CONCURRENT PLANNING STANDARD

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) programs regarding Concurrent Planning. This standard is intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all applicable laws, rules and policies. The standard will also provide a measurement for program accountability.

INTRODUCTION

The Adoption Safe Families Act emphasizes moving children safely and quickly from the uncertainty of foster care to the security of a safe and stable family. In order to achieve timely permanency for children it is necessary to develop, communicate, and work simultaneously on two types of plans in the event reunification is not possible. Concurrent planning is the process of working toward reunification, while at the same time, establishing and working toward an alternative or contingency permanent plan. Using a family-centered practice approach, parents are involved in decision making and are given candid feedback from their social worker throughout the process. Concurrent planning supports the safety and well being of children and families, while promoting early permanency decisions for children.

TERMS

Adoption and Safe Families Act (ASFA)
The Adoption and Safe Families Act (ASFA) is a federal law requiring that when a child has been in foster care for at least 15 out of the last 22 months, a Petition for Termination of the Parent and Child Relationship be filed, or a finding by the court that termination of parental rights is not in the best interests of the child, or that IDHW has not made reasonable efforts to reunify, or that child is placed with a permanent relative placement. The rationale for this determination should be documented in the Alternate Care Plan and approved by the court.

Aggravated Circumstances
Aggravated circumstances are severe situations that have occurred and would put a child in danger if reunification efforts were to be initiated. These circumstances should be brought to the attention of a judge through the county prosecuting attorney or regional deputy attorney general. A judge is the only individual who can find aggravated circumstances exist. According to the Idaho Child Protective Act, examples of aggravated circumstances include, but are not limited to: abandonment, torture, chronic abuse, sexual abuse, parent committed murder, committed voluntary manslaughter, aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter, parent committed a felony assault that resulted in serious bodily injury to any child of the parent, or the parental rights of the parent to a sibling have been terminated involuntarily. A permanency hearing must take place within 30 days of a judge's finding of aggravated circumstances.

Alternative permanent family or concurrent planning family
An alternative permanent family or concurrent planning family is a family who is willing and able to provide on-going care for a child on a permanent basis if the child is not able to reunify with their parent from who they were removed. An alternative permanent family could be a relative, non-relative, or fictive kin.

Another Planned Permanent Living Arrangement
Another planned permanent living arrangement (APPLA) is a determination at a given point in time, that long term foster care is the most appropriate option for a child, given the circumstances of the case. However, efforts to find more permanent connections for the child through another permanency option continue to be pursued on an on-going basis even after APPLA has been selected.

Compelling Reasons
Compelling reasons are case specific justification for either not filing a termination petition within the "15 of 22" month time period, or case specific justification that reunification, adoption, guardianship, and relative placement are not in the child's best interests. This may apply in the following circumstances:

- a child who will be imminently reunited with their parent(s);
- a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raise the child to the age of majority and to facilitate visitation with the disabled parent;
- an older child who refuses to be adopted despite counseling and efforts to prepare the child for permanency;
- no grounds to file a petition to terminate parental rights exist;
- a child who's tribe, acting in the child's best interests, chooses to define compelling reasons for not terminating parental rights; or,
- adoption is not the appropriate permanency goal for the child.

Concurrent Planning
Concurrent planning addresses a child's need for a permanent family by working toward family reunification and, at the same time, developing an alternate plan that will provide permanency options for the child through adoption, guardianship, placement with a relative, or another permanency option.

Dual Assessment
Dual assessment is another name for the Resource Family Foster/Adoptive Home Study used to evaluate a prospective family who has applied to become licensed to provide foster care and/or adoptions.

Indicators of Strength
Indicators of strength are actors that exist in a family that may be used to offset or reduce safety concerns for a child (See attached Indicators of Strengths in Families).

Life Story Book
A life story book is a pictorial and narrative story of the child's life from birth until placement into a permanent home. The Life Story Book may cover a period of time extending past the permanency placement. The process of developing the Life Story Book should be done with the child, depending on the age and circumstances of the child.

