Module 2: Prognostic Assessment

<table>
<thead>
<tr>
<th>Time</th>
<th>1 hour, 45 minutes</th>
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<tbody>
<tr>
<td>Description</td>
<td>In this module, participants are introduced to the process of prognostic assessment, including various sources of information they should be using to assess the need for a concurrent plan. They are also introduced to Georgia’s Concurrent Planning Assessment Guide.</td>
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<tr>
<td>Learning Objectives</td>
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<tr>
<td>- Identify the various assessments and sources of information that should be considered when assessing reunification potential and determining which children may need a concurrent plan. (L-2 comprehension)</td>
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<td>- Explain how Georgia’s concurrent planning assessment guide can be used to make the decision about the appropriateness of a concurrent plan (L-2 comprehension)</td>
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<tr>
<td>- Use the concurrent planning assessment guide to support a decision about the need for a concurrent plan (L-3 application)</td>
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<td>Materials</td>
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<tr>
<td>- Prepared flip chart pages</td>
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<tr>
<td>- Working with Birth Parents Video</td>
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<tr>
<td>- Handouts related to Teresa and Darin case study</td>
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<td>- Flip Chart Paper and Markers</td>
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<td>Presentation Outline</td>
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<td>The trainer will:</td>
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<tr>
<td>- Present content on the prognostic assessment for concurrent planning</td>
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<tr>
<td>- Introduce a case study that will be used throughout the remainder of training</td>
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<tr>
<td>- Show video clips of the family used in the case study</td>
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<tr>
<td>- Facilitate an activity on completing a prognostic assessment</td>
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<tr>
<td>- Present content on policy and procedures related to this phase of concurrent planning</td>
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METHOD SCRIPT TRAINER NOTES

SAY:

SLIDE Module 2

In this module, we want to focus on prognostic assessment, which is a key component of concurrent planning. The prognostic assessment for concurrent planning includes the identification and analysis of early reunification indicators and indicators of a poor prognosis for reunification and is conducted using a family centered approach.

This assessment allows the case manager to hypothesize about the probability of the child being reunified with his/her birth family in a timely manner. It is this assessment that helps case managers and their supervisors determine whether concurrent planning would be appropriate for a specific child/family.
### METHODS

<table>
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<tr>
<th>METHOD</th>
<th>SCRIPT</th>
<th>TRAINER NOTES</th>
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<tbody>
<tr>
<td>PROGNOSTIC ASSESSMENT</td>
<td></td>
<td>Time: 15 minutes</td>
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<tr>
<td>SAY:</td>
<td>SLIDE Why a Prognostic Assessment</td>
<td>Clarification: What we mean is if the agency is going to develop a plan for</td>
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<td>reunification that will be presented to the court and eventually sanction</td>
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<td>ed by the court, the child should be assessed for concurrent planning. If the</td>
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<td>agency has grounds to ask for a non-reunification plan, then concurrent</td>
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<td></td>
<td>planning does not apply. Workers don’t need to have the actual court order</td>
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<td>before doing the assessment.</td>
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<td></td>
<td>SLIDE FAMILY CENTERED APPROACH TO ASSESSMENT (2 slides)</td>
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<td>It’s important to remember that when conducting the prognostic assessment we</td>
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<td>should be using a family centered approach. This means:</td>
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<td>- The assessment is culturally respectful and based on the family’s history</td>
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<td>- Individualizes our understanding of the individual, family or child in the</td>
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<td>context of their present circumstances, past experiences and potential for</td>
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<td>future functioning</td>
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- Uses multiple sources of information, including direct observation and interviews with the family
- Expands the definition of family by including extended family, fictive kin and others that are significant in the family’s and/or child’s life

- You probably learned in other training courses that assessment is both a process and product. With the prognostic assessment for concurrent planning we want to focus on the process and the decisions that are made as a result of the process.

