IN-HOME SERVICES

PROCEDURAL OPERATIONS MANUAL (POM)

AUGUST 2022

CHILD AND FAMILY SERVICES AGENCY, IN-HOME SERVICES ADMINISTRATION

200 I STREET, SE 20003

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INTRODUCTION

In-Home POM Overview

The Child and Family Services Agency (CFSA or Agency) In-Home Services Procedural Operations Manual (In-Home POM) is an easy-to-use reference tool designed specifically for the In-Home Services social worker. In-Home Services helps to ensure child safety and to promote family well-being. The In-Home POM provides practical tips, guidance, and step-by-step procedures for giving children the immediate attention they need for their **safety** and protection, followed by long-range planning for their **permanency** and **well-being**. This In-Home POM is a living document that fully supports the Agency's stated mission. The role of all case-carrying social workers is essential to implementing this mission.

Mission

CFSA works to improve the safety, permanency, and well-being of abused and neglected children in the District of Columbia and to strengthen their families.

Safety – All children have a right to be safe from abuse and neglect.

Permanency – All children need a permanent family who can provide an unconditional, lasting commitment to them.

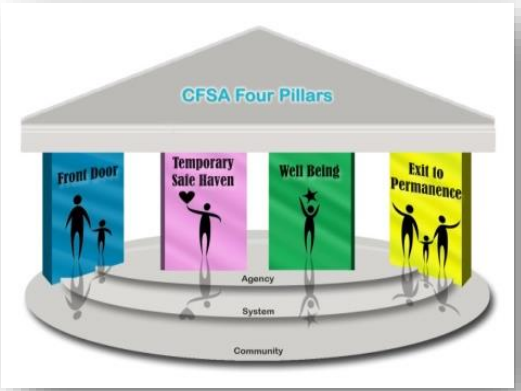
Well-being – Children deserve to grow up in nurturing environments where their physical, emotional, educational, social needs are met.

CFSA'S Four Pillars Strategic Framework and In-Home Services

In addition to supporting CFSA's mission, all case-carrying social workers participate in CFSA's strategic agenda, known as the *Four Pillars Strategic Framework.* The framework guides CFSA's efforts to improve outcomes for children and families. The Four Pillars are values-based and strategy-focused with specific outcome targets:

- **Pillar One:** Front Door – Families stay together safely. This first pillar is the primary arena for the In-Home social worker to fulfill the Agency's mission.

  In-Home's Role - In-home's work focuses on preserving and strengthening families by improving family functioning and safety so children can grow up safely with their families. We work as a team with families, their extended family supports, service providers and community support to improve caregiver behaviors and circumstances that impact child safety, well-being and permanency/family stability.



- **Pillar Two:** Temporary Safe Haven – Planning for permanency begins the day a child enters care. Children and youth are placed with families whenever possible. Clinical Case Management & Support (CCM&S) social workers function within the second pillar.

  In-Home's Role - In-Home may at times have to separate children from their families (temporarily through a safety plan or via foster care). Hopefully, through our concurrent kin planning efforts, children will be cared for by their natural/familial supports and the birth parents/caregivers work towards improving their situation so that children can return to their care safely.

- **Pillar Three:** Well-Being – Children and youth in foster care maintain good physical and emotional health. All case-carrying social workers are responsible for ensuring well-being for children and youth, that they get an appropriate education, meet expected milestones, and pursue activities that support their transition to adulthood.

  In-Home's Role - While In-Home's most important task is to assess whether a child is being adequately safeguarded from significant harm, another important role of the In-Home team is to determine what actions are required to keep a child safe and promote the child's well-being. While safety is always at the forefront of the work we do, paramount is ensuring that children are growing up in an environment that supports healthy growth and development, have good physical and mental health, and are achieving academically.

- **Pillar Four:** Exit to Permanency – Children and youth leave the child welfare system quickly and safely. Youth actively prepare for adulthood. CCM&S social workers are responsible for the safe exit of children and youth to permanency, either through reunification, adoption, guardianship, or in certain cases alternative planned permanent living arrangements.

  In-Home's Role – In-Home's goal is to ensure every child has a safe, stable, and permanent home prior to case closure. When working with families, we are responsible for permanence by ensuring a safe and stable home for children that remain with parents/caregivers. If permanence cannot be achieved with the parents, then an alternative permanent living situation is a must before case closure.

CFSA Policy for the Provision of In-Home Services

To prevent the separation of children from their families, CFSA provides child-centered, family-focused, community-connected, strength-based, and solution-focused services to families in their own homes. Based on CFSA's initial assessment of the family's safety and the level of risk for child maltreatment, social work professionals determine the level of service intervention. The assigned In-Home Services social worker continues to ensure service intervention until the family demonstrates a sustainable capacity to resolve the initially identified safety issues and before the case can be closed. If additional safety concerns surface during the open case, CFSA will re-assess the family's risk for maltreatment and possibly separate one or more children from the home. When children are separated from their home of origin, CFSA opens an out-of-home case, and the family receives permanency services with the intent to reunite the children as soon as safely possible.

Criteria for Opening an In-Home Services Case

For families receiving supportive services while children remain at home, CFSA connects the family with community resources and clinical service providers that support the children's safety and well-being. These supportive services are tailored to facilitate and increase family functioning and resilience. The Agency opens an In-Home Services case when all of the following conditions are present:

- Children are residing in the family home, including children who have recently reunified with their families due to post-permanency disruptions. ***Note:*** *District of Columbia law defines a "child" as anyone under age 18 years old.*

- A Child Protective Services (CPS) investigation has resulted in a substantiated finding of abuse or neglect.

- Using the Structured Decision Making (SDM™)[1] Risk Assessment Tool, the In-Home Services social worker determines the family has a high or intensive risk for child maltreatment (*see section on Assessing Families*).

- The family must maintain legal residency in the District of Columbia even if the family or children are living temporarily in another jurisdiction (*see section on Social Worker Visits with Families Receiving In-Home Services*).

    - A temporary housing plan may include one or more of the following situations:
        - Children spend summers with other family members.
        - One parent resides in the District of Columbia while the other parent lives elsewhere.
        - The family is homeless, and another agency placed the family in emergency housing outside of the District of Columbia (e.g., temporary hotel stays).
        - Children moved out of jurisdiction as part of a safety plan or family plan.
        - The family relocated to a safe house for protection due to domestic violence, trafficking, or another safety-related situation.
        - Children are living with relatives outside the jurisdiction for other reasons.

[1]Per the Child Welfare Information Gateway, structured decision-making (SDM) "is an approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect." Retrieved January 27, 2022

How In-Home Services Cases are Received

While the majority of new cases opened with the In-Home Services are from CPS, there are times when In-Home Services may receive a case from CCM&S or from the Post-Permanency unit.

- Post-Permanency Cases: where there has been a guardianship disruption and the recommendation is for the child(ren) to return to their parent under a legal status of protective supervision.
- Short Stay Cases: where there was a separation, but within the first 30 days the children were returned to the parent/caregiver under conditional release or protective supervision at the Family Court of the Superior Court of the District of Columbia (Family Court) Initial Hearing or Further Initial Hearing.
- Youth Parent in Foster Care Cases: where a youth parent in foster care also has an open case for the child(ren) in their care.

IN-HOME SERVICES ROLES AND RESPONSIBILITIES

The more the social worker understands the individual roles and responsibilities for each member of the In-Home Services team, the more effective and stream-lined communication will be among all team members, including extended family members. In general, effective and clear communication helps achieve more successful outcomes for child safety.

Remember: *The In-Home Services teaming process is a built-in structured support network for social workers and managers to competently perform their assigned roles and duties. For more information, see the STS Policy on primary and secondary traumatic stress (P/STS).*

Program Administrator

The In-Home Services program administrator oversees field operations, provides direction to program managers, acts as a liaison between CFSA and community agencies, prepares budget requests, approves and monitors expenditures and contracts, and ensures compliance with federal and District of Columbia legal mandates.

In support of CFSA's teaming principles and best practice standards, the In-Home Services administrator is a hands-on leader who is available for consultation, feedback, and direction. In addition to providing strong leadership and oversight for all In-Home Services operations, the following responsibilities are some of the administrator's major duties:

- Plans, manages, and directs the daily operations of In-Home Services by establishing goals, objectives, short and long-range planning for projects, and developing and interpreting operating and program policies and procedures. Also reviews, evaluates, and revises program and service delivery.

- Assumes responsibility for administrative and clinical oversight to ensure compliance with DC Government requirements, DC Superior Court orders, and local and federal laws and guidelines.

- Assists program managers in making case assignments.

- Provides direction to In-Home Services managers by analyzing program operations and activities and providing feedback regarding needs, improvements, and accomplishments; advises on projects or problems; serves as a technical resource; and in consultation with the Agency's attorneys, interprets and applies legal requirements. Reviews and develops program plans and schedules.

Program Managers

The In-Home Services program manager is experienced in the assessment and evaluation of case practice, communication and negotiation, performance management, staff development and training, and the ability to provide day-to-day oversight of In-Home Units that provide direct and indirect services to and for children and families. In addition to aiding the In-Home Services administrator, as needed, the following responsibilities are some of the major duties of the program manager:

- Plans and directs work through supervisory social workers, and monitors service delivery for staff compliance with statutory and regulatory provisions, policies and guidelines. Also monitors staff compliance with Agency policies and procedures in order to effect remediation of circumstances related to child abuse and neglect.
- Manages development and implementation of case management work plans consistent with program objectives to formulate and evaluate daily operations.
- Meets regularly with front-line supervisors to discuss program progress and shares information of mutual concern. Provides advice on operational problems, receives and discusses cases, makes assignments, and discusses staff recommendations.

Supervisory Social Workers

The supervisory social worker is responsible for overseeing and leading a team of social workers and family support workers who provide direct professional social work services to children and families receiving in-home services. This work supports the Agency's mission by providing services and contributing to the overall efficiency of the program's operations and the delivery of in-home services.

The importance of the supervisory role in consulting and overseeing child safety decision-making is as important as the actual practice occurring among In-Home social workers in the field. In-Home Services supervisors must make every effort to ensure that the safety and well-being of children and families is secured through the delivery of professional, high-quality, competent, and timely services. The following responsibilities are just some of the expectations for a supervisor's activities:

- Sets clear expectations for staff and assists with their professional development.
- Informs staff of any practice or policy changes and provides guidance as needed.
- Maintains a regular schedule for direct report supervision and consultation.
- Creates a climate of teaming and addresses staff needs to maintain the teaming environment.

In-Home Social Workers

The In-Home Services social worker is responsible for providing a full range of direct professional social work services to children and families of the District of Columbia, including services that address circumstances related to abuse and neglect. The social worker is the person who initiates and maintains ongoing engagement of the family, which is a critical standard for achieving positive outcomes and family stabilization.

The In-Home Services social worker is responsible for individual cases, including provision of services. The social worker's responsibilities include some of the following major duties:

- Conducts home and community-based visits to assess the safety of children and strengths and needs of families, contacts collateral sources, reviews pertinent information, participates in court-related activities (if applicable), and makes appropriate referrals.
- Develops and implements case assessments and planning to remediate child abuse and neglect with both parents.
- Responds to crisis situations and intervenes to address immediate concerns.

Family Support Workers

The family support worker (FSW) has primary responsibility for providing specialized support services to CFSA direct-service staff. For In-Home Services, the FSW assists with social work activities across the administration that include but are not limited to the following tasks:

- Participates in visits, both in the home and in the community, to determine the needs of clients. Gathers pertinent information related to the child and family.
- Assists social workers by discussing and documenting clinically-related information into the case record.
- Provides transportation assistance for clients to and from CFSA, Family Court, service providers, city hospitals and other institutions, either as needed or by the request of the social worker or supervisor. Enters observational information into FACES.NET.

CASE TRANSFERS

Case Transfers from CPS to In-Home Services

At any point during a CPS investigation where the investigative social worker determines that a case meets the criteria for opening an In-Home Services case, the transfer of the case from CPS to In-home Services must occur without delay. Both the CPS investigative and In-Home Services social workers partner to ensure a timely, streamlined transition of the case in order to avoid a lapse in any services and to ensure ongoing monitoring of safety. A seamless transition also helps to ensure that the development of the case plan with the family is completed within 30 days of opening the In-Home Services case.

The process for transferring a case from CPS to In-Home includes the following steps:

- CPS sends a notification of the case transfer to CFSA.casetransfer@dc.gov within 30 days of the initiation of the CPS investigation.

- Within 1 business day of the notification of intent to transfer the case, the In-Home Services administrator or program manager assigns the case according to the social work unit responsible for covering the particular District of Columbia Ward where the family maintains residency. The only exception to a social worker being assigned to another Ward occurs when there is overflow from other units or there are other issues such as a family needing a bilingual social worker.
    - Once assigned, the supervisor carefully but in a timely fashion reviews the Ward assignment, family risk level, and notes whether the substantiated allegations warrant the case transfer to In-Home Services. ***Note:*** *In-Home Services does not accept cases where the allegations are inconclusive.*

- A Pre-Case Transfer Staffing (PCTS) meeting takes place within 1 business day, whenever possible, to ensure a “warm handoff” (i.e., streamlined transition) between the CPS and In-Home Services social workers. In this manner, the two social workers ensure that families continue or receive services as soon as possible.

- Per the definition of a “warm handoff,” the PCTS meeting takes place as an in-person face-to-face meeting or video conference, whenever possible, for the CPS investigative social worker to share the most comprehensive information available with the In-Home Services social worker. When a face-to-face or video conference meeting is not possible, the PCTS meeting takes place via a traditional telephone conference call. The following participants are included in the PCTS:
    - The CPS team: social worker and supervisor
    - The In-Home Services team: social worker and supervisor

- Other CFSA staff who may contribute to the transfer of knowledge, including the In-Home Services FSW, foster care social workers (if any children have been previously separated from the home), CFSA nurses, and any other specialists who have provided consultation to social workers regarding specific family issues or concerns.

- The PCTS meeting incorporates the following agenda items during the meeting's discussion:
  - Family composition (including all fathers).
  - All household members, significant others, and caregivers.
  - Teaming partners already involved with the family as well as their contacts (e.g., schools, core service agencies, community-based Collaboratives, shelters, and other community supports).
  - Reasons for the Agency's involvement and CPS substantiations, including whether the family received notification of the CPS investigation results.
  - Last visit by the CPS investigative social worker, including safety assessments for all children. ***Note:*** *If the CPS investigative social worker has not seen the children in the last 30 days, the investigative social worker must conduct a visit prior to moving forward with the case transfer process.*
  - Decisions based on assessment results.
  - Status of service referrals, including appropriate follow-up activities.
  - Concurrent Kin Plan (CKP) as well as status of involvement of other family members (*see section on Concurrent Kin Planning*).
  - Safety plans (*see section on Planning with Families*).
  - Efforts made to engage the maltreater and, if engagement was not successful, detailed documentation in FACES.NET of barriers and challenges.
  - Recommendations and planning for engagement and continued work with the family, including the family's response to opening an In-Home Services case, including special attention to domestic violence and sexual abuse cases where one parent's inability or fear to engage or participate can put a child in danger.
  - Documentation of any Family Court involvement, including whether the team is considering a referral for community papering of the case (*see section on Separations and Placements*).
  - Documentation of when the hard-copy record would be transferred from CPS to In-Home Services, in addition to itemizations for which documents will be included in the record. ***Note:*** *While the In-Home Services social worker expects to receive the family's entire hardcopy record, missing documents should not delay the transfer, especially if there is sufficient information to justify continuation of or timely referral submissions for essential services to help prevent child maltreatment.*

- Dates and times for the availability of the CPS investigative and the In-Home Services social workers to attend a Partnering Together Conference (PTC) or a Family Team Meeting (FTM). ***Note:*** *If either the CPS or In-Home social worker has requested an FTM, the FTM may replace a PTC in the family's home.*

- The CPS supervisor documents the PCTS meeting in FACES.NET. At this time, the In-Home Services or the CPS supervisor may elect to discuss with their respective program managers any presenting concerns regarding the opening of an In-Home Services case. Otherwise, once the CPS supervisor documents the PCTS, FACES.NET considers the In-Home Services case as opened.

- After documenting the PCTS meeting, the CPS supervisor transfers the case to the In-Home Services supervisor.

- Within 3 business days of the PCTS, the CPS and the In-Home Services social workers complete the PTC at the family's home to formalize the case transfer. ***Note:*** *Family responsibility remains with the CPS investigative social worker until after the PTC occurs and the CPS supervisor transfers the case in FACES.NET*.
  - The PTC includes the following activities:
    - Making introductions and building rapport with the family
    - Explaining the case transfer process
    - Notifying family members of their right to a fair hearing and how to request the fair hearing process
    - Revisiting any family-related risks and concerns and beginning to develop a plan for how the assigned In-Home social worker and family will work together to address these concerns
    - Discussing any safety plans (if applicable)
    - Introducing the various assessments that will become part of the family's case plan
    - Developing concurrent kin plans with the family's input
    - Sharing or completing any necessary releases of information
    - Discussing next steps as the case transitions from the investigative phase to the family receiving ongoing in-home services
  - The In-Home Services or CPS investigative social worker may also elect to elevate to the supervisor or program manager any concerns about the appropriateness of transferring the case to In-Home Services.
  - The In-Home Services social worker documents the PTC in FACES.NET.

- The CPS and In-Home social workers make at least two attempts to hold the PTC within 5 business days of the PCTS. If holding the PTC is unsuccessful, the CPS and In-Home Services supervisors will decide whether to continue with the transfer of the case. If the supervisors cannot reach agreement or there are additional concerns, both supervisors should elevate the decision to their respective program managers.
    - The In-Home Services supervisor must document in FACES.NET any decisions to move forward without a PTC. Documentation must include justification for the decision.

- If the investigation remains open after the PTC, ongoing communication still occurs between the CPS and the In-Home social workers.
    - The CPS investigative social worker alerts the In-Home Services social worker and supervisor on the date CPS closes the investigation. In addition, the CPS social worker provides the In-Home social worker with a copy of the "Notice of Investigation Results" and a copy of the finalized CPS investigation summary.

Case Transfers from CCM&S to In-Home Services

When imminent risk requires CPS to separate a child from the home of origin, CFSA works to ensure that reunification occurs as soon as the family has alleviated all safety concerns, and the parents or caregivers have demonstrated a sufficient level of care to ensure ongoing and sustainable safety for all children in the home.

When a child returns home to the parent or caregiver under the status of protective supervision or conditional release, the CCM&S social workers and In-Home Services social workers partner to ensure a rapid and smooth transition. This streamlined approach avoids a lapse in services for the family and allows for the maintenance and monitoring of child safety. Initiation of the case transfer process occurs within 5 business days of the change in status. ***Note:*** *Cases may be transferred to In-Home Services only where the children were recently separated and the status changes at the initial hearing, further initial hearing, or within 30 days of separation.*

The process for transferring a case from CCM&S to In-Home includes the following steps:

- The CCM&S program manager reviews the case to ensure it is appropriate for the transfer to In-Home Services.
- The CCM&S program manager sends an email to CFSA.case.transfer@dc.gov requesting assignment of an In-Home Services social worker, preferably on the same day the Agency returns the child home to the parent and prior to the next court hearing.
- The CCM&S social worker must work with the family to prepare them for the transition to In-Home Services and an eventual assignment to a new social worker.
- A PCTS meeting takes place 1 business day from the notification of intent to transfer the case to In-Home Services, in order for the In-Home social worker to review the case and prepare to address the ongoing needs of the family, ensure continuity of services, and address any court orders.

- The PCTS meeting is an in-person face-to-face or video conferencing meeting, whenever possible, in order to ensure that the CCM&S social worker is able to share with the In-Home Services social worker all the most comprehensive information available. When a face-to-face meeting is not possible, the PCTS meeting takes place via a traditional telephone conference call. The following participants are included in the PCTS:
  - The CCM&S team: social worker and supervisor
  - The In-Home Services team: social worker and supervisor
- The CCM&S social worker or supervisor facilitates the PCTS, which incorporates the following agenda items for discussion:
  - Family composition (including all fathers)
  - All household members, significant others, and caregivers
  - Reasons for Agency involvement, including substantiated allegations
  - Teaming partners already involved with the family and their contacts (e.g., school personnel, core service agencies, community-based Collaboratives, shelters, and other community supports)
  - Decisions and information from assessments on safety, risk, and family functioning
  - Contingency plans
  - Safety plans (*see section on Planning with Families*)
  - Recommendations for continued work with the family, including the family's response to opening an In-Home Services case
  - A review of court orders and court-ordered services (***Note:** If there is a court report due within a month of case transfer, the CCM&S social worker will take the lead.)*
- The CCM&S supervisor documents the PCTS in FACES.NET within 24 hours of the meeting.
- Within 3 business days of the PCTS, the CCM&S and In-Home social workers complete the PTC at the family's home to formalize the case transfer.
  - The PTC includes the following activities:
    - Making introductions and building rapport with the family.
    - Explaining the case transfer process.
    - Revisiting any family-related risks and concerns and beginning to develop a plan for how the In-Home social worker and family will work together to address these concerns.
    - Discussing any safety or contingency plans.
    - Introducing the various assessments that will become part of the family's case plan.
    - Sharing or completing any needed releases of information.
    - Discussing next steps as the case transitions from CCM&S to In-Home Services.

- The CCM&S social worker sends an email to all team members, stating the change in social worker and the reason for the change. Recipients may include the guardian *ad litem*, assistant attorney general, parent's attorney, service providers, and the In-Home Services team.

- The CCM&S supervisor transfers the case in FACES.NET to the In-Home Services supervisor's box for assignment to the In-Home social worker.

- The CCM&S social worker transfers the hardcopy file at the PTC, or within 1 week of the documented FACES.NET case transfer. If not transferred at the PTC, CCM&S staff ensures that the case file is delivered to an In-Home Services clerical staff.

Case Transfer from Post-Permanency to In-Home Services (Guardianship Disruption)

After a child in foster care achieves permanency through guardianship, CFSA provides post-permanency supports to ensure the family will maintain long-term safety and stability for children. There are, however, instances where Post-Permanency managers determine that a disrupted guardianship case requires ongoing support with the opening of an In-Home Services case. Reasons may include the child being placed with a parent under a legal status of protective supervision.

The process for transferring a case from Post-Permanency Services to In-Home Services includes the following steps:

- The Post-Permanency program manager sends an email to CFSA.case.transfer@dc.gov requesting assignment of an In-Home Services social worker, preferably on the same day the Agency places the child home with the parent and prior to the next court hearing. If this timing is not possible, the program manager should make the request as soon as possible after the child's placement with the parent.

- Within 1 business day of notification for intent to transfer the case, the In-Home Services program manager or administrator assigns the case according to the social work unit responsible for covering the particular District of Columbia Ward where the family holds residency. The only exception to a social worker being assigned to another Ward occurs when there is overflow from other units or there are other issues such as a family needing a bilingual social worker.

    - Once assigned, the In-Home supervisor reviews in a timely fashion any considerations related to the Ward residency or any other special considerations that would necessitate discussion prior to the case being transferred.

    - The assigned In-Home social worker or supervisor will attend the court hearing when notified in advanced and when possible.

- A PCTS meeting occurs within 1 business day of case assignment to In-Home Services and preferably occurs as an in-person or video conferenced face-to-face meeting, or via traditional telephone conference call when a face-to-face meeting is not possible.

- Participants in the PCTS must include the Post-Permanency supervisor and social worker and the In-Home Services supervisor and social worker. Optional participants include FSWs from either unit, as well as interns.

- The PCTS meeting includes the following agenda items for discussion:
  - Reasons for the guardianship disruption (e.g., caregiver incapacity or the guardian made plans with the birth parent and child to return home)
  - General information on all household members, significant others, and caregivers, as well as extended family supports
  - Reasons for Agency involvement at the time of the child's separation from the home of origin, in addition to the family's history with the Agency, including all substantiated allegations
  - Current results of all assessments for safety, risk and family functioning, including any issues of concern
  - Teaming partners already involved with the family, including contacts (e.g., legal team, school personnel, core service agencies, community-based Collaboratives, shelters, and other community supports)
  - Recommendations for continued work with the family (e.g., services, level of care)
  - CKP as well as other family members involved (*see sections on CKP and Family Engagement*)
  - Safety plans (*see section on Planning with Families*)
  - Court orders and court-ordered services (***Note:** If there is a court report due within a month of case transfer, the Post-Permanency social worker will take the lead.)*

- The Post-Permanency supervisor documents the PCTS in FACES.NET and then transfers the case to the In-Home Services supervisor's FACES.NET box, unless there are outstanding court reports required. If the court hearing is scheduled to occur within the next 30 days, the Post-Permanency supervisor transfers the case to the In-Home Services supervisor after the court hearing.

- After the PCTS meeting, either the Post-Permanency supervisor or In-Home Services supervisor may elevate to the appropriate program manager any concerns about case appropriateness for transfer to In-Home Services.

- Within 3 business days of the PCTS, the Post-Permanency social worker and the In-Home Services social worker complete the PTC at the family's home.

- Participants in the PTC include the social work team from the PTCS, as well as the parents or caregivers to whom the child has returned, along with all other children residing in the household. Optional participants include additional household members, family members, or community partners, as appropriate.
  - The PTC includes the following agenda items for discussion:
    - Reasons for the case being opened
    - Introduction of the In-Home social worker to the family and explanation of the social worker's role and responsibilities, as well as an explanation that the Post-Permanency social worker will no longer be the family's point of contact
    - Current concerns and service recommendations for case planning purposes
    - CKP
    - Safety planning
    - Releases of information, if needed
    - Next steps

- After the PTC has occurred, the In-Home Services social worker informs the In-Home Services supervisor that the PTC has been completed. At this time, the supervisor can place the case in the social worker's FACES.NET box.
  - The In-Home Services supervisor includes a summary in the Assign Transfer screen, including the following information:
    - When the supervisor initiated the case transfer process
    - When the PCTS occurred and who participated
    - When the PTC occurred and who participated
    - A note on any significant delays outside the guidance above regarding time frames (e.g., whether the family needed to reschedule the PTC or whether there were any Post-Permanency or In-Home emergencies)
  - The In-Home Services social worker documents the completed PTC in FACES.NET.

- The Post-Permanency and In-Home social workers must make at least two attempts to conduct the PTC. If conducting the PTC is unsuccessful, either social worker may elevate the issue to their supervisor for next steps or to proceed with the transfer if both teams agree.

- Ongoing communication and teaming occurs between Post-Permanency and In-Home Services after the completed PTC in order to address any outstanding court hearings or other reasons why the case should remain in the Post-Permanency social worker's FACES.NET box.
    - The Post-Permanency social worker provides the In-Home Services social worker with the hardcopy case file, including the following documents:
        - Post-Permanency social worker's Case Transfer Summary (Word document)
        - Most recent court order, court report, or any other pertinent court documents, including a copy of the court order showing termination of guardianship and placement of the child under protective supervision with the parents or caregivers
        - Copy of the original investigation summary that resulted in the child's separation from the home of origin
        - Child's school records, if relevant and available
        - Child's medical records, if relevant and available
        - Child's mental health records, if relevant and available
        - Parent's medical or mental health records, if relevant and available

ENGAGEMENT AND TEAMING

Engagement

Once the Agency formally opens the In-Home Services case in FACES.NET, engagement with the family is the social worker's most powerful predictor of successful outcomes. Engagement in general establishes collaborative partnerships with the children, parents or caregivers, extended family, service providers, and other team members. Collectively, the family and team members make family-driven decisions, set goals, and ultimately achieve a family's desired outcomes.

Engagement goes beyond simple involvement in the case planning process. True engagement includes motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in working toward change. When a social worker succeeds in the engagement of all, the team can effectively assure a family's capacity for self-sufficient, sustainable, and holistic well-being.

