

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 5: General Case Management</b>	<b>Effective Date:</b> June 1, 2018
	<b>Section 15: Concurrent Planning – An Overview</b>	<b>Version:</b> 4

<b>STATEMENTS OF PURPOSE</b>
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The Indiana Department of Child Services (DCS) is committed to ensuring all children in DCS care achieve permanency in a timely manner. DCS will evaluate each case to determine the appropriateness of concurrent planning and make a recommendation to the court. The use of concurrent planning may be the most effective way to ensure children in out-of-home and in-home care achieve timely permanency.

Concurrent planning requires the identification of two (2) permanency plan goals and simultaneous reasonable efforts toward both goals with all participants. Permanency plan goals include the following:

1. (Reunification) Return to or continuation of existing custodial care within the home of the child's parents, guardian, or custodian or placement of the child with the child's noncustodial parent:
2. Placement of the child for adoption:
3. Placement of the child with a fit and willing relative who is able and willing to act as the child's permanent custodian and carry out the responsibilities required by the permanency plan:
4. Appointment of a legal guardian; and
5. Supervised independent living arrangement or foster care, for a child with a permanency plan of Another Planned, Permanent Living Arrangement (APPLA). However, a child less than 16 years of age may not have APPLA as the child's permanency plan.

**Note:** DCS must document compelling reasons why it is in the best interest of the youth to have APPLA as a permanency plan and why alternative permanency plans such as Reunification, Adoption, Legal Guardianship, or Placement with a Fit and Willing Relative are not in the best interest of the child.

DCS will ensure the parent, guardian, or custodian and members of the Child and Family Team (CFT) are informed about concurrent planning and collaborate with the parent, guardian, or custodian and the CFT to develop two (2) permanency plan goals when appropriate. The CFT will address the "what could go wrong" with the identified permanency plans and will discuss any changes in the permanency plans at each CFT meeting. See separate policy, [5.7 Child and Family Team Meeting](#).

DCS **will** develop a case plan with two (2) permanency plan goals **at the onset of the case** for a child in out-of-home or in-home care that meets at least one (1) of the following mandatory Concurrent Planning Indicators:

1. Either parent has a history of Termination of Parental Rights (TPR);
2. The parent, guardian, or custodian has been diagnosed with a mental illness or substance abuse problem that renders him or her unable to provide for or protect the child and, upon assessment, indicates:

- a. A history of treatment without response, or
  - b. The parent, guardian, or custodian in treatment has a pattern of noncompliance with medication or treatment intervention.
3. The parent, guardian, or custodian has asked to relinquish the child on more than one (1) occasion following initial intervention; or
  4. The minor parent is under the age of 16, without a support system, and placement of the child and parent together has previously failed due to the behavior of the minor parent.

**Note:** A proposed change to the permanency plan goal of reunification should be considered and recommended to the court, if little or no progress is made at six (6) months post disposition.

DCS **may** develop a case plan with two (2) permanency plan goals for a child in out-of-home or in-home care that meets at least one (1) of the following indicators:

1. There has been a single, severe incident of Child Abuse and/or Neglect (CA/N), such as a near fatality of the child or a sibling or a fatality of a sibling;
2. The family has a history of repeated, failed attempts to correct the conditions which resulted in child maltreatment;
3. Child or siblings have been in out-of-home care on at least one (1) other occasion for a period of six (6) months or more or have had two (2) or more prior placements with DCS involvement;
4. There has been an ongoing pattern of documented domestic violence lasting at least one (1) year in the household; or
5. The parent, guardian, or custodian has a developmental disability or emotional impairment, which upon assessment, indicates that the parent may be unable to provide for, protect, or nurture the child; and the parent, guardian, or custodian does not have relatives or social supports able or willing to assist in parenting.

**Note:** If any of the above indicators are present, the case should be staffed with the supervisor and/or the Regional Permanency Team to determine the appropriateness of concurrent planning.

DCS may consider concurrent planning for other children in DCS care when appropriate.