- What are some sources of information that you think should be used when doing a prognostic assessment for concurrent planning? In other words, what do we have access to that will provide the type of information we are talking about?
  - Possible responses:
    - Information from the CPS assessment, including the initial safety and risk assessments and safety plans
    - Family interviews
    - Collateral contacts (particularly with service providers)
    - FTM documentation
    - Comprehensive child and Family Assessment (CCFA)

- Turn to the Concurrent Planning Assessment Guide in the Participant Guide.
This guide was developed to assist case managers and supervisors with the prognostic assessment. It is a way to organize what you know about a family. Take a couple of minutes to review the guide.

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Be extra careful with your language. The term "prognostic assessment" and the Concurrent Planning Assessment Guide should not be used interchangeably. Case managers conduct a prognostic assessment. The Concurrent Planning Assessment Guide is not the assessment. It is simply a way to organize what is learned about a family as a result of the assessment.

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The guide should be used to focus discussions between the case manager and the supervisor when making decisions about the need for a concurrent plan. It can also be helpful in team decision-making types of meetings (e.g. Family Team Meetings, case transfer staffing).

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You will notice that the guide is divided into two sides – early reunification indicators and poor prognosis indicators. Both sets of factors must be considered when making a decision about concurrent planning.

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Several states are using a similar guide in their concurrent planning program. Georgia, like other states, has adapted its guide based on the original work by Linda Katz and Lutheran Services and others in Washington State. In addition, the ambivalence factors were added by Colorado as a result of research on how ambivalence can affect the outcome of child welfare cases.

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Let’s first talk about the left side of the form – Section 1 – Early Reunification Prognosis Indicators.

- Assessment of early reunification indicators is based on an understanding of a family’s strengths, or resources the family could call upon that have been associated with successful reunification.
- Early indicators of reunification as indicated by a family’s strengths suggest that the family is likely to reunify quickly as a result of services provided to the family, therefore the child does not need an alternative permanency plan.

| SAY: | SLIDE Early Reunification Indicators Let’s first talk about the left side of the form – Section 1 – Early Reunification Prognosis Indicators. - Assessment of early reunification indicators is based on an understanding of a family’s strengths, or resources the family could call upon that have been associated with successful reunification. - Early indicators of reunification as indicated by a family’s strengths suggest that the family is likely to reunify quickly as a result of services provided to the family, therefore the child does not need an alternative permanency plan. |
Conversely, on the right side of the form we have Section 2 – Poor Prognosis Indicators.

- Assessment of poor prognosis indicators is based on conditions that might make timely reunification (within 12 to 15 months of placement) difficult or unlikely.
- Indicators of a poor prognosis as indicated by a family’s needs and core problems suggest that the family will require intensive reunification services to address the factors that brought the child into care. The agency is obligated to provide these services and to make reunification of the family the priority. However, the factors that make these intensive services necessary are also the factors that point to the possibility that reunification may not be successful – which leads us to determine that concurrent planning is needed for the child.

Conducting a prognostic assessment is about weighing these indicators against each other. It is about trying to balance a child’s need for timely permanence with the recognition that parents have the capacity to grow and change. In general, if there are more indicators of a poor prognosis, then concurrent planning should be used as a strategy for ensuring timely permanency for the child.

Looking at the broad areas of assessment (in bold) on the form, how do you think they are connected to determining the likelihood of reunification?

For example, notice that parent-child relationship is considered as an indicator of poor prognosis and as an indicator of the likelihood of early reunification. Why would the parent-child relationship (both strengths and needs) be examined as a part of this type of assessment?

Possible response:
- Because a strong parent-child relationship makes it more likely that the parent will be motivated to work toward reunification.
- The extent and type of maltreatment could signal a weak parental-child relationship which would make reunification less likely.
### SAY AND ASK:

**Parental history and functioning**. Similarly to parent-child relationship, is also considered in both the poor prognosis and the prognosis of early reunification. Why is parental history and functioning so critical?

Possible responses:
- This provides insight into the parents’ caretaking abilities and protective capabilities
- Knowing this information alerts us to possible barriers to effective caretaking
- Strengths in this area gives us clues on what can be built upon to support reunification

### SAY AND ASK:

The parent's support system is examined also. How does this play a role in the likelihood of reunification?