Remember: *Despite a social worker's most profound attempts, there are times when a social worker cannot locate a family, or the family is resistant to a social worker's initial efforts to visit the home (see tip sheet on Strategies to Complete Visits). In these cases, when initial contact has not been made within 5 business days of the PCTS meeting, the In-Home Services social worker must complete the following steps.*

Steps a Social Worker Takes When Unable to Locate the Family

- Leave a notification of the open In-Home Services case at the address on record. If the family's primary language is not English, ensure the notification is in the family's primary language. Notification includes the social worker's accurate contact information and a request for the family to contact the social worker.
- Contact the school-age child if there is a school listed in the referral or research the school associated with the neighborhood based on the home address. Request information about the child and, if possible, request an interview with the child.
- Contact the daycare if the child is not school age if there is a daycare center listed in the referral. Request information about the child and, if possible, request to observe or interview the child.
- When appropriate, contact the family's neighbors, housing resident managers, or landlords, to confirm the address and to determine the whereabouts of the family. If the family is no longer residing at the documented address, try to obtain a forwarding address and make a referral to the Diligent Search Unit (DSU) if appropriate.
- Conduct a minimum of two additional home visits at different times of day or night with one of these visits taking place between the hours of 6pm - 8am.
- If none of the family members contact you, send the notification letter by certified mail.

Steps a Social Worker Takes When Refused Access to the Home or Child

If the In-Home Services social worker encounters a family's refusal to cooperate, safety and risk assessments are impossible. These assessments require complete face-to-face interviews with children, household members, and caregivers, as well as observation of living spaces. Under such circumstances, the In-Home Services social worker should immediately elevate the matter to the supervisor and the assigned program manager. After consultation with management, the social worker may take the following steps:

- Engage CPS to do a check outside of business hours.
- Contact the Metropolitan Police Department (MPD), or local authorities, for assistance.
- Sign up for and attend a community papering consult.

If the family agrees to participate in safety assessments once the social worker completes the above steps, community papering is unnecessary. At this point, the In-Home Services social worker begins the real process of engagement.

Family Engagement

Family engagement, essential to strength-based case management, begins with the In-Home social worker's initial contact with the family. The engagement then continues throughout the life of the case until closure. During the case, the social worker is responsible for actively developing and maintaining positive rapport with the family, the family's extended formal and informal networks, and other professionals participating on the family's case planning team.

Remember: *Successful engagement allows for the entire child welfare team to ably assist families to develop and reach their identified goals. When families achieve stabilization, family members have the skills to ensure safety, prevent crisis, and promote the well-being of children.*

For successful engagement, the In-Home Services social worker embraces and conveys the following approaches:

- Respecting and supporting mothers, fathers, and other significant caregivers in their efforts to nurture each child in their care.
- Honoring the cultural, racial, ethnic, linguistic, and religious or spiritual backgrounds of children, youth, and families, including differences in sexual orientation and gender identity.
- Believing in the innate desire of family members to want the very best for each child in the family unit.

In order to set the foundation for change, the In-Home Services social worker first needs to earn the family's respect and, subsequently, to gain the family's trust. Gaining respect and trust requires the following activities:

- Ensuring that all communication is respectfully delivered in language and terms that are familiar to the family.
- Providing access to a language translator, when necessary, and using language that is instructional and understandable.

- Modeling behavior that helps family members express their feelings by using strength-based, solution-focused language.
- Employing consistent, active listening skills, i.e., listening with self-awareness to what is being said as well as listening to what is not being said but implied.
- Soliciting and valuing input and opinions from the family to increase mutual respect and understanding.
- Treating every family member, including children, with respect and dignity.
- Maintaining cultural competency in communication, i.e., recognizing and maximizing use of the family's belief systems and personal values in order to build and sustain the helping relationship.
- Maintaining awareness and respect for diversity, inclusion and equity.
- Demonstrating authentic understanding and concern for the family's particular struggles.
- Assisting family members to recognize their own resilience and using this resilience to meet current needs and to solve current problems.
- Acknowledging the family's accomplishments and achievements while demonstrating confidence in the family's ability to overcome current challenges and to prevent repeated crises.
- Acknowledging the family's capacity and innate ability to make good decisions for the children in the household.
- Respecting arrival and departure times for all scheduled interviews and meetings.
- Maintaining a compassionate presence throughout the helping relationship.

Remember: *Thorough questioning and interviewing is important! Document details regarding educational history (e.g., year of high school graduation or general education degree, if applicable), compassionate inquiry of trauma history (e.g., deaths of family members, and age of the child or parent at the time of the death), parent family history (e.g., involvement with CFSA as a child), etc. The social worker documents the specific questions asked, even if it seems redundant, as well as the family member's responses. The more details that a social worker documents, the less likely any other social worker or social worker professional will make assumptions about the family's history or status.*

Parent Engagement

Throughout an In-Home Services case, the social worker must engage all individuals considered to be parents of a child, whether the parent lives in the home with the child or lives out of the home but is still involved with the child, or the parent is in another jurisdiction with no current involvement, or the parent is incarcerated. If the location of a parent is unknown, the social worker conducts a search within 30 days of case assignment. ***Note:*** *Per policy and best practice requirements, the In-Home Services social worker must attempt to locate or contact a non-residential parent. Exceptions include the family court (of any jurisdiction) terminating parental rights or ordering no contact, or the social worker identifies a safety issue.*

Engagement of Fathers

Agency policy and best practice standards require the In-Home Services social worker to work intensively to engage fathers, as well as extended paternal family members and other potential male relatives throughout the life of the case. The following standards are useful for social workers when engaging and assessing fathers:

- The Agency embraces a father's right to parent his children, unless there are clinical or legal reasons indicating otherwise.
- For every contact with and assessment of the father, the In-Home Services social worker uses the same conduct and documentation as used with the mother.
- If the father is a primary caregiver in a separate household, then the social worker must assess the mother of that household as well as the father.
- If the father resides in the same household as the mother and children, the social worker documents the father in FACES.NET as a primary or secondary caregiver for the household (based on his role).
- The social worker helps the father access and participate in any services identified in the service plan. In addition, the social worker ensures ongoing caregiver assessments to help support the father's functioning.
- If safety issues concern the mother, the Agency ALWAYS explores the non-residential father as a caregiving option before deciding to separate the child from the home. The In-Home social worker partners with the father to ensure the safety of the child before ending the Agency's involvement.

Engagement of Non-Offending Partners in Cases with Domestic Violence

When first attempting to engage with a non-offending partner, the social worker must dismiss bias and judgment. Social workers may believe that the non-offending partner has made questionable choices, including subsequent partners who use violence. The In-Home Services social worker must remember that all behaviors have a history. The non-offending partner may have experienced harm earlier in life or witnessed violence in the home, both of which may be impacting current behavior. Recognizing how the non-offending partner's trauma history or history of victimization impacts current behavior will help the social worker to understand the meaning behind certain behaviors and therefore, help the non-offending partner to change those behaviors.

Engagement is important to assess the non-offending partner's willingness, desire, and capacity for self-protection. Affirming the non-offending partner's desire to get out of the domestic violence or abusive relationship may require consultation with CFSA's domestic violence specialist. The social worker also wants to affirm that the partner has not willingly participated in the domestic violence, i.e., active or deliberate provocation that the partner knows will result in the offending partner's use of violence and abuse. The social worker must not judge or blame the non-offending partner's choices, nor the non-offending partner's ability to trust or engage with the social worker.

Remember: *developing a trusting relationship with any individual in an abusive relationship, including children, requires time, patience, active listening skills, and often discernment of body language.*

Here are some tips to keep in mind when first engaging the non-offending partner:

- Allow the non-offending partner to pace your conversations, including discussions surrounding the long-term impact of domestic violence and abuse. The non-offending partner may not realize that living in "survival mode" impacts self-confidence and self-esteem, as well as decision-making.
- Seek to understand together how different types of abusive relationships impact daily functioning (before focusing on the non-offending partner's individual circumstances).
- Explore the non-offending partner's coping skills, i.e., healthy (exercise, healthy food, meditation, journaling) versus not-so-healthy (e.g., self-medicated with drugs or alcohol, manifesting aggressive behaviors that were not previously "go to" responses in daily situations).
- Explore secondary impacts of domestic violence stressors, e.g., custody issues, loss of income, a deterioration of support networks.
- Discuss how the non-offending partner may already be trying to navigate plans for safety.
- Reaffirm the non-offending partner's right to self-protective capacity, and make sure that planning for safety supersedes any work around trauma issues.

Remember: *The social worker also protects the non-offending partner from danger, e.g., meetings and visits include either the non-offending or the offending partner, but not both. The social worker does not interview the children in the presence of the violent adult. If the social worker witnesses a direct threat from the offending partner, immediate action is necessary to protect the children, the non-offending partner, as well as the social worker if applicable. "Immediate" action may be as simple as the social worker's training in de-escalation or as emergent as contacting mobile crisis, 911, and the Hotline.*

Engagement of Offending Partners in Cases with Domestic Violence

There are some particular challenges to working with the offending partners or perpetrators of violence. The first challenge is self-checking. Fear and blame might come immediately to the social worker's mind (and heart) when hearing about or remembering domestic violence. Engagement therefore begins with the social worker engaging the personal conversation, both in the social worker's own behavior and in the social worker's thoughts.

- The In-Home Services social worker must find the balance between building rapport and avoiding nuanced biases, unjustified fear, overt or hidden judgment and blame.

- The social worker must remember that offending partners' behaviors are sourced in nurture, very rarely nature. Witnessing, as a child, abusive relationships or experiencing, as a child, abusive experiences and other forms of trauma, may collectively nurture behavior associated with domestic violence.
- During the entire process of engagement, the social worker must not debate with the offending partner, nor in any manner risk endangering family members or other social workers.

When working with offending partners in cases involving domestic violence, the In-Home Services social worker should consider the following strategies :

- Consult with the Agency's domestic violence specialist to ensure effective strategies for maintaining a non-judgmental stance.
- Convey to the offending partner your authentic belief that people can change their behavior, even if patterns have been repeated throughout a family's history.
- Recognize and support offending partners when demonstrating a sincere desire and willingness to change patterns of violent behavior.
- Give the offending partner space to share their narrative and understanding of their own history, and the reasons for their behavior (but without giving the impression of endorsing the violence within the context of a trauma history).
- Show empathy and understanding for how any individual's life experiences shape their views and expectations. Again, neither blame nor excuse abusive behavior, nor collude with the offending partner to diminish abusive behavior.
- Explore potential support systems in the offending partner's community, including possible mentors, faith-based groups, and extended family members who may or may not have had similar relationships but are no longer violent or abusive, and have learned to keep their family safe.
- Identify positive reasons for changing, including the well-being and future behavioral health of any children involved. Focus on the child's need for safety and security in the adult relationships around them.
- Maintain engagement when referring the offending partner to services. Explain the reason for the referral, and the benefits and risks of the referral to the offending partner and their family. ***Note:*** *Keep in mind that the District of Columbia does not have a strong array of domestic violence prevention services. Outside of informal supports, referral options may be therapy or anger management.*

Engagement of Incarcerated Parents

Parents who are incarcerated or are under some form of correctional supervision still have legal parental rights (unless the Family Court has limited or terminated such rights). Per policy and best practice, the social worker engages these parents to fully participate in case planning for their children, as appropriate. The social worker's goal is always to strengthen family relationships. *(For further information, see the Agency's policy Engaging Incarcerated Parents.)*

Engagement of Extended Family and Supports

The In-Home Services social worker explores extended family and other supports as a routine part of engagement. This type of engagement is particularly important if additional supports are necessary to avoid a foster care placement. To the extent possible, the social worker should gain consent of the birth parents or caregivers for engagement of extended family. However, the social worker need not obtain parental consent to locate and engage extended family if one of the following programmatic criteria exist:

- A child's separation from the home of origin is pending or imminent, due to safety risks.
- CFSA scheduled a court date to community paper the case.
- The child is living under protective supervision and CFSA has a scheduled court date to revoke protective supervision.

If any of the situations above are present, the social worker may engage known (or seek to locate) extended family for safety and case planning. If necessary, the social worker submits a referral to the Agency's Diligent Search Unit, and consults with the Family Team Meeting Unit for outreach and engagement of relatives. *For more details, see the administrative issuance and FAQ on the engagement of kin when parents with In-Home cases withhold consent, Engagement of Kin without Parental Consent.*

Teaming

For purposes of this In-Home POM, teaming is the collaboration of a group of individuals, each of whom has unique perspectives and expertise, who share their insights and recommendations in order to achieve a common goal. One way the In-Home Services social worker teams with a family is to inspire and encourage confidence in the family. The social worker assists a parent or caregiver to identify and develop safety and support networks that will play important, long-lasting roles in the family's successful well-being, self-sufficiency, and holistic safety of their children and other family members.

In partnership with the family, the social worker also helps develop the family's multi-disciplinary team membership, including but not limited to the following individuals:

- Age-appropriate children and older youth in the immediate family
- Extended maternal and paternal family members
- Non-relative supports

- Neighborhood and community resources
- Service providers for the child, parent, and family
- An assigned FSW and other agency staff
- Legal representatives for the child and family whenever applicable (e.g., a guardian *ad litem* or a parent's attorney)

Teaming between the In-Home Services social worker and the family cannot be overestimated. The social worker empowers and nurtures the family to identify its strengths and needs, set its own goals, and increase its own knowledge on child safety and teaming strategies. The social worker further proactively supports the stated goals of the family, the family's case plan objectives (including provision of supportive services), and the stated roles and responsibilities of the other team members.

In addition to the above, the social worker convenes team meetings on a quarterly basis (at a minimum and more frequently as required), based on family needs and functioning. The objective of these team meetings includes regular reviews of the effectiveness of the family's participation in services and interventions, an assessment of the family's progress toward the case plan's anticipated outcomes, and the family's subsequent progress toward safe case closure.

As part of the teaming effort, the following core activities and helping behaviors are expected of all In-Home Services social workers:

- Working with the family to build a strong, trusting, productive, and supportive relationship.
- Communicating in a manner understood by the family.
- Ensuring that messages conveyed to the family are transparent and consistent throughout the life of the family's involvement with the Agency.
- Focusing efforts on helping the family to identify underlying causes of and solutions to their challenges, as well as identifying services to help them address those causes and implement those solutions.
- Helping families to increase their protective capacities to overcome challenges over a long period of time.
- Empowering individual family members to generate their own solutions through active participation in the development and implementation of the case plan. (*See section on Case Planning*.)
- Guiding family members to explore creative strategies for maximizing current family strengths (e.g., family role playing and family scripts) and helping to achieve their safety, well-being, and permanency goals.
- Visiting the family twice a month (at a minimum) to ensure child safety, and to promote engagement of the children and family in the selection, use, and evaluation of effective services, as appropriate.

- Assessing progress toward their established goals (or the need to change the goals or services).
- Initiating and facilitating family meetings that discuss assessment results and family progress.

Social Worker Visits with Families Receiving In-Home Services

Social worker visits are central to the Agency's efforts to assess, observe and strengthen a family's protective capacity, ultimately preventing risks for child maltreatment. Through frequent visitation, the social worker can best assess a child's safety and a family's stability, as well as ensure that the family is receiving tailored services that are appropriate to their needs and effective in helping the family achieve their case goals, including case closure.

As noted, families receiving in-home services receive at least two face to face visits per month, with each caregiver and each child, per the following processes:

- The social worker completes at least one monthly visit to families to assess child safety, risk and case goal progress.
- Either the social worker or the FSW may complete the second monthly visit. The second visit may occur at the home, the children's school or daycare, or an agreed-upon alternative location. ***Note:*** *In situations where an In-Home social worker completes only one of the face-to-face visits, they are required to have at least one additional communication per month with the caregiver. The form of communication can be a phone call or virtual visit.*
- Visits may increase beyond the twice-monthly requirement, based upon the needs of the child and family. *See In-Home Visitation and Levels of Service for additional information.*

Note: *The social worker may continue to make unannounced visits when appropriate. The likelihood of such visits should be explained to the family at the initial phase of engagement.*

Once a month, the social worker assesses safety and risk by meeting with the child outside the presence of the caregiver. Child assessments include health, educational and environmental factors, as well as family progress toward mitigating or eradicating the initial safety concerns that brought this family to the attention of the Agency. The social worker's assessments of child, family, household, and community occur through each of the following steps:

- Talking directly with the child and asking about safety.
- Engaging the adult family members in discussions about the safety, stability, and well-being of children remaining the home.
- Assessing family dynamics (i.e., parent and child interactions) and parent responsiveness to the child's needs (such as general nurturing, nutrition, weather appropriate clothing and hygiene supplies).
- Observing the physical environment of the home for hazards, provision of food, and operable utilities.

- Observing where the children are sleeping and discussing safe sleeping arrangements.
- Collaborating with family members to identify family strengths and protective factors that reduce risk.
- Collaborating with family members to identify risk factors that make the child unsafe.
- Formulating a safety plan in partnership with the family to ameliorate immediate danger and risk in the future.
- Determining accessibility and availability of services needed to reduce any risks surrounding the overall well-being of the child.
- Assisting the family with concrete services (e.g., food vouchers, housing supports, and access to medical care) in an effort to prevent or minimize crises.
- Determining the least intrusive intervention necessary to assure child safety and family stability.

Remember: *During each visit with the family, the social worker completes both of the following required steps:*

- Assess the needs of the children, identify the barriers to meeting those needs, and ensure that the needs of all of the children in the home are being met.
- Assess progress on the family's case plan and initiate updates through discussions with the parents or primary caregiver.

In addition to monthly visits and contact with caregivers and children, social workers must maintain monthly contact with the family's service providers. Included in these visits are the children's educational and day care center personnel. Contact may be in the form of phone calls, emails or face-to-face interviews, including a family or team meeting that focuses on engagement and participation in services. The objectives always include evaluation of the family's progress toward achieving case plan goals.

When the case approaches "graduation," i.e., case closure, the social worker convenes a teaming meeting to develop a post-closure sustainability plan. This plan includes an outline of services, supportive resources, and extended family members to ensure the family's ongoing self-sufficiency and overall well-being. The social worker therefore invites the family's community-based partners to the teaming meeting to ensure ongoing communication with supportive services that help sustain the family after closure.

ASSESSING FAMILIES

The assessment of a family and its needs is critical to the child and family's well-being. Assessments help the whole family's team identify the most appropriate services for the family. Services help the family build upon its strengths as well as identify strategies for overcoming particular challenges. The assessment process incorporates the family's input when making service decisions. Assessment also continues throughout the duration of the family's relationship with the Agency.

No single form, tool or event can adequately inform the assessment process. The process is holistic, multi-faceted, and ongoing by nature. Assessments take into account feedback and insight from the family, the social worker, the FSW, and service providers. When properly executed, the assessment process provides all team members with an extensive understanding of the family's current situation, past influencing circumstances, underlying issues, strengths, capabilities, and presenting challenges and concerns.

The following activities occur, as appropriate and when applicable, to inform the Structured Decision Making (SDM™)[2] assessment process:

- Use of motivational interviewing.[3]
- Completion of the family social history, particularly information on the parents or caregivers, including (as applicable) any history with CFSA as a child victim, other trauma history, education, employment, criminal history, past and present history of domestic violence, mental illness, substance use, etc. ***Note:*** *Not all families are willing to discuss personal histories. Not all FACES.NET information is available to the In-Home social worker. If the family does have a history documented in FACES.NET, the In-Home Services social worker requests assistance from a supervisor to research pertinent historical details that can help in the assessment and referral process.*
- Use of other pertinent information (past or present) either immediately available or gathered throughout the assessment process.
    - Additional information may include school records, substance abuse or mental health evaluations, medical reports, etc.

[2] Per the Child Welfare Information Gateway, "Structured decision-making (SDM) is an approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect."

[3] CFSA's Child Welfare Training Academy provides training in motivational interviewing for all staff. By definition, motivational interviewing "is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." (Miller & Rollnick, 2013, p. 29)

- Non-intrusive inspection of the family's home and physical environment, e.g., observing potential or existing environmental hazards, safe operation of utilities, sanitary conditions, and sufficient provision of food. ***Note:*** *The In-Home social worker should take photos, using Agency-issued devices ONLY, when there are concerns about the home environment and condition.*

- Identification of natural supports, including both maternal and paternal relatives, non-blood related "kin" (i.e., fictive kin), community-based resources, etc.

- General assessment of family dynamics, including parent-child interactions, parent responsiveness to the child's basic needs, and identification of underlying issues, i.e., any known *sources* of risk factors, not just presenting behaviors.

As part of best practice standards, the initial discussion on the assessment process should be open, safe, and inclusive for the entire team.

- The In-Home Services social worker, FSW, and (if applicable) community-based Collaborative worker provide the family with an overview and explanation of the purpose of the assessment process, including safety and risk assessments.

- The social worker (or team member) advises family members that ongoing assessments are essential to informing the case planning process.

- Similarly, the appropriate team member informs the family that while the social worker does not complete assessment tools in the family's presence, the social worker or appropriate team member shares the assessment results with the family as part of the teaming, decision-making and case planning process.

Note: *The team, as a collective, explores and assesses the family's current situation, including strengths, accomplishments, concerns, parenting issues, safety concerns, risk factors, and specific needs (e.g., financial assistance, housing, and employment). The social worker should address a family's concrete needs as soon as possible. Concrete needs include back rent, functioning utilities, and food.*

- The social worker recognizes and acknowledges the family's strengths and accomplishments throughout the assessment process and throughout their relationship with the Agency.

- The social worker integrates into documented clinical observations the family's own perspective of its strengths and needs.

- The social worker also determines service availability and accessibility, particularly services that will help to improve the safety, stability and well-being of the children. ***Note:*** *The social worker addresses without delay any imminent danger of serious harm or maltreatment. If necessary, the social worker contacts 911 and the Hotline. Other options include implementation of supportive services, safety planning, and respite services.*

During team meetings, the social worker encourages family members and meeting participants to openly and honestly discuss the results of assessments.

- Open discussion of assessments provides the family and individual family members with the opportunity to voice different perspectives, opinions, and alternative ideas regarding the assessment results and how to address any ongoing needs.

- In the event that a family or family member disagrees or differs in opinion with the results of any given assessment, including identified needs and services, the social worker discusses the family's concerns with the assigned In-Home Services supervisor.
    - After the assigned supervisor reviews the concerns, the supervisor invites the family to further discuss their concerns directly with the supervisor.

- If a family chooses not to engage in services, the social worker may take one or more of the following steps:
    - Maximize input from colleagues during group supervision, e.g., creative, alternative, and perhaps innovative methods for engaging the family.
    - Propose to the family that an FTM be held to discuss mutually satisfactory alternatives.
    - Make a referral to the Family Peer Coaching Project Program.
    - Make a referral for a Multi-Administration Clinical Staffing (MACS).
    - Register parent for a Pre-Court Intervention Session.
    - If after exhausting the above options, the family still refuses to engage in services and there are child safety concerns, sign up for, and attend a community papering consult.

Assessment Tools at a Glance

Circumstance	Purpose	Decisions
SDM™ Danger and Safety Assessment		
• Within the first 30 days of a case being opened. • Whenever the safety situation changes. • When recommending case closure to determine that there are no outstanding threats to safety. • Following a Hotline report alleging abuse or neglect that requires a CPS response on an open case.	• Determination of any immediate threat or danger of harm to the child • Assessment of the need for immediate interventions	• The child may remain in the home with no intervention. • The child may remain in the home with a safety plan in place. *Note: Parents or caregivers participate in the development of and sign the final safety plan.* • The Agency separates the child from the home to ensure the child's safety.
SDM™ Risk Reassessment		
• High or intensive level of care at onset until assessed otherwise • Within the first 30 days of a case being opened. • New allegation or substantiation • Updated a minimum of every 90 days Within 30 days prior to case closure	• Likelihood that a child may be abused or maltreated in the future • Frequency of visits • Determine intensity, extent, and duration of case management services for In-Home Services cases	• If case remains open, determines level of service (Intensive, high, moderate, or low), including contact guidelines • Whether or not to close a case • Need for referral to the neighborhood Collaborative • May override as needed
SDM™ Caregiver Strengths and Barriers Assessment (CSBA)		
• Within the first 30 days of a case being opened and every 90 days thereafter	• Assessment of caregiver's functioning over time, including progress or the need to address challenges • To help guide goals and services in the family service plan	• Determination of safe case closure • What priority strengths and barriers should be included and addressed in the family service plan
Parent's Evaluation of Developmental Status (PEDS)		
• At the time of initial case opening • Within the first 30 days of case assignment	• Each child in the household aged 3 to 5 years of age receives an early intervention screening • The social worker submits a referral (as necessary) to the Office of The State Superintendent of Education (OSSE) Strong Start Program	• Whether further developmental evaluation is needed • Whether the child needs additional supports and services

Assessment Tools Overview

In order to ensure an authentic, holistic assessment process, CFSA incorporates an array of informal and formal (i.e., evidence-based) assessment tools. Informal assessments may include clinical observations during a home visit or a simple, casual conversation where the social worker incorporates motivational interviewing and active listening skills. Formal assessments may incorporate the SDM tools cited earlier, as well as those described below.

Danger and Safety Assessment (DAS)

The DAS is a household-focused assessment that guides the social worker toward individual decisions for each child in the home. First and foremost, the DAS assesses whether any child is likely to be in imminent danger of serious harm or maltreatment. The tool also determines whether a safety plan is sufficient to provide protection for the child or whether the Agency must separate the child from the home to ensure the child's safety.

The social worker first completes the DAS based on the household where the child lives for the majority of time. For example, if the child lives during the 5-day week in one household but only on weekends in another household, the social worker will first assess the 5-day household as the primary household. Accordingly, the social worker considers the 5-day-a-week parent or caregiver as the primary caregiver.

In summary, the DAS guides the social worker's decisions regarding the following levels of safety:

- **SAFE.** *No danger indicators are present for the child. The child is safe with no concerns*.

- **SAFE WITH A PLAN.** *One or more danger indicators are present; however, the child can safely remain in the home with the use of a safety plan. Create a safety plan with the family.* Although the child may safely remain in the home, the family in partnership with the social worker must develop a safety plan that the family is willing and able to follow. Safety plans address or eradicate any identified indicators of danger without the Agency needing to separate the child from the home.

- **UNSAFE.** *One or more danger indicators are present and cannot be controlled through a safety plan for the child.* To protect the child, the Agency will separate the child from the home until the family is able to ameliorate or eradicate indicators of danger. ***Note:*** *If one child is found unsafe, the social worker considers the necessity for a safety plan for all other children in the household.*

Risk Reassessment

Within 30 days of receipt of a case, the In-Home Services social worker completes a risk reassessment to determine the level of services needed by the family to maintain safety for the children in the home. In addition, the social worker determines contact guidelines with families and collaterals, i.e., are all family members equal in protective capacities?

Ongoing risk assessments provide an evaluation of family progress, specifically whether family behaviors and actions have reduced or eradicated the risks identified at case opening.

- If at any point during the case the social worker determines that a family's reassessment risk level does not accurately reflect their needs, the social worker may consult with the assigned supervisor to consider a supervisory override as clinically appropriate.

- If the most recent risk reassessment determines that the family has sufficiently reduced the initial risk level, CFSA may take steps to close the case.

- If the risk level remains high or intensive, the case will remain open, and the social worker continues engagement with the family. Services will continue until the family has been able to reduce all risk factors.
    - For those cases with an intensive risk level, the social work team also has twice a month contact with service providers and collaterals. This contact may include teaming meetings, family meetings, emails, or telephone calls. The social worker documents each contact in FACES.NET. *See the Contact Guidelines matrix for more information*.

Supervisors review risk levels with social workers every 90 days in conjunction with updates to the service plan and functional assessments. Social workers may also complete risk reassessments when a family's circumstances change (e.g., if a new Hotline report alleges additional abuse or neglect or if a new safety plan is necessary).

