____

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JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING



ISMAEL AHMED
DIRECTOR

Dear _____ ,

My name is Enter Worker Name. I am a case worker for Enter Agency Name. I am working with the Family Name family. Their child(ren), Child's Name, is/are currently in foster care and I am contacting you because your name was given to me as a possible relative.

Agency Name recognizes and values the importance of children's relationships with parents, siblings, grandparents, and other relatives. Agency Name is committed to search for relatives of children who have been placed in foster care so that they may continue to benefit from family connections. We would like to know if you are related to the child(ren) and in what way you would consider being involved, such as placement, visits, phone contact, writing letters, or providing family history.

Attached to this letter are two forms. One form is called, "Relative Search Information," please complete this form by putting down contact information for other family members who may be interested in being contacted for support of this child. The other form is the "Relative Response Form." By completing this form you will indicate what type of resources you will be able to provide the child(ren). If you are interested in being considered for placement or supporting this family in any way, please complete and return the attached forms or call _____ Worker Name and Number. Because we are currently planning for the child(ren), please complete and return the forms within 30 days. To return the forms, a self-addressed, stamped envelope is included.

You are welcome to make copies of the forms if you need more room to add additional relatives or resources. You may also use your own sheet. If you don't know the current contact information for a family member, writing down any information you know will be helpful, such as the relative's last known location.

If you have any questions about the information in this letter or you want more information about the child(ren) and their needs, please don't hesitate to call. Thank you for your help.

DISCLOSURE STATEMENT

When it is determined to be in the best interest of the child(ren), DHS gives preference for placement with relatives and persons who have an established relationship with the child. Informing the caseworker that you want to provide a home to the child(ren) does not mean the child(ren) will automatically be placed with you, but the possibility can be explored. This child may already be placed with another family member, however, in case the child needs to be moved from this current placement, we are looking for other relative placement resources. Where children live depends on their needs, the assessment of the home and the relative's willingness to be a licensed foster home.

An assessment of the home would include:

- A criminal history check of everyone in the home.
- A check of Child Welfare Agency child abuse records, in the State of Michigan, and any other state in which you have resided.
- Home safety assessment screening.
- Completion of Relative Agreement for Placement and Licensure form.
- For out-of-state relatives, other requirements may be necessary.

When children are placed in a relative's home, the relative will be eligible for services and/or financial help to maintain the child(ren) in the home.

If the attached forms are not returned and/or Enter Agency Name is unable to communicate with you in some other way, Enter Agency Name will assume that, at this time, you are unable to provide a family connection or a home where the child(ren) may live. By failing to return this form or communicating with Enter Agency Name in some other way, you may be giving up future rights to be considered as a family connection or a home where the child(ren) may live.

Sincerely,

Attachments

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