Possible responses:
- Parents can draw on these supports to help them change behaviors
- Parents can draw on the supports to bolster their own capabilities
- Having a strong support system can provide protection for children

### SAY:

Factors related to Parental ambivalence is also a consideration in a prognostic assessment. Let’s talk about this factor for just a moment.

### SAY:

**Slide: Parental Ambivalence**

Parental ambivalence has been defined as a pattern of verbal statements that reflect conflicting feelings about parenting or a pattern of behaviors that is inconsistent with the parents’ stated interest in parenting the child.

### ASK:

Why would ambivalence need to be considered when looking at the likelihood of a poor prognosis for reunification? (open responses)

Possible response:
When parents are ambivalent (meaning they are not sure they actually want to parent), they have mixed emotions about how connected they are to the child, or they are hesitant about even trying to make things better for the child, this can be a signal that reunification will be particularly difficult. Parents may not be as motivated or committed to the change process.

### SAY:

Ambivalence might be apparent early on in the case when you are doing a prognostic assessment or it might not become apparent until later in your work with the parents when you are trying to work with them on reunification.

Parents may appear to sabotage the case plan with their behavior, but they may be ambivalent about parenting and just aren’t able to express that emotion.

Coming right out and saying, “I don’t want to parent this child,” may be very difficult for the parents. They may feel extremely guilty, or be afraid of what others will say about them. It’s bad enough that their child was removed from the home, now to say they don’t want to parent at all, would be very stigmatizing.
**SAY AND ASK:** There is also something that researchers in the field refer to as “worker ambivalence.”

What do you think that might mean? (open responses)

Worker ambivalence has to do with how we, as child welfare professionals, respond when faced with parents who actually don’t want to parent.

We are not talking about parents who try to “dump” their teenagers on the agency because they no longer want to deal with their behaviors. If participants start to get sidetracked by this phenomenon, gently redirect.

**SAY:** Many workers have a difficult time accepting this. After all what parent, especially what mother, wouldn’t want her child back?

**SAY:**

**SLIDE** Worker Ambivalence

Hess and Folaron called this “worker ambivalence” and found this to also be a factor in failed reunification cases.

If workers are hesitant about seriously exploring these issues with parents, we can end up “forcing” a parent to continue with efforts despite the fact that she really doesn’t want to. We do this by insisting that they can do it, when they are clearly telling us otherwise.

**SAY:** Exploring these issues with parents in a respectful and compassionate manner is an important aspect of working the concurrent case plan.

We can explore if a parent wants to voluntarily relinquish. By doing so, the child can achieve permanency quickly and birth family can be spared the difficulty of a TPR hearing. The exploration of these issues can also help to avoid unsuccessful reunifications.

**TRANSITION:** So, those are the primary areas of assessment in a prognostic assessment for concurrent planning.

We need to emphasize that conducting a prognostic assessment is a process of reviewing all information available about a family and using what you know to decide if these indicators are present. It’s about understanding the family, not about checking off boxes on the form.

**TRANSITION:** Next, we are going to introduce a family that we will be using as a sample case throughout the rest of this course. We will use this family to practice completing a prognostic assessment using the Concurrent Planning Assessment Guide.
**METHOD** | **SCRIPT** | **TRAINER NOTES**
---|---|---
SAY: | **SLIDE Teresa and Darin Family Hx** | The prognostic assessment activity with Teresa and Darin has three distinct parts. The time allotted for all three parts is 1 hour. The time for each of the three parts is noted within each activity.

Teresa and Darin are birth parents with a lengthy history of involvement with Child Protective Services. Teresa began experimenting with drugs at age 17. Both she and Darin were addicted to cocaine for about 7 years.

Their first child, Chase, was removed from their custody at birth after he tested positive for cocaine exposure. Chase was placed in foster care and reunification services were offered. Teresa and Darin voluntarily relinquished their parental rights, and the foster parents adopted Chase.