SDM™ Caregiver Strengths and Barriers Assessment (CSBA)

The CSBA serves several purposes:

- Provides a collaborative tool and an objective format for the social worker and the parent or caregiver to identify critical needs that the family can address by incorporating one or more proposed interventions and service referrals into the case plan.

- Provides a guide for the social worker, FSW, supervisor, and extended family members to identify and maximize the parent or caregiver's key areas of strengths while simultaneously addressing challenges and barriers.

- Opens opportunities for identification of resources and interventions that can be used to increase the caregiver's protective capacity to maintain child safety.

- Allows for periodic reassessments that permit family members, social workers, FSWs, and their supervisors to assess together changes in family functioning and thus assess the effectiveness of interventions over time and during the case plan service period.

Parent's Evaluation of Developmental Status (PEDS)

The evidence-based PEDS screening tool asks parents to respond to 10 short questions that help the social worker identify children ages 3 to 5 years old at risk for school problems or possible developmental and behavioral disabilities. CFSA determines the appropriateness of the PEDS tool based on the parents' responses, specifically regarding their children's language, motor, self-help, and early academic skills, in addition to their children's behavioral, social, emotional, and mental health. The results from the PEDS screen helps the In-Home Services social worker determine whether a parents' concerns might legitimately require service referrals or whether the social worker might best respond to the parents' concerns with clinical advice and reassurance.

In particular, the PEDS screening tool helps the social worker to answer the following questions:

- Does the child need a developmental evaluation or a mental health assessment?
  - If so, what kinds of testing are needed?
- Do parents simply need advice, and if so, on what topics?
- Should the parent, school, and social worker be observing the child carefully over time to ensure prompt attention for any emerging problems?
- Are reassurance and monitoring all that is required?

Developmental Screenings (Early Stages)

During the CPS transfer staffing process and just prior to the opening of an In-Home Services case, the CPS investigative social worker informs the In-Home social worker as to whether a child between the ages of 3 to 5 has already received a DC Public Schools (DCPS) Early Stages screening, referral, or evaluation during the investigation.

If the Agency has already screened, referred, or evaluated the child (e.g., an Ages and Stages Questionnaire or creation of an individualized education plan), then the In-Home social worker sends a copy of the documentation to the Entry Services or In-Home Services designee. The designee then transfers the documentation to the DCPS Early Stages program as part of the weekly CFSA and DCPS data share with DCPS.

If the In-Home Services social worker cannot confirm documentation of a child's screening, referral or evaluation during the transfer staffing process, the social worker completes a PEDS' form within the first 30 days of case assignment. The following steps are included in the screening process:

- The In-Home social worker scans the completed PEDS response form and sends it to the Entry Services or In-Home Services designee via e-mail within 2 business days of completion. The email must also indicate whether or not the 3-to-5-year-old child is enrolled in an educational program through a DC Public Charter School (DCPCS).

- The Entry Services or In-Home Services designee emails individual PEDS forms for each child every Thursday to the DCPS Early Stages program staff.
- Within 3 business days of receipt of a completed PEDS form, the Early Stages staff reviews, scores and initiates any referrals for the children enrolled in (or unenrolled from) DCPS or DCPCS based on the PEDS screening results or based on the parent's concerns.
- The Entry Services or In-Home Services designee receives a report email every Tuesday morning from the Early Stages Quick Base application showing screening results and referral status for each child newly reviewed or referred the previous week.
- The designee informs the In-Home Services social worker and the assigned supervisory social worker of the screening and referral recommendations made for the children on their caseload.
- The social worker discusses the screening and referral recommendations with the child's family and confirms engagement with the Early Stages program as soon as the referral has been accepted for evaluation services.
- If the Early Stages program determines a child is eligible for special education services, the social worker partners with Early Stages staff to support the child's connection to special education services through the school, as needed.

  Note: *If there are any developmental concerns identified through the In-Home social worker's ongoing assessments with the family, the social worker may also refer the child for an Ages and Stages Questionnaire screening by through CFSA's Healthy Horizons Assessment Center.*

Continuum of Parenting

The continuum of parenting assessment focuses on the differences between adequate or proficient parenting and the extreme of neglectful or abusive parenting. Differentiating steps along the continuum of parenting can be especially tough to determine. There are several factors that go into account when making an assessment.

To determine where an alleged maltreater's parenting may fall on the continuum, the social worker must consider all possible contributing factors, including environment, familial history, domestic violence, poverty, lack of resources and supports, and generational trauma. ***Note:*** *Maltreating caregivers do not always recognize their parenting style as abusive or neglectful, especially if their own parents were also maltreaters. As a result, the maltreating parent may consider their parenting styles simply as "the way it is done."* Helping a parent see parenting styles through a different lens often requires diplomatic tactics, patience, and firm compassion.

Protective Capacities and Factors

The primary goal for CFSA's In-Home Services social worker is to maintain children safely in their homes. The social workers accomplish this goal by addressing and reducing any evidence of the abuse and neglect that initially led to the family coming to the attention of the Agency.

Remember: *Social workers focus on helping the family to build protective capacities and factors that support the caregivers' safe parenting of their children in their own home.*

Protective capacities and protective factors complement one another. However, the focus and scope of each are slightly different. The social worker uses both to assess and serve families.

> ***Protective Capacities*** are caregiver characteristics that contribute directly to child safety. A caregiver with these characteristics ensures the safety of his or her child and responds to threats in ways that keep the child safe from harm. Building protective capacities contributes to a reduction in risk.
>
> ***Protective Factors*** are used to assess and strengthen a family's protective capacities, focusing on prevention or focusing on protecting children if child abuse or neglect has already occurred.

Protective Capacities and Safety Planning

Protective capacities have a strong correlation to safety planning and determinations regarding a child's level of safety or lack thereof. For CFSA, the definition of an unsafe child includes the presence of existing or imminent danger to a child and the lack of evident parent or caregiver protective capacities to assure that a child is protected from danger.

- The In-Home Services social worker begins assessing for protective capacities during the initial contact with the family, usually at the PTC during the CPS case transfer process. When assessing protective capacities, by extension, the In-Home social worker concurrently assesses for child safety.

- The assessment of protective capacities may change as the social worker gathers additional information. At initial contact with the family, the social worker assesses for present or imminent threats of danger. One component of the assessment is utilization of "in-the-moment" information. The social worker must determine the child's safety here and now, as well as the parent or caregiver's capacity for immediate responses to threat of harm.

- At initial contact and during any subsequent contact, the social worker always assesses for danger. (*See Danger and Safety Assessment section*). If the social worker determines at any time that present or imminent danger exists, the social worker must determine whether the parent or caregiver is able, willing, and at a minimum, attempting to protect the child. These observations are essential components of assessing the caregiver's protective capacities.

- When safety is assured, the next step is building on the caregiver's current protective capacities and increasing additional protective factors. (*See section on Case Planning*).

Protective capacities are more than general strengths that a parent or caregiver possesses. Protective capacities are specific qualities that a social worker or other professional can readily observe. The following three categories combine ways in which a social worker observes a parent or caregiver's protective capacities:

Behavioral: Actions and performance that result in protection against danger (e.g., a parent controls impulses in challenging situations and sets aside his or her own needs to care for the children).

Cognitive: Knowledge, understanding, and perceptions that result in protection against danger (e.g., a parent recognizes the child's needs and is able to identify when the child's safety is threatened).

Emotional: Feelings, attitudes, and empathy with a child that result in protection against danger (e.g., a parent shows love toward the child and demonstrates secure attachments with the children).

Pathway to Closure

Parents need to demonstrate enhanced protective capacities before a family's case can safely close. Without evidence of protective capacities in place, a probability increases that a family repeats the original concerns that opened the In-Home Services case. Therefore, the pathway to closure must include a parent or caregiver's demonstration to respond appropriately in stressful, threatening or dangerous circumstances. (*See section on Safe Case Closure*).

Protective Factors

Protective Factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risks of danger and maltreatment, while simultaneously increasing the health and well-being of children and families. These factors may further promote resilience, and subsequently a decrease in the risk of maltreatment.

Helping families use their protective factors to outweigh risk factors encourages families to build resilience and develop skills, characteristics, knowledge, and relationships that will offset risk exposure.

- Approaching a family through the lens of protective factors can highlight positive ways to engage the family, i.e., focusing on their strengths and what caregivers are doing well, while still identifying opportunities for growth. Acknowledging a family's protective factors also helps build partnerships and increases the potential for authentic teaming. As noted earlier, genuine teaming with service providers and others in the community will increase support to families and improve family stabilization.

- Per best practice standards, CFSA expects all Agency staff to acknowledge and respect the diverse racial and ethnic backgrounds that go hand-in-hand with different lifestyles and values. Every social worker, including the In-Home Services social worker, must incorporate cultural competency in case management and approach diversity in positive and productive ways. In this manner, the Agency can more effectively identify familial cultural norms and provide supportive services. *When social workers encounter cultural norms that put children at risk of physical or emotional harm, it is imperative that safety take precedence. If necessary, the social worker may need to consult with the assigned supervisor for further actions.*

Research has shown that implementation of the following protective factors facilitates a lower incidence of child abuse and neglect. ***Note:*** *During engagement, the parent may benefit from conversations with the social worker on the following specific protective factors, especially if there is access to easy-to-read materials on the same subject matter*.

Nurturing and Attachment

- Parenting is part natural, and part learned. If parents need to learn healthy, loving parenting skills, parent education services and social worker role modeling can help with the learning process.
- Children thrive when caregivers understand and support age-specific growth and development.
- When parents are attentive to their child's needs, this attentiveness fosters the child's secure attachments and future emotional and social development.
- A lack of contact or interaction with a caregiver can change an infant's body chemistry, resulting in irregular brain and heart development, as well as certain neurological disorders (e.g., trichotillomania, or "hair pulling").

How can the In-Home social worker help parents or caregivers increase nurturing and attachment?

- Suggest enjoyable family activities, such as a family game night, a trip to the park, etc.
- Use parent education services as opportunities to share information about how strong parent-child bond enhances brain development and overall well-being.
- Engage and include both parents and all other important adults in a child's life, including grandparents, and extended paternal and maternal family members, as part of a child's nurturing network.
- Recognize that when a child does not show a positive response to the parent, both the parent and the child may need additional support.

Knowledge of Parenting and Child Development

- Parents who understand their child's stage of development are more likely to provide their children with respectful communication, consistent rules and expectations, and developmentally appropriate limits.
- Parents who do not understand stages of normal development might interpret their child's behavior in negative ways, may become frustrated, and may resort to harsh discipline.
- Parents need to build their parenting competencies on an ongoing basis in response to their children's emerging and developmental needs.
- Parents may need assistance accessing information on child development and parenting. Information may come from many sources, including extended families, cultural practices, media, formal parent education classes, or a positive school environment that supports parents.

How can In-Home social workers help parents or caregivers increase knowledge of parenting and child development?

- Encourage parents to see the world from their child's point of view.
- Talk with parents about developmental milestones, and what they can expect their children to typically do at different ages.
- Encourage parents to explore participation in a parenting group or class where they can share and learn new parenting strategies.
- Encourage parents to request information brochures from pediatricians and primary care physicians.
- Coach parents on specific developmental challenges (inconsolable crying, eating or sleeping problems, biting, lying, problems with peers, etc.).
- Give parents opportunities to participate in conversations with other parents about their own childhood experiences of parenting and how they may want to "update" their parenting styles.

Examples of Parental Resilience

- The ability to cope with the stresses of everyday life, as well as the occasional crisis.
- Flexibility and inner strength to bounce back when things are not going according to plan.
- The inner strength to creatively adjust or seek resources that serve as a foundation for building additional resilience. (These qualities can be nurtured and developed through concrete skill-building activities or through supportive interactions with others.)

How can In-Home social workers help parents or caregivers increase resiliency?

- Reinforce the importance of a positive mindset, even during times of high stress.
- Offer strategies, including meditation, on how to quiet any inner voice of self-criticism and self-judgment.
- Emphasize the importance of increasing self-empathy and self-compassion.
- Help identify the areas of learning and opportunities for growth that may be hiding in the midst of a dark day.
- Make a list of healthy choices for general well-being, e.g., taking time for daily self-care (warm baths or candles while reading or journaling), participating in fun outdoor family activities, choosing energy-driving (versus energy-draining) foods, increasing stretching and gentle movement (or rigorous exercise), and seeking out members in the community to serve as mentoring and life-coaching role models.

Social Connections

- Social connections include a positive community environment and the ability to participate effectively in social activities with neighbors and friends.
- Parents need friends, family, neighbors, and others in the community who care about them.
- Everyone can develop social connections over time.
- Parents may need to build their self-confidence and social skills to expand their social networks.
- Social connections require skills, which may need to be taught first and then, practiced.
- Social connections may include other caring adults such as service providers, teachers, or advocates.

How can In-Home social workers help parents build social connections?

- Work with parents to develop an ecomap, i.e., a diagram showing the parent or caregiver's most important, supportive relationships with people or agencies and organizations.
- Role play with parents to help them practice approaching another parent or a potential friend or mentor with whom they would like to connect, or reconnect.
- Encourage participation in classes, events, or groups in the community.
- Offer parents specific suggestions, information, or services to help them make social connections.
- Offer resources to overcome transportation, childcare, and other barriers to participating in social activities.

Concrete Support in Times of Need

- Resilience increases when parents know to whom and where to go for help and basic needs.
- Families who have met basic needs for food, clothing, housing, and transportation have more time and energy to devote to their children's safety and well-being.
- Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment.
- Offering concrete supports may help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

How can In-Home social workers help increase parent access to concrete supports?

- Inform families about calling 311 for finding potential resources to meet a specific need or to learn more about organizations that support families in their community.
- Support parents navigating service systems, i.e., how to ask for help, and how to advocate for themselves to receive needed support.
- Help families access crisis services such as a battered women's shelter, mental health services, or substance abuse counseling, e.g., research points of contact and telephone numbers, help make initial calls and appointments, assist with transportation.
- Connect parents to economic resources such as educational services for adults, job trainings and other social services.

Identifying Children with Native American Heritage

The federal Indian Child Welfare Act (ICWA) of 1978 was implemented in part because of the failure of states to recognize the importance of tribal relationships and the specific cultural and social standards existing within individual tribal communities. ICWA therefore expresses a clear preference for preserving a Native American child's ties to the tribal community, even if the child never had a previous relationship with the tribe. ICWA further enumerates the minimum federal standards for the removal of Native American children from their family home and subsequent placement in the foster care system. Lastly, ICWA grants tribes the right to intervene in involuntary custody proceedings.

Although the federal census indicates only .06 percent of Native American residency in the District of Columbia,[4] the In-Home Services social must still comply with ICWA requirements. As is the obligation for all inquiries regarding race identification, the social worker must ask family members and the age-appropriate child whether there is anecdotal family history or other evidence of affiliation to a Native American tribal community. Official determination of membership in a tribe is made solely by the tribe or the Bureau of Indian Affairs (BIA). No determinations should be made by appearance only. *(For more information on ICWA requirements, see the Agency's administrative issuance on Compliance with the Indian Child Welfare Act.)*

If upon inquiry (or based upon available documented information), there is a suggestion of a Native American heritage, the In-Home social worker is responsible for the following activities, as applicable:

- Gathering the following information, as available:
  - Name of the Native American child, the child's birth date, and birthplace
  - Reasons why there is a suggestion that the child is a Native American
  - Name of the Native American tribe in which the child is enrolled or may be eligible for enrollment
  - Names and addresses of each member of the child's biological Native American family, including maternal or paternal family members or Native American custodians

- Documenting the child's Native American heritage in FACES.NET and in the child's case record, as well as any applicable reports (e.g., FTM reports or complaint forms).

- Submitting the information for any child separated from the home and currently in foster care to the (OAG) via email within 2 business days of receiving responses to the inquiry. OAG contacts the tribe or the BIA to determine the child's membership in a federally-registered tribe. ***Note:*** *Responses from the child's affiliated tribal community will guide ongoing placement decisions. The social worker relies on communication from OAG for next steps.*

[4] https://www.census.gov/quickfacts/DC

PLANNING WITH FAMILIES

Case Planning

Effective family case planning depends on three elements of social work practice: (1) effective engagement of the family, (2) subsequent teaming, and (3), comprehensive assessments of the family. Per best practice standards and CFSA policy, case planning incorporates the family-focused, collaborative, and inclusive tenets of all three practice elements.

Remember: *Families involved with CFSA come with varied strengths and complex needs, but there are core elements for effective case planning that should be applied to all family case plans. For additional information, also see the tip sheet on Strategies to Complete A Case Plan.*

- The family case plan is a living document that should reflect ongoing input from the family and be reviewed and updated throughout the life of the case. Agency policy requires the In-Home social worker to actively seek input from the family, beginning with the initial drafting of the plan and continuing throughout the planning and implementation process until case closure.

- A successful family case plan incorporates results from a comprehensive assessment of strengths and needs, including presenting issues, ways the family has been more successful in the past dealing independently with those issues, and challenges to achieving progress.

- The family case plan specifies steps for the mobilization of community supports, resources, and evidence-based interventions that help a family resolve any barriers to addressing their needs and to achieving and maintaining stable functioning and well-being.

- The family case plan charts an achievable path to family stabilization.

- Family case plans are culturally responsive and affirming of each family member's identity.

Quality case plans function as a reliable road map for parents to keep their children safe and to close their In-Home Services case.

Case Planning Participants

An effective family case plan is developed in a team environment with information from the following key participants:

- Cognitively-appropriate children
- Both parents, as appropriate
    - Case plan development includes discussions around goals, action steps, and requirements for both parents, even for an absent parent. For the absent parent, the goal may be to increase engagement with the Agency and the child.

- Similarly, a case plan goal may require the Agency to locate a parent, e.g., submission of a referral to the Diligent Search Unit. *(For more details, see the Diligent Search policy.)* The social worker documents all efforts to locate any parent whose whereabouts are unknown, possibly including a step-parent with a known relationship history with the child.
- The social worker must also conduct and document continuous efforts to engage known parents, even when a parent is incarcerated. *(For more information, see the Engaging Incarcerated Parents policy.)*

- Caregivers
- Relatives and non-relatives (fictive kin), including those who serve as permanency and emotional supports for the children and family, such as older siblings who are not in foster care, coaches, mentors, partners of parents, etc.
- Legal representatives
- Internal and external service providers, such as therapists or mentors, including representatives from CFSA's Office of Well Being for consultation on service planning
- Those working with the child and family on a regular basis, such as a school social worker or teacher

Case Planning Timeframes

- Social workers complete case plans with the family and enter the case plan and service referrals in FACES.NET within 30 days of case opening.
- The social worker reviews the service plan with the family and updates the service plan every 90 days (or more frequently as needed).
- During each 90-day interval, the social worker also reviews the case plan for appropriateness, timeliness and effectiveness of services and interventions.
- The social worker, family and other team members must update the full case plan (including the service plan) 6 months from the initial case plan and every 6 months thereafter (or more frequently if a change in circumstance necessitates an update).

Case Planning Process

Speak to clients with authenticity, listen to them, exercise patience and consistency, use empathy, and suspend judgment. The goal is to build trust and respect.

- Social workers must write the case plans in plain, everyday language that the age-appropriate child and family can understand. If needed, the social worker should explore translations if English is not the family's primary language.
- To produce the initial plan and all updates, the social worker teams with parents, relevant caregivers, all age-appropriate children, and any involved supporters and stakeholders (as appropriate) to develop or review, and then to finalize the case plan document.
  - The social worker reviews the case plan with all cognitively appropriate family members, explaining its content, outlining expectations and action steps around its stated goals, and clarifying questions.

- An FTM may function as the initial case planning meeting. In this instance, the social worker should include all information and decisions from the FTM in the case plan. *(For more information, see the Family Team Meetings policy.)*

- The social worker prints hard copies of family case plans and ensures that adult family members and all children aged 14 and above (and younger children as appropriate) sign the plan. If a family member refuses to sign the case plan, the social worker must document in FACES.NET all efforts made to engage the family member and the family member's refusal to sign, including any reasons offered by the family member.

- The social worker provides (in person when possible) the family with a signed copy of the case plan, including all subsequent updates and revisions. The social worker may also mail or email a copy to the family within 3 business days of completion.

Case Plan Content

All family case plans are strength-based; behaviorally-specific; oriented to safety, well-being, and permanency; and reflective of the results of ongoing formal and informal assessments of the child and family. The case plans should include the following components:

- A permanency goal of family stabilization and a description of the achievable steps for reaching that goal
- A service plan
- The results of all assessments (reflected in the goals and action steps articulated in the plan)
- Specific strategies for how the family will move towards adequate family functioning and mitigation of challenges and stressors
- Prioritized list of realistic, attainable, and measurable goals and objectives that the family (or individual family members) want and need in order to achieve successful, long-term changes and positive outcomes
- An outline of the services and service goals that will help the family to reach the stated goals and objectives of the case plan
- Realistic timelines for the family to achieve goals and objectives
- Timeframes and dates for the completion of tasks assigned to team members
- An outline of steps for monitoring the family's accomplishment of objectives and goals, re-evaluating services, and developing strategies if the family is not meeting objectives or goals as expected
- A long-range prevention and sustainability plan leading to family independence and case closure

Concurrent Kin Planning

The Agency's Practice Model requires a child's foster care case to consistently move forward toward closure with more than one permanency option in the event that reunification is no longer viable. For In-Home Services, the concurrent kin planning process is similar insofar as the social worker and family strive to identify and engage family relatives who have been or are willing and able to become supports for the family receiving in-home services. Ideally, identified relatives help with family stabilization and expedite, as feasible, case closure.

Concurrent kin planning begins with the Agency's initial contact with the family during the CPS investigation process and continues throughout the life of the In-Home case. Initially, the CPS investigative social worker gathers information on how a relative has already been or may become a support to the family. After case transfer, the In-Home Services social worker also gathers information and engages relatives, especially to help the family meet their identified case plan goals. Social workers may also identify relatives who are willing and able to serve as permanency resources, also known as a "kinship provider", in the event of a family emergency or a need to separate a child from the home due to imminent risk of danger. The social worker documents the concurrent kin plan as part of the case planning process.

Identification and Engagement of Kin

CFSA prioritizes efforts to identify relatives (i.e., kin) in the early stages of a family's involvement with the Agency. Identification of kin does not mean that the social worker is planning to separate the child from the family home, but kin may help prevent separation. More often, kin serve as key supports and invaluable stabilization resources for children and families.

- When CPS transfers a case to In-Home Services, the In-Home social worker is responsible for building on the information gathered during the investigation process while continuing to gather additional information. The social worker is also responsible for actively engaging non-custodial parents in order to secure their involvement with the child. (*For more details, see the Agency's administrative issuance, Facilitating Child Living Arrangements with Non-Custodial Parents*. The issuance outlines the conditions and requirements for expediting a living arrangement with a non-custodial parent, irrespective of whether the non-custodial parent resides within or outside the District of Columbia.)
- The Agency strives to engage all parents in identifying and engaging kin. However, there are situations in which parents who have an open In-Home case may not want to give permission for a social worker to engage kin, either in case planning or as potential placement options in the event of a need to separate a child due to imminent danger. (*For guidance on how to engage kin without a parent's consent, see the Agency's administrative issuance, Engagement of Kin without Parental Consent.)*
- The In-Home social worker must document in the FACES.NET collateral screen all information regarding kinship supports as identified through interviews, safety planning, FTM, etc.

Concurrent Kin Plan (CKP) Development

The social worker develops the CKP with the family to identify and designate other capable adults to provide care to the children if the parent is unable to do so, due to an unforeseen family emergency or a necessary separation of the child from the home.

- The social worker and family develop the CKP within the first 30 days of the In-Home case opening. As noted, the social worker and family develop the CKP in conjunction with the completion of the initial case plan. Accordingly, the social worker and family update the CKP every 90 days in conjunction with the service plans.

- Each family completes a CKP, which specifically documents whether there are different caregivers for different children.

- The social worker documents the CKP in a FACES.NET contact notes, selecting the purpose as Concurrent Kin Plan.

  Note: *If the social worker is unable to develop the CKP with the family, the social worker documents the attempt in the FACES.NET contact notes. If the family has no or limited supports, the social worker must document in the case plan and in the sustainability plan the team's efforts to strengthen the family's support system.*

Concurrent Kin Planning Pre-Placement Activities

- If CPS must separate a child from a family with an open In-Home Services case due to imminent risk, and if the Agency initially places the child in a non-kin home, the assigned social worker partners with the Kinship Family Licensing Unit (KFLU) to continue identification of and engagement with kin within the first 30 days of the placement.
  - If the Agency is unable to identify or locate any kin found within the 30 days, throughout the duration of the children's stay in the non-kin foster home, the social work team continues to try and identify and engage kin either as a potential licensed kinship resource parent or as a lifelong connection.

- When the Agency does identify prospective kin caregivers who consider assuming primary responsibility for a child, the social worker must provide the family with the brochure, Kinship Care: A Guide to Exploring Your Options. The brochure provides information to help the kin family make the most informed decision possible about the crucial role they may be choosing to undertake. The social worker supplements this information by educating the kin family with additional details on the array of services that may be available to the kin family, either directly from the Agency or from the community.

- When a kinship family makes the informed decision to become a licensed kinship caregiver, the KFLU worker assesses the identified kin and, if they are a viable resource, initiates the kinship licensure process.

- If the prospective kin providers need resources (e.g., furniture, gift cards for food or clothing, or utility payment assistance), the assigned social worker or licensing worker contacts the KFLU program manager to discuss referral options.

Safety Planning

Ensuring child safety is an ongoing process that begins with the CPS investigation and continues through case closure. At no time does a social worker ever leave a child in unsafe circumstances. When an In-Home Services social worker identifies safety concerns that can be reasonably addressed without separating a child from the home, the social worker first develops a safety plan with the family. Safety planning requires an agreed-upon-plan with the lowest possible level of intrusiveness while still assuring a child's safety. Again, a safety plan may be developed and executed with the family whenever the following conditions exist:

- The family can readily and immediately address or ameliorate the specific danger or safety issue through the agreed-upon safety plan. The family both cooperates with the plan and demonstrates protective capacities that keep the child safe at home without a Family Court order for separation.
- All safety plan participants have the protective capacity, resources, and support to carry out and follow-through on the specific actions outlined in the safety plan.

Note: *Key family decision-makers (including the parent or proposed caregiver) who appear to be under the influence of alcohol or drugs (or other impairment) cannot participate in safety planning. If the social worker has any concerns whatsoever, the social worker always discusses the safety plan decision with the assigned In-Home supervisor or member of the In-Home Services management team.*

The social worker and family outline specific actions within the safety plan, which the parent or caregiver agrees to be held accountable for to protect the child in the home.

Safety Plans…
Require family engagement, participation, collaboration, input, and feedback.
Frame and facilitate ongoing engagement between the family members and team participants to help keep children safe.
Identify and clearly describe any immediate threats that need to be addressed to protect child safety but do not require separation of the child from the home.
Detail how the parent or caregiver will manage, mitigate or eliminate threats to the child's safety.
Incorporate realistic actions that are feasible and sustainable for the family to achieve over time.
Outline time limits for task fulfillment along with consistent re-evaluation of the plan by the safety plan participants.
Involve weekly reviews (at a minimum) by the social worker, safety plan participants, and other team members (as applicable) to measure progress and address barriers. ***Note:*** *The social worker must document all updates to the safety plan in the FACES.NET contact notes before the assigned supervisor will approve case closure. Updates must indicate progress toward and final achievement of a child's safety.*

Assessing the Need for a Safety Plan

Information collection, safety assessments, safety analyses and safety planning are integral to successful case planning throughout the life of the case. A thorough analysis of the safety components (danger indicators, child vulnerabilities, protective capacities, etc.) help the In-Home social worker determine if a child is safe or unsafe. This analysis also guides the social worker in the development of tailored safety interventions that help to control identified threats. Interventions should directly link to the family's identified long-term goals for enhancing protective capacities that ultimately lead to safe case closure.

