I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including but not limited to the Child Abuse and Prevention Treatment Act of 1974 and its implementing regulations, the Fostering Connections to Success and Increasing Adoptions Act of 2008,Title 4 of the DC Code, provisions in Title 29 of the DC Municipal Regulations (DCMR), and the Modified Final Order and the Amended Implementation Plan in *LaShawn A. v. Fenty*.
II. APPLICABILITY	All CFSA staff and contract agency personnel.
III. RATIONALE	Families who come into contact with the District's child welfare system face numerous and often daunting and complex challenges. Their needs usually cut across the service array, frequently including treatment for substance abuse, mental health issues, domestic violence, and/or assistance with economic support, childcare, and/or housing. Although CFSA retains ultimate responsibility for serving these families and ensuring child safety, permanency, and well being, this is not a charge that can be accomplished alone. In order to successfully achieve the Agency's stated mission, CFSA must establish a strong teaming partnership with the family itself, thus allowing for the most direct route to understanding service needs. The Agency must also team with neighboring communities, as well as other agencies (both public and private). Recognizing the importance of a coordinated and comprehensive approach for fulfilling its charge, CFSA has responded with a uniquely tailored alliance that incorporates the District's neighborhood-based Healthy Families/Thriving Community (HFTC) Collaboratives. The resulting *Partnership for Community-Based Services* (PCBS) has been designed to strategically co-locate public child welfare staff at each Collaborative site so as to enable cross-agency and cross-system coordination on behalf of families and children. Through the services and supports offered by the HFTC Collaboratives, PCBS is equally and most importantly designed to maintain children at home with their families. Whether case management is held solely by CFSA or shared through PCBS, teaming with the family is considered the primary strategy for effective delivery of in-home services.

IV. POLICY	It is the policy of the Child and Family Services Agency (CFSA) to team directly with families in order to provide a child-centered, family-focused, community-connected, strength-based and solution-focused service array that reinforces safety for children living at home, including biological, adoptive, guardianship, and custodial homes where children have reached permanency within the last six months. In-home service delivery must reflect the Agency's core practice values*. In accordance with these values, which are shared collectively with CFSA's contracted partners, i.e., the private agencies and the Health Families/Thriving Communities (HFTC) Collaboratives, CFSA and the HFTC Collaboratives have mutually developed the *Partnership for Community-Based Services* (PCBS). The PCBS mission states that every child in the District of Columbia shall be provided with a viable opportunity to live in a safe, stable, permanent home, and be nurtured and supported by healthy families, strong communities, and a coordinated, cohesive child welfare system of care. It is further the combined policy of CFSA and the HFTC Collaboratives to serve District families with cultural competence and dependable responsiveness, as well as quality practice. This policy addresses in-home cases for which CFSA and private agencies (within six months of a child reaching permanency) hold sole case management responsibility, in addition to cases that are teamed through PCBS. *Note: as a result of PCBS implementation, all 10 CFSA In-Home units in the In-Home and Permanency Administrations (including supervisors and social workers) have been co-located at the HFTC Collaboratives. *For more detailed descriptions of the core practice values and the philosophical underpinnings of the PCBS, please refer to the In-Home Practice Model, available at* http://cfsa.dc.gov/*.*
V. CONTENTS	**A.** Teaming **B.** Engaging Families **C.** Assessing Families **D.** Case Planning **E.** Quality Home Visitation **F.** Safe Case Closure **G.** Supervision **H.** Quality Assurance
VI. ATTACHMENTS	**A.** Definitions **B.** Authorization to Refer and Disclose Information to Healthy Families/Thriving Communities Collaborative Form
VII. PROCEDURES	**Procedure A: Teaming** By its very design, the *Partnership for Community-Based Services* (PCBS) demonstrates CFSA's and the HFTC Collaboratives' commitment to the principles of teaming (*see Appendix A, Definitions*). These principles shall be wholly applied to families, contracted private agencies, external stakeholders such as other District and federal agencies, and other helping professionals and community and faith-based organizations. The teaming principles ensure successful case planning and positive outcomes for children who are served by the child welfare system while still remaining safe and cared for at home.