Their second child, Morgan, was born two years later and was also removed from their custody at birth because of their extensive cocaine use. Again, Teresa and Darin voluntarily relinquished their parental rights and Morgan was adopted.

Two years later, Teresa gave birth to Darin, Jr. Teresa admits using cocaine the first 6 months of the pregnancy, but both she and Darin were clean the latter part of her pregnancy and the first few months after Darin, Jr. was born. Darin Jr. was removed from the home when Teresa and Darin relapsed.

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SAY: | Based on that history, some of you may begin to think that this family’s case should automatically be considered a non-reunification case. But, reflect back to what we shared in the previous module about the specific circumstances under which the agency can automatically ask for a non-reunification order. This case really does not fit those specific circumstances.

So, we are going to eliminate that possibility from the beginning. The agency will be working with this family toward reunification with the child that is the focus of the case, Darin Jr. Therefore, we will be working on deciding whether concurrent planning should be used with this family. And in making that decision, we must go through the process of considering all available information and addressing each of the areas of assessment that we just shared.

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SAY: | In this video, we will hear Teresa and Darin tell their story in their own words. At the point that this video was produced, Teresa and Darin had moved on with their lives and were no longer involved with child protective services – so this is a look back at what they experienced.

Because we are looking at this retrospectively, you may hear references to events or people that are a part of their current lives, but we want to remain focused on what they experienced during their involvement with CPS.

Again, assume that the agency will be working with Teresa and Darin on reunification efforts for Darin Jr.
DO: Refer participants to the Worksheet in the Participant Guide, Notes on Teresa and Darin video.

SAY: While we watch the video, listen for information that would help you to complete a prognostic assessment for Darin Jr. You can use the worksheet in the PG to take notes.

Also, you will need to listen carefully when Teresa speaks because her voice is a little harder to hear in some sections.

Finally, let’s remember that these are real people, not actors, sharing their stories. So, they are telling it their way, using their language, so be prepared for some colorful language in places.

After we watch the video, we will process what we learned as a large group.

Be prepared for two possible reactions to this activity:

1. Some may insist that a case like this goes straight to non-reunification. Hopefully, this can be headed off by introducing the case as written.

2. Some may want to “automatically” jump to yes this should be a concurrent planning case. Trainers must push back against this type of automatic judgment. Have they examined each area of the assessment using different sources of information? If not, can’t say that concurrent planning is appropriate.
Wrap up this part of the activity by saying:

In general, we did not learn much about the family’s current situation, the current parent-child relationship, or anything related to ambivalence as it pertains to Darin Jr.

What we did get is important – so remember it. But completing a prognostic assessment based on this history alone would not be a thorough assessment.

We are going to fill in more of the information that we need with a written case summary.

Trainer’s Note: It may be helpful if you created a basic genogram of this family and shared it with participants as a part of the debrief. If you do this, you will need to prepare this in advance of the class on flip chart paper so that you can refer to it as needed.

PROGNOSTIC ASSESSMENT
Teresa and Darin - Part 2 – Case Summary & Individual Work

TIME: 15 minutes

PURPOSE: To practice completing a prognostic assessment using the Concurrent Planning Assessment Guide to organize information and confer with supervision in order to make a decision about the need for a concurrent plan.

MATERIALS: Teresa and Darin Case Summary (loose handout)
Note: The first page of this handout is the case history that was read to participants before the video was shown.

INSTRUCTIONS:
1. Distribute the handout: Teresa and Darin Case Summary
2. Instruct participants to read this case summary (the first page is the history the trainer already shared). As participants read, they should be identifying additional information that would be helpful in completing a prognostic assessment on Darin Jr. Participants may refer to the Concurrent Planning Assessment Guide in their Participant Guide to remind themselves about the areas of assessment.
3. Ask participants to approach this task as if they were preparing to share what they know and how they know it in a meeting with their supervisor. They may want to highlight or underline information they think is pertinent, make notes for themselves, or they can use whatever process works best for them.
4. Allow about 10-12 minutes for participants to complete this task before moving on to Part 3 of this activity.