Permanency Goal for the Child
The permanency Goal for the child is the overall goal of the case intended to provide the child with a lifetime connection to a family.

Permanency Hearings
Permanency hearings can occur at any time, but must occur within 12 months of the date the child was placed into foster care, and every year thereafter. The purpose of the 12 month permanency hearing is to approve, modify, or reject the permanency plan and review the child's current placement. The Court must make a determination that IDHW has made reasonable efforts to finalize the permanency plan that is in effect through a retrospective review of agency efforts.

Poor Prognosis Indicators
Poor prognosis indicators are factors that exist with parents that may prevent them from reducing the safety concerns within 15/22 months.

Primary Permanency Goal
The primary permanency goal is the option identified as being the most appropriate and preferred permanency option for a child given the circumstances of the case. A primary permanency goal receives the strongest emphasis of the family and the CFS social worker as they work toward goal obtainment. However, both the primary and secondary goals are worked simultaneously. A primary permanency goal may shift at any time to become a secondary permanency goal if it appears likely that the primary permanency goal is not obtainable. For example, initially the primary permanency goal for most children is reunification, recognizing that the child's own family is the best and most preferred permanency option. If, however, the parent is not making timely progress in strengthening his/her protective capacities and reducing the safety concerns that necessitated removal of the child from his/her home, the primary permanency goal will shift to become the secondary permanency goal, and the alternate permanency option will receive the strongest case emphasis and thereby become the primary permanency goal.

Secondary Permanency Goal
The secondary permanency goal in a concurrent plan is the option that is identified as another permanency option for the child. At any time in a case, the secondary permanency goal may become the primary permanency goal and the prior primary permanency goal may shift to the secondary goal. Although the primary permanency goal is the emphasis of the case, both goals are worked simultaneously.

Social History
A social history is a compilation of all the facts of a child's life including maternal and paternal history, medical information, education information, developmental history and placement

history, which should be shared with the permanent resource for the child prior to permanent placement.

IMPLEMENTING THE STANDARD

Beginning a Concurrent Plan
Concurrent case planning begins at the time of removal of the child from their parents' custody. The concurrent plan should include steps to make it possible for the child to return home as well as a plan setting forth reasonable efforts to place the child for adoption, with a legal guardian, or in another approved permanent placement. The state must make effective use of inter jurisdictional resources when developing the plan for the family. Included in the plan are steps to locate any absent parents and to establish paternity, if paternity is in question. (See the standard on termination of father's rights for paternity establishment. See Concurrent Planning Form.)

Establishing a Permanency Goal
A permanency goal is the overall goal of the case and should be established within 30 days from the date of removal, documented on the alternate care plan, and updated in a timely manner when necessary. It should contain concurrent plan information, identifying both the primary and secondary permanency goals. The primary and secondary permanency goals are also entered into FOCUS. CFS social workers should staff the primary and secondary goals with their supervisors prior to developing the alternate care plan.

Permanency is associated with a child having the following:

- A family;
- An established legal relationship;
- The expectation of safety, protection, nurturance, stability and continuity;
- A connection to siblings and other family members; and
- A life long commitment.

Permanency Goal Options
When making permanency planning decisions, it is important to understand the preferred options for permanency. These options are described in order of preferences for permanency.

Permanency Goals include:

- <u>Reunification</u>: where the child is placed back with the caregiver from which he/she was removed. Cases that will not have reunification as a permanency goal, either as a primary or secondary goal, include cases where a judge has made a finding of aggravated circumstances or a baby has been relinquished as a "Safe Haven" baby;

- <u>Placement with a noncustodial parent</u>: where the child is placed with a parent who did not have custody of the child at the time of removal;

- <u>Adoption by a relative</u>: where the child is legally adopted by someone to whom they are related;

- <u>Adoption by a non-relative</u>: where the child is legally adopted by someone other than to whom they are related;