1. Families with children living at home while being served by the child welfare system shall have a dedicated case planning team that helps identify one or more of the following potential teaming resources to serve in a supportive capacity and reinforce the family's efforts to achieve positive outcomes:
   a. Maternal and paternal relatives and/or other kin who can assist in parenting
   b. Fictive kin (*see Appendix A, Definitions*) who can model a nurturing relationship
   c. Other individuals of the family's choosing
   d. Informal support networks such as faith-based organizations or accessible community resources that will sustain contact with the family after formal case closure

2. Throughout a family's relationship with CFSA as well as the HFTC Collaboratives and/or contracted private agencies, all team members are expected to proactively support the stated goals of the family, the case plan objectives (including provision of supportive services), and the stated roles and responsibilities of the other team members.

3. Team members shall hold each other accountable for their individual roles and for maintaining a successful "helping relationship" (*see Attachment A, Definitions*).
   a. The professional helping relationship may be facilitated through a written document that is drafted with the family, and which states clearly defined roles for each member of the team.
   b. During this process, it is important to establish a team leader who will be responsible for representing the family when necessary, as well as planning and mobilizing team members during the service process, including identification, access, evaluation, and utilization of services.
   c. It is advisable to partner the team leader with a willing and able family member.
   d. Decisions and plans for the child should be left in the hands of the family team members as much as possible and whenever appropriate.

4. It is advisable to convene multidisciplinary team meetings every quarter (or more frequently as necessary as determined by the team leaders) to assess the effectiveness of the case plan, usefulness of any interventions, and progress towards safe case closure.

5. As part of the teaming effort, the following core activities and helping behaviors are expected of all in-home social workers representing CFSA, the HFTC Collaboratives, and/or contracted private agencies (when applicable):
   a. Working with the family to build a strong, trusting, productive, and lasting therapeutic relationship.

b. Ensuring that messages conveyed to the family are not contradictory but consistent throughout the life of the family's involvement with the child welfare system.

c. Focusing efforts on helping the family to identify underlying causes of their challenges, as well as identifying services to help them address those causes and overcome the associated challenges.

d. Empowering individual family members to generate their own solutions through active participation in the development and implementation of the case plan. Such empowerment may include but is not limited to the following activities:

   i. Establishment of time frames for achieving the goals of the family unit in addition to achieving goals of individual family members.

   ii. Active participation in the coordination of services that further support the family's efforts towards safe case closure.

   iii. Promotion of the family's capacity to "own" the desired outcomes.

e. Guiding family members to explore creative strategies for maximizing current family strengths and helping to achieve their safety, well-being, and permanency goals.

f. 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 (e.g., effectiveness) of services, as appropriate.

g. Initiating and facilitating family meetings.

   i. When team members determine that the risk to children has increased, the CFSA in-home or private agency (when applicable) social worker may initiate a team meeting in an effort to gather team members to formulate a plan to ameliorate crisis and prevent a possible placement into foster care.

   ii. Although any individual team member may also initiate a team meeting, s/he should first contact the CFSA in-home or private agency social worker for scheduling the meeting and informing others as to the time and location

h. Advocating for families throughout the life of the family's involvement with the child welfare system.

   i. It is important that the CFSA and Collaborative family support workers (FSWs), and the CFSA in-home and/or private agency (when applicable) social workers make concerted efforts to help families and individual family members self-advocate for services as appropriate.

      a) Private agencies shall continue providing services for 6 months for families with low and moderate risk factors after a child has reached permanency (i.e., after a child has been reunified with his or her family, adopted, or appointed a legal custodian or legal guardian) and/or after court case closure.

      b) The family may also self-refer to the HFTC Collaboratives.

ii. Families should be helped to self-advocate when dealing with one or more of the following external team members:

a) Service providers, particularly with respect to any changing needs, challenges, and/or strengths

b) Other agencies (both public and private)

c) Schools

d) Businesses

Procedure B: Engaging Families

Family engagement is the most essential part of strength-based case management and should always be pursued with compassionate determination. As part of the engagement process, in-home and private agency (when applicable) social workers along with FSWs representing CFSA the HFTC Collaboratives, all must be actively responsible for developing a positive rapport and sustaining an effective working relationship with families. Every team member should keep in mind that families are more likely to achieve safety, stability, and well-being when the engagement process is regarded as a primary, best practice standard.