WRAP UP
Notice that the written material you were given included different sources of information, including the parents’ perspective of the situation. Once you have gathered all of the information, you will need to analyze it and consult with supervision to make a decision about whether concurrent planning is appropriate for a family.

Again, the Concurrent Planning Assessment Guide is meant to be a discussion tool and a way to help you organize what you know about a family – not just a form on which you will check off boxes.

Next we will practice this analysis piece, including making this decision in consultation with supervision.
PROGNOSTIC ASSESSMENT

Teresa and Darin - Part 3 – Supervision Meeting

TIME: 25 minutes

PURPOSE: To practice completing a prognostic assessment using the Concurrent Planning Assessment Guide to organize information and confer with supervision in order to make a decision about the need for a concurrent plan.

MATERIALS: Concurrent Planning Assessment Guide (loose handout)

INSTRUCTIONS:

1. Divide participants into small groups of four people each.
2. Distribute the Concurrent Planning Assessment Guide handout.
3. Inform participants that they will be engaged in a brief practice exercise in which the prognostic assessment will be discussed with supervision in order to make a determination about whether concurrent planning is appropriate for Darin Jr.
4. Each group will need to decide who will portray each role: the case manager, the supervisor, the case manager’s coach, the observer. Explain the roles as follows:

   **SLIDE Supervision Meeting Roles**

   **Case Manager:** Your task is to explain to your supervisor what you know about this family, how you know it, and what you believe are the most important factors to consider regarding the need for a concurrent plan. Be sure to include factors related to a poor prognosis for reunification and factors related to the possibility of early reunification. Use the Concurrent Planning Assessment Guide to help you with this discussion.

   **Case Manager Coach:** Your job is to assist the case manager, as needed, in explaining the assessment to the supervisor. You may stop the action as needed to confer with the case manager and regroup.

   **The Supervisor:** Your task is to ensure that the case manager has done as thorough an assessment as possible, given the available information about the family. Be sure to question the case manager about how he/she came to the conclusions that he/she is presenting. Together the two of you will need to make a decision about whether concurrent planning is appropriate for this family.

The Observer: Your job is to observe the interaction and make notes about the approach the case manager uses to present information to the supervisor, the questions the supervisor asks and how they work together to arrive at a decision.

5. Allow about 5 minutes for the groups to get organized and choose roles, and for the case manager and coach to prepare for the interaction. The supervisor and observer should sit quietly and not get involved in their preparation.
6. Once each group is set, begin the role play. Allow about 10 minutes for this interaction. Since groups are doing this concurrently, trainers will need to circulate and help the groups stay on track.

DEBRIEF

**Time:** 10 minutes

**Trainer’s Note:** The case information is designed to lead to the decision that concurrent planning is needed. The point is to have the class critically think through the areas of assessment. Everyone should come to the same overall conclusion.

Ask volunteers (the observers) to share what happened in their small group:

- How did the case manager approach the interaction? What questions did the supervisor ask? What was their decision making process? How did they work together to arrive at a decision?

Ask volunteers (the case manager and case manager coach):

- Do you feel you had enough information to make an informed decision? How did having various sources of information affect your process for making a decision?

Ask volunteers (the supervisors):

- Did you feel confident that the case manager had done a thorough job of gathering and analyzing the information?

WRAP UP

- Commend participants on their work in this activity.
- Explain that we will be looking at additional parts of Teresa and Darin’s story and using their case situation as we move through the training.
TRANSACTION: Now, let’s revisit the case process we outlined earlier and fit the prognostic assessment into it.

**SLIDE Beginning the Journey (Chevy Chase)**
Do you remember our family vacation analogy? Before we can hit the road, we have to get all of our “stuff” together, get everyone on the same page, and map out the route for our journey.

This is the same as what happens in Phase 1 of the concurrent planning process.