- To confirm the need for a safety plan, the In-Home social worker utilizes the Danger and Safety Assessment (DAS) to determine if the child is likely to be in imminent danger of serious harm or maltreatment by the parent or caregiver. Based on the outcomes of the DAS and the parent's willingness and ability to participate, the social worker allows the parent to enter into a safety plan for their children. *For more information about the DAS, see the Assessing Families section of this In-Home POM.*
    - Although the In-Home Services social worker does not need to complete the DAS when an obvious crisis requires immediate attention, the social worker should be familiar with the different indicators of danger to a child's safety so that a determination can be made to address emergency situations in a timely manner.

- In addition to the DAS, the social worker assesses the parent or caregiver's capacity to protect the children. If the social worker identifies an insufficient protective capacity to mitigate or eliminate the threats to child safety, then the social worker partners with the parent or caregiver to put tailored interventions in place. The interventions should ensure that the diminished protective capacity does not impact child safety. *For more information about protective capacities, see the section on Protective Capacities and Factors.*

Development and Implementation of the Safety Plan

If it is clinically appropriate, the In-Home social worker develops a formal, written safety plan with the child's parent or caregiver to address immediate safety threats and to allow the child to remain safely in the home without necessitating a court-ordered separation. ***Note:*** *The social worker should consult with the assigned In-Home Services supervisor if the social worker determines that drafting a safety plan is inappropriate.*

- Depending on the threat to the child's safety and how the threat operates within the family system, the safety plan may require more than one safety intervention. For example, the social worker may determine that one child is able to safely remain in the home but then advises the parent to allow another child to be temporarily cared for by a relative or other trusted caregiver until the appropriate tailored interventions are in place.
- The In-Home social worker must always address immediate concerns of serious harm to a child.
- It is critical for the well-being of the child and the family that the safety plan be tailored to the individual circumstances.

- When developing a safety plan, the social worker must consider existing custody or visitation agreements to ensure compliance, particularly with court-ordered agreements. However, the primary concern is always the safety of the child. ***Note:*** *The safety plan does not address custody issues.*
- In cases involving domestic violence, the social worker develops two separate safety plans, one for the non-offending partner and one for the offending partner. *For more information on safety planning in domestic violence cases, see the Domestic Violence policy and business process.*
- Generally, the action steps outlined in the safety plan should be designed to be completed within 30 days of its enactment. If the circumstances call for it, safety plans may be enacted for more than 30 days. If, after that period, there is a continuing need to address the immediate threats to child safety and one or more custodians remain unable to provide for the child's safety without the plan being in place, the In-Home social worker is to explore other means beyond the safety plan to ensure the child's safety (such as court involvement and separation of the child from the home).
- Following the family's implementation of the safety plan, the In-Home social worker immediately convenes a family conference or refers the family to an expedited at-risk FTM.

Safety Plan Form

Participants in the safety plan acknowledge (a) the plan has been developed jointly with family and social worker input, and (b) participants understand that all action steps outlined in the plan are necessary to address the concerns identified. Participants confirm agreement by affixing their signature and date on the plan.

The safety plan form asks the following questions and requires the following information:

- What is the specific action or concern that caused the children to be unsafe? State the concern clearly so that everyone participating in the plan can understand the concern. Also identify for which children the concerns apply.
- What action will be taken right now and by whom, and by when, in order to keep the children safe?
- Who is participating in the plan? (At least one participant must be the parent or legal guardian of the children in question.) List names and contact information. Include the relationship to the children.
- What is the timeframe for this plan? When will it be reviewed? (Participants review the plan together at least once a week, but more frequently if appropriate.)

Monitoring and Closing the Safety Plan

- The action steps of the safety plan are family-driven. However, the In-Home social worker is responsible for scheduling the weekly review of the plan, in addition to monitoring and directing progress on all aspects of the plan.

- After reviewing the safety plan, the social worker documents in the FACES.NET contact notes the status of any identified dangers or threats. Documentation includes the sufficiency, feasibility, and sustainability of the safety plan, and any necessary revisions.

- If the social worker (or family) identifies a need to modify the safety plan, the social worker completes a new DAS and, with the family, develops a new safety plan. All parties sign and date the revised safety plan. The assigned In-Home Services supervisor must approve any modifications or extensions.

- Based on the social worker's assessment, if the family demonstrates protective capacities that have addressed all safety concerns, and the family has completed all identified actions, the In-Home Services supervisor may consider case closure. ***Note:*** *The Agency will not close a case with an active safety plan.*

- Throughout the case planning process, the In-Home social worker continues to assess safety on an ongoing basis and promotes long-term changes to family functioning to enhance the parent or caregiver's capacity to protect the children from threats of danger.

Remediating Neglect with Safety Plans

In many cases, CFSA can remediate neglect concerns by providing tailored resources and services. The following list offers ways in which a safety plan may remedy causes of neglect to protect a child and to avoid separation from the home. ***Note:*** *This list is not exhaustive. Social workers should use the list only as a guide and rely on CPS thresholds and clinical judgment.*

Remember: *A safety plan for neglect issues is ONLY appropriate if the child has not been seriously harmed or is not in imminent danger of being harmed as a result of the neglect.*

Neglect Allegation	Possible Plans or Service Provision	Other Considerations
Inadequate Food	Grocery vouchers, food bank information, budgeting	How often does the family experience inadequate food? Is it due to poor budgeting? Do the parents have limited income? Are they currently receiving any assistance (e.g., food stamps)? Is the parent using their money or food stamps to buy alcohol, drugs, or other "non-essential" items?
Inadequate Shelter (e.g., deplorable housing)	Homemaker services, family stays in a shelter or hotel	Is the poor housing condition the fault of the parent or the landlord? Has the parent made efforts to ensure appropriate housing?
Medical Neglect	Immediate medical care	Is the child diagnosed as medically fragile? Is there a history of medical neglect for other children in the home? What are the obvious reasons for the neglect? What are the underlying reasons?
Exposure to Criminal Activity	Notification to law enforcement	What is the nature of the criminal activity (e.g., distribution of drugs, possession of illegal firearms, sex trafficking)? Is the parent committing the crime? Is someone else in the home committing the crime? Is the family living in a home that belongs to someone else who is perhaps responsible for the criminal activity?

Supervisory Review of the Safety Plan

After the In-Home social worker develops the written safety plan with the parent or caregiver, the assigned In-Home Services supervisor reviews and discusses the safety plan with the social worker, either during a scheduled supervision or during any other agreed-upon meeting time. The social worker may also need to contact the supervisor while in the field if safety considerations warrant immediate discussions of a safety plan.

Whenever a supervisor agrees that safety planning should occur, the supervisor approves and finalizes the safety plan in FACES.NET. The social worker provides the parent the original document (or a picture of the document) signed by the participants. The social worker may provide copies of the safety plan to any other participants, as applicable. The social worker also preserves a photo image of the document for the case file.

Please refer to the CFSA policy on *Safety Plans* for additional information.

SEPARATIONS AND PLACEMENTS

There may be situations that require an In-Home Services social worker to separate a child from a parent or caregiver. This separation is a profound change for a family, but the decision comes only after the social work team has made reasonable efforts to keep the family intact, and a clear imminent risk to the child's safety is evident. Child vulnerability and safety concerns outweigh the protective capacities of the parent or caregiver. ***Note:*** *The social worker only initiates the separation process after consultation with the supervisor, who in turn has conferred with the assigned program manager*.

CFSA defines Reasonable Efforts as activities that purposefully attempt to protect and preserve the status of a child at home or – if the child is in foster care - to achieve reunification. Such efforts may include (but are not limited to) assessing imminent threats to the child's safety, developing alternative methods through In-Home Services safety plans, and identifying people and resources to help prevent child separation.

The very nature of a child's separation from the home stresses all parties (including the social work team). Escalating tensions may exist and result in additional harm to the child. In limited situations, police involvement may be necessary to provide a degree of stabilization, including safety of the social worker. An officer also serves as a witness to the circumstances of the child's separation.

Working with Parents or Caregivers during the Separation

Treating families with respect is particularly vital during the separation of a child from the home. Even under the best circumstances, the separation will be emotionally charged. However, the In-Home social worker has (hopefully) already established rapport with the family and is therefore in a unique position to set the tone for future collaboration between the parent and prospective substitute caregivers for the child, including kinship caregivers, and any other child welfare professionals participating in the family's case.

If the family is physically present during the separation, the In-Home social worker uses all available opportunities to apply essential engagement skills and to emphasize the family's strengths despite the presenting safety concerns. Equally important, the social worker must remove any judgments or personal biases when identifying the reasons for the separation or explaining the separation process to the family. If the family is unable to communicate at the time of the child's separation, the social worker leaves a copy of the brochure, *Information and Resource Guide for Birth Parents Following the Removal of a Child*, and any other relevant information before following up in a timely manner to ensure the family understands this critical separation process. The social worker continues to build the foundation for a positive working relationship and, when appropriate, reaffirms the ultimate goal to reunite the family.

The primary goal of separating children from the home is always to secure the immediate safety of the children and then, as soon as feasible, safely reunite the family.

Legal Notification and Discussion

When CFSA separates a child from the home, the In-Home Services social worker completes and signs the form, *Notice to Appear in Family Court*, and then provides the parent or caregiver with the notice. If the social worker cannot find or access the parent or caregiver (due to arrest, unknown whereabouts, etc.), the social worker can leave the form at the family residence.

If the situation allows, the social worker makes every effort to discuss the court process with the parent or caregiver. The In-Home social worker advocates for the parent or caregiver and helps them fully comprehend the importance of attending the initial hearing, paying attention, taking notes, and asking the judge any questions regarding their legal rights. At a minimum, the social worker should describe the following procedures:

- The court generally provides an attorney for the parent or caregiver (based on financial need). If financially able, the caregiver may privately hire an attorney.
- The parent or caregiver will have an opportunity to request the presiding judge to hear their side of the events.
- Services are available to help the family.
- The judge decides whether the Agency has justified the child's separation from the home and whether the child should remain in foster care.

Removal RED Team

When a separation occurs, the Removal RED team meeting is the case transfer staffing. The Removal RED team meeting occurs the next business day after the separation and includes the following participants:

- The CPS supervisor and social worker, if they were involved in the removal
- The In-Home supervisor and social worker
- The CCM&S supervisor and social worker
- Other CFSA staff who may contribute to the transfer process, such as the In-Home FSW

The Removal RED team meeting should include discussions of the following:

- Family composition (including all fathers)
- All household members, significant others, and caregivers
- Reason for Agency involvement, current substantiations, and history with the Agency
- Teaming partners already involved with the family and their contacts (schools, CSA, collaboratives, shelter)
- Decisions and information from the assessments
- Recommendations for continued work with the family
- Referrals for ongoing services
- Clearly defined next steps and responsible parties

The electronic and hard-copy record will be transferred to the receiving administration.

Removal Family Team Meetings

The Removal FTM is a formalized process that involves extended family along with formal and informal supports for planning and supporting children's care. This collaborative case planning process both respects and incorporates family-identified strengths, family opinions, concerns, recommendations, and suggestions.

The role of the In-Home social worker includes explaining Agency policy about kinship caregivers, i.e., the temporary licensing process if applicable to placement. The social worker must ensure that the parent or caregiver fully understands that placement with relatives will only occur if the relatives are able to meet the requirements for licensure, and that the Kinship Support Unit must clear all kin applications prior to a referral submission to the Placement Unit. ***Note:*** *There are times when the Removal FTM may occur after hours or on weekends. The In-Home social worker or supervisor must be available to attend.* *See the Family Team Meetings policy for more information.*

Talking with the Parent or Caregiver about Important Items Children Need for Placement

The parent or caregiver is always considered the expert on the child. If the parent is physically present during the child's separation, the In-Home social worker should gather as much of the following information (if not already known) and obtain the following items if possible:

- Name and contact information for the child's primary physician, including status of immunizations, specific health issues, dietary restrictions and general health care.
- Diagnoses of any special needs (physical or emotional) the child may have and what implications these may have for placement.
- Any cultural practices, (e.g., prayers, rituals, or dietary restrictions), any special habits (e.g., a particular bedtime routine) or special items (e.g., favorite toy or stuffed animal) that would help ease the transition.
- Medications (if applicable) which should be given to the medical professional who examines the child at the time of separation. If the parent or caregiver refuses to provide medications, the social worker documents the refusal in the FACES.NET contact notes.
- Important paperwork (if possible) regarding the child, including birth certificate, Social Security card, and health insurance card.
- Appropriate clothing for the child, if available. If clothing is significantly deteriorated, the social worker should leave it behind. Whenever possible, the social worker transports clothing in a suitcase or other appropriate carrier. If clothing is not available in the home, the social worker should seek emergency clothing through the Agency's Partners for Kids in Care. The social worker may also request a clothing voucher to purchase new clothing.

Additional Caregivers

If the child has other legal caregivers who are not involved in the circumstances of the child's separation, the In-Home Services social worker attempts to locate these caregivers and assess their willingness and capacity to serve as advocates or nurturing caregiver figures. These potential caregivers may include an absent parent or even extended family with limited involvement in the child's life.

The social worker should attempt to give notice of the separation as well as time and location of court hearings to all known addresses or contact information for biological parents or legal caregivers. Whenever possible, the social worker provides this notification prior to the initial hearing. After the initial hearing, the assigned assistant attorney general (AAG) arranges for a diligent search for parties of interest who will need notice of the court proceedings.

Visitation

The In-Home social worker uses clinical judgment to determine how much communication, either in person or by phone, takes place between the child and parent or caregiver and other family members during the separation process.

At the initial court hearing, the presiding judge determines whether visitation between the parent or caregiver and child is appropriate and whether visitation requires supervision. Since the In-Home social worker has direct knowledge of the family's protective capacities based on their ongoing assessments and engagement, the social worker should be prepared to share this information with the presiding judge at the initial hearing. Further, the social worker should summarize the family's current capacity to protect the children and justify any clinical recommendation either for supervised or for non-supervised visits between the child and the parent or caregiver. *(For more information, refer to the Visitation policy.)*

Preparing Children for Separation from the Home

Communicating with Children during the Separation Process

- Use a soothing and appropriate voice to put the children at ease. Be genuine.
- Use vocabulary that children understand. When necessary, define words in simple terms, e.g., "placement" might be "sleeping in a new bed" or "reunification" might be "living with Mama again," etc.
- Help the children understand what is happening and why they are leaving home, including the reason for placement (as appropriate). Recognize that some information is too complicated for younger children so consider taking advantage of the "CFSA Explainer" videos. These are videos for very young children, for teenagers, and for parents. *You can find the videos here: https://cfsa.dc.gov/service/cfsa-foster-care-videos*.
- Make sure the children understand that emergency placement is *not a punishment, and the child is not at fault*. It might be necessary to explain that Mama and Papa may need some extra help feeling better to be a good parent and the child is sleeping at a new home until the parents feel better.

- Describe step-by-step the events that will take place throughout the placement process.
  Remember: *The child may not remember all of the details and may be confused because so much is happening so quickly. Repeat the details as often as needed throughout the process.*
- Use engagement skills to encourage the children to express confusion, fear, and concern about placement. Show empathy with the child to help address their concerns.
- Identify for the children the names of staff the children will encounter, their job functions (simplified, of course), and prepare the child for possible questions asked by staff.
- Explain safety considerations (as appropriate) for the child's contact with the family during the separation process. Assure the children that staff will attempt to ensure contact after safety considerations are resolved and according to the child's requests.
- Encourage children to bring personal belongings that can be helpful during the transition into foster care.

Pre-Placement Medical Screening

All children entering foster care must have a medical screening before placement. The In-Home Services social worker coordinates this screening through the Healthy Horizons Assessment Center (HHAC). Prior to the screening, the HHAC medical practitioner consults with the social worker (or FSW) and the child (as appropriate) regarding the child's medical history. After the screening, the HHAC medical practitioner provides the social worker with two copies of the *Cleared for Placement Authorization* form: one copy for the Placement Passport Packet and one copy for the child's case file.

There will be times when the In-Home social worker must conduct a separation for a child who needs to remain in a hospital. In these situations, the social worker notifies the Placement Services Unit to prepare for the child's release from the facility and subsequent entry into a placement option that will best serve any of the child's special medical needs.

If a child is being transferred directly from a hospital to a foster care placement, hospital medical records and discharge papers serve as a substitute for the screening process. Either the social worker or FSW brings all hospital documents to the HHAC. After review of the hospital documents, the HHAC nurse will provide the social worker or FSW with the *Cleared for Placement Authorization* form.

Ongoing Medical Care

HHAC staff schedule all children entering foster care for their standard medical, dental, and vision appointments. As noted above, if a child enters foster care directly from a hospital, HHAC does not conduct the medical screen. Under these circumstances, the In-Home social worker must schedule the 30-day comprehensive appointment with HHAC after placement to ensure the children's ongoing scheduled medical care.

Mental Health

Within 30 days of a child's separation from the home, the Agency's Office of Well Being (OWB) assesses the mental health of every child aged 8 years and older. For any child under age 8, the In-Home social worker shall facilitate a consultation between the parent or caregiver with OWB. If a child presents with any current mental health distress (e.g., severe depression, suicidal or homicidal ideations, or psychosis), the In-Home social worker should schedule an immediate OWB mental health assessment. *For more information, see the Initial Evaluation of Children's Health policy.*

Children Ages 0-3

Per federal legislation,[5] whenever a substantiated abuse or neglect case involves a child aged 3 or under, all state child welfare agencies must refer the child for a developmental screening. CFSA complies with this federal requirement through referrals to HHAC for developmental screenings. If a developmental screening referral did not occur during the CPS investigation, then the In-Home social worker must make the referral (*see section on Developmental Screenings*).

***Remember:** Children ages 0-3 are in a state of high vulnerability, particularly during a separation process. Most of these children are not verbal and will not understand being separated from the parent or caregiver. For infants, critical bonding experiences are disrupted during the separation. The infants require special attention to and special assistance for their well-being. The In-Home social worker must determine the infant's basic needs (feeding method, any special formulas or allergies, identified special care needs, etc.).*

Placement with Relatives

Children entering foster care must only reside in licensed placements. To ensure best practice standards for placement with relatives, the In-Home Services social worker encourages the family to identify potential relatives and fictive kin who may be willing and able to care for the children, and who have little-to-no barriers to the licensing process. If the In-Home social worker is able to identify potential relative placement options or fictive kin supports, the kinship care process can commence the same day as the separation of the child from home.

As noted earlier, a family may choose not to identify or may be unable to identify relatives, or fictive kin, as potential placement resources. There may be times when a family does identify but the relative or fictive kin is not eligible for licensure (e.g., substantiated child maltreatment allegations). In such cases, the In-Home social worker should explain to families that immediate placement of the children with family members is not always possible. *(For more information, see the Agency's policy on Placement and Matching and Engagement of Kin without Parental Consent.)*

[5]Child Abuse Prevention and Treatment Act of 1974, as amended.

Families need to understand that the Agency thoroughly assesses all placement resources, including relatives and fictive kin, to determine the appropriateness of their interaction with the children entering foster care. This assessment includes suitable housing and criminal and child welfare background checks. When the family or Agency identifies relatives, the social worker links these families with the Agency's Kinship Support Services program to assist them through the licensing process.

The Placement Process

Once CFSA has made a final determination to separate a child from the home, the In-Home Services social worker or management team notifies the Placement Services Unit through FACES.NET. The placement request must include up-to-date information about the child's placement preferences (as appropriate), as well as the child's strengths and any special needs.

After Hours Placement

If the need for placement arises after regular 9-5 business hours, or on a holiday or weekend, the In-Home social worker must first contact the on-call Placement Services Unit and then directly follow up with the placement request in FACES.NET. The on-call Placement staff will begin an immediate search for a placement match and include the matching information in the child's Placement Passport Packet. The social worker follows up with any additional information as soon as possible to ensure the best placement matching options occur.

Placement Passport Packet

All resource providers (i.e., resource parents, congregate care facilities, and residential care treatment centers) are provided a Placement Passport Packet for every child in their care. The packet includes (at a minimum) the following information:

- Child's medical screening and demographic information
- Medicaid card (or number)
- Social Security card
- Resource Parent Authorization form (aka Ward Letter)
- Other relevant documents provided to the resource provider upon placement of the child

Teaming with Resource Providers

Discussion of Reason for Child Separation

Social workers provide as much pertinent child information as possible to resource providers, including the reason for the child's separation from the home. Relevant and detailed information, e.g., known behavioral issues or medical needs, helps the provider address the child's individual situation and creates a good foundation for quality care and service referrals, as needed.

Discussions Regarding Individual Children

Since each child naturally responds differently to placement, the In-Home social worker discusses each child in a sibling group individually with the resource provider. Discussions include all known distinguishing information about the child's habits, routines, preferences, comforts, concerns, fears, etc.

Medical Care

The initial placement screening and evaluation process establishes every child's immediate need for scheduled medical care. The In-Home social worker shares any concerns resulting from that evaluation with the resource provider so that the child receives the best care available.

The social worker ensures that resource provider receives all pertinent information related to a child's special medical needs, upcoming appointments, and over-the-counter medications, including daily vitamins. *(For more information, see the Agency's policies on Initial Evaluation of Children's Health and Medical Consents.)*

If the child takes prescription medications, the social worker ensures whenever possible that the prescriptions are filled prior to the child's placement. *(For more information, see the Medication Administration and Management policy.)*

If a hospital is preparing to discharge a child with specialized medical needs, the social worker requests the resource provider to participate in any discharge conversations with medical professionals to ensure adequate preparation for care of the child.

Transportation and Education

Maintaining a child in his or her original school placement is a priority during the separation process. This aspect of normalcy for the child can mitigate the profound adjustments the child must make after separation and placement.

In the event a child reports being uncomfortable at the school of origin as a result of the separation and subsequent placement, the In-Home social worker consults with the In-Home Services management team. The social worker must also determine if the child faces risks of danger from the maltreater's access to the school.

Although resource providers are responsible for ensuring a child's daily transportation to school, transportation may not always be practical or possible. During the initial placement process, the social worker explores and facilitates several transportation options to ensure a streamlined process. For children who have special needs and already receive school busing, the Agency can transfer the transportation arrangements directly to the resource provider. For other children in need of transportation services, the social worker contacts the Agency's OWB educational specialist for assistance.

SAFE CASE CLOSURE

Once In-Home Services has evidence of the ongoing safety of children and the sustainable protective capacities of the parent, the In-Home social worker begins the process of ending formal involvement with the family. However, sometimes In-Home cases remain open due to the complexity of a family's needs, even when a family has resolved risk and safety issues. If a family demonstrates protective capacities such that risk of future harm to the children is low or moderate, and there are no unresolved safety concerns, then the In-Home social worker should take prompt action to close the case. Sustaining a family's connection to the Agency in the absence of identified safety and risk issues is not in the best interests of a family.

Note: *The In-Home Services social worker should never close a case if there are active safety threats to children.*

In-Home social workers initiate safe case closure after the following criteria have been met:

- The social worker is fully aware of the whereabouts of the children who have been part of the open case.
- The social worker has confirmed the children's safety in their place of residence, either through direct observation or through the report of a credible source as determined by the In-Home Services case management team.
- There are no open CPS investigations involving the family, and no parent or caregiver was the subject of a substantiated report of abuse or neglect within the past 60 days.
- The family has no open neglect case with the Family Court.
- The family has achieved or is actively addressing all of the goals identified in the family case plan that pertain to child safety and risk.
- The In-Home Services case management team has determined that the children will continue to be safe in the care of the parent or caregiver without further Agency involvement, based on the results of evidence-based assessments.

The following are some examples of instances where a case may close **without** meeting the above expectations:

- Child turned 18: The In-Home social worker may initiate case closure when the only child involved in the In-Home Services case has turned 18 and there are no other minor children (17 years old and younger) remaining in the home.
- Social worker is unable to locate the family: The In-Home social worker must document exhaustive efforts to locate and engage the child and family prior to closure. The Agency will not close any case based solely on the grounds that the social worker could not locate the child or family. Again, documentation is necessary. *(For more detailed information, see the Agency policy Standards for Safe Case Closure policy: Section D: Case Closure for Disengaged or Unable-to-Locate Families.)*

- Family moves out of jurisdiction: If the In-Home social worker is aware of the family's new location, the social worker calls the child protection agency (or equivalent) in the new jurisdiction, particularly if the family presented with any ongoing safety concerns. The social worker provides the new jurisdiction with as much demographic and safety risk information as possible. The social worker also documents and provides the new agency with a record of the details of case management and the appropriate CFSA and family contact information. *(See section on Jurisdiction Issues for In-Home Cases.)*
- Death of parent or legal guardian: The In-Home social worker assesses the family to determine if the children need a new placement or other additional services.
- Child moves out of the home of the maltreater: The In-Home social worker assesses any prospective new caregiver for protective capacity and the ability to provide for the child's basic needs. If the child relocates to another jurisdiction, the social worker contacts the child protection agency of that new jurisdiction to request a courtesy welfare check and to verify the child's new residence.
- Overturned substantiation: The Agency will close a case if the maltreater wins an appeal that overturns the original substantiated allegation. There are two processes for overturning a disposition, the Program Administrator's Review (PAR) or the Fair Hearing process. *(For more information, see the Agency's policy Fair Hearings.)*

Note: *Approval through the In-Home social worker's chain of command is required for all the aforementioned circumstances.*

Case Closure Process

The discussion of case closure begins at the PTC and continues throughout the life of the case, ensuring that all parties involved are aware of what is needed to safely close the case. Once the In-Home social worker and supervisor determine that the risk reassessment shows a family at a low or moderate risk *(see Risk Reassessment section)*, the steps for safe case closure can begin.

In preparation for case closure, the In-Home social worker completes the following steps:

- Conducts a closing team meeting.
- Completes a final visit with the family that includes a discussion and detailed review of the family's sustainability plan. (*See the Agency's policy Standards for Safe Case Closure*.)
- Presents a graduation certificate to the family at the final visit. ***Note:*** *If the certificate is not available at the last visit, the social worker mails the certificate to the family's home.*
- Completes and submits for approval both the DAS and risk-reassessment tools.
- Reviews contact notes for accuracy (e.g., dates of assessments and medical exams, spelling of names, birthdates, and social histories) before completing all FACES.NET contact notes.
- Completes all demographic information, collaterals, educational and medical appointment screens in FACES.NET.

- Submits the case closure narrative to the assigned In-Home Services supervisor for approval.

  Remember: *The case closure narrative documents the family's progress in achieving the case plan goals; actions CFSA has taken to support the family's goals; a summary of the sustainability plan and concurrent kin plan; the family's protective factors and capacities; any updates on the children's health, education, special needs; and any family or community supports*.

- Adds the closing summary, copy of graduation certificate, and a copy of sustainability plan to the hardcopy case file.

Closing Team Meeting

Throughout the case, the In-Home social worker collaborates with identified supports to assist the family, including extended family and fictive kin who have participated as members of the family's team. Toward the end of the case, the social worker assembles the team to help strengthen the family's support system and to define roles in helping the family to sustain positive changes beyond the CFSA case. As a reminder, team members may also include a school social worker, a nurse for children with identified medical needs, and other community-based service providers that may have assisted the family with housing, employment, mental health, or substance use needs. The In-Home social worker informs all team members that CFSA is ready to close the family's case. Meeting participants review, discuss, and update (as needed) both the sustainability plan and the CKP.

