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PERMANENCY PLANNING: MORC STYLE

Permanency planning is the term applied to operational practices which guide agency decision making regarding children. It is based on a philosophical underpinning that all children need, for their emotional growth and well being, to grow up in a family where they experience a sense of love and belonging and an enduring relationship with an adult who fills the role of a parent. What follows from this underpinning are several correlated positions which drive practice. These are:

1. All children, regardless of disability can grow up living with a family.
2. Families may need support in order to enable them to provide a home for a child with disabilities.
3. When a birth family cannot be supported sufficiently to maintain the family home intact, an alternate family can fulfill that role.
4. When a child cannot be successfully supported in the birth family one of only two directions must be taken:
 - a. placement with another family temporarily
 - or b. placement with another family with legal permanence, that is, adoption.

Having laid out these basic premises, the energy of the agency is directed toward figuring out how to support families rather than defending facility life for children. What this redirection of energy has done over the past fifteen years at MORC is to gradually redirect resources as well.

Vigorous support for birth families has resulted in legislation which provides a cash subsidy to families to help them in meeting the needs of their severely multiply impaired children. Redirected energy and resources have resulted in the development of hundreds of foster care families who have provided temporary care for children who could not live with their own families. Foster families have provided homes for hundreds of children who once lived in institutions, nursing homes, and group homes. Family life has become the only acceptable residential option for children.

Through aggressive supports of families, either birth families, foster families, or adoptive families, we have been able to help all but 3 children from a catchment area with a population of 1,800,000 live with families. As testimony to the success of well supported families, we now have a waiting list of foster families. Foster families are waiting for the placement of a severely disabled child because there are no children in need of placement.

The nature and intensity of support to families is the key to truly effective permanency planning. We have had to develop supports that include wide variety and immediate availability of sufficient quantity, duration, and intensity to fit what each family needs in their unique and personal circumstances. This has meant the development of financial, social, as well as practical support. This has meant providing staff who can help in the home, respite outside the home, equipment and home modifications, information, professional advice and guidance, financial assistance, emotional support, and many other kinds of support.

MORC was utilized as the first agency target site in Michigan's mental health system to develop policies and procedures which reflected the thinking of permanency planning. In the pilot phase of developing new practices toward permanency planning, from 1983 to 1986, thirty children were admitted to MORC. These thirty severely disabled children were unable to remain with their birth families. Fifteen years ago these children would have been placed in institutions or nursing homes. Ten years ago these children would have been placed in foster care indefinitely. With the new practices evolved from permanency planning thinking, eleven of the thirty children returned home, nine of the children were adopted. This means 63% of all children were placed in permanent family homes. The remaining children still reside with foster families while awaiting a more permanent connection to a family. No child was placed in other than a family situation. This represents a dramatic change in mental health services, and more importantly, a dramatic change in the futures these children can expect.