**SLIDE Phase 1 Beginning the Journey to Permanency**
As you can see there is a lot of activity that goes on in the beginning of this journey. Most of this activity occurs in the first 30 days that a child is in our custody.

Why do you think this is the case?
Possible responses:
- We can use the crisis of the situation to motivate and support change in birth families
- Time is of the essence because of ASFA guidelines
- Children need to reach some sense of stability as quickly as possible for their developmental and emotional needs.
- We do a lot of upfront work with families in order to make things run smoother as we move along on the journey.

**SAY:** Based on what we have learned about concurrent planning, we can probably agree that the decision about whether a child needs a concurrent plan should be made very early in the case process – this is essentially the starting point of the journey.

That said, this is also a decision that needs to be made based on as much information about the family as we can possibly get. Hopefully, you saw the benefit of that during the activity we just completed.

In some cases, when a family is already known to the agency, or the child is coming in after having an open Family Preservation case, we might know enough about the family to make a decision as soon as the child enters care. In other situations, it may take a little longer to gather all of the necessary information to make a sound decision.
Here is the policy guidance concerning the prognostic assessment for concurrent planning.

**SLIDE Concurrent Planning Assessment**

Policy requirement: DFCS will assess all families whose children are placed in out of home care (in the temporary custody of the agency) with a recommended plan for reunification to determine the family’s suitability for concurrent planning services. This assessment and determination will occur within 30 days of the children entering care.

This 30-day requirement for deciding if concurrent planning is appropriate for a family was chosen to coincide with the requirement of submitting the initial Family Plan to the court.

This task of conducting a prognostic assessment in order to make this determination will be accomplished through the following process.

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**SLIDE First Look – CPS**

Policy Requirement: THE CPS Assessor (or Family Preservation Case Manager) will conduct a preliminary assessment for concurrent planning when a child is placed in out of home care.

CPS Assessment or Family Preservation should utilize the Concurrent Planning Assessment Guide when it is determined that a child will be placed in out-of-home care.

We will call that our “first look” at the situation.

CPS will make a recommendation regarding the family’s suitability for concurrent planning based on their knowledge of and interaction with the family.

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**Policy requirement:**
**Reference Policy**
**Title:** Concurrent Planning Assessment
**Policy Number:**

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**Clarification:**
out of home care means being placed in Foster Care with agency receiving temporary custody NOT being placed with a safety resource.

Continue to emphasize that the concurrent planning assessment guide should be utilized to organize what is known about a family and to focus discussions with supervision regarding the need for concurrent planning. It is not to be utilized as a form that the case manager completes in isolation.
The recommendation from CPS and the information CPS used to make that recommendation should be discussed at the case transfer staffing with the Permanency Case Manager and Supervisor. This staffing must occur within 14 days of the child entering care. This staffing should also include discussion of diligent search information obtained at that point and possible relative resources. The staffing team may decide that they have enough information to make a sound decision about the need for a concurrent plan. However, in most cases, we will need to take a second look once more information is available.

Case transfer staffing within 14 days is a specific policy for all entering permanency cases, not just concurrent planning cases.

The Permanency Case Manager and Supervisor should utilize the Concurrent Planning Assessment Guide to take a “second look” at the family’s circumstances using additional information that is gathered during the remainder of the child’s first 30 days in care. For example, information learned from the CCFA and various interview opportunities with the family.

Based on that second look that encompasses all that we have learned about the family up to that point, and in consultation with supervision, the decision of whether concurrent planning is appropriate should be made.

If an informed decision is made that concurrent planning is not needed because there are strong indicators that reunification will occur in a timely manner, then the case proceeds as any other case with a goal of reunification.

If the decision is that concurrent planning is needed because there is a poor reunification prognosis, the case proceeds as a concurrent planning case, which means there will be some differences, which we will continue to discuss in this course.

The decision to pursue a concurrent plan can be made at any time during the first 30 days of care. This is to coincide with development and submission of the initial Family Plan.