Collaborative Services

Prior to case closure, the In-Home social worker discusses services that might benefit the family in the future. Specifically, the social worker discusses any neighborhood Collaborative services that will continue to strengthen the family's community supports. If the family agrees to a referral for Collaborative services, the social worker obtains a signed release from the parent or caregiver and completes a Family First Prevention Referral in FACES.NET. ***Note:*** *In 2020, DC opened 10 "Families First DC Success Centers" throughout Wards 7 and 8 to provide prevention and intervention services in neighborhoods where the majority of CFSA families reside. These success centers are in addition to the services provided by the Collaboratives.* The detailed transfer process for referring a family to the neighborhood Collaborative and Families First DC Success Center is described in the FACES.Net Family First Guide. If the parent or caregiver declines a Collaborative referral, the social worker moves forward with the family, service providers and other supports to finalize the sustainability plan.

Sustainability Plan

The In-Home social worker develops a sustainability plan with the family to address family functioning following case closure. A team meeting may be held to develop the family sustainability plan, which includes the following steps:

- A review of family strengths and challenges

- Referrals to community-based resources and identification of familial or non-familial supports for the family to access
- Concrete action steps, based on family strengths and needs, directed at maintaining child safety, promoting well-being, and keeping the family intact
- Strategies and action steps that plan for the family's response to any potential setbacks that may impact child safety and family functioning

The parent or caregiver reviews the sustainability plan and signs and dates the plan, along with the social worker. Afterward, the social worker adds a copy of the signed and dated plan to the hardcopy case record. In addition, the social worker enters a closing note in FACES.NET regarding details of the family's CKP and whether the family accepted or declined Collaborative services. Lastly, the closing note highlights the family's involvement, completion, review, and signature of the sustainability plan.

Supervisory Role in Safe Case Closure

The In-Home Services supervisor plays an integral role in the case closure process. Prior to finalization, the supervisor and social worker meet regularly to discuss the family's progress, current capacity to address child safety, and any service needs. Once the supervisor agrees with the social worker that the family is ready for case closure, the supervisor supports the In-Home social worker's initial steps for terminating the working relationship with the family. The supervisor reviews and confirms that the social worker has updated all case summary FACES.NET documentation (e.g., all contact notes, and all screens related to assessments, education, medical updates, collaterals, and demographics). After confirmation and evidence of the family's preparedness, signature and dating of the sustainability plan and CKP, the supervisor then closes the case in FACES.NET.

DOCUMENTATION

"IF IT'S NOT DOCUMENTED IN FACES.NET, IT DIDN'T HAPPEN!"

The In-Home social worker's documentation of case and contact notes in FACES.NET is absolutely essential for successful case practice outcomes, as well as for federal compliance of comprehensive child welfare information systems, and data analyses required by DC Council, the Executive Office of the Mayor, and external stakeholders (including public requests under the federal Freedom of Information Act, 5 U.S.C. § 552).

The importance of accurate and timely documentation cannot be overestimated.

Remember: *Colleagues also require accurate documentation, especially the Child and Family Services Review team, the Quality Service Review Unit, and the Child Fatality Review Unit.*

Aside from external requirements, your CFSA colleagues are completely dependent on your work ethic and integrity when it comes to case note documentation, including accurate spelling of names, accurate birth data, most recent address, in-depth social histories whenever possible (remember the fathers), and detailed contact notes!

ALL CASE-CARRYING SOCIAL WORKERS MUST DOCUMENT DETAILS OF CASE-RELATED INFORMATION CONSISTENTLY THROUGHOUT THE LIFE OF THE CASE.

Accurate documentation informs decision-making processes regarding the nature and extent of services needed by the family, as well as providing accountability both for the Agency and for the social worker. When necessary, accurate and detailed documentation may also be necessary for legal actions to protect children. For these reasons and many more it is critical that documentation be concise, organized, legible, and current within 24 hours.

Remember: *Documentation is not just about the here and now. Even if the family has no direct involvement with the Agency for four years after the In-Home social worker closes the case, if there is a child fatality, the Agency's Child Fatality Review Unit must legally research every single case note within the last five years and beyond! The In-Home social worker's case notes are crucial to the accurate assessment of needs and implications for recommendations to prevent a future fatality, even if that fatality is unrelated to a child maltreatment allegation*.

Contact Notes

The In-Home social worker must document in FACES.NET every contact or activity in accurate detail, whether face-to-face or non-face-to-face. The In-Home services contact notes should also include documentation on the following activities:

- Actions taken, including descriptions of the following In-Home social worker tasks:
    - All dated contact with the family and child, including home visits, school visits, office visits, and telephone calls, virtual contacts, and relevant texts

    - Efforts to identify extended family members as potential supports to the family, including maternal and paternal relatives, as well as fictive kin who are important in the child's life
    - Collateral contacts with extended family and services providers
    - Meetings and decisions made
    - Observations regarding family interactions and relationships, family engagement and active participation in services, and parent and child behaviors
    - Services or interventions provided, including any special arrangements or coordination to facilitate participation
    - Case supervision and case staffings (including 4+ staffings where the Hotline has received four or more referrals with the last referral occurring in the last 12 months)
- All diligent efforts to make appropriate contact with the family (whenever contact is not successful despite such efforts)
- Justification for continuing CFSA involvement
- Family progress toward achievement of identified case goals, or detailed documentation of barriers to achieving case goals
- Supervisory recommendations, including outcomes of In-Home group case conferences
- Justification for any missed policy requirements, particularly time frames for assessments, screenings, or medical appointments that the family or Agency was unable to meet
- Documented details of risk reassessments and any ongoing safety or risk concerns (with emphasis on current risk levels)
- Any new allegations and subsequent actions taken
- Well-being needs of the children

The following information must be included for each contact note regarding successful contact or attempted contacts:

- Date of each contact and name of each person contacted
- Purpose of the contact
- Significant family or child and parent issues
- Type of contact, e.g., telephone, face-to-face (in-person or virtual), home visits
- Location for all face-to-face contacts
- Individual interviews with each child
- Observations regarding each person during face-to-face contacts (e.g., children presenting with behavioral issues, parents or caregivers who may be under the influence of a substance, interactions indicating friendly and happy relations versus sadness and grief)

- Observations made during face-to-face visits regarding the environment (e.g., working utilities in the home, adequate food supplies in the home, safe communities versus “DC hot spots” where crime and violence are legitimate concerns)
- Diligent efforts to make contact with the parent or caregiver who is not responding to Agency outreach, date of the efforts, type of efforts (e.g., phone calls, texts, and home visits at random hours of the day or night).

Note: *Documentation without entry into the appropriate FACES.NET screen will prevent or deny social workers receiving credit for the good work they have done.*

The PCAP Format for Documentation

PCAP (Purpose, Content, Assessment, and Plan) is CFSA’s format for writing contact notes in FACES.NET. PCAP-based documentation effectively communicates a coherent and clinical narrative of client engagement, assessment, and progress towards safe case closure. PCAP is generally used for meetings, visits, and appointments. (Phone calls are not necessarily included in the PCAP format for documentation of contacts.)

Purpose

Case notes include a brief statement of the purpose and desired outcomes for the contact, as well as the initial and ongoing child welfare concerns related to danger and risk.

Content

Case notes are concise and reflect factual, objective information, and a summary of the actions that have taken place. Social workers should review their case notes to avoid subjective opinions, biases, or judgments. Social workers can rely on the following reminders for ensuring accurate case notes:

- “Who, what, where, when, and how” of the contact
- Social worker’s efforts to engage and partner with the family
- Strength-based, solution-focused, and motivational interviewing techniques
- Specific questions asked and details of the family member’s responses
- Actions taken to ameliorate initial safety concerns and newly emerging concerns
- Concrete plans to ensure ongoing emotional and physical safety of the children
- Progress toward permanency, safe case closure, and enhanced family resilience
- Information gathered to ensure accuracy of formal and informal assessments
- Relevant details of discussions surrounding referrals, services, resources, and formal interventions
- Family’s reports of progress and social worker’s observations of family progress toward service plan components and case plan goals

- Safety, strengths, and assets of the child, parent or caregiver, and family's extended network, including the family's ability to leverage supports to overcome barriers and to achieve positive outcomes identified in the service and case plan
- Modifications to the service plan agreed upon by the family and the social worker

Assessment

- The In-Home social worker documents overall impressions during contact with the family, including how contact with the family impacted the family's efforts to engage in the service plan components and overall goals of safety, permanency, and well-being. The social worker documents clinical analyses of the information gathered in the content section above. Assessments include the following information:
  - Social worker's organization (i.e., CFSA or one of CFSA's contracted private agency partners).
  - Synthesis, and analysis of the gathered assessment information, specifically regarding safety, protective capacities, strengths, dangers, risks, and complicating factors (e.g., a parent's trauma history).
  - Responses to the three core assessment questions: (1) What is working well? (2) What is worrisome? and (3) What needs to happen next?
  - Descriptions of the social worker's working hypothesis regarding underlying conditions that may be impacting the family's ability to close the case, e.g., family history, cultural attitudes, and other causal and contributing factors that may be getting in the way of safety, permanency, and well-being.
  - Strategies to partner with the family to leverage the family's strengths into protective capacities that eliminate, or at a minimum, mitigate danger and reduce risk.
- The social worker includes clinical interpretations of any screenings or assessments and the implications of the results for case planning.
  - The social worker's clinical observations describe the possible impact of trauma history on how a child and parent or caregiver behaves during visits, meetings, court hearings, and interactions with service providers.
- Assessment results include the social worker's description and impression of the family's response to the service plan, including motivation to engage, capacity to participate, and the opportunity to maximize useful interventions, i.e., progression from the problem statements to the visions of success.
  - The social worker examines the appropriateness of the service plan's action components and interventions, specifically those actions taken toward achieving the vision of success.
  - The social worker also notes the rationale for any modifications made to the service plan, i.e., to more effectively reinforce changes from negative to positive behaviors.

Plan

The In-Home social worker includes and notes the following information:

- Detailed next steps that case participants identified and mutually agreed to during contact.
- Expectations regarding roles and responsibilities for completing identified action steps, including the timeframe for completion of action steps.
- Dates identified for the review of the family's progress toward the agreed-upon next steps and the next contact with the social worker or other social work professional.
- Any edits or modifications made to the service plan that case participants discussed and agreed to during contact.
- Any strategies that the social worker plans to use to enhance motivation, capacity, or opportunity for behavior changes that the child and parent or caregiver identified.

SUPERVISION

Supervision provides an opportunity for the In-Home social worker and the assigned supervisor to critically analyze and evaluate case information together. These mutual analyses help the social worker guide the family toward meeting its overarching needs. In-Home supervisors schedule supervision of their direct reports with the intent to achieve the following positive outcomes:

- Clarity of a social worker's roles and responsibilities.
- Development of a social worker's skills and professional growth.
- Increased competency in a social worker's ability to engage, assess, and implement a strength-based, family-centered approach to case work.
- Reinforcement of the importance of accurate, detailed, comprehensive and timely data entry into FACES.NET (including updated demographic information).
- Compliance with activities outlined in this In-Home POM.

In-Home Services supervisors complete the following supervisory tasks within the first 30 days of a new or transferred In-Home case assignment:

- Review current or new cases with the assigned social worker.
- Confirm completion of the case transfer process outlined above, including the joint home visit with CPS.
- Ensure thoughtful completion of all assessment tools, and ensure initiation of the case planning process.
- Monitor engagement of the family.
- Assist in planning for monthly visits and in communications with collateral contacts.
- Assure the level of service aligns with the family's risk level.

Supervisors hold themselves accountable for completion of the following tasks specific to the supervision of ongoing cases:

- Scheduling bi-weekly supervision for each individual social worker in the unit, but also ensuring availability outside of supervision as needed. The supervisor also ensures monthly group supervision where social workers share successes and challenges managing individual cases. ***Note:*** *Supervisors who conduct group supervision are more likely to successfully streamline case transfers within the unit, and to maintain continuity for positive case management outcomes.*
- Preparing the agenda or requiring staff to bring an agenda that includes the number of cases to be reviewed during the scheduled supervision. Successful supervisors ensure discussions for all cases on a regular basis.

- Holding in-depth reviews of assessments and case plans.
  - Providing clinical feedback.
  - Ensuring assessments are informing the on-going engagement, teaming, and case and service planning processes, and ensuring regular monitoring of case progress.
  - Ensuring the case plan is behaviorally-based and measurable, and also meeting the family's needs.
  - Ensuring that the social worker receives appropriate supervisory support and that the family is receiving appropriate resources and service supports to achieve the identified case planning goals.
  - Helping to identify and creatively strategize for cases where momentum or family engagement is problematic.
  - Assisting social workers to use solution-focused and strength-based approaches for engaging and working with the family.
- Documenting case consultations in FACES.NET, including detailed, thorough and comprehensive notes regarding case progress and any barriers faced by the social worker to facilitating the family's progress toward case closure.
- Scheduling group supervision, clinical staffings (as necessary) and team meetings to assist with problem-solving (as needed).
- Making monthly (at a minimum) inquiries regarding individual family situations, in particular the family's current needs, if any, for up-to-date service provisions.
- Utilizing FACES.NET to review the assessments (safety and risk, and any other assessments as needed), contact notes, court dates (when applicable) and case plan expirations.
- Attending the same key training courses as those attended by In-Home Services social workers in order to support and reinforce the learning objectives of the team members.
- Ensuring development of follow-up steps and implementation of recommendations developed through the teaming process, including suggestions resulting from FTMs, the Quality Service Review (QSR) process, and Multi-Administration Clinical Staffings (MACS). *(For more information on FTMs and QSRs, see the following policies: Family Team Meetings and Quality Service Reviews. Supervisors may wish to consult with the assigned program manager for more information on MACS meetings, which help to identify barriers to case closure.)*

In-Home supervisors also ensure that their direct report social workers accomplish the following case-carrying tasks:

- Teaming proactively with families and with whomever the family deems as an integral part of the team, including formal and informal supports.
- Working closely with community providers and all members of the family to identify both the family and the community resources necessary for setting and achieving family goals.

- Ensuring that social workers are assessing for safety and danger indicators at each visit.
- Acting as facilitators between multiple community providers and the family's support network.
- Ensuring FACES.NET documentation of a CKP for each family on the In-Home social worker's case load.
- Scheduling regular team meetings with the family and identified supports, as needed, to ensure ongoing open discussions of the family's progress toward achievement of the family's identified case goals.

SPECIAL CIRCUMSTANCES

Domestic Violence

For purposes of this In-Home POM, CFSA defines domestic violence (DV) (also known as intimate partner violence) as a pattern of assaultive and coercive behaviors committed (or threatened) by an offender upon a person to whom the offender is or was married; with whom the offender is or was in a domestic partnership or romantic, dating, or sexual relationship; or with whom there are shared children. DV behaviors include verbal, physical, sexual, emotional and psychological attacks, as well as economic coercion. DV behavior may also include manipulation of systems (such as law enforcement, courts, and child protective services) as a type of coercive control tactic against the non-offending partner.

The presence of DV in the home can pose significant physical and emotional risks to children, including child safety and well-being. Exposure includes watching or hearing the violent incident, direct involvement (such as a child trying to intervene), experiencing the buildup of tension prior to the violence, and experiencing the aftermath of an assault (e.g., seeing bruises or observing the DV victim sink into depression). Further, DV tends to create the potential for children to copy those negative aggressive behaviors and attitudes. Children who repeatedly witness DV may present with bullying behaviors at school as well as develop the inability to cope with or resolve conflict without the use of violence.

Remember: *DV exposure goes beyond "witnessing" violence.*

The In-Home social worker assesses for DV for every case on their caseload. Such assessments occur at periodic intervals throughout the life of a case, even if there are no allegations of DV.

Initial Assessment with Non-Offending Partner

- The In-Home social worker explores the non-offending partner and child survivor's experiences of violence and coercive control, and trauma. In addition, the social worker explores their perceptions of their own and each other's safety, as well as their recommendations for the In-Home social worker to safely engage the offending partner.
- For every case, the In-Home social worker explores the mental health and substance abuse history of the non-offending and offending partners, along with any possible evidence or history of DV interactions, regardless of whether the presenting allegation involves DV.
- When there are identified or obvious concerns of imminent danger for any family member and their safety cannot be assured through a collaborative safety plan, the In-Home social worker immediately contacts the MPD as well as the CPS Hotline if the social worker needs to separate the child from the home.
- In collaboration with the non-offending partner, the In-Home social worker contacts the advocacy organization, DC Safe, to discuss safety options and to ensure the safety and self-

determination of DV survivors. The In-Home social worker must ensure that the offending partner is not aware of this contact with DC Safe.

- The In-Home social worker documents the details of all interactions related to the DV, including the name of the assisting MPD officer and the DC Safe contact, as well as cell phone numbers as appropriate.

Safety Planning with the Non-Offending Partner

- When DV has occurred between the child's parents or caregivers within the last 12 months, the In-Home social worker teams with the non-offending partner to create a safety plan that addresses the following issues:
  - The offending partner's capacity to self-protect and to avoid any behaviors that incur safety risks
  - The non-offending partner's circumstances and responses to behaviors, including benign daily activities
  - Strategies that have worked for the non-offending partner in the past
  - Information about different community options available through the DC Victim Hotline (844-443-5732), DC SAFE, the DC Superior Court, and law enforcement

Remember: *The social worker documents all safety planning details, including dates of discussions, other case participant involvement, concerns or barriers, and strengths and progress, etc.*

Consideration of Important Factors that Impact DV Safety Planning

- Circumstances that may have precipitated past DV incidents (alcohol, drugs, finances, former relationships, employment stressors, trauma history, etc.)
- History of DV incidents and the victim's response to those incidents
- The offending partner's work schedule, location, and patterns
- Safest way to contact the family for future visits
- Persons whom the non-offending partner can call or go to for help in an emergency (including 911)
- Legal actions, such as a civil protection order (CPO) - ***Note:*** *If a current CPO exists, the In-Home social worker should encourage parents to distribute copies to other family members, as well as the child's school, daycare center, and babysitters.*
- Access to important items (car and house keys, birth certificates, Social Security cards, medications, cash, etc.)
- Placement options for the non-offending partner and the children, e.g., immediate shelter or a safe placement with friends or family.
- Guidelines for safety planning with parents
- Police involvement (e.g., removal of all weapons from the house)

Initial Assessment with Offending Partner

- The In-Home social worker meets with the offending partner to assess their attitude about their behavior, their willingness to accept responsibility for harmful behaviors, and their potential for participating in appropriate interventions (such as safety contracts, batterers groups, mental health services to explore trauma history, etc.). ***Note:*** *The District of Columbia does not have a robust array of batterer services. However, exploring therapeutic interventions like men's groups (including faith-based groups), anger management, and mental health services are excellent places to begin*.
- If the offending partner is under court supervision, the social worker also makes efforts to partner with the District of Columbia's Court Services and Offender Supervision Agency (CSOSA) for increased accountability and compliance monitoring.
- In situations when the family's DV-related circumstances impact child safety and requires the Agency to separate children from the home, the In-Home social worker must schedule separate meetings for the non-offending and offending partners, including the FTM, case planning meetings, and visits with the children. ***Note:*** *Separate teaming meetings allow the non-offending partner to speak freely and avoid any traumatic repercussions from the influence of the offending partner.*
- The In-Home social worker explains to the offending partner how their behaviors and choices put family and child safety at risk, but also how this behavior impacts family functioning in general.
- The social worker emphasizes the offending partner's potential for change and the potential for transforming the negative impact on the family to an impact of well-being.

The In-Home social worker pays close and detailed attention to the offending partner's words and actions, documenting any of the following **coercive or controlling behaviors**:

- Does the DV offender become agitated, threatening, or loud?
- Does the DV offender interrupt or insult you?
- Does the DV offender use threatening remarks, gestures, or body language (e.g., closing distances or spatial boundaries during verbal intimidations)?
- Does the DV offender interrupt constantly?
- Does the DV offender blame or demean the survivor?
- Has the DV offender directly or indirectly admitted any abusive or threatening actions or behaviors?
- How is the DV offender's behavior harming the children?

Technical Consultation with Domestic Violence Liaison

- Based on the complexity or severity of the DV, the In-Home Services supervisor contacts the administration's DV liaison to consult on safety assessments and engagement protocols for both parties in the DV situation. In addition, the supervisor assists in the assessment of service needs for the partners, possible acceptance of referrals, and ultimately active participation in the linked referrals.

Office of Well-Being Consultative Services with the DV Specialist

The DV specialist provides DV-specific consultation and coaching to social workers to help them increase their competency in assessing and creating safety plans for children and families impacted by DV. *The DV specialist only interacts directly with a family after a series of coaching and consultation sessions with the social worker and supervisor*.

During the consultation process, the DV specialist may determine that further support is necessary. Resultantly, the DV specialist coordinates with the social worker to identify next steps.

- The In-Home social worker makes a referral to OWB for consultation with the DV specialist in the following instances:
  - In cases when the social worker suspects DV, but has not yet confirmed DV
  - After the social worker has consulted with their supervisor and a DV liaison, and the DV specialist recommends a higher level of expertise
- When the social worker submits a referral to the DV specialist for consultation, the specialist reviews the referral to ensure that the social worker has completed all necessary "check boxes," including the family's eligibility, prior history, lethal threats against the non-offending partner, and appropriateness of the referral. After review and determination of eligibility, the specialist schedules a consultation within 5 business days of receipt of the referral.
  - CFSA immediately addresses referrals with high lethality indicators. High lethality includes some of the following common factors:
    - ✓ Threats of suicide or murder
    - ✓ Access to or availability of weapons
    - ✓ Controlling and jealous behaviors
    - ✓ Use of drugs and alcohol
    - ✓ Depression
    - ✓ Batterer's isolation
    - ✓ Escalation of violence
    - ✓ End of the relationship
    - ✓ Choking or strangling
- The consultation is a peer-to-peer meeting during which the DV specialist provides best practice coaching and assists the In-Home social worker and supervisor to move the case forward to safe case closure. During the consultation, the DV specialist determines next steps on safety, resources and best practice recommendations.
- If further support and engagement is recommended, then the DV specialist and the social worker may decide to complete a collaborative interview with the non-offending partner whereby all three meeting participants offer recommendations for next steps.

- The DV specialist, social worker, and non-offending partner strategize together to determine the possible following actions:
  - How best to keep the non-offending partner and children safe in the moment.
  - Whether a personalized DV safety plan is warranted.
  - If and when submission of tailored referrals to appropriate service providers is warranted.
  - Whether and how to engage the offending partner.
- The DV specialist also meets separately with the social worker to discuss the collaborative interview recommendations and prospective referrals. The DV specialist documents all referral information in FACES.NET.
- The social worker monitors all services and family functioning progress, in addition to seeking further consultation from the DV specialist (as needed) if the non-offending partner is already linked to a community-based DV-related program.
- In the event that the DV environment has compromised a child's safety, the In-Home social worker first ensures the immediate safety of the child, and then contacts the DV specialist for further consultation on safety for the entire family.
- If contact and engagement does not compromise the safety of the non-offending partner and children, then the DV specialist and social worker contact the offending partner to respectfully discuss the adverse impact of their behavior on child safety and well-being.
- If the DV specialist and social worker determine that it is not safe for the non-offending partner or the children if CFSA contacts the offending partner, the DV specialist documents this information in the FACES.NET contacts screen. Documentation includes details of the discussions surrounding family safety, justifications for DV-related decisions, and any other relevant information.

Ongoing Safety Assessment and Progress Monitoring

- The In-Home Services social worker makes concerted efforts to obtain releases of information from the family, including the offending partner, in order to communicate with service providers, and to assess and follow up on treatment and progress.
- Ongoing assessment focuses on the offending partner's behaviors over time and the subsequent levels of danger to the non-offending partner and child. Per best practice standards, the In-Home social worker completes the following tasks:
  - Assesses for DV risk at every home visit.
  - Continues to ensure that the non-offending partner has an updated personalized DV safety plan as well as access to available DV-related resources.
  - Develops a plan with the non-offending partner if no DV safety plan already exists.
  - Contacts the DV specialist for guidance and support if there is indication that DV is continuing or reoccurring.
- The social worker considers his or her own safety when continuing to engage the offending partner.

- The social worker encourages the offending partner to engage in open but non-judgmental conversations about the source of the DV-related behaviors, and the possible opportunities for sustainable change from harmful behaviors to behaviors that reflect a focus on family well-being.
- The In-Home social worker incorporates findings into case planning activities.

Examples of Domestic Violence	
Physical Abuse	Emotional Abuse
Sexual Abuse or Assault	Manipulation or Control of Children
Psychological Abuse	Coercion, Intimidation, Threats
Verbal Abuse	Isolation Techniques

Commercial Sexual Exploitation of Children (CSEC) and Sex Trafficking

According to the federal Office of Juvenile Justice and the Prevention of Delinquency (OJJPD), the definition of **CSEC** is a "range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits)."[6] Items of value might include food, shelter, protection, and other basics of life, including money, or so-called luxury items like jewelry, new clothes, a new phone, or drugs. CSEC also applies to any person involving children and youth (male or female) in creating pornography or sexually explicit websites.

Sex trafficking is a form of human trafficking and may include CSEC when minors are involved. OJJPD defines sex trafficking as "the exploitation of another person through the use of fraud, coercion, or force…. [However], if the victim is considered a minor [under age 18], then force, fraud, or coercion do not need to be established; the sex act is automatically sex trafficking."[7]

Perpetrators of CSEC and sex trafficking frequently target vulnerable populations such as homeless and runaway children and youth, children and youth in the foster care system, children and youth in the juvenile justice system, unaccompanied refugee minors, and youth who self-identify as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ).

[6] Retrieved February 4, 2022: https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/csecsextrafficking.pdf
[7] Ibid

Key Indicators and Red Flags

Often it is difficult for trafficked children and youth to articulate that they have been exploited. They may not even realize they have been victims. They may also fear retaliation from traffickers and abusers or they may fear arrest by law enforcement. There is also the perceived (and real) stigma associated with being labeled as a victim of trafficking. Below are some key indicators and red flags that a minor may be a victim of CSEC or sex trafficking. The list below is not exhaustive. Taken individually, an isolated indicator may not imply a trafficking situation. Moreover, not all CSEC or sex trafficking victims will exhibit these signs. However, if an In-Home Services social worker recognizes in a child or youth one or more of the indicators described below, the social worker should err on the side of caution and immediately consult with the assigned In-Home Services supervisor for pursuing further assessments.

Indicators	**Physical**	• Observe the child or youth's face and body for signs of physical abuse, such as bruises, black eyes, burns, cuts, broken bones, broken teeth, multiple scars. • Look for tattoos on the neck or lower back that the child or youth is reluctant to explain. Such a tattoo may be a trafficker's name or initials, which is a prevalent signature of "ownership" among U.S. citizen victims of CSEC and sex trafficking. • Look for other types of branding, such as scars from cutting or burning.
	Emotional	• Observe whether the youth exhibits excessive concern about displeasing the alleged partner, boyfriend, girlfriend, or other older friend. • Take notice of the youth's general demeanor, which may be fearful, anxious, depressed, submissive, tense, or nervous if he or she is being victimized by a trafficker. • Be aware of sudden income and changes in the youth's behavior, relationships, etc.
	Lack of Self-Determination	• Observe the presence of an overly controlling and abusive "partner" or friend. • Observe the youth's interpersonal interactions and note whether the youth exhibits an inability to look in the eyes or face of people, especially his or her alleged boyfriend, girlfriend or partner, especially when different from their cultural norms. • Note whether the youth's communication is restricted or controlled, e.g., the youth only talks on the phone for short periods of time (if at all), will only text, or won't talk in front of the alleged boyfriend, girlfriend or partner. • Be wary of a youth who claims to be "just visiting" an area but is unable to articulate where he or she is staying or cannot remember addresses. • Be wary if the youth does not know the city or state of his or her current location. • Observe whether the child or youth appears to be in possession and control of his or her own resources, such as money, food, shelter, transportation, driver's license or ID, and cell phone.