#### Code References

[IC 31-34-21-5.6 Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)

[IC 31-9-2-22.1 Concurrent Planning](#)

### **PROCEDURE**

The FCM will:

1. Engage the family during the Child Protective Services (CPS) assessment to determine how the family's strengths and needs impact the safety, permanency, and well-being of the child(ren);
2. Utilize the [Family Functional Assessment \(FFA\) Field Guide](#) to assist in identification of the family's [underlying needs](#);

3. Determine whether any of the mandatory or potential Concurrent Planning Indicators are present within five (5) business days of removal or opening a case;
  - a. Continue with regular case procedure if there are no indicators present, or
  - b. Follow the concurrent planning procedures outlined below if one (1) or more mandatory indicators are present, or
  - c. Staff the case with the FCM Supervisor if one (1) or more potential indicators are present to determine the appropriateness of concurrent planning for the child and family, and
  - d. Conduct a CFT Meeting or Case Plan Conference no later than 30 calendar days of removal or the decision to create two (2) permanency plan goals.

**Note:** If a CFT Meeting is not convened, a Case Conference must be held. See separate policy, [5.8 Developing the Case Plan](#).

4. Ensure all parties to the case are informed about concurrent planning. See Practice Guidance for more information regarding full disclosure.
5. Explain the process of Concurrent Planning to all CFT members and address the following:
  - a. The detrimental effects of out-of-home placement and the child's need to obtain permanency as quickly as possible,
  - b. Parental rights and responsibilities and outcomes that may occur as a result of parental action or inaction with respect to the Case Plan,
  - c. The services and supports the agency can provide, including the role of the CFT, and
  - d. Permanency plan options and the time limits to achieving permanency.
6. Identify the following at the CFT Meeting:
  - a. Two (2) Permanency Plan goals for each child's Case Plan. See separate policies, [6.10 Permanency Plan](#) and [5.7 Child and Family Team Meetings](#);
    - i. One (1) permanency plan goal will be for reunification through services with measurable outcomes and timeframes, and
    - ii. The other permanency plan goal, if concurrent planning, will be adoption, placement with a fit and willing relative, appointment of a legal guardian, or APPLA, if the child is age 16 or older.
  - b. Services, outcomes and measures; and
  - c. Develop the [Visitation Plan](#) for children in out-of-home care, with parent and child visitation occurring a minimum of one (1) time per week. See separate policy, [8.12 Developing the Visitation Plan](#).
7. Utilize the 'Concurrent Planning' dropdown menu in the Management Gateway for Indiana Kids (MaGIK) to code the case as Concurrent Planning;
8. Make referrals for services to work toward the outcomes for both permanency plans within 10 business days of identifying a need for services. See separate policy, [5.10 Family Services](#);
9. Complete the [Case Plan \(SF 2956\)](#) in MaGIK, obtain supervisory approval, and secure all signatures within 45 calendar days of removal;
10. Complete a comprehensive search for absent parents. See separate policy [5.6 Locating Absent Parents](#);

11. Create a [Family Network Diagram](#) by utilizing GenoPro to identify extended family members and support the search for potential relative resources. See Chapter 5 Tools for the [Family Network Diagram Guide](#);
12. Facilitate a CFT Meeting to discuss continuing the plan of reunification as the identified permanency plan goal if little or no progress has been made at six (6) months following disposition and make a recommendation to the court ; and
13. The case should be unmarked as a 'Concurrent Planning' case in MaGIK and return to regular case planning procedures if the goal of reunification is unsuccessful and the other identified permanency plan is pursued as the only permanency plan approved by the court.

The FCM Supervisor will:

1. Staff the case with the assigned FCM and make recommendations as needed;

**Note:** The FCM Supervisor should refer to Regional Permanency Team if additional discussion is necessary.

2. Approve 'Concurrent Planning' in MaGIK;
3. Review and approve the child's placement needs as recommended by the FCM and CFT if necessary;
4. Approve the [Case Plan \(SF 2956\)](#) in MaGIK once completed; and
5. Assist the FCM in transitioning back to regular case planning procedures and ensure the FCM unmarks the case as a 'Concurrent Planning' case in MaGIK if the goal of reunification is unsuccessful and the other identified permanency plan is pursued as the only permanency plan.