- Legal guardianship with relatives: where the child is placed with a relative who has a legal guardianship of the child established by the court;

- Legal guardianship with non-relatives: where the child is placed with someone other than a relative who has a legal guardianship of the child established by the court; or

- Another planned permanent living arrangement (APPLA): A determination that at a single point in time, reunification, adoption, guardianship, and relative placement are not in the child's best interests and that the child will continue in foster care. In cases where the permanency goal for a child is APPLA, all other permanency goals must first be considered and appropriately ruled out for the child and the appropriateness of APPLA must be re-evaluated on an on-going basis. With few exceptions, long term foster care is generally not considered a permanent plan for a child.

Changing Primary and Secondary Goals
If the primary goal is reunification, by 6 months after the placement of the child in alternate care, it should be clear whether reunification is feasible and should continue to be the primary goal, or if reunification should be changed to the secondary goal.

Prior to changing permanency goals (shifting the primary goal to the secondary goal and vice versa) the social worker must staff the case with his/her supervisor or the regional permanency committee. The review should include an assessment that services reflecting reasonable/active efforts have been offered and that if the first set of services did not show progress toward the desired target, efforts were made to find alternative services. With approval from the CFS social worker's supervisor and/or permanency committee, the permanency goal will be changed on the service plan screen in FOCUS. The change must also be documented on the next alternate care plan and brought before the court for their approval during the next review.

Successful Concurrent Planning Strategies
Concurrent planning includes multiple strategies, each of which contributes to the overall accomplishment of timely permanency. At the same time, ignoring any one of these factors can, in itself, delay permanency for children in foster care. The concurrent planning strategies to be reviewed in this standard are: identifying and notifying all adult relatives, family involvement, full disclosure, locating absent parents, recruitment for an alternate permanent home, dual assessment, timely completion of a Life Story Book, gathering child and family social and medical information, supervision, ICWA, and planned case transfer.

- **Identifying and Notifying All Adult Relatives:** The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires the Department to identify and notify all adult relatives when a child is taken into state custody to ensure the relatives have an opportunity to provide support through contact and, in some cases, become a foster parent, guardian, or an adoptive parent for their relative child. Within 30 days after removal of a child from their home, Department social workers must make efforts to identify and provide notice to all the child's adult relatives, notifying them that the child has been removed from their parents' care. Department social workers must also explain relatives' options to provide support through contact, and to participate in the child's care

and placement. Some of the efforts to identify relatives to involve them in planning may include letters, phone calls, Family Group Decision Making meetings, and completion of genograms.

Relatives should be instructed that due to the bonds of attachment the child forms with their caregivers, it may not be found in the child's best interest to change placement to a relative who shows interest in being a placement resource later on in a case. Relatives should be made aware that when relatives wait to come forward until it is clear that their relative child cannot return home, and the child is in another stable permanent resource placement, the Department might not consider the relative a possible placement resource as it may not be in the best interest of the child to place with his/her relative at that time.

- **Family Involvement:** Families should be engaged in all decision making surrounding the permanency goal, including the development of the family's concurrent plan. One way to engage families in the development of the concurrent plan is through Family Group Decision Making meetings (FGDM). FGDM can be used during the initial meeting with the family to develop plan activities as well as other times in the life of the case. For example, FGDM may be helpful when multiple family members want to be a resource for the child or when the family is not showing progress in the completion of their plan. Early identification of relatives to include in family meetings is critical. Parents should be encouraged to identify both maternal and paternal family members, as well as fictive kin and individuals close to the family who might be of help in determining elements of the service plan.

- **Full Disclosure to Parents, Resource Families, and Children in Foster Care:** Families should be provided with complete information on the requirements of the Adoption Safe Families Act (ASFA) and the impact ASFA will have on their child and their family. Social workers should explain to families the timeframes contained in ASFA, as well as the definitions of permanency and how that affects their service plan. Full disclosure should also be given to the resource parents and children in foster care. Resource parents need the information necessary to provide adequate care for the child, as well as support the permanency plan for the child. Children in foster care need information delivered according to the child's age and ability to understand. This information could be provided either at the first family meeting or prior to the case planning hearing. Full disclosure should be an on-going process that is reiterated frequently throughout the life of the case.