Indicators	**Social or Behavioral**	• Observe whether the youth is dressed in inappropriate clothing, e.g., "sexy" outfits that might seem inappropriate for daily wear (like lingerie) or other attire associated with the sex industry. • Note whether the youth uses sexual language or terminology that is new or too mature for their age. • Note personal hygiene. (Trafficking victims often have no access to proper hygiene and wear clothing that is unwashed or malodorous.) • Note whether the youth frequently runs away. • Note the youth's attendance at school and determine whether the youth attends school on a regular basis or has frequent, unexplained absences. • Observe whether the youth is interested in or is involved in a romantic relationship with older adults, either men or women. • Observe whether the youth suddenly has an excess amount of cash or expensive items (e.g., jewelry, clothing, shoes, and purses). • Notice if the youth is in possession of hotel keys.
Indicators	**Medical**	Note: The In-Home Services social worker is responsible for ensuring annual medical exams, including gynecological exams for female youth and urological exams for male youth. The social worker should openly request from and discuss with the youth and a medical professional any of the information in this subsection if confirmed by the practitioner or by a youth's own self-report. • Look for behavioral evidence of sexual trauma. • Look for evidence of physical trauma including cutting, other self-inflicted injuries, or suicide attempts. • Recognize signs of malnourishment, digestive issues, or general poor health. • Make inquiries if the male or female youth asks for appointments to address multiple or frequent sexually transmitted infections (STIs), especially evidence of a lack of treatment for STIs. • Discuss multiple or frequent pregnancies and abortions. • Take note of reports of excessively large number of sexual partners, (e.g., a female youth reporting dozens of sexual partners or a male youth describing multiple encounters with older men). • Recognize unexplained or unusual scar tissue – potentially from restraints, including during forced abortions for females or sexual assault for males. • Discuss with the female youth any medical evidence that she was forced to have sexual intercourse while on her monthly cycle (e.g., use of cotton balls or other products which leave residual fibers). • Recognize symptoms of the youth downplaying existing health problems or risks. • Recognize signs of early or progressed drug addiction, including tracks on veins in the arms or anywhere else on the body.

The following processes help the In-Home Services social worker identify and respond to suspected CSEC and sex trafficking. Whether the child or youth discloses, or whether the social worker recognizes the indicators, the In-Home social worker immediately completes the following tasks:

- Contacts one of the CSEC-designated community resources for evaluation of the child.
- Partners with the designated community resource to determine appropriate services.
- Contacts the CPS Hotline and provides the Hotline worker with as much detail as possible about the suspected CSEC and sex trafficking, including the list of indicators and any self-disclosures offered by the child or youth.
- Convenes an internal CSEC meeting to develop a safety plan in collaboration with the designated community resource and with the child's parent or caregiver (as appropriate).
- Ensures that the internal CSEC meeting includes the following participants:
  - Representatives from In-Home Services management, i.e., the supervisory social worker and program manager
  - OWB trauma coach and assigned clinical services staff
  - Nurse care manager (to assist with medical appointments)
  - Foster parent or caregiver, if applicable and appropriate
  - Assigned AAG and GAL, if applicable
- Documents all actions in the FACES.NET contact notes, including the list of participants in the CSEC meeting, the identified CSEC indicators, all proposed action steps, specific details about the youth's current status (e.g., emotional, and physical health), and any previous medical exams that resulted in evidence of CSEC, etc.
- Consults with the CSEC liaison to determine whether to refer the case to the CSEC multi-disciplinary team (CSEC MDT) for review.

When reliable evidence or indicators of CSEC or sex trafficking surfaces without disclosure from the child or youth, the In-Home social worker completes the following activities in a timely fashion, if not immediately:

- Completes the CSEC and sex trafficking questions from the Child Stress Disorders Checklist (CSDC). ***Note:*** *The social worker consults with the assigned In-Home Services supervisor for access, and if needed, training on use of the CSEC tool*.
- Notifies the OWB trauma coach and assigned clinical services staff for following up with these necessary steps:
  - Reviews the results of the CSDC when there are significant indicators of CSEC and sex trafficking.
  - Convenes an internal CSEC meeting.

- Contacts the CPS Hotline and provides the Hotline worker with as much detail as possible about the evidence of CSEC and sex trafficking, despite the lack of self-disclosure offered by the child or youth.
- Documents all actions in FACES.NET contact notes, including the list of participants in the CSEC meeting, the identified CSEC indicators, all proposed action steps, specific details about the youth's current status (e.g., emotional, and physical health), any previous medical exams that resulted in evidence of CSEC, etc.
- Consults with the CSEC liaison to determine whether to refer the case to the CSEC MDT for review.

Medical Child Abuse

Medical child abuse occurs when a parent or caregiver induces real or apparent symptoms of a disease in a child and causes injury to a child through subsequent, but unnecessary and harmful or potentially harmful medical care. Previously, this form of abuse was labeled as Munchausen syndrome by proxy (MSBP), factitious disorder, or pediatric condition falsification. The new term, medical child abuse, focuses on the child being harmed and not on the parent's motivation.

Note: *The parent or caregiver may not recognize their behavior as symptomatic of a mental illness.*

If the In-Home Services social worker suspects medical child abuse, the social worker consults with the assigned In-Home supervisor and makes a report to the CPS Hotline. The social worker provides the Hotline worker with as much detail as possible regarding the suspected medical child abuse, including medical evidence, involvement of law enforcement, and other details such as caregiver history with CPS referrals that could be linked to other forms of abuse.

Remember: *Medical child abuse is not the same as medical neglect. Medical neglect is specific to a child being deprived of necessary medical care. Medical child abuse occurs when the caregiver is responsible for the child getting too much medical care, care that the child does not need or care that is harmful or potentially harmful.*

Critical Events

Events that threaten or compromise the well-being of a child are considered "critical events," and require the immediate response and action of the In-Home Services social worker.

Critical events for In-Home cases include any of the following circumstances:

- The death of a child currently receiving services in the home. *(See the Child Fatality Review Policy.)*
- A near-fatality or serious bodily injury resulting from child abuse or neglect; or caused by any other means during the child and family's involvement with the Agency.
    - A "near-fatality" is any act that threatens the life of a child, based on a determination made by a medical or other qualified professional (e.g., police, fire, or mental health professional).

- A "serious bodily injury" is any significant impairment of a person's physical or mental condition as determined by qualified medical personnel, including broken bones or any trauma, injury or condition of sufficient severity that, if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death of a child. Serious bodily injury also includes sexual assault of a child, perpetrated by an adult or another child.

- The In-Home social worker must contact the CPS Hotline and report any event that results in a fatality, near-fatality event, or serious bodily injury of a child. Based on the Hotline report, CPS initiates a possible investigation of the allegation as a critical event. *(See section on New Reports on Open In-Home Cases).* The Hotline worker also completes the Critical Event reporting form.
- Within 24 hours of the CPS Hotline receiving a Hotline report for a fatality, near-fatality, or serious bodily injury, the Hotline worker notifies the CFSA Child Fatality Review (CFR) Unit and the assigned In-Home Services program manager.
    - If the critical even involves a fatality, The CFR Unit will schedule the critical event and invite the relevant parties. The CFR program manager requires the assigned review specialist to attend the critical event, but invites all CFR Unit specialists to attend as workloads allow.
    - If the critical event involves a near-fatality event, or serious bodily injury, the In-Home Services staff will schedule the critical event.
- Participants in the critical event meeting discuss the facts of the case as related to the child's death or safety and well-being, the actions that CFSA staff have already taken regarding the circumstances surrounding the critical event, and any actions required going forward.
- As developments occur and unfold, either CPS or the In-Home social worker updates the Critical Event Reporting form within 30 days of the critical event meeting, and forwards the updated form to all meeting participants. The social worker also enters any details and updates in FACES.NET. (*For more information, see the Agency's Critical Events policy.)*

CFSA Internal Child Fatality Review

In compliance with the 2001 legislation that established CFSA as a cabinet-level agency, the Child Fatality Review (CFR) Unit has continued to comply with the Agency's legislative requirement to present details on any child fatality whose family has been known to CFSA within the last 5 years.[8] In preparation for these presentations, the CFR Unit attends all critical events related to a child fatality. Additional participants in the critical event meeting include the Entry Services deputy, the administrator for CPS investigations, as well as the investigations program manager, supervisor, and investigative social worker. The In-Home Services administrator, program manager, supervisor, and assigned social worker also attend.

[8] DC Code § 4-1371.05(a)(2) requires reviews of families known to the Agency within 4 years. However, in 2016, CFSA and the Center for the Study of Social Policy (CSSP) determined that data integrity improved when the reviews included families known to the Agency within 5 years. Despite CSSP no longer having oversight of CFSA data, the Agency has since elected to continue reviewing family involvement within 5 years.

Meeting participants review the family's history in FACES.NET and discuss circumstances related to the fatality, particularly whether the possible cause and manner of death relate to suspected child maltreatment, or whether the death might be natural or accidental. After the meeting, the assigned CFR review specialist frequently contacts the In-Home or CPS investigative social worker for additional details. CFR reviewers may also contact MPD homicide detectives to determine whether MPD suspects maltreatment.

CFR reviewers draft a fatality case summary based on an exhaustive review of the family's entire history with the Agency, including every referral and any case history, as well as any history of the parent or caregiver as a victim child. Reviewers present the case summaries at the monthly internal CFR (ICFR) Committee meeting. ***Note:*** *If the child's family had an open in-home case at the time of the fatality, the supervisor and/or program manager assigned to the case will be invited to the meeting.*

Members of the ICFR committee include representatives from the Office of the Chief Medical Examiner as well as CFSA's Policy Unit and the Office of the General Counsel. If one of CFSA's contracted private agency partners was involved with the decedent's family and case management, the CFR Unit program manager will invite supervisory members of that private agency's case-managing team. *(For more information, see the Agency's Child Fatality Review policy.)*

ICFR participants discuss the following practice areas as they relate to the fatality:

- Did CFSA have an open case at the time of the fatality?
- Is there any initial evidence of child maltreatment related to the fatality?
- Regardless of current Agency involvement, did the CPS investigation reveal presenting risk factors that may have contributed to the fatality? (Risk factors may include but are not limited to substance or alcohol use, bed sharing or other unsafe sleeping practices, children diagnosed as medically fragile, community violence, or youth-involved gang wars, etc.)
- What family challenges did the reviewer identify? (Family challenges may include but are not limited to the parent having their first child as a teenager, even if that child is not identified as the decedent; economic challenges, including housing or employment; histories of domestic violence, including generational histories, etc.)
- Are there any practice, training, or policy issues that need to be resolved as they relate to the child fatality? Are there other systemic issues that need to be addressed (such as teaming, supervision, staffing, access to records, data integrity in FACES.NET, etc.)?
- Was the family involved with other District of Columbia agencies at the time of the fatality? If so, was the interagency involvement addressing the risk factors that may have impacted the cause and manner of the fatality?

The CFR Unit collects data and recommendations from all fatality presentations, publishing two reports for the calendar year: a concise data snapshot and a more comprehensive annual report. *(For more context, In-Home social workers may want to read a sample Annual Child Fatality Review Report.)*

New Reports on Open In-Home Services Cases

CPS investigates all screened-in allegations of abuse. If there is a screened-in allegation for an open In-Home Services case, the Hotline supervisor notifies the assigned In-Home social worker and supervisor of the new report and CPS assignment.

- Whenever possible, the In-Home and the assigned CPS investigative social workers consult together prior to the initiation of the CPS investigation. During this consultation, the two social workers determine whether participation of the In-Home social worker in the CPS interviews will benefit or complicate the investigation process.
- Regardless of the In-Home social worker's participation in the initial interviews, the CPS investigator follows up with the In-Home social worker (either in-person, by phone or email) during the investigative process, particularly with any information that will help inform case practice.
- Prior to closure of the investigation, the CPS investigator discusses the findings and disposition with the In-Home social worker.

During the investigation, CPS also notifies the In-Home social worker and supervisor if there are any additional neglect allegations or new incidents reported that specifically relate to the same allegation that opened the original In-Home case. Depending on the new allegations, the Hotline worker may link the referral to the open investigation or submit the referral to the Hotline RED Team, which will determine whether the report requires a child welfare response.[9]

Reminder: *All social workers are mandated reporters of child maltreatment*. If the In-Home social worker observes abuse or neglect during a home visit or suspects that abuse or neglect has occurred, the social worker must report the incident to the CPS Hotline as a mandated reporter.

Jurisdiction Issues for In-Home Cases

It is not uncommon for families with open In-Home Services cases to relocate to Maryland, Virginia, or another state. Sometimes, the move is temporary and the family does not establish formal residency in the new state. In other situations, the move is permanent. The distinction is important in terms of CFSA's ability to continue case management services. The following circumstances clarify responsibilities for the In-Home social worker.

Family Moves Before Engagement by In-Home Services

In situations where a family is known to be residing in the District of Columbia during the CPS investigation, but the Agency suspects the family has moved to another state before the In-Home social worker has been able to initiate contact with the family (i.e., during or immediately following the investigation), the In-Home social worker will need to confirm the family's move. If the social worker is able to confirm the move, then the social worker must seek to obtain the family's location, new address, and new contact information, if applicable. Location may require a referral to the Diligent Search Unit.

[9] The Hotline RED (review, evaluate, direct) Team includes six to eight individuals who function in a consultative decision-making capacity for key conclusions regarding allegations of maltreatment, and whether these facts meet the threshold for CPS investigations.

Family Moves During an In-Home Case that Has No Family Court Involvement

When a family resides in the District of Columbia and CFSA is providing non-court involved in-home services, and the family moves to another state while the case is open, the In-Home Services social worker needs to confirm the family's location, the new address, and new contact information (if applicable).

Once the In-Home social worker confirms the family's move and new contact information, the social worker completes the following tasks:

- Evaluates the current safety and risk factors and determines if case closure is appropriate.
- Contacts the child protection agency in the family's new state of residence if the current safety or risk factors indicate that case closure would not be appropriate.
- Provides the child protection agency of the new jurisdiction with a summary of the case, a summary of the family's most recent case status (including active services), and any details related to safety and risk factors.
- Documents in FACES.NET all details of the referral submission to the new jurisdiction.

Family Moves During an In-Home Case that Has Family Court Involvement

If a family receiving in-home services moves to another state while a Family Court case is still open, as soon as the In-Home social worker is aware or suspects the move, the social worker notifies the assigned assistant attorney general (AAG). Together, the AAG and the In-Home social worker discuss next steps, including contact with the child protection agency in the new state.

Remember: *Court-involved cases require legal representation for the parent or caregiver. Often the Family Court assigns the legal representative due to the family's financial situation. To locate the family, the In-Home social worker may request assistance from the AAG and the Court to contact the family's legal representative to confirm the new address.*

Family is Temporarily Located in Another State without Establishing Residency

There may be situations where the family is temporarily residing in another jurisdiction due to housing issues or extenuating circumstances. For example, another governmental agency may have helped relocate the family to address housing issues or – in some cases - as part of a temporary witness protection program. If the family has not changed formal residency, CFSA considers the move to be temporary.

How can CFSA continue to provide services to the family when they are located in another jurisdiction?

- For situations specific to a "witness protection" program, the In-Home social worker needs to coordinate with the law enforcement agency responsible for protection of the family. The social worker must determine the nature of the witness protection and the length of time the family remains protected in order to guarantee (as much as possible) child safety during the length of the program.
- Similarly, for families relocated by the D.C. Department of Human Services (DHS) due to housing shortages, the In-Home social worker partners with DHS to coordinate services for the family.

- If the family has temporarily moved in with relatives, the In-Home social worker must consult with the assigned In-Home Services supervisor to determine the need for supportive services and the possibility of working with service providers in the family's new jurisdiction.
- For families rehoused (or temporarily living with relatives), the In-Home Services social worker continues twice monthly visits with the family as well as other services that the family needs. ***Note:*** *There are restrictions on practicing social work in Virginia and Maryland (and other states) without a state-issued license. Social workers should consult with the assigned In-Home Services supervisor.*
- For Family Court-involved cases, the In-Home social worker consults closely with the assigned AAG to determine next steps.
- If any temporary relocation becomes a permanent residence, then the In-Home social worker follows the processes outlined above according to the applicable scenario.

Safe Sleeping Arrangements for Infants

CFSA requires all case-carrying social workers to counsel parents with newborns and toddlers regarding the dangers of bed-sharing.

Remember: *Bed-sharing puts the infant, even the toddler, at high risk of accidental death due to suffocation.*

Despite counseling by the social worker, parents or caregivers may want to keep their babies close to them at night to make it easier to access their infants quickly for night feedings. Some caregivers may not have a separate bassinet or crib for their infant. If needed, the social worker must ensure safe sleeping arrangements through the DC Health *Safe Sleep DC program.* DC Health provides free Pack 'n Play playards for families in need. However, the In-Home social worker may need to assist in setting up the playard.

The Safe Sleep DC Program highlights the following **ABCs** of safe sleep:

- Babies should sleep **ALONE** in a safe, empty crib (or playard).
- Babies should always sleep on their **BACK**, which is the safest sleeping position.
- Babies should always sleep in a safe, secure, and empty **CRIB** (or playard) alone, on a firm mattress.

(For additional information, see Safe Sleep DC. Copies of the safe sleep brochure can be downloaded in English and Spanish from this website.)

Social workers must educate and reinforce to the parent or caregiver to remove any items in the pack-n-play that could compromise a child's breathing or movement. Babies must be put to sleep face up, alone, and in the pack-n-play or crib. This practice reduces the chance of death caused by an unsafe sleep environment. Again, the Agency requires In-Home social workers to always discuss safe sleep practices with caregivers of infants and toddlers.

Remember: *to document safe-sleep discussions in FACES.NET contact notes. Identify the age of the infant or toddler, the date of the discussion and the accurate spelling of the name of the parent or caregiver with whom the discussion took place.*

QUALITY ASSURANCE

Quality Service Review (QSR)

The QSR process is a critical, continuous quality improvement (CQI) strategy for CFSA and its partners to assess standards of practice, regardless of the type of case (i.e., in-home services, out-of-home services, youth services, services for unaccompanied refugee minors, and case-management services provided by CFSA's contracted private agency partners). The QSR process provides a case-based appraisal of frontline practice in real time, allowing for rapid assessment and feedback to social workers and managers.

By incorporating case presentations into the QSR process, program administrations are able to use the CQI feedback loop to strengthen frontline practice, build capacities, and adapt to complex and ever-changing conditions. Overall, the QSR process paves the way for organizational learning that continually improves outcomes for children and families.

Pursuant to the QSR protocol, each QSR review specialist must determine the acceptable practice standards for a series of child and family status indicators while also focusing on the designated internal benchmark for a similar series of practice performance indicators. The designated internal benchmark for acceptable practice performance is 80 percent. Although there are no benchmarks assigned to child and family status, QSR management self-imposes an acceptable standard of 80 percent.

Methodology involves the following activities for a review of an In-Home Services case:

- Two partner reviewers assigned to one case go through the case record and FACES.NET documentation for background information. This initial information allows reviewers to assess how the In-Home social worker uses written assessments and evaluative information in case planning and decision-making.

- The review partners interview as many stakeholders as possible, beginning with the social worker and progressing on to the child, birth parents, other involved family members, school staff, service providers, and others involved with the case (e.g., a mentor or a tutor).

- Reviewers then rate the indicators mentioned above (status of the child, parent or caregiver, and practice performance of the system).

- Next, the review partners conduct a debriefing with the In-Home Services social worker and supervisor to share strengths, challenges, and recommended next steps regarding the case.

- For each In-Home Services case in the sample, reviewer partners must write a narrative or "case story" that highlights effective case practices that can be increased or expanded while also highlighting areas in need of improvement that can be addressed and strengthened.

Indicators

Status of the child – For child status, reviewers examine the situation of the child within the past 30 days, focusing particularly on indicators related to child safety, stability in the home, and behaviors.

Status of the parent or caregiver – Reviewers rate a parent's status according to the parent's protective capacities, caregiving abilities, daily functioning, and ability to address the reasons for the family coming to the attention of the Agency.

Status of the system – Reviewers assess overall performance but focus on team formation, functioning and coordination, as well as the team's capacity to authentically engage and assess the family. When a social work team has successfully engaged and assessed the family, then planning interventions and providing services usually follow with successful outcomes. The review of system performance includes all people working with the child and family, i.e., child welfare staff, school staff, service providers and, as applicable, legal personnel.

Collectively, these three sets of indicators allow reviewers to thoroughly assess functioning of the In-Home Services arm of the child welfare system, based on the sample of In-Home cases reviewed.

QSR Indicators by Section	
Child Status Indicators	
• Safety • Stability • Permanency • Health/physical well being	• Emotional/behavioral well being • Academic status • Responsible behavior • Life skills development
Parent or Caregiver Status Indicators	
• Physical support of the child • Emotional support of the child	• Participation in decisions • Progress toward safe case closure
System Status Indicators	
Practice Performance Indicators	**Attributes and Conditions of Practice**
• Engagement • Coordination and leadership • Team formation/functioning • Assessment and understanding • Case planning process • Implementation ·	• Tracking and adjustment • Pathway to safe case closure • Maintaining family connections • Family Court interface • Medication management • Informal family support/connections

Scoring

According to the patterns detected via observations, interviews, record reviews, and analyses, the QSR partner reviewers select an appropriate level out of 6 possible pattern descriptions. Each protocol description provides a qualitative appraisal and rating. The scale runs from **1 - adverse performance** to **6 - optimal & enduring performance**. Overall, scores are divided into one of the following two options:

- By zones - **Improvement**, **Refinement**, or **Maintenance**
- By status - **Acceptable** or **Unacceptable**

QSR Interpretive Guide for Practice Performance Indicators		
Zone	**Scoring**	**Status**
MAINTENANCE Status is favorable. Maintain and build on a positive situation.	**6 - Optimal & Enduring Performance** At this level there is excellent, consistent, and effective practice for this person in this function area	**ACCEPTABLE**
	5 - Good Ongoing Performance At this level, the system function is working dependably for this person, under changing conditions and over time.	
REFINEMENT Status is minimal or marginal, possibly unstable. Make efforts to refine situation.	**4 - Fair Performance** Performance is minimally or temporarily sufficient to meet short-term needs or objectives.	
	3 - Marginally Inadequate Performance Practice at this level may be underpowered, inconsistent, or not well-matched to need.	**UNACCEPTABLE**
IMPROVEMENT Status is problematic or risky. Act immediately to improve situation.	**2 - Poor Performance** Practice at this level is fragmented, inconsistent, lacking necessary intensity, or off-target.	
	1 - Adverse Performance Practice may be absent or not operative. Performance may be missing (not done). Strategies may be contraindicated	

Remember: *The QSR process is a CQI strategy! To ensure a proper 360° communication loop, the QSR team first prepares managers from the different administrations through a QSR "entrance conference" and then, after analyzing data results from each administration's QSR sample, the QSR team provides results during an "exit conference."*

(For more context, In-Home social workers may want to read a sample Annual Quality Service Review Report.)

Child and Family Services Review (CFSR)

The federal Department of Health and Human Services (USHHS) oversees the periodic Child and Family Services Review (CFSR)[10] process through the Children's Bureau, an office within the USHHS Administration for Children and Families. The Children's Bureau conducts a CFSR for every state child welfare agency, including CFSA, to ensure conformity with federal child welfare requirements, to determine what is actually happening to children and families in child welfare services, and to assist states in helping children and families achieve positive outcomes.

During this federal review process, each state selects a number of random cases for the CFSR to assess overall system performance, identify areas of strength and illuminate areas needing improvement. The results from CFSRs inform the development of a system-specific Program Improvement Plan that incorporates strategies to improve overall case and system practice in the areas identified as needing improvement.

The CFSR process requires reviewers to conduct a more exhaustive examination of practice (in-home and out-of-home cases) than the local QSR process. The CFSR evaluates in detail each subset of the following three safety, permanency, and well-being outcomes as well as the following seven systemic factors.

OUTCOMES
Safety

• Children are, first and foremost, protected from abuse and neglect.
  ○ Timeliness of initiating investigations of reports of child maltreatment
  ○ Repeat maltreatment
• Children are safely maintained in their homes whenever possible and appropriate.
  ○ Services to family to protect children in home and prevent removal
  ○ Risk of harm to child

Permanency

• Children have permanency and stability in their living situations.
  ○ Foster care re-entries
  ○ Stability of foster care placement
  ○ Permanency goal for child
  ○ Reunification, Guardianship or Permanent Placement with Relatives
  ○ Adoption
  ○ Permanency goal of other planned permanent living arrangement
• The continuity of family relationships and connections is preserved for children.
  ○ Proximity of foster care placement
  ○ Placement with siblings
  ○ Visiting with parents and siblings in foster care
  ○ Preserving connections
  ○ Relative placement
  ○ Relationship of child in care with parents

[10] The first and second round of CFSRs took place between 2001 and 2010. The third round took place between 2015 and 2018. For more information on CFSA's involvement, see https://cfsa.dc.gov/page/child-and-family-services-review-cfsr

OUTCOMES
Well-being

• Families have enhanced capacity to provide for their children's needs.
  ○ Needs and services of child, parents, foster parents
  ○ Child and family involvement in case planning
  ○ Worker visits with child
  ○ Worker visits with parent
• Children receive appropriate services to meet their educational needs.
  ○ Educational needs of the child
• Children receive adequate services to meet their physical and mental health needs.
  ○ Physical health of the child
  ○ Mental health of the child

SYSTEMIC FACTORS
Statewide Information System
• The state is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care.
Case Review System
• Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions. • Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by an administrative review. • Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act. • Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.
Quality Assurance System
• The state has developed and implemented standards that ensure that children in foster care are provided quality services that protect the safety and health of the children. • The state is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP)[11] are provided, that evaluates the quality of services, identifies strengths, and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

[11] Per the Children's Bureau website, "In order to receive federal funding under title IV-B, a state or tribal agency requesting title IV-B funds must submit a 5-year Child and Family Services Plans (CFSP) and Annual Progress and Services Reports (APSRs). The CFSP is a strategic plan that sets forth a state's or tribe's vision and goals to strengthen its child welfare system."

SYSTEMIC FACTORS

Training

- The state is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.
- The state provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.
- The state provides training for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Service Array

- The state has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.
- The services in the previous item are accessible to families and children in all political jurisdictions covered in the state's CFSP.
    - The services in the first item can be individualized to meet the unique needs of children and families served by the agency.

Agency Responsiveness to the Community

- In implementing the provisions of the CFSP, the state engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.
- The agency develops, in consultation with these representatives, annual reports of progress and services delivered.
- The state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Foster and Adoptive Parent Licensing, Recruitment and Retention

- The state has implemented standards for foster family homes and childcare institutions, which are reasonably in accord with recommended national standards.
- The standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-E or IV-B funds.
- The state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.
- The state has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of the children in the state for whom foster and adoptive homes are needed.
- The state has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

APPENDICES

Home Condition and Taking Photos

Purpose of this Document

This guidance focuses on assessing, addressing, and documenting our work with families when the home condition is one of the current or past reason for agency (CFSA) involvement.

It also provides guidance on taking photos of the home environment when conducting a home safety assessment.

Context/Background Information

Every year, many children experience some form of permanent damage due to unintentional/accidental injuries. Infants and toddlers are at high risk of unintentional injury or death due to their inability to recognize and react to protect themselves from the danger.

The environments of children who have been found to be maltreated can often be unsafe, particularly for toddlers. Parents/Caregivers may be unaware of the potential hazards in their home, such as access to medications, poisons, falling hazards, drowning hazards, ingestible objects, sharp objects, firearms, electrical outlets, or cluttered sleeping quarters for infants.

As an in-home social worker, it is our responsibility to do environmentally focused assessments that include assessing the home, access to dangerous materials or weapons, safety hazards, adequate/sufficient food, and overall adequacy of the environment.