The DCS Staff Attorney will:

1. Consult with FCM and FCM Supervisor; and
2. Review the two (2) permanency plan goals prior to submitting to the court.

## PRACTICE GUIDANCE

Concurrent Planning offers parents the opportunity to make critical decisions on behalf of the child and in the child's best interests. Although the other identified permanency plan will be implemented when reunification cannot be achieved, it should not be presented as a punishment.

### **Full Disclosure**

DCS will ensure all parties to the case (i.e., CASA/GAL; child; parent, guardian, or custodian; and their attorneys) are informed about concurrent planning. Information may also be shared with all approved participants of the CFTM. This process includes sharing of information, establishing expectations, clarifying roles, and addressing barriers.

**Note:** In order to share confidential information with relatives, service providers, extended family members, foster parents, and any other non-party participants, parental consent or a court order is necessary.

Key items to address during a full disclosure discussion include:

1. Rights of the parent, guardian, or custodian;
2. Responsibilities of:
  - a. DCS,
  - b. Parent, guardian, or custodian,
  - c. Resource parent, and/or
  - d. Relative placement.
3. The effect of out-of-home placement on a child. When children remain in foster care for long periods of time, they may experience multiple moves, often making them unable to form normal attachments. Children need permanent families as quickly as possible for their emotional well-being; and
4. The options a parent, guardian, or custodian may choose, which may include:
  - a. Actively working with DCS,
  - b. Withdrawing, avoiding, missing, or only sporadically participating in the case, making it difficult to effectively implement a service plan,
  - c. Acting in a resistant manner toward all services, or
  - d. Choosing Voluntary TPR.

### **Visitation and Concurrent Planning**

Frequent visitation is a foundation of Concurrent Planning. Utilizing frequent visitation between the parent, guardian, or custodian and the child may:

1. Decrease anxiety for the child during out-of-home care;
2. Secure relationships and maintain bonds between the parent and child;
3. Motivate parent, guardian, or custodian to work toward [Case Plan \(SF 2956\)](#) outcomes;
4. Decrease the amount of time that children remain in out-of-home care;
5. Offer opportunities for the parent, guardian, or custodian to engage in learning and growing; and
6. Provide the opportunity to evaluate the parent and child relationship.

### **Changing from the Primary Plan to the other Permanency Plan**

The CFT should discuss when it is appropriate for the permanency plan to transition from the plan of reunification to the other identified permanency plan and make recommendations to the court. If the other identified permanency plan is pursued as the only permanency plan, with court approval, the case will return to regular case procedures and will no longer be considered a 'Concurrent Planning' case.

## **FORMS AND TOOLS**

1. [Family Functional Assessment \(FFA\) Field Guide](#) - Available on the Indiana Practice Model SharePoint
2. [Family Network Diagram](#)
3. [Family Network Diagram Guide](#)
4. [Visitation Plan](#) – Available in MaGIK
5. [Case Plan \(SF 2956\)](#) – Available in MaGIK

## RELATED INFORMATION

### **Underlying Needs**

Underlying needs are the root source of an individual and/or family's challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family's outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

### **Benefits of Concurrent Planning**

The Adoption and Safe Families Act (ASFA) of 1997 encourages states to engage in Concurrent Planning. This same Act requires states to file termination of parental rights at 15 of 22 months that the child is in out-of-home placement. It also specifies that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunite the family, which is the primary goal of Concurrent Planning. Other possible benefits of Concurrent Planning include:

1. Achieving permanency earlier for children, either within or outside of the birth family;
2. Maintaining family relationships;
3. Reduction in the number of placements;
4. Reducing the length of time in care; and
5. Increase in voluntary TPR.