If the agency submits the initial Family Plan without having fully considered the need for a concurrent plan (not enough information available to make a decision), the agency can still choose to pursue a concurrent plan. However, this “third look” needs to occur no later than 60 days after the child entered care. This “third look” is best accomplished as a part of the required 60-day case review. A FTM would be convened to discuss the change in the permanency goal and a revised Family Plan would be submitted to the Court.
We want to emphasize that the process of doing a prognostic assessment and making this decision about the need for a concurrent plan, MUST include the birth family.

What are some possible opportunities that case managers have where they can talk with families about the areas of assessment?

Possible responses:
- Family Team Meeting
- Interviews/visits between birth parents and Permanency case manager

Before we move on, we need to talk about documentation of these decisions.

Both the CPS case manager (CPS Assessment or Family Preservation) and the Permanency Case Manager should document his/her findings related to the prognostic assessment and the decision making process.

Reference Policy
Title: CPS Screening for Concurrent Planning and Concurrent Planning Assessment, Policy Guidance Documentation of Concurrent Planning Recommendation

Ensure that this is in line with case information and indicators from the Concurrent Planning Assessment Guide. Include specific case information to support the recommendation.

In your participant guide, there is a narrative template for documenting the concurrent planning decision. This is another tool that you can use on the job. The template simply outlines what content should be covered in your narrative.

What are your thoughts/reactions to this template? Do you think it might be helpful as a tool to ensure thorough documentation of the concurrent planning decision?

We already mentioned that per policy the assessment regarding concurrent planning must be documented in the Contacts/Summaries Tab for the Family.

In addition, in some counties, administration may also require that the completed Concurrent Planning Assessment Guide be uploaded as an external document. You will want to find out and follow local procedures regarding this.

SLIDE Phase 1 Begin the Journey to Permanency

There are three more aspects of Phase 1 that we want to bring to your attention – Diligent Search, the Permanency Planning Orientation, and the 25-day FTM/MDT.
We just want to remind each other about diligent search policy – this must be documented within 30 days of child entering care.

Diligent search is a critical piece of family centered practice and concurrent planning.

Relatives and others who have shown a commitment to the child need to be identified and considered as possible resources early in the case process. We will talk more about this in the module on Resource Parents.

In Richmond county, they’ve worked together to come up with a way to further define and operationalize diligent search…

Concerted, Diligent, Effort:

Planned and constant effort that is attentive and persistent; displays thorough casework and documentation; and reflects the necessary physical and mental exertion required by the CFSR in reaching specified outcomes for children and families.

We should be asking ourselves just how diligent our search has been.

You will notice on our slide for Phase 1 there is an activity referred to as the Permanency Planning Orientation.

Of course, we should be talking to parents about permanency from the time the child is removed. For example, we talk about it in court and at the initial FTM. But, the intention of the Permanency Planning Orientation is to provide an opportunity for a more formal presentation and discussion with parents about these issues.

This should not be a “drive by” mention, a hallway, or parking lot discussion. Actually setting aside the time to sit down with parents and discuss these serious issues is a very respectful and family-centered way to handle this part of the work. This discussion should include:

- Reasons the child was placed in out of home care
- What it will take for them to reunify with their children
- Time limits to achieve goals/permanency for children
- Importance of frequent visitation with children and contact with the agency
- Permanency options
- Exploration of relative and non-relative support
- Concurrent planning services

The specifics about concurrent planning to be covered during the orientation include:

- Possible benefits of concurrent planning for their family and for their child
- Consequences for not making behavioral changes that will allow child to be returned home
- Details about the process, including the fact that in concurrent planning, children are placed with a family who will agree to raise them permanently if reunification is not successful. Explain why this is done and how it is important to ensuring the child has stability and a sense of permanency.

If the decision to do concurrent planning has already been made by the time the case manager conducts the orientation, then the discussion should be specific to that family and include reasons why concurrent planning is a viable plan for the family, the requirements and time limits involved, and the importance of their involvement in choosing the alternative plan.