While it may be impossible to eliminate all the dangers children encounter in their homes, one of the most important factors in reducing those dangers is parent education.

Actions Steps

- During all visits (virtual or in-person), an effective home assessment that focuses on safety of the child(ren) must occur.
- Photos should be taken of the home condition during each visit/contact, whenever possible and safe to do so.
- Communication
  - Have open and honest communication with the family about your assessment of the home condition and how it connects to child safety and/or well-being.
  - Communicate upfront with families the intent and purpose of taking photos.
- Service Planning
  - Partner with the family to develop strategies to address the home condition.
  - Refer families to services that support addressing the home condition issue. Some resources include homemaker services, Virginia Williams Family Resource Center, emergency hotel (refer to AI) and CFSA Community/Shelter Liaison (Winifred)
- Document the following at least once a month or at each family contact, if appropriate.
  - Assessment of the home condition and impact on child safety and well-being
  - Plan developed to include family and agency responsibilities to improve the home condition.
  - Parent/Caregiver response to efforts, plan, etc.
  - Progress being made and barriers impacting progress
  - Whether the condition of the home has changed (for the worst or better) since the last assessment. If so, qualify that with specific examples.

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Importance of Taking Photos

- A thorough home assessment should be conducted during every visit. It is particularly important to conduct that assessment and take photos of the environment when there is an allegation of inadequate shelter, inadequate supervision, inadequate food and/or clothing.
- It is important to communicate with families upfront of our intention and plan to take photos over the course of the case. It can be initiated at the Partnering Together Conference (joint home visit) which is part of the transfer process.
    - Example language: As part of our work together I will document progress… One way that will be done is to take photos of your home along our journey.
- If photos are taken at different times of our involvement with the family, the photos can show the chronicity or prevalence of the problem, as well as be used as corroborating information in seeking court intervention or justify safe case closure.
- Proper documentation and taking photos during each visit can show progress, over time or lack thereof that a family is making to improve/address the home condition.
- Is it safe or appropriate to take photos during the visit? (Worker safety and threats)
- When substance use, mental health or domestic violence is a concern in the family, the home condition can change significantly in between visits/contacts with the family. As such, taking photos more frequently is an important tool in documenting these drastic changes.

Basics to Consider in the Home Assessment -What Are We looking for During the Home Visit?

Remember, the overall goal is to determine whether a child is safe at home. These things are just specific benchmarks that help us make that determination.

Cleanliness - We are not looking for perfection or a sparkling clean-living environment. Life with children can be messy and at times a little chaotic. When we conduct our home assessments, we are concerned with ensuring sanitary conditions. The following are some of items we look at around cleanliness:

- **Feces** – we look for human and animal feces in the home.
- **Infestations** - Insect and rodent infestations are generally considered an indicator of unsanitary living conditions. This isn't always the case, of course, but it is something that we will look for in a home visit.
- **Rotten Food**
- **Laundry** - piles of dirty laundry are not good.
- **Smells** - The smell of a home can tell someone a lot about how clean it is on a regular basis. Even if it looks clean, a lingering odor can betray past negligence.
- **Tidiness** - Tidiness is important. If a house is tidy, it will usually be clear of tripping or choking hazards. It will also be free of clutter that could pose a danger if a fire or other emergency were to happen.
- **Trash** - There should not be any trash in the house that isn't in a trash can or in the house for a long period of time that it may cause one of those smells mentioned earlier.
- **Utilities** – we look for running, clean water because this is considered a sanitary need. We should check for flushing toilets and other functional utilities.

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Safety Hazards **-** There are many types of safety hazards that we look for during a home visit. This is probably the most important section related to what we are looking for around safety.

- **Burn Hazards –** Checking the temperature of the hot water to ensure that children are not in danger of scalds or burns. Looking for safety in the use of stoves, hot plates, irons, and other equipment that could cause burns.
- **Choking Hazards -** Small objects left in the reach of very young children can present a choking hazard. We will take note of any risks that are present in your home.
- **Drug Paraphernalia -** Any drug paraphernalia is a red flag. Second-hand smoke in the home is also something that we will pay attention to, especially if the children have asthma or other lung problems.
- **Drowning Hazards -** Children take baths only under adult supervision. Children are never left unsupervised in a bathroom, even briefly.
- **Environmental Danger -** Sometimes, older, and cheaper homes can be quite dangerous. Exposed wiring, broken appliances, shattered glass, and even dangerous neighborhoods can pose extra risks to children. Broken outlet covers could also be a problem. Sometimes lead in the paint.
- Be mindful of anything that could pose a trip hazard, fall hazard, electrical hazard, or any sort of safety hazard. We should take note of all these things during a home visit.
- **Fire Hazards -** Doors or windows permanently blocked or closed. If so, that may pose a danger in case of a fire or other emergency. Do the smoke alarms work. Appropriate use of space heaters.
- **Guns & Weapons -** If guns and other weapons are accessible to children, that's a major problem. Weapons should be stored in a locked cabinet, out of reach and inaccessible to children. Firearms should not be loaded, and ammunition should be stored in a separate location.
- **Chemicals & Cleaning Products -** Many household cleaners, medications and home improvement products can be poisonous. They need to be stored safely out of reach of children. It is recommended to keep medications (including over-the-counter medications) in a locked cabinet.
- **Other safety hazards -** Other general safety hazards will be searched for as well. These may include things like stairs without gates, lack of safety restraints in the vehicles, etc.

Bedrooms **-**Sleeping arrangements are an important part of our home assessment.

- **Bed -** Children under the age of 24 months should sleep in a crib, free of blankets, pillows, stuffed animals, bumper pads, and other materials. Any bunk beds must have railings on both sides of the upper tier to prevent falls. Children who are sleeping in the top bunk should be old enough and mature enough to do so safely.
- **Co-Ed Roommates –** We (In-home) don't generally disapprove of boys and girls sharing a bedroom but there are some housing regulations and a different standard for children who are in foster care and residing in a licensed foster home or kinship home after a certain age. We do pay attention to any noted concerns of children being inappropriately touched or sexually violated and if the current supervision needs to be enhanced or sleeping arrangements altered.
- **Clothing –** Adequate clothing and clean clothing. Also, appropriate seasonal clothing
- **Personal Possessions -** As we check the child's room, we will see the child's sleeping arrangements, bedding, toys, and other possessions. These are all considered indicators of whether a child is well cared for.

Return to TOC

- **Windows -** The children must have a safe place to sleep. Generally, alternatives like closets and hallways are not considered safe bedrooms because each bedroom should have a window that can open in case of an emergency.

Kitchen - The kitchen plays an important role in every family's life.

- **Food –** We will want to see that the family has food in the house, and that the food is available to the children. The refrigerator should be clean and well-stocked. The pantry and/or cupboards should have food. There should not be a lock on the kitchen door, fridge or cupboards that would prevent the child from accessing food if the child is hungry. We want to make sure that there is no rotting food in the kitchen or anywhere in the house.
- **Knives -** We want to make sure that there are no unsecured knives or other dangerous objects within reach of the children.
- **Trash -** Trash is stored away from food preparation and storage areas.

Pets

- **Cleanliness -** Litter boxes, shedding fur and other pet-related messes may be a cause for concern. If the pet is indoors, make sure that the pet's messes are taken care of.
- **Fleas/Ticks -** We want to know if the pets are well cared for. If pets have an infestation untreated, it will reflect poorly on the family's caregiving.

Outside - There are some dangers that can exist outside of the home, also. If the family rents an apartment, these aren't necessarily things the family need to worry about. If they're in a home, however, we need to add these things to the list of things to look for.

- **Road Safety -** If the home is located near a busy road, the yard should be adequately fenced to keep small children safe from getting into the road.
- **Water Features -** If a pool or water feature is present, it should be fenced or gated so that younger children cannot fall in.

Different ways to describe the home

- Excessive hoarding
- Unsanitary conditions
- Uninhabitable
- Condemned home
- Unsafe living conditions

Examples of home condition concerns

- No running water, heat, or electricity
- Bed bug infested furniture
- Human or animal feces on the floor or other furniture
- Spoiled food on the floor
- Urine-soaked bedding
- Strong smell of urine (human or animal)

Return to TOC

- Broken windows and doors, no screens
- No or minimal food
- Encrusted food and dirty dishes
- Unsafe flooring (holes, rotted)
- Weapons visible and accessible
- Food and feces incrusted in children's hair and/or bodies
- Urine-soaked diapers on child
- Dirty diapers throughout the home
- Sharp items on the floor or accessible in other ways
- Kitchen infested with roaches or other
- Plumbing doesn't work and signs of feces
- Cluttered sleeping quarters for infants
- Mold and/or mildew growth on the walls, ceilings, floors, and other areas of the home, such as the refrigerator, sink, etc.

How Can We Help Families?

The good news is that the agency may be able to provide help fixing many of the issues discussed above. We may be able to provide funding, negotiate with landlords or provide resources to help families remedy some of these problems. Below are a few ways we can support.

- Homemaker services
- Referral for a pack-n-play, cribs, children's beds, and dressers
- Emergency hotel shelter (refer to Administrative Issuance)
- Refer to Virginia Williams/Winifred Finley
- Refer to a Family Peer Coach
- Refer to the Collaborative to team the case
- Referral for flex funds to assist with immediate needs
- Referral for rapid housing funds

Return to TOC

CFSA – In-Home Tip Sheet

In-Home Clinical Consultations

OVERVIEW/PURPOSE

The In-Home Clinical Consultations (IHCC) offer a safe and supportive space where in-home cases are reviewed and analyzed to provide guidance and insight. Consultations are not meant to replace supervisory decision making or existing clinical processes. Consultations are convened to view a case in a new way with the In-home Program Managers (PM) and Program Administrator (PA), which may provide the social work team with new clinical insight or information.

FREQUENCY/DURATION

IHCC will be available every Tuesday from 1pm to 3pm, unless otherwise indicated. A Microsoft Teams invite will be sent to everyone in the In-home Administration. Cases will be discussed in the order of the presenters logging onto the Microsoft Teams meeting.

PROCEDURE

Before the Meeting

- Social Worker and Supervisor should review the "Presentation Guide" to assist in organizing the important information to share at the meeting.
- Social Worker and Supervisor should log onto the Microsoft Teams meeting by 1PM, if presenting a case.

During the Meeting

- The order of cases to be presented will be confirmed.
- If more than one team is present, individuals may remain on the meeting until it is their time to present, or they can request to be called back in the meeting, when it is their turn to present.
- In-home Administrative team member will collect information on cases being presented to be used for aggregate reporting.

The Presentation

- Each Social Worker and/or Supervisor will present their case.
- There are no set time limits for each presenting team, however the PM's and PA will facilitate the discussions to ensure the best use of time.
- The presenting team shall make note of any recommendations made during the meeting, and follow-up as appropriate.
- The presenting team may use visual graphics or share documents, such as a genogram, if it will help the process.

TYPES OF CASES

- Domestic Violence Consultation
- Psychiatric Residential Treatment Facilities (PRTF) Consultation
- General Consultation

General Presentation Guide

Background Information and Context

- **Purpose of the case consultation** - (D/V, PRTF, General) Critical decisions to be made.
- **Identifying who is in the family** - significant people in the family who are relevant in building safety, belonging and well-being.
- **Cultural considerations** – how family identifies culturally, how differences in culture might be impacting our work with the family.
- **SDM Assessments** – safety decision and family risk level.

What Are We Worried About?

- **Past Harm** – Describe the behavior of the parents, the impact of this behavior on the children and how we know this information. Describe when, how often and where it occurred.
- **Complicating Factors/Future Worries** – Describe things that make the situation more complicated both for family members and for professionals involved, and that make it more difficult for the family to protect the children. What are we worried will happen to the children if nothing was to change?

Note: *Distinction between harm and future worries – If we can identify how the parents' behavior has negatively impacted the child in the past, then we have harm. If we are worried but have no knowledge or information that this has negatively impacted the child in the past, then it is a complicating factor.*

What's Working Well – Things that are happening in the family that contribute to the safety, belonging and well-being of the child.

- **Protection and Belonging** – Parents have taken actions or made decisions that led to the children being safe in relation to the identified worries/dangers. The times that children could have been harmed but were protected from this by actions or decisions made by the parents.
- **Strengths and Resources** – Things that are happening in the family, family's resources, and capacities, that have helped or can help the family to protect the children, related to the worries.

Safety & Well-Being Scale – How safe is the child, on a scale of 0 to 10?

- **0** – situation is so bad for children we need to separate them and bring them into care.
- **10** – There is enough safety and well-being for the children to close the case.

What Needs To Happen – This section will be collaboratively developed during the meeting.

- **Worry/Risk Statements** – what we are worried parents will do or not do (within particular circumstances) that could lead to the children being hurt.
- **Goal Statements** – What we want to see the parents doing instead in these or similar circumstances to make sure the children are safe.
- **Next Steps** – The actions that the family, the agency, and everyone else involved need to take in working toward achieving the goal statements.

Domestic Violence Consultation Guide

Benefits of The Domestic Violence Consultation

- Understand how mothers, fathers (caregivers) and children are involved in the case planning process by
  - assessing an offender's readiness to change his/her violent behavior
  - partnering with survivors to help them identify what is required in the case plan to create safety
  - ensuring a child receives the care they require if domestic violence has harmed/affected them
- Develop safe case plans with realistic goals and interventions that can be monitored and adapted.

Collaborative Assessment and Planning Considerations

Consider what we have learned about the offender's use of violence by using a perpetrator pattern focus and consider how behavior change can be encouraged through case planning.

Consider separate conversations and case plans for parents/caregivers. This is critical to keep the non-offending parent and the child safe from violent repercussions.

Ways the Questions in This Guidance Can Help in Case Planning

Applying the questions in this guidance when working with an offender who uses violence helps to organize in relation to what behaviors the offender is using to harm the children and disrupt the non-offending parent's ability and capacity to effectively parent.

It can help identify the intersection with mental health and/or alcohol and other drug use as complicating factors, while at the same time keeping the offender's *choice* to use violence at the forefront of any case planning with the family. This way of working highlights to the survivor that he/she is not to blame for the violence, and that the offender must make changes to his/her behavior to enhance the children's safety, belonging and wellbeing.

When used in partnership with the children, caregivers and extended safety and support network, it helps to get a balanced assessment of what has happened and what is happening in the family in relation to safety, belonging and well-being of the children. It also helps the team working together to enhance the children's future safety, belonging and well-being.

BACKGROUND INFORMATION AND FOUR KEY QUESTIONS TO PRESENT DURING THE IHCC

Background Information & Context

- **Purpose of the case consultation** – What is the team looking for from this consultation?
- **Identifying who is in the family** – Who is in the family and network? Who cares about the child/family? Who has provided safety and support? Who is willing to help?
- **Cultural considerations** – How does the family identify themselves culturally? Which family members/ agencies need to be involved in the assessment and decision making?
- **SDM Assessments** – Safety decision and family risk level?

Four Key Questions

1. What has happened/is happening within the family that worries us?
    - **Harm** – Times when a child has been significantly harmed (physically, psychologically, or emotionally) as a result of actions/inactions by the caregiver. When outlining harm consider the offender's patterns of coercive control using statements outlining clear, descriptive specific behaviors in context that is linked to the harm of the child. Actions taken by the offender to harm the child.
    - **Complicating Factors** - Things that contribute to greater difficulty for the family and that could make it more difficult for the family to protect and care for the children and/or for the agency and the family to work together. Outline the role of substance use, mental health, and other factors. Delineate the relationship between these factors and the domestic violence. For example, a father encouraging the mother to drink then making reports to CPS voicing concern for her use of alcohol.
2. **What is going well within the family?**
    - **Protection and Belonging** – Actions taken by the caregivers or network, that protected the child from harm. Actions by the caregivers or network, that promoted enduring connections to family, community, and culture.
    - **When outlining acts of protection** consider the full spectrum of the survivor's actions to promote the safety and well-being of the child.
    - **When outlining belonging** consider how the survivor has promoted the child connection to family, community, and culture in the context of the violence.
    - **Strengths and Resources** – Positive factors, resources or capacities in a child or family's life that help or could help the family to enhance the children's safety, belonging and well-being.
3. **Safety and wellbeing scale**: On a scale of 0 to 10, how safe is it for the children in the care of the family now? 10 means the children are safe enough for the case to close and) means there is not enough safety for the children to live at home now.
   This final question will be collaboratively answered during the consultation:
4. **What needs to happen for the children to be safe and well in the future?** Identify future worries, collaborative goals, and action steps.
    - **Worry/risk statements developed will incorporate worries about harm and risk of harm** – including the ongoing adverse impact of the offender's behavior to the child if the offender's behavior doesn't change. What are people (survivor, child, family, and professionals) worried will happen to the child if nothing changes?
    - **Consider domestic violence sensitive and trauma informed principles** when crafting goals and ensure that case plan goals enhance safety.
    - **What needs to happen next?** Who has agreed to do what, when? (May include developing a safety plan that keeps the offender accountable for his/her behaviors.)
    - **What needs to be demonstrated**, over time, to address the worry statements and to ensure the child is safe, well and connected to family, community, and culture?

PRTF Consultation Guide

PURPOSE

Determine if the case should be presented at the CFSA's Internal PRTF panel/committee meeting. Present child's behaviors that warrant further discussion with CFSA's internal meeting to obtain a recommendation of placement in a PRTF or Diagnostic Center.

Sharing the information below or having it prior to presenting a case at the internal PRTF panel, will sharpen the discussion during the PRTF panel meeting and will increase the likelihood that a youth who is approved by the committee will be accepted into a program.

WHAT SHOULD BE SHARED AT THE IHCC – PRTF CONSULTATION

In addition to sharing the information outlined in the ***"General Presentation Guide"*** section, the following information should be shared about the child being considered for a PRTF:

1. Child's name
2. Child's age
3. Child's strengths
4. Child's manifested behaviors because of his/her trauma
5. Other DC agencies or collateral supports recommending PRTF or Diagnostic placement
6. Child's placement history
7. Child's parent/caregiver involvement
8. Child's education status
9. Services child is currently receiving and progress
10. Evaluations child has received to date
11. From the most recent evaluation discuss the following:
    a. Recommendations
    b. Were the recommendations implemented
    c. Were there any barriers to any recommendation implementations
12. Indicate if discussion has occurred with child, the child's parents, and GAL about PRTF; give outcome on those discussions
13. What the team is hoping will be achieved by having the child placed at a Diagnostic and/or PRTF placement

ADDITIONAL INFORMATION TO GATHER FOR CFSA'S INTERNAL PRTF PANEL/COMMITTEE MEETING

- Psychiatric Evaluations (from within six months of referral)
- Psychological Evaluations (from within two years of referral)
- Diagnostic Assessments
- Treatment Plans
- Discharge Recommendations
- Hospitalization Records (any available records)
- Psychosocial Summary
- Court Reports, if applicable
- Treatment Team Meeting Notes (including participants)
- IEP or Special Education Documentation
- List of Case Team Members

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Insert Date

To Whom It May Concern:

This letter is to inform you that the child(ren) named below is in the care and custody of the Child and Family Services Agency (CFSA) pursuant to D.C. Code §§ 16-2309, 16-2312, or 16-2320. The child(ren) is a resident of the District of Columbia and, because of her/his/their legal status has an income of zero. The current placement is with Resource Parent Name(s) at Resource Parent Address.

Name	DOB	Gender	Medicaid #

This letter gives the above-named resource parent(s) the authority to make reasonable and prudent parental decisions that maintain the health, safety, and best interests of the child including consenting to routine medical and dental treatment on behalf of the child. Routine medical and dental treatment **does not** include immunizations, invasive procedures, psychiatric medications, psychiatric treatment or sedation.

If you have any questions and/or concerns, please do not hesitate to contact me at the information listed below.

Sincerely,

Social Worker's Signature

Social Worker's Printed Name

Title

Agency Name

Agency Address

Phone Number(s)

Deputy Director or Adminstrator Signature

Deputy Director or Adminstrator Name

Title

Phone Number

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Child and Family Services Agency

Authorization to Access and Disclose Information

****Si usted no entiende el idioma Inglés, favor de pedir este formulario en Español**.**

Instructions

- Use this Authorization to authorize CFSA to disclose or receive information about a client (adult or child) if the information is not health related or does not concern substance abuse.
- Do not use this Authorization for the release of medical or dental information. Instead, use the "Authorization to Disclose Medical or Dental Information".
- Do not use this Authorization for the release of mental health or substance abuse information. Instead, use the "Authorization to Disclose Mental Health and Substance Abuse Information".
- If the client is Spanish-speaking and does not read English, give her or him the Spanish version of this Authorization. This form is also available in other languages upon request
- If a client is physically unable to complete the Authorization, CFSA staff may complete the Authorization under the direction of the client, as long as the client signs or marks the Authorization.
- This Authorization must be signed by someone who legally can make decisions regarding the individual who is the subject of the information. This is generally the individual if he or she is 18 years of age or older. For individuals under 18 years of age, this is generally the parent or legal guardian. **If the parent or legal guardian is not available to sign, or there are questions about who can sign, contact the Office of General Counsel.**
- Use a separate Authorization for each disclosure of information to CFSA or by CFSA

Section A: Individual who is the subject of the information		
Last Name:	First Name:	Middle Initial:
Any other name used:		
Address: *(Street Address/City/ State/Zip)*		
Telephone:		
Date of Birth: (*Month/Day/Year)*	Social Security Number:	

Section B: Authorized use or disclosure

I, _____ , authorize _____

(individual, parent, legal guardian or legal custodian) *(person or organization authorized to disclose information)*

to disclose the following information concerning the above-identified person to: _____

(person organization authorized to receive information)

Information authorized to be disclosed

(check each type of record for which release is authorized):

- ☐ Employment
- ☐ Housing (including both rental and owned properties)
- ☐ School
- ☐ Social services
- ☐ Financial, including credit information
- ☐ Motor vehicle
- ☐ Wage & earning, including information concerning unemployment benefits
- ☐ Tax returns
- ☐ Child protection clearance
- ☐ Other(s)(specify)_____

- In authorizing this disclosure, I understand that this information will be used for the purpose of: _____

_____

- I understand that this Authorization permits the release of both oral information and documents.
- I understand that the information used or disclosed on the basis of this Authorization could be disclosed again by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.
- I understand that I may revoke this Authorization at any time by giving my written revocation to:

D.C. Child and Family Services Agency
attn: *(insert name of social worker)*
200 I Street, SE
Washington, DC 20003

- I understand that revocation of this Authorization will *not* affect any action CFSA took in reliance of this Authorization before it received written notice of my revocation.
- I understand that this Authorization will expire 365 days from the date on which I sign it, and that I may sign a new Authorization for an additional 365 day period.
- I have received a copy of this Authorization.
- **I understand that this Authorization is voluntary.**

Section C: Signature

Signature:	If this authorization is signed by a parent, legal guardian or legal custodian, complete the following:
Print Name (*Last/First/Middle Name*):	Name printed:
Address:	Relationship to individual *(check one):* ☐ Parent ☐ Legal guardian ☐ Legal custodian
Phone number:	
Date:	

THIS AUTHORIZATION EXPIRES 365 DAYS FROM THE DATE OF EXECUTION.

Include this authorization in the individual's records and provide a copy to the individual or her/his parent, legal guardian or legal custodian.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Authorization to Disclose Medical or Dental Information

Si usted no entiende el idioma Inglés, favor de pedir este formulario en Español.

Instructions

- Use this Authorization to authorize CFSA to disclose medical or dental information about a client (adult or child). Also, use this Authorization to disclose medical or dental information to CFSA.
- Do not use this Authorization for the release of mental health or substance abuse information. Instead, use the "Authorization to Release Mental Health and Substance Abuse Information".
- If the client or personal representative is Spanish-speaking and does not read English, give her or him the Spanish version of this Authorization.
- If a client is physically unable to complete the Authorization, CFSA staff may complete the Authorization under the direction of the client, or her or his personal representative, as long as the client, or her or his personal representative, signs or marks the Authorization.
- This Authorization must be signed by someone who legally can make decisions regarding the health care of the individual who is the subject of the health information. This is generally the individual if he or she is 18 years of age or older. For individuals under 18 years of age, this is generally the parent or legal guardian. However, a child under 18 years of age may authorize the release of information concerning the prevention, diagnosis or treatment of pregnancy or its lawful termination, or a sexually transmitted disease. **If the parent or legal guardian is not available to sign, or there are questions about who can sign, contact Health Services or the Office of General Counsel for directions on how to proceed.**
- Use a separate Authorization for each disclosure of information to CFSA or by CFSA.

Section A: Individual who is the subject of the information		
Last Name:	First Name:	Middle Initial:
Any other name used:		
Address: *(Street Address/City/ State/Zip)*		
Telephone:		
Date of Birth: (*Month/Day/Year)*	Social Security Number:	

Section B: Authorized use or disclosure

I, _____ , authorize _____

(individual or personal representative) *(person/organization authorized to disclose information)*

to disclose the following information concerning the above-identified person to: _____

_____

(person/organization authorized to receive information)

Information Authorized to be Released *(Check all that apply and provide additional information as needed):*

Date of Service (specify dates or date range): _____ to _____

Release the following information (check (☑) all that apply):

☐ All Records	☐ Inpatient Records	☐ Outpatient Records	☐ Dental Records
☐ Immunization Record	☐ Emergency Room Records	☐ Well-Child/Physicals	
☐ Laboratory Records	☐ Radiology Records	☐ Discharge Summary Reports	

☐ In authorizing this disclosure, I understand that this information will be used for the purpose of:

_____

_____

OR

☐ This Authorization is made at my request and I elect not to state the purpose.

- I understand that the above-named individual's health information may include information relating to sexually transmitted diseases, genetics, sexual activity including contraceptive methods, acquired immunodeficiency syndrome, (AIDS) or human immunodeficiency virus (HIV) where applicable.
- I understand that this Authorization permits the release of both oral information and documents.
- I understand that the information used or disclosed on the basis of this Authorization could be disclosed again by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.
- I understand that I may revoke this Authorization at any time by giving my written revocation to:

D.C. Child and Family Services Agency
Attention: CFSA Privacy Office
200 I Street, SE
Washington, DC 20003

- I understand that revocation of this Authorization will *not* affect any action CFSA took in reliance of this Authorization before it received written notice of my revocation.
- I understand that this Authorization will expire 365 days from the date on which I sign it, and that I may sign a new Authorization for an additional expire 365 day period.
- I have received a copy of this Authorization.
- **I understand that this Authorization is voluntary and that CFSA will not condition any treatment that would otherwise be provided on this Authorization.**

Section C: Signature

Signature:	If this authorization is signed by a personal representative on behalf of the individual, complete the following:
Print Name (*Last/First/Middle Name*):	Personal Representative's Name:
Address:	Relationship to Individual *(check one):* ☐ Parent ☐ Legal guardian ☐ Legal Custodian
Phone number:	
Date:	

THIS AUTHORIZATION EXPIRES 365 DAYS FROM THE APPROVAL DATE.

Include this Authorization in the individual's records and provide a copy to the individual or her/his personal representative.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Authorization to Disclose Mental Health or Substance Abuse Information

Si usted no entiende el idioma Inglés, favor de pedir este formulario en Español.

Instructions

- Use this Authorization to authorize CFSA to disclose mental health or substance abuse information about a client (adult or child). Also, use this Authorization to disclose mental health information or substance abuse information to CFSA.
- Do not use this Authorization for the release of health information that is not mental health or substance abuse information. Instead, use the "Authorization to Disclose Medical or dental Information".
- If the client or personal representative is Spanish-speaking and does not read English, give her or him the Spanish version of this Authorization.
- If a client is physically unable to complete the Authorization, CFSA staff may complete the Authorization under the direction of the client, or her or his personal representative, as long as the client, or her or his personal representative, signs or marks the Authorization.
- This Authorization must be signed by someone who legally can make decisions regarding the health care of the individual who is the subject of the health information. This is generally the individual if he or she is 18 years of age or older, except as provided below, generally the parent or legal guardian if the individual is under 18 years of age. For mental health information, if the individual is between 14 and 18 years of age, the child and the parent or legal guardian must sign the consent unless the child received the mental health treatment without the parent/legal guardian's consent; in that circumstance, if CFSA is seeking the disclosure of information concerning the services or supports received, the child alone is the person who much sign the Authorization. **If the parent or legal guardian is not available to sign, or there are questions about who can sign, contact Health Services or the Office of General Counsel for directions on how to proceed.**
- Use a separate Authorization for each disclosure of information to CFSA or by CFSA.