- **Locating Absent Parents:** A diligent search shall be made to locate any absent parent(s) as early as possible following removal of the child using all available information from the case record, as well as information provided by individuals connected to the family. CFS staff have access to the statewide Locate Services provided by the Self Reliance/Child Support program. Within 30 days of placement, the social worker must complete a "locate form" and forward it to the locate unit.

  Central Office RDU also has access to several search engines and is available to help find absent parents and relatives. The Desk Manual for the RDU locate unit can be found on

the FACS SharePoint site under the RDU tab or
http://hwteamsites/facs/rdu/Shared%20Documents/CFS_Family_Locate_Desk_Manual.doc
This document will identify who to contact and what information is needed by the RDU.

- The family plan should include steps to locate any absent parents and to establish paternity, if paternity is in question. (See the standard on termination of father's rights for paternity establishment. Also see the Concurrent Planning Form).

- **Recruitment for an Alternate Permanent Home:** At the beginning of a case, a search should begin for a family who can serve as a permanent resource for the child and who could work with the child's birth family toward reunification, if indicated. Therefore, it is critical to engage the birth family to identify an individual or relative that could fulfill the role of an alternate permanent family. Optimally, the alternate permanent home will be the initial placement for the child.

  Recruitment efforts should begin as early in each case as possible. If an alternate permanent family can not be readily identified, recruitment of a family member should begin immediately for an in-state or interstate permanent placement. Recruitment should include a review of possible relatives, fictive kin, and resource families. When appropriate, a social worker may utilize media based recruitment strategies including state, regional, and national adoption exchanges and electronic exchange systems such as the Northwest Adoption Exchange, Wednesday's Child, and/or AdoptUSkids, before parental rights have been terminated. In these cases, the court should be notified of the recruitment strategies or permission for recruitment should be obtained from a judge, according to local regional practices. However, prior to termination of parental rights, consideration should be given to the privacy of the family and the readiness of the child in deciding where and how to recruit a permanent home. However, recruitment efforts should begin as early in each case as possible. Recruitment efforts should be staffed with the CFS social worker's supervisor or the Permanency Committee.

  It is preferable to have an alternate permanent family identified within weeks of the initial placement, as waiting until TPR has occurred can cause delays in permanency. In those cases where a family has not been identified prior to TPR, intensive and exhaustive efforts should continue to be made to locate a permanent family.

  Documentation regarding the search for a family should be entered in FOCUS in narrative on the service planning screen.

- **Dual Assessment:** The dual assessment allows a family to provide foster care and be an adoptive parent. This dual allowance streamlines the steps necessary for assessment and allows for a resource parent, who has cared for a child, to naturally and easily change their role from that of a foster parent to an adoptive parent. The dual assessment supports the concurrent planning process, where a resource parent may foster a child or may end up adopting that same child if adoption becomes the child's primary permanency goal.

- **Timely Completion of a Life Story Book:** A Life Story Book should be initiated at the beginning of each case. Developing the Life Story Book can be a therapeutic process as

the child participates in developing his/her book and begins to deal with issues of grief and loss.

- **Child and Family Social and Medical Information Form:** A Child and Family Social and Medical Information Form should be initiated for each child who enters foster care. The Child and Family Social and Medical Information Form provide valuable life history information, including medical background and educational background, to the child's current caregiver and to pre-adoptive parents. The Child and Family Social and Medical Information Form is not to be confused with the Social History, which contains information pertaining to multiple areas of a child's life and is also shared with the child's current caregiver and to pre-adoptive parents.

- **Importance of Supervision:** Supervisors should continuously staff the concurrent case with their staff. Concurrent planning can be extremely challenging and it is helpful to have another perspective regarding the case progress.

