

CENTER ON HUMAN POLICY

Permanency Planning in Policy and Practice: The Michigan Experience

Steven J. Taylor and Paul Newman

When states or agencies became involved with families of children with disabilities, permanency planning should be a guiding philosophy. Permanency planning endorses every child's right to a stable home and consistent relationships with adults.

Since 1985, The Center on Human Policy has closely followed Michigan's family support and permanency planning efforts. This article takes an updated look at Michigan's permanency planning policies and practices.

The State of Michigan stands alone in its commitment to permanency planning for children in the mental health and mental retardation systems. While other states are beginning to endorse the philosophy of permanency planning for children with developmental and mental disabilities, Michigan has translated its philosophical commitment into policies, procedures and concrete initiatives.

Since 1983, Michigan's Department of Mental Health has operated a Permanency Planning Program for children with severe developmental disabilities. Just as important, Michigan has built permanency planning into its policies governing mental health and mental retardation services.

Michigan operates community mental health and mental retardation services through community mental health boards, each of which is made up of one or more counties. Michigan's permanency planning policies are applicable to community services operated or contracted for by community mental health boards, state-operated facilities, and other specialized residential settings.

In Michigan, permanency planning is required through policies and guidelines governing residential services, including the "Individual Plan of Services" and specialized foster care. The following are the most important features of Michigan's permanency planning policies.

First, for all children and young adults in any type of placement, the Individual Plan of Service must include a written **Permanency Plan**. The Permanency Plan is defined as follows:

PERMANENCY PLAN: means a plan designed to find and make secure a permanent family relationship, be it with the biological or extended family, adoptive family or foster family, in that order of preference.

The child's client services manager (case manager) has primary responsibility for the development of the permanency plan:

The client services manager is primarily responsible for the development of the permanency plan for each child and young adult in residential placement.

1. The permanency plan shall be developed in coordination with the child's parents, foster parents and referring social worker.
2. The priority permanency plan for each child whose parental rights are intact shall be to reunite the child with his/her biological or adoptive family, in the shortest possible time.
3. Adoption shall be the permanency of choice for those children who cannot return to their parent's care (or extended family), and whose parents, despite agency support and services, demonstrate an unwillingness or inability to resume custody of the child.
4. In those unusual circumstances where neither return home or adoption is considered to be an option, an alternative permanency shall be made for the child including but not limited to a permanent foster family agreement or arrangement...

The permanency plan must be "identifiable as distinct in the case record," must contain "goals, objectives, intervention strategies, and timetables for reaching the permanency goal," and must be reviewed every 90 days, including "a written assessment of progress in meeting the goals of the permanency plan." In addition, the permanency plan must be reviewed semi-annually by an administrative committee, which includes a permanency planning specialist and one person not directly responsible for services to the child, "to assure that a permanency plan is in place and to assist in the identification of barriers and facilitators to achieving the permanency goal."

Second, Michigan's policies **emphasize family reunification** for children placed out-of-home and **require planning for reunification** prior to placement. Placement is not viewed as a terminal event, but a temporary arrangement in response to family crises or other extreme circumstance. Both the policy on the Individual Plan of Service and guideline on "Permanency Planning/Parent/Agency Agreements for Children with Developmental Disabilities" encourage family contact and visitation after placement and mandate an assessment of the parent or family needs to facilitate reunification.

Family reunification is favored over adoption. The policies read:

1. For children whose parent rights are intact, the permanency plan shall identify those conditions upon which the child will be returned home, the changes in parent and child's condition or conduct necessary for reunification and the services that will be provided to the family and child to facilitate reunification.
2. For children for whom adoption is the permanency plan of choice, the permanency plan shall identify the plan to free the child for adoption and secure an adoptive placement.

A standard "Parent/Agency Agreement" has been developed in Michigan to review progress made toward family reunification on a quarterly basis.

Finally, Michigan has developed a guideline on "**Permanent Foster Family Agreements**" to facilitate permanency for older children (over 14 years of age) for whom family reunification and adoption are not options. Few families of children in the mental retardation and mental health systems have had their parental rights terminated. In contrast to the child welfare system, families have not been deemed abusive or neglectful. Further, out-of-home placement in the mental retardation and mental health systems has not been viewed as abandonment. With the possible exception of those cases where parents have failed to maintain any form of contact and involvement with a child, it is unlikely that judges will terminate parental rights. For children of families who are unwilling or unable to accept their children home and will not voluntarily relinquish their parental rights, "permanent foster care" is likely to be the best option.

As described in Michigan's guideline on Permanent Foster Family Agreements, this arrangement is intended to provide permanency for children when other options are not possible:

- A. It is the responsibility of the Department of Mental Health to assure permanent family relationships for developmentally disabled children who are in mental health sponsored residential placements.
- B. A Permanent Foster Family Agreement (PFFA) is designed as one alternative to increase permanency for some developmentally disabled children. A PFFA is not intended to replace the child's relationship with the biological parents and the birth family is expected to participate to the fullest extent possible in parenting the child when parental rights are intact.
- C. A Permanent Foster Family Agreement shall be used only as a permanent placement for older youth for whom return home, securing voluntary relinquishment of parental rights, securing termination of parental rights, or placement for adoption, is not a feasible plan.