Section A: Individual who is the subject of the information		
Last Name:	First Name:	Middle Initial:
Any other name used:		
Address: *(Street Address/City/ State/Zip)*		
Telephone:		
Date of Birth: (*Month/Day/Year)*	Social Security Number:	

Section B: Authorized use or disclosure

I, _____ , authorize _____

(individual or personal representative) *(person/organization authorized to disclose information)*

to disclose the following information concerning the above-identified person to: _____

_____.

(person/organization authorized to receive information)

Information Authorized to be Released *(Check all that apply and provide additional information as needed):*

Date of Service (specify dates or date range): _____ to _____

Release the following information (check (☑) all that apply):

☐ All Records ☐ Inpatient Records ☐ Outpatient Records

☐ Discharge Summary Reports ☐ Laboratory Records ☐ Emergency Room Records

☐ In authorizing this disclosure, I understand that this information will be used for the purpose of:

_____

_____

_____

- I understand that this Authorization permits the release of both oral information and documents.
- I understand that the client has the right to inspect her or his record of mental health information.
- I understand that I may revoke this Authorization at any time by giving my written revocation to:

D.C. Child and Family Services Agency
Attention: CFSA Privacy Office
200 I Street, SE
Washington, DC 20003

- I understand that revocation of this Authorization will *not* affect any action CFSA took in reliance of this Authorization before it received written notice of my revocation.
- I understand that this Authorization will expire 365 days from the date on which I sign it, and that I may sign a new Authorization for an additional 365 days. The Authorization will expire on _____.
- I have received a copy of this Authorization.
- **I understand that this Authorization is voluntary and that CFSA will not condition any treatment that would otherwise be provided on this Authorization.**

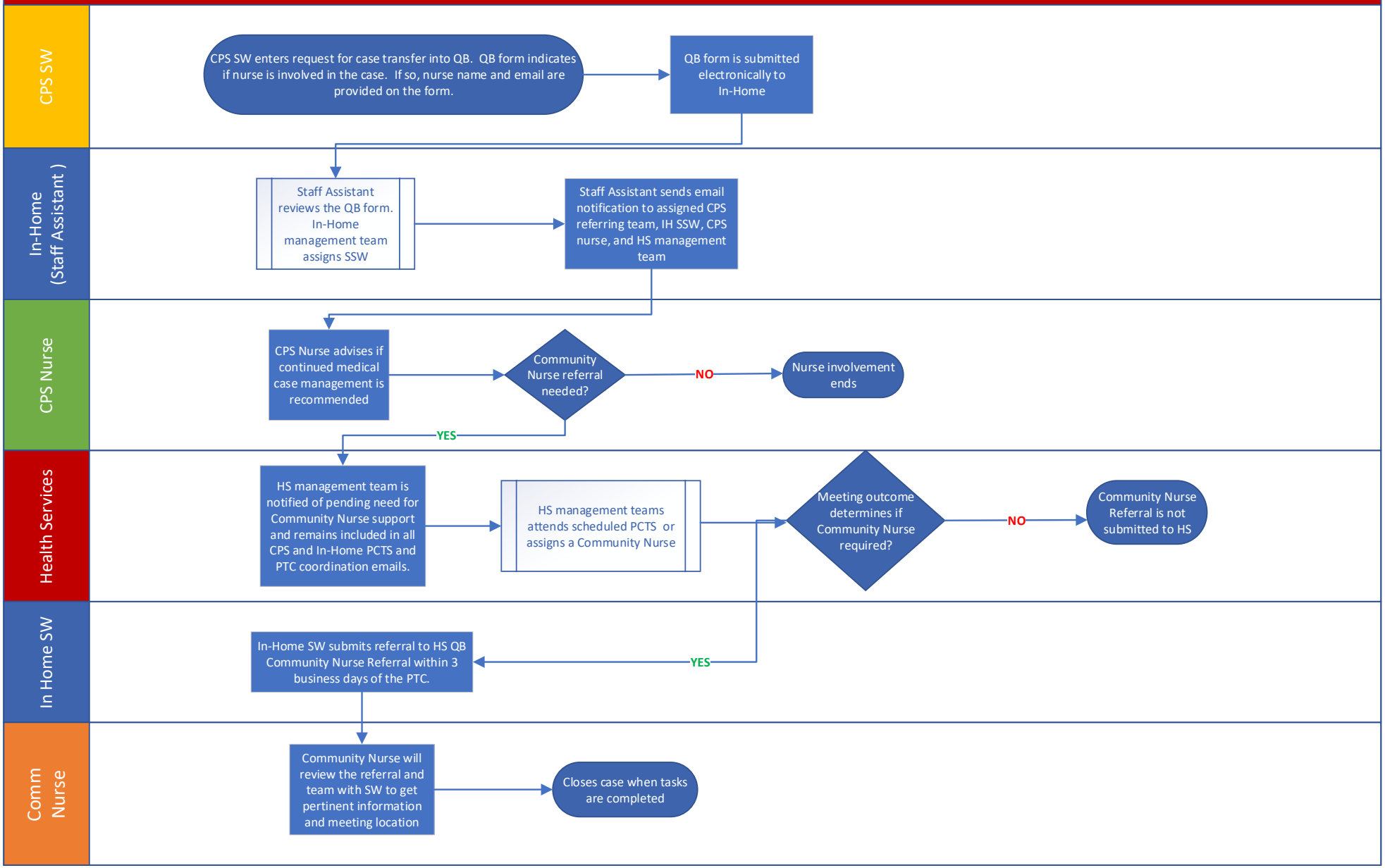
Section C: Signature

Signature:	If this authorization is signed by a personal representative on behalf of the individual, complete the following:
Print Name (*Last/First/Middle Name*):	Personal Representative's Name:
Address:	Relationship to Individual *(check one):* ☐ Parent ☐ Legal guardian ☐ Legal Custodian
Phone number:	
Date:	

THIS AUTHORIZATION EXPIRES 365 DAYS FROM THE APPROVAL DATE.

Include this Authorization in the individual's records and provide a copy to the individual or her/his personal representative.

CPS TO IN-HOME TRANSFER - NURSE REFERRAL PROCESS



DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
SAFETY PLAN

1. What is the specific action or concern that caused the child(ren) to be unsafe? State so that everyone participating in the plan can understand what the concern is and which child(ren) it applies to.

2. What action will be taken right now and by whom, and by when, in order to keep the child(ren) safe?

Immediate Action Steps	Responsible Person(s)	Deadline

3. Who is participating in the plan? (At least one participant must be the parent or legal guardian of the child(ren) in question.) List names and contact information. Include relationship to the child(ren).

Safety Plan Participants	Relationship to Child(ren)	Contact Information

4. What is the timeframe for this plan? When will it be reviewed? (Participants are to review the plan together at least once a week, but more frequently if appropriate.)

I understand and agree that my participation in this safety plan is necessary to address the concerns identified by the persons signing below, and the Child and Family Services Agency. I agree with the action steps listed herein, and I acknowledge that my failure to abide by or follow through on these action steps may lead to CFSA having to pursue different intervention, which may include separation of my child from the home.

I understand that this safety plan does not give anyone legal custody of the child and any person may seek to obtain legal custody in the Domestic Relations Branch of the D.C. Superior Court. Obtaining legal custody is not a requirement of this safety plan.

I understand that this safety plan does not infringe on any of the parent's rights, including limits on visitation or access to the child.

I agree to call the CFSA Child Abuse and Neglect Hotline at (202) 671-SAFE (7233) if, at any time, I believe that the child(ren) are no longer safe.

Safety Plan Date:	*Expiration Date:*
Participant Signature:	*Printed Name:*
Participant Signature:	*Printed Name:*
Participant Signature:	*Printed Name:*
Social Worker Signature:	*Printed Name:*

Family Peer Coaching Project Program

The Family Peer Coaching Project is designed to increase the number of children who can remain safely in their homes by increasing parental engagement with peer and professional supports in their community.

Service Description:

The Family Peer Coaching Project Program is an evidenced-based multi-family trauma intervention.
The target population is families that have an open CFSA In-Home case, specifically families who are isolated, overwhelmed, and reluctant to engage in the context of histories of significant trauma and behavioral health issues (parent and/or child).

When referrals are made, a Family Peer Coach is assigned to the parent. Family Peer Coaches provide outreach to CFSA-involved families, connect parents to resources, organize and facilitate peer groups and multi-family groups and activities, link families to community and professional services and provide support and coaching.

The goal of the program is:

- Keep the family together.
- Increase engagement with CFSA workers and other providers.
- Improve family cohesion and parenting skills.
- Reduce parental stress by teaching effective parenting techniques.

Who Qualifies:

✓ Teen and adult parents living in the District with an **open** CFSA In-Home case

Providers:

Community Connections, Department of Behavioral Health and Child and Family Services Agency

Referral Process:

- CFSA referring worker completes the referral in the Community Portal.

1. Within (24) business hours the Community Connections staff will review the referral to confirm eligibility, completeness of referral and will approve or deny the referral.

2. Within (48) business hours of approval, the Community Connections staff will assign a Peer Coach. The Peer Coach will then contact the CFSA referring worker to discuss the client's need for services and details of the case. Afterwards, the coach will contact the parent and prepare for intake and enrollment. Once the case is accepted, the length of the intervention is contingent upon the client's ability to reach their stated goals. On average, the intervention lasts for up to 9 months.

For More Information:

Brittney Hannah, Supervisory Safe & Stable Families Planning Advisor
Brittney.hannah@dc.gov, 202-724-3658

Return to TOC

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Multi-Administration Clinical Staffing (MACS) Referral
Date of Referral: Click or tap to enter a date.

Section I: Case Information

Case Name	Click or tap here to enter text.	Case Number	Click or tap here to enter text.
Social Worker Name	Click or tap here to enter text.	Supervisor Name	Click or tap here to enter text.

Section II: Reason for Referral

What are you seeking to achieve from the meeting?

Click or tap here to enter text.

Barriers: Check all known factors associated with the case

Mental Health ☐	Domestic Violence ☐	Substance Use ☐
Sexual Abuse ☐	Human/Sex Trafficking ☐	Medical/Physical Health ☐
Homelessness/Housing Instability ☐	Legal – Criminal/Civil Matters ☐	

Section III: MACS Scheduling

List the names and contact information for individuals you would like to invite to the MACS meeting.
(You do not need to provide email addresses for CFSA staff, only for external partners with the exception of our Private Agency partners and the Collaboratives).

Name	Area/Agency	Email Address
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Please note this process if for internal participants (and our Private Agency partners and Collaboratives) involved with the case. Please forward this referral to Catrina.Kelly-Wyatt@dc.gov. If you have any questions, please reach out to Catrina Kelley- Wyatt.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Multi-Administration Clinical Staffing Notes/Summary

Date of Meeting: Click or tap to enter a date.

Purpose/Reason for Referral	Click or tap here to enter text.

Content/Summary of Points of Discussion	Click or tap here to enter text.

Plan/Recommendations/Next Steps	Click or tap here to enter text.

Participants

Name	Role/Area/Agency
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.

DC|HEALTH

Safe Sleep Program

Child and Family Services Agency (CFSA)
In-Home Services Administration

Referring Agency: _____

Social Worker/FSW name/phone: _____

Applicant Information

Mother's Name: _____ _____ _____
Last First Age

Father's Name: _____ _____ _____
Last First Age

Guardian(s) (*please check one*)

Foster Parent(s) ☐
Grandmother ☐
Aunt ☐
Uncle ☐
Cousin ☐

_____ _____
Guardian's First Name Guardian's Last Name

Address of portable crib drop-off: _____
(Full address including Zip Code)

Home Phone: _____ Cell Phone (if applicable): _____

Baby's Name: _____ Sex: _____ Date of Birth: _____

Ward: _____ Race: _____ Type of Insurance (mom or baby):_____

Number of people educated: _____

Social Worker/FSW, please remember to sign where indicated on back of application

*Please fax or email completed applications to: Safe Sleep Program Office, -**Fax # (202) 671-0854***
Or scan and email to: sharon.brandon@dc.gov

DC HEALTH

Safe Sleep Program

Receipt and Waiver

Child and Family Services Agency (CFSA)
In-Home Services Administration

Referring Agency: _____

Name of Recipient: _____

LEARING TO KEEP MY BABY SAFE

- I have received education on the safest way and place to put my baby to sleep.
- I understand these recommendations are to help keep my baby safe.
- I understand the portable crib should be used only for putting my baby to sleep alone and on his/her back.
- I understand that I should read the directions and use the portable crib properly.
- I understand that I should not put loose, soft or fluffy blankets, toys or other items in the portable crib.

USING THE PACK-N-PLAY

- I understand that I should only use the portable crib's bassinette (top sleeper) until my baby is **15 pounds** or **if** my baby can push up on his/her hands and knees.
- I understand that after that time, I may use the portable crib without the bassinette (top sleeper) until my baby is **30 pounds**.
- I understand that I should follow all of the other manufacturing guidelines as outlined in the instruction manual which comes with the portable crib.

RELEASE AND WAIVER

I understand that by accepting the portable crib from DC Health, I agree that I will have no claim against DC Health or others acting on their behalf for any loss or damage, including personal injury or death, that relates to the safe sleep instructions or the manufacturing guidelines.

SIGNATURES

Transmission by fax machine or any other form of electronic communication of a signed copy of this document is valid.

Parent/Guardian Signature _____ Date _____

Acknowledged: Social Worker/FSW Signature _____ Date _____

By signing this form I am saying that the agency staff gave me the education and I agree to everything listed above. I am over the age of 18. I have read and understand this entire form and intend to follow the law and hold to this agreement.

FOR MINORS

I am the parent or guardian of the un-emancipated minor named above and have the legal authority to enter into this agreement on behalf of myself and the recipient of the pack-n-play. For good and valuable consideration, the recipient and sufficiency of which is hereby acknowledged, by signing this form I am saying that the agency staff gave the recipient the portable crib and we agree to the terms and conditions listed above. I have read this entire form and intended to follow the law and hold myself and the minor to this agreement.

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

NOTICE TO APPEAR AT FAMILY COURT
Removal Notification

DATE: _____

TO: _____

Address: _____

FROM: Insert Social Worker's Name _____

RE: Insert Child/Children's Names _____

_____ _____

_____ _____

This is to certify that I, insert social worker's name, am a licensed social worker with the Child and Family Services Agency in the District of Columbia. Pursuant to DC Code Section 4-1301.01, the above-named child(ren) have been taken into custody due to immediate danger.

A hearing is scheduled in the Family Court of DC Superior Court. This hearing will address the allegations of abuse/neglect involving the above-mentioned child(ren). You have a right to be present at this hearing. You have the right to legal representation should you be unable to afford an attorney; an attorney will be appointed for you and will be present at this hearing.

You are hereby directed to appear in **DC Superior Court, 500 Indiana Avenue NW** on

_____ at **10:00AM**
(within 72 hours of the date of removal, excluding Sundays).

If you have any questions, please contact me at _____ or contact the CFSA Hotline at 202-671-7233.

The judge assigned to this case is: _____ in courtroom _____.

_____ _____
Signature of Social Worker Signature of Parent

The following table provides examples of developmental milestones and concerns for children birth to 5 years of age. This list is neither exhaustive nor intended to be diagnostic but rather to serve as a reference of clinical triggers to alert social workers that a developmental delay may be present. If a child on your caseload is missing developmental milestones, starts to not be able to do things he or she could do in the past, or you have concerns in the way the child plays, learns, speaks, acts, or moves, a developmental assessment may be indicated.

Age	Skills	Concerns
0-3 months	• Lifts head and chest when lying on stomach • Begins to babble and imitate some sounds • Watches faces and follows moving objects • Smiles when they hear their parents' voices • Opens and shuts hands and bring hands to mouth	• Can't hold head up when pushing up when on stomach • Doesn't babble or make sounds • Doesn't watch things as they move • Regularly cries for hours at a time and is very hard to calm
4-7 months	• Rolls over stomach to back and back to stomach; Sits up • Babbles and uses voice to express feelings • Understands emotions by tone of voice • Shows an interest in mirrors • Explores objects with hands and mouth • Moves objects from one hand to the other	• Cannot hold head up or roll over • Does not make sounds in response to attention • Consistently resists all efforts to hold or comfort • Shows little interest in exploration • Strongly resists a routine sleep and awake time
8-12 months	• Pulls self up to stand and may walk briefly without help • Says "dada" and "mama" and try to imitate sounds and gestures • Explores objects • Finds hidden objects easily • Responds to "no" and simple requests	• Is not able to calm her/himself sometimes • Does not babble or make simple gestures • Fails to respond to name or simple verbal requests • Does not crawl or explore the area • Has little or no reaction when parent(s) leave the room or return
2 years	• Walks alone, begins to run • Uses 2 words together • Follows simple instructions • Recognizes names of familiar people, objects and body parts • Begins to sort objects by shapes and colors • Scribbles	• Knows no single words • Does not walk easily • Does not seem to know or respond to family members • Does not amuse her/himself for short periods of time
3 years	• Walks up stairs using alternating feet • Tells stories with 2 to 3 sentences • Enjoys playing imaginatively and with other kids • Can do some things for themselves (like putting on clothes and feeding self) • Can copy a circle and draws simple straight lines	• No two-word spontaneous phrases • Has trouble expressing emotions • Often refuses to do simple tasks • Seems overly fearful, even in safe situations
4 years	• Can hop on 1 foot and balance on 1 foot for 2 seconds • Sings a song or says a poem from memory • Plays with other children • Names 4 colors • Draws a person with 3 parts	• Is unable to run, jump, or climb easily • Is extremely aggressive and hostile toward peers • Clings and gets very upset when parent leaves
5 years	• Hop, swing, and climb, and may skip • Speaks in sentences of 5 or more words, recall part of a story • Able to distinguish fantasy from reality • More likely to agree to rules • Draws circles, triangles and squares, begins to copy letters	• Does not speak full sentences or speak clearly enough for strangers to understand • Seems shy and very fearful with other children • Never shares or takes turns • Regularly has difficulty care for own toilet needs

Return to TOC

PRACTICE GUIDANCE ON

PCAP Documentation

A step-by-step guide for documenting with the PCAP format.

P — PURPOSE

- **BRIEF STATEMENT OF THE PURPOSE OF THE CONTACT AND SOUGHT OUT OBJECTIVES IN THE CONTEXT OF CHILD WELFARE INVOLVEMENT**
  - What do you hope to accomplish during the contact?
  - How would achieving the outcomes promote progress toward safety, permaanency, and well-being?

C — CONTENT

- **OBJECTIVE INFORMATION DESCRIBING THE WHO, WHAT, WHERE, AND HOW OF THE CONTACT**
  - *What did you do to engage & partner with the client & family?*
  - *What actions has the client/caregiver taken to address initial and emergency safety concerns?*
  - *What plans were developed to promot and ensure ongoing physical and emotional safety?*
  - *How is the client demonstrating progress toward service plan components?*
  - *What strategies did you and the client/caregiver/family identify to address barriers and promote progress toward service plan goals, permanency, safe case cloausre, and enhance family resilience?*
  - *What next steps and/or modifications to the service plan components did you agree upon?*

A — ASSESSMENT

- **ORGANIZATION *AND ANALYSIS OF INFORMATION GATHERED DURING THE CONTACT***
  - *What appears to be the client/caregiver/family's motivation, capacity, and confidence to achieve identified behavior changes related to safety, permanency, and well-being?*
  - *What are the causal and contributing factors underlying identified problems, impairments, & barriers?*
  - *How can formal and informal supports support the client in promoting progress?*
  - *Are the action components and interventions on the service plan appropriate or need modification?*
  - *How can the worker engage and partner with the client/caregiver/family to promote progress toward safety, permanency, safe case closure, and enhanced family resilience?*

P — PLAN

- **NEXT STEPS DISCUSSED AND AGREED UPON DURING THIS CONTACT**
  - *What actions will the professional, client, caregiver, family, and/or network members take?*
  - *What is the timeframe and plan for follow-up?*

CWTA CHILD WELFARE TRAINING ACADEMY
OFFICE OF PLANNING, POLICY & PROGRAM SUPPORT

Return to TOC

DOCUMENTING SAFETY

OPTIMAL SAFETY

- Findings show an **excellent situation** for the child. The child has a threat-free living situation at home with fully reliable and competent parents/caregivers who protect the child well at all times. Any protective strategies used are fully operative and dependable in maintaining excellent conditions. The child is free from harm in other daily settings, including at school and in the community. At home and/or in other settings, the child is free from abuse, neglect, exploitation, and/or intimidation. An optimal and enduring pattern of safety from harm is evident for the child or youth.

GOOD SAFETY

- Findings show a **good situation** for the child. The child has a generally low-risk living situation at home with reliable and competent parents/caregivers who protect the child well under daily conditions. Any protective strategies used are generally operative and dependable in maintaining acceptable conditions. The child is generally free from risk in other daily settings, including at school and in the community. At home and/or in other settings, the child is free from abuse, neglect, exploitation, and/or intimidation. A generally good pattern of safety is evident for the child and youth.

FAIR SAFETY

- Findings show a **minimally adequate to fair situation** that is free from imminent risk of abuse or neglect for the child. The child has a minimally safe living arrangement with the present parents/caregivers. . Any protective strategies used are a least minimally adequate in reducing risks of harm. The child is at least minimally free from serious risks in other daily settings including at school and in the community. At home and/or in other settings the child may have very limited exposure to intimidation. A minimally adequate pattern of safety has been evident for 30 days or longer.

MARGINAL SAFETY

- Situation indicates **somewhat inadequate protection** of the child from abuse or neglect, which poses an elevated risk of harm for the child. Any protective strategies used may have be somewhat limited or inconsistent in reducing risks of harm. The child may be exposed to somewhat elevated risks in his/her home and/or in other daily settings possibly at school and in the community. At home and/or in other settings the child may be exposed to occasional intimidation and fear of harm.

POOR SAFETY

- Situation indicates **substantial and continuing risks of harm** for the child. At home and/or in other daily settings the child may sometimes experience abuse, neglect, exploitation, or intimidation. Any protective strategies used may not have been recognized or utilized in reducing risks of harm. The child may be exposed to substantially elevated risks of harm in his/her home and/or in other daily settings possibly at school and in the community. At home or in other settings the child may be exposed to frequent or serious intimidation and fears of harm.

HIGH SAFETY RISK

- Situation indicates **serious and worsening risks or harm** for the child. A pattern of abuse, neglect, exploitation, or intimidation by persons in the current daily life of the child may be undetected or unaddressed in the home and/or in other daily settings. Any protective strategies used may not be implemented or effective when used, leaving the child at risk of continuing any worsening harm. The child may be exposed to continuing and increasingly serious intimidation abuse and/or neglect.

Return to TOC

Strategies to complete **visits**

Note: this tip sheet details strategies social workers have used to address common barriers to completing visits. Not all strategies listed below may apply to the specifics of your case.

What if it's hard to **engage** the client?

Speak to clients with authenticity, listen to them, exercise patience and consistency, use empathy, and suspend judgement. The goal is to build trust and respect.

Maintain clear communication.

- Let clients and/or caretakers know how often you need to meet with them, including the possibility of unannounced visits.
- Learn which mode of communication each client prefers. If no working phone, discuss alternatives.
- Send a scheduled visit confirmation when first scheduled *and* a reminder soon before the visit.
- Introduce caregivers to others who may complete visits, e.g., FSWs, SSWs, etc.
- If clients disagree with the substantiation, inform them of their options to appeal.

Determine schedules that work for you and the family.

- Get caregiver schedules on day one.
- Schedule regular monthly times that work for the caregiver(s) and all children but be flexible when needed.
- Look at the school calendar to see when kids are out of school.
- Schedule visits early in the month. Save the 3rd week for missed visits or more difficult cases.
- Schedule families close together who live close together.
- Factor in traffic and travel time between visits.
- Some family visits take longer. Schedule based on client personalities and engagement.

Escalate and use supports.

- Team with supports: FSWs, SSWs, family members, CKP participants, or other collaterals.
- Try to include family supports if you can schedule a visit when they're around.
- Conduct unannounced visits.
- Talk to your supervisor when you have difficulty engaging the family.
- Connect the caregiver(s) to alternatives for communication, like a working phone.

Ensure every action is an intervention. You are always assessing for safety.

Stay **organized**.

Incorporate record keeping into your workflow.

- Keep a way to jot down quick notes, like a notebook or notes app, while the visit is top of mind.
- Use telework days for documentation.
- Enter each month fresh with no RED on your dashboard. If not, reserve a couple days at the beginning of the month to document last month's visits.

Return to TOC

Identify a clear purpose before each visit.

- Review the case plan prior.
- Define details needed to achieve the purpose of the visit: attendees, topics to discuss, and potential issues that may arise.

Team with your supervisor.

- Review your weekly work plan/schedule with your supervisor to prioritize tasks.
- Communicate time off and needs for coverage.

What if we're **unable to locate** the caregiver and/or child?

Know when the No or Sporadic Contact guidelines apply.

- Escalate the case to your supervisor and PM when you have had (1) no contact for 30 days or (2) sporadic contact for 60 days.
- Consider presenting the case at case consultation – the first steps to community papering.

Use district resources, connected providers, and family supports.

- Team with supports: family members, CKP participants or other collaterals.
- Use DSU, the earlier the better.
- Communicate with connected providers: CNHS, DCPS, Project Connect, DYRS, DBH, DHS, etc.
- Escalate to a MPD welfare check as necessary.

Escalate and switch it up.

- Conduct unannounced visits.
- Leave a wellness check note at the door.
- Mail a letter (certified or otherwise) stressing the importance of completing visits.
- Meet caregiver(s) at school drop off or pick up times.

Return to TOC

Strategies to complete a **case plan**

Note: this tip sheet details strategies social workers have used to address common barriers to completing a case plan. Not all strategies listed below may apply to the specifics of your case.

What if it's hard to **engage** the client?

Speak to clients with authenticity, listen to them, exercise patience and consistency, use empathy, and suspend judgement. The goal is to build trust and respect.

Focus the conversation with the caregiver(s) on the plan goals.

- Begin discussing the case plan on your first visit. This can often occur at the PTC (JHV).
- Help them understand the pathway to safe case closure.
- Develop the plan with the client focused on barriers *and* strengths.

Use other resources.

- Use available assessments as a starting point, e.g., from CPS, especially when the family is not involved in case planning.
- Team with family supports: family members, CKP participants, or other collaterals.

Heads up when the case approaches **closure**.

The case plan is a roadmap to closure.

- Check the case plan status and, specifically, progress on the service plan.
- Team with the supervisor to close the case prior to plan expiration when practical.
- Update the case plan if there's a delay in closure, e.g., a new hotline call.

Stay **organized**.

Intentional planning is key to success. When you know what's coming, you can prepare for it and address it.

Plan your week and month.

- Check the FACES dashboard daily.
- Use telework days for documentation.
- Prioritize upcoming deadlines.
- Use organizational tools that work for you, e.g., Outlook calendar and/or tasks, handwritten checklist, physical calendar.

Team with your supervisor.

- Review your weekly work plan/schedule with your supervisor to prioritize tasks.
- Communicate time off and needs for coverage.
- Use your supervisor's reminders, e.g., for expiring case plans.

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