- **ICWA:** If a child is an American Indian child, the tribe must be informed and involved, in all cases and at all points in the case, whether the plan is reunification or another permanency goal.

- **Planned Case Transfer:** Every effort should be made to minimize an impact to timely permanency when transferring a case from one worker to another. This could be done by teaming a case early on, or by transition planning through supervision and case staffing.

CONCURRENT PLANNING TASKS AND TIMEFRAMES

The table below demonstrates how completion of critical tasks throughout the life of a case are fundamentally tied to timely permanency, whether the child is reunifying with their parents or living in an alternate permanency placement. While this table is intended to demonstrate the dual nature of these tasks in working toward both goals concurrently, this table is not intended to reflect all critical tasks throughout the life of a case.

Date of Removal to 30 Days

Efforts Toward Reunification	Concurrent Planning	Efforts Toward Alternate Permanency Goal
Explain ASFA timeframes for reunification and the consequences of not meeting the timeframes. This knowledge may help motivate parents to make more effective use of services and actively work toward reunification.	Full Disclosure	Explain ASFA timeframes to resource family. Educate them about the detrimental effects of out-of-home care on children and need for timely permanency.

Child and Family Social and Medical Information Forms: Obtain necessary social and medical information to ensure the child has adequate supervision and care while in foster care.	Full Disclosure	Child and Family Social and Medical Information Forms: Begin gathering comprehensive social and medical information so that this information will be available to an alternate permanency placement as well as to the child if reunification does not occur.
FGDM Genogram and Ecomap: Identify strengths, resources, tensions, and stressors in the family. Identify all potential parents.	Family Engagement/Case Planning Relatives	FGDM Genogram and Ecomap: Identify any absent parents or relatives who may serve as a resource.
Place the child with a family who is willing to work cooperatively with the biological parents toward reunification.	Placement	Place the child with a family who is also willing to become the child's permanent family if needed.
Determine if the child has American Indian Tribe affiliation(s), notify the respective tribe, and invite the tribe to participate in the permanency planning process.	ICWA	If the child is a member of an American Indian tribe, ensure the tribe has notice of the shelter care and adjudicatory hearings. Invite the tribe to participate in the development of the child's permanency plan.

1 to 3 Months

Efforts Toward Reunification	Concurrent Planning	Efforts Toward Alternate Permanency Goal
The parents and child(ren) are informed of both the primary and secondary permanent plans.	Full Disclosure	The relatives and resource parents are informed of both the primary and secondary permanent plans. All resource parents received adequate information to make an informed decision in supporting each child in his or her permanency plan.

3 to 6 Months

Efforts Toward Reunification	Concurrent Planning	Efforts Toward Alternate Permanency Goal
Evaluate the progress parents have made on their case plan to determine if the original safety issues have been reduced to a sufficient level so it is probable each child can be safe with the parent or caregiver. Determine if the parents will be able to achieve reunification by 12 months.	Family Engagement/Case Planning	Consider whether reunification should remain as the primary goal or be shifted to become the secondary goal.
Determine whether visitation between the child and their parent(s) is adequate to promote permanency and maintain the parent/child relationship.	Contact/Visitation	Arrange for the child to have contact and visitation with their potential permanent caregiver.
Collect information from all service providers regarding the family's progress toward achieving service plan goals.	Assessment/Services	Determine if there are services the potential permanent caregiver needs in order to prepare for permanency.

6 to 9 Months

Efforts Toward Reunification	Concurrent Planning	Efforts Toward Alternate Permanency Goal
With the family, continue to evaluate and measure changes that have occurred related to safety issues identified during the initial Child and Family Safety Assessment.	Family Engagement/Case Planning	Staff the case with the Permanency Committee to confirm or select each child's permanency goal and placement.
Determine whether progress on the case plan sufficient to reunify at or before the permanency hearing.	Family Engagement/Case Planning	Decide if the primary permanency goal needs to be changed or updated on the Alternate Care Plan and/or FOCUS.