D. A Permanent Foster Family Agreement shall be used only when a judgement is made that this is in the best interest of the child and that the child will receive the greatest degree of permanency through such an agreement than any other alternative placement.

E. A Permanent Foster Family Agreement shall be used only when the child continues to meet suitability for placement.

According to Michigan's policy, the Permanent Foster Family Agreement is a non-legal, good faith agreement between the provider agency, the foster parents, and a child's legal parents or guardian. The agreement is defined as follows:

PERMANENT FOSTER FAMILY AGREEMENT means a written document that is executed between the responsible mental health agency, the legal parents or guardian and foster parents that is designed to secure a permanent placement for the child. The agreement is not a legal document but represents a commitment by all parties (solely based upon the good will and good faith of the parties) toward making the contents of the agreement work. The agreement details the responsibilities of each party to the agreement including agency services, involvement of the parent or guardian with the child, and foster parent commitment to care for the child until adulthood.

The policy clearly states the criteria that must be met before a Permanent Foster Family Agreement can be considered as an option. First, the child must be at least 14 years of age; for younger children, family reunification and adoption are the options of choice. Second, the child has been in out-of-home placement for at least 18 months. Third, reunification with the child's family is not possible (e.g., 18 months of intensive services provided in accord with a parent/agency agreement have not resulted in reunification), and no other extended family member is willing and able to assume care for the child. Fourth, adoption is not the goal of choice because the child is not legally free for adoption and involuntary termination of parental rights is not feasible or because adoption is otherwise inappropriate and the child's parents have maintained an active relationship with the child. Fifth, an appropriate foster family is available, has maintained a positive ongoing relationship with

the child, and is willing to make a long-term commitment to the child.

A standard Permanent Foster Family Agreement form has been developed. The agreement specifies the responsibilities of all parties: for the parents to maintain their involvement with the child; for the foster parents to cooperate with the parents and support their regular contact with the child; for the agency to support the placement and to provide services as necessary. This agreement is signed by the parents, foster parents, and case manager and supervisor, and approved by the residential agency director and Permanency Planning Director.

Michigan's policies on permanency planning for children with developmental disabilities express a strong commitment to the philosophy of permanency and mandate specific planning processes and reviews. Of course, policies should be evaluated not according to whether they sound good on paper, but rather, in terms of their tangible results. The proof of the pudding is in the tasting. Judged from this perspective, Michigan's permanency planning efforts are impressive.

TABLE 1 summarizes the number of children with developmental disabilities in out-of-home placements in Michigan and the status of permanency planning efforts. As indicated in this table, Michigan has a small number of children placed out-of-home--256, with the vast majority of these (79.5%) in foster care; only 31 children remain in public and private institutions and only 23 are living in group homes. For these children, permanency goals are fairly evenly distributed among reunification with birth family, adoption, permanent foster care, and transition to adulthood or independent living (older children).

During Fiscal Year 1991, 24 children in Michigan were reunited with their families, and adoption proceedings were initiated for 29 children. Figures from 1984 to 1991 for the Permanency Planning Program demonstrate a major impact. In this period, 134 children were reunited with their families and 62 were placed in adoptive families. Given the barriers to adoption in the mental health and mental retardation systems in all states, this latter figure is noteworthy. Beginning in Fiscal Year 1989, the Permanency

TABLE 1

**PERMANENCY PLANNING IN POLICY AND PRACTICE:
THE MICHIGAN EXPERIENCE**

*Children with Developmental Disabilities
Out-of-Home 1991*

NUMBER OF CHILDREN BY TYPE OF PLACEMENT		PERMANENCY PLANNING GOALS	
Foster Care	202	Family Reunification	49
Group Homes	23	Adoption	54
State Facility	13	Permanent Foster Family	47
Nursing Home	10	Transition to Adulthood	50
Residential	8	Other (Including Pending)	56
	256		256

Permanency 1991

Family Reunification:	24
Adoption in Progress:	29

Permanency Planning Program 1984 - 1991

Family Reunifications:	134
Adoption:	62

Planning Program directed attention to family preservation and prevention of out-of-home placement. The Program's staff provides consultation to local providers and helps coordinate services and resolve conflicts between agencies to enable children to remain with their families. In 1991, 336 children benefitted from the Program's preservation/prevention services.

While policies, procedures, and practices developed in one state cannot always be transferred intact to another, Michigan represents a guiding model for any state committed to permanency planning for children in the mental health and mental retardation systems.

Preparation of this report was supported by the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Research and Training Center on Community Integration through Cooperative Agreement #H133B000003-90 awarded to the Center on Human Policy at Syracuse University. The opinions expressed herein are solely those of the authors and no endorsement by the U.S. Department of Education should be inferred. The Center on Human Policy subcontracts with TASH for space in the Newsletter.

The second author, Paul A. Newman, is Director of the Permanency Planning Program of the Michigan Department of Mental Health. Copies of Michigan's policies and descriptions of the Permanency Planning Program can be obtained through the Michigan Department of Mental Health. (Permanency Planning Program, Lewis Cass Building, Lansing, Michigan 48913)