It is anticipated that this may only happen with families who are...
Also, be sure to include the fact that this does not mean the agency would be giving up on them. The agency (i.e. you, as the case manager) will work with them to provide all the help and support you can to make reunification possible.

- Explain the prognostic assessment and how this is used to determine if concurrent planning would be appropriate for their family. Talk a little about what is involved in this assessment, like the type of information that is considered in this assessment, and how critical their involvement is in this process.

Additional Points:
- In this orientation you are providing an overview of Concurrent Planning. If it is decided, as a result of the prognostic assessment, that concurrent planning is needed for this family, you will talk with the parents in much more detail about WHY concurrent planning is needed, and what this means for their family specifically.
- The orientation is an excellent example of what we mean when we talk about full disclosure, which is the topic of our next module. This orientation is a time for you to lay it all out for parents and allow them the opportunity to reflect on and react to what you are saying.
- This orientation may provide another good opportunity for you to gather information from the birth parents about the different areas of assessment in the prognostic assessment already known to the agency. With these families, the decision to do concurrent planning can and should be made much earlier in the case.

SAY:

There is some latitude as to when and how this orientation is conducted. Here are some guidelines:

<table>
<thead>
<tr>
<th>SLIDE Orientation Best Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ As soon as possible after the child is placed in Out-of-Home Care, with the target time being about a week after the initial FTM</td>
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</tbody>
</table>

Teaching Point:
- This guideline places the orientation around the time that you and the family know that the agency has been awarded temporary custody (i.e. the adjudicatory has already been held).
- The orientation can be conducted as a part of a home visit with the parents or in the office, but the setting should allow for time for this discussion without interruptions.

Teaching Point:
- This goes back to being respectful and family centered.
- There may be several opportunities to accomplish this – you will have to judge that based on the family’s schedule and where you are with the case.
- The only time we want to totally avoid is during parent-child visitation. Parents are entitled to and need to spend this time with their children. This is not the time for accomplishing our casework.
- Consider using tools or visuals to help parents understand the timeframes for achieving permanency.

Teaching Point:
- The permanency timeline is one tool that can be helpful in these discussions.
ASK: Given these guidelines, what are some possible settings, timeframes, and strategies for accomplishing this? (open responses)

Does anyone have any particular techniques or tools that they already use when having these discussions with families? (open responses)

SAY: Of course, it is critical that you document in GA SHINES when you conducted the orientation, generally what was covered, and the parent’s reaction to the information.

SAY: On the slide for Phase 1 you also probably noticed an activity referred to as the 25-day FTM/MDT. Who can explain to the group what this is referring to? Desired response:

- Refers to what was called the MDT. The CCFA provider presents his/her findings and recommendations regarding services and permanency for the family
- By adding FTM, it is changing this so that it is a combination FTM and MDT.
- This meeting is used as the primary vehicle for developing the Family Case Plan.

The 25-day FTM/MDT is not just for concurrent planning cases. This will be policy/practice for all permanency cases. With concurrent planning cases, the meeting will focus on the plan for reunification AND the plan for the alternative permanency goal.

ASK: Why do you think the agency is deliberately changing how this meeting is referred to? Desired response:

- This changes the focus and puts the family front and center. Rather than the professionals talking about the family, they will be talking with the family about what they recommend and why.

SAY: We will talk more about the FTM/MDT tomorrow in the segment on Developing the Concurrent Plan.

REFLECTION TO PROMOTE TRANSFER

SLIDE: Reflection

- Ask participants to consider their role in their agency (i.e. CPS assessor, family preservation, permanency case manager supervisor, CASA, etc.)
- Ask participants to reflect on the following question:

  How does the work I do possibly affect the prognostic assessment of a child’s need for a concurrent plan?

- Allow a few minutes for participants to consider the question
- Ask if any volunteers would like to share their answer with the larger group.

TRANSITION: Next we want to talk about a process and practice that is a critical part of Concurrent Planning – Full Disclosure. In our Concurrent Planning framework, it is not listed as a specific activity because it is a way of doing work that is important throughout every phase of the case process.