9 to 12 Months

Efforts Toward Reunification	Concurrent Planning	Efforts Toward Alternate Permanency Goal
Assure that adequate services have been provided to all parents and the child(ren) to support successful reunification.	Assessment/ Services	Assure that each child received options counseling to make an informed decision about his or her permanent plan.

12 to 15 Months

Efforts Toward Reunification	Concurrent Planning	Efforts Toward Alternate Permanency Goal
Assure that each child has an accurate understanding of the permanent plan, and is aware of the progress being made, or not made, on the case plan.	Full Disclosure	Assure that each child's understanding of the permanent plan and the resource family's understanding of the permanent plan match up with the progress being made on the case plan and the actual permanency plan on record.

15 to 22 Months

Efforts Toward Reunification	Concurrent Planning	Efforts Toward Alternate Permanency Goal
If termination of parental rights has not occurred, assure that the parents maintain frequent contact and quality visitation.	Family Engagement/Case Planning	Assure that each child's other connections have been maintained (i.e. relatives, friends, cultural).
If termination of parental rights has not occurred, assure that the parents continue to receive adequate supports and/or services to either work toward reunification and/or maintain family connections.	Assessment/ Services	Ensure that supports and/or services for each child and their resource family are in place to ensure a stable and successful placement.

Any variance to these standards shall be documented and approved by the Division Administrator, unless otherwise noted.

Attachment A: Strengths in Families

Parent-Child Relationship

1. ☐ Parent shows empathy for the child.
2. ☐ Parent responds appropriately to the child's verbal and non-verbal signals.
3. ☐ Parent has an ability to put the child's needs ahead of his/her own.
4. ☐ When they are together, the child shows comfort in the parent's presence.
5. ☐ The parent has raised the child for a significant period of time.
6. ☐ In the past, the parent has met the child's basic physical and emotional needs.
7. ☐ Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.

Parental Support System

8. ☐ The parent has positive, significant relationships with other adults who seem free of overt pathology (spouse, parents, friends, relatives).
9. ☐ The parent has a meaningful support system that can help him/her now (church, job, counselor).
10. ☐ Extended family is nearby and capable of providing support.

Past Support System

11. ☐ Extended family history shows family members able to help appropriately when one member is not functioning well.
12. ☐ Relatives came forward to offer help when the child needed placement.
13. ☐ Relatives have followed through on commitments in the past.
14. ☐ There are significant other adults, not blood relatives, who have helped in the past.
15. ☐ Significant other adults have followed through on commitments in the past.

Family History

16. ☐ The family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis.
17. ☐ The parent's own history shows consistency of parental caretaker.
18. ☐ The parent's history shows evidence of his/her childhood needs being met adequately.

Parent's Self-Care and Maturity

19. ☐ Parent's general health is good.
20. ☐ Parent uses medical care for self appropriately.
21. ☐ Parent's hygiene and grooming are consistently adequate.
22. ☐ Parent has a history of stability in housing.
23. ☐ Parent has a solid employment history.
24. ☐ Parent has graduated from high school or possesses a GED.
25. ☐ Parent has employable skills.

Child's Emotional, Cognitive and Social Development

26. ☐ Child shows age-appropriate cognitive abilities.
27. ☐ Child is able to attend to tasks at an age-appropriate level.
28. ☐ Child shows evidence of conscience development.
29. ☐ Child has appropriate social skills.
30. ☐ Major behavioral problems are absent.

Attachment B: Poor Prognosis Indicators

Date:_____

Parent Name:_____

POOR PROGNOSIS INDICATORS

Catastrophic Prior Abuse

***** 1. ☐ Parent has killed or seriously harmed *another* child through abuse or neglect and no significant change has occurred in the interim.

***** 2. ☐ Parent has repeatedly and with premeditation harmed or tortured *this* child.

3. ☐ Child Experienced Physical or Sexual Abuse in infancy. (Treatment of parent may be so difficult and lengthy that child spends years in foster care.)

Dangerous Lifestyle

***** 4. ☐ Parents only visible support system and only visible means of financial support is found in illegal drugs, prostitution and street life.

5. ☐ Parent is addicted to debilitating illegal drugs or to alcohol.

6. ☐ Pattern of documented domestic violence between the spouses of one year or longer and they refuse to separate.

7. ☐ Parent has a recent history of serious criminal activity and jail.

8. ☐ Mother abused drugs/alcohol during pregnancy, disregarding medical advice to the contrary.

Significant CPS/SCW History

***** 9. ☐ Parental rights to another child have been terminated following a period of service delivery to the parent and *no significant change has occurred* in the interim.

10. ☐ There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect.

11. ☐ In addition to emotional trauma, the child has suffered more than one form of abuse, neglect or sexual abuse.

12. ☐ Other children have been placed in foster care or with relatives for periods of time over six months duration or have had repeated placements with CPS intervention.

13. ☐ This child has been abandoned with friends, relatives, hospital, or in foster care; or once the child is placed in subsequent care, the parent does not visit of his/her own accord.

14. ☐ CPS preventive measures have failed to keep the child with parent: home-based services; visiting public health nurse; Homebuilders, therapeutic day care, and so forth.

15. ☐ Parent is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed due to parent's behavior.

16. ☐ Parent has asked to relinquish the child on more than one occasion following initial intervention.

Inherent deficits

*17. ☐ Parent diagnosed with severe mental illness (psychosis, schizophrenia, borderline personality disorder, sociopathy) which has not responded to previously delivered mental health services. Parent's symptoms continue, rendering parent unable to protect and nurture child.

18. ☐ Parent has a diagnosis of chronic and debilitating mental illness; psychosis, schizophrenia, borderline personality disorder, sociopathy, or other illness that responds slowly or not at all to current treatment modalities.

19. ☐ Parent is intellectually impaired, has shown significant self-care deficits, and has no support system of relatives able to share parenting.

20. ☐ Parent grew up in foster care or group care, or in a family of intergenerational abuse. (Unfamiliarity with normal family life can severely limit parent's ability to overcome other problems in their lives.)

*Category I: Extreme conditions making family reunification a very low probability.

Based on Foster Care Drift: A Risk Assessment Matrix, Child Welfare, by Linda Katz and Chris Robinson

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Attachment C: Relative Letter

(Insert Regional Letterhead)

Date

Dear (relative's name),

I am writing to let you know that you have been identified as a relative of (child's name) who was placed in the custody of the State of Idaho on (date of removal) and is currently living in a non-relative foster home.

Congress passed a law in 2008, the Fostering Connections to Success and Increasing Adoptions Act, that requires state agencies to identify and notify all adult relatives when a child is taken into state custody to ensure relatives have an opportunity to provide support through contact and, in some cases, become a foster parent, guardian or an adoptive parent for their relative child.

It would be most helpful if you could contact me immediately, but at least within the next 30 days, as critical decisions and planning occur during this time. We are in the process of developing a plan with (child's name) family. It is very early in the case and while most children in our custody are able to return to their own home, sometimes circumstances make that impossible. As members of (child's name) family, your participation in his/her future is very important. Please call us with your input and let us know if you can help (child's name) and his/her family in any way.

When relatives wait to come forward until it is clear that their relative child cannot return home, and the child is in another stable permanent placement, we may not consider the relative as a possible placement resource. We ask you not to wait so we can include you in planning for (child's name) future.

If you already know that you are interested in becoming a foster parent, legal guardian or adoptive parent for (child's name), please let me know that so I can help you get started on the approval process. In the event that you become the legal guardian for or adopt (child's name), you may be eligible for an ongoing subsidy (cash payment and/or medical coverage) based on the child's needs until (child's name) reaches age 18.

I look forward to hearing from you. Please contact me at (phone number). If I am not available, please leave a message. You can also write to me if you prefer at Child and Family Services, (street or PO Box, city, state, zip)

Sincerely,

(social worker's name)