1. CFSA in-home social workers teaming with FSWs representing both CFSA and the Collaboratives shall engage the identified maltreated child and his or her immediate household within 7 days of case assignment:
   a. Whenever circumstances provide an opportunity for the CFSA and/or Collaborative FSW to engage a family earlier or to a greater extent than the social worker, the FSW shall be responsible for sharing any resulting information with that social worker.
   b. Every effort shall be made to include fathers and/or extended paternal family members in the engagement process.
   c. Incarcerated parents shall also be included (as appropriate) in the engagement process.
   d. If the location of the father (or mother) is unknown, the social worker shall conduct a search within 30 days of case assignment.
      - In the event a social worker's efforts to locate a parent are unsuccessful, s/he shall consult the assigned supervisor for further instruction.

2. Social workers must embrace specific approaches and convey certain attitudes to successfully engage families from the onset of an in-home case, including cases where the child has reached permanency within the last six months. These attitudes shall include but not be limited to the following approaches:
   a. Respecting and supporting mothers, fathers, and other significant caregivers in their efforts to nurture each child in their care.
   b. Respecting diversity among cultures, religions, gender preferences, political opinions, etc.
   c. Respecting arrival and departure times for all scheduled interviews and meetings.

d. Believing in the innate desire of family members to want the very best for each child in the family unit.

3. Establishing a positive rapport for engaging families shall include but not be limited to the following activities for social workers:
   a. Ensuring that all communication is respectfully delivered in language and in terms that are familiar to the family, including access to a language translator when necessary.
   b. Modeling behavior to help families in general to increase mutual respect and understanding, but specifically helping family members to express their feelings using strength-based, solution-focused language.
   c. Consistently employing active listening skills, i.e., listening with self-awareness to what is being said as well as “listening” to what is implied rather than stated directly.
   d. Soliciting and valuing input and opinions from the family.
   e. Treating every family member, including children, with respect and dignity.
   f. Recognizing and maximizing use of the family's belief systems and personal values in order to build and sustain the helping relationship *(see Appendix A, Definitions).*
   g. Maintaining awareness and respect for diversity (*see #2.b above*).
   h. Demonstrating authentic understanding and concern for the family's particular struggles.
   i. Assisting families to recognize their own resilience and using this knowledge to meet current needs and to solve current problems.
   j. Acknowledging the families’ accomplishments and achievements, and demonstrating confidence in the family's ability to continue to overcome struggles.
   k. Acknowledging that families have the capacity and innate ability to make good decisions for their children.
   l. Maintaining a compassionate presence throughout the helping relationship.

4. When engaging families during an interview, team members shall maintain a consistent focus on potential solutions.

Procedure C: Assessing Families

The family assessment is a teaming process involving all age-appropriate family members, non-resident caregivers (whenever possible), the CFSA in-home social worker, Collaborative staff, and private agency staff (under circumstances where ongoing case management occurs after a child has reached permanency). When properly executed, family assessments provide all team members with an extensive understanding of the family's current situation, past influencing circumstances, underlying issues, strengths and

	capabilities, and presenting challenges and concerns. The assessment further helps the team as a whole to identify the most appropriate services for helping the family to recognize and build upon their strengths as well as identifying services and strategies for overcoming particular challenges. The assessment process incorporates the family's input when decisions are made and continues throughout the duration of the family's relationship with the child welfare system. *Note: private agencies shall adhere to the following ongoing assessment guidelines throughout any ongoing case management after a child has reached permanency and/or until safe case closure*. 3. The following assessment activities shall occur as appropriate, and when applicable, serve to inform the Structured Decision Making (SDM™) assessment process: a. Use of engagement tools such as open-ended questions and active listening skills. b. Completion of a family social history, particularly providing information on the parents or caregivers. c. Non-intrusive inspection of the home's physical environment, e.g., observing potential or existing hazards, safe operation of utilities, sanitary conditions, sufficient provision of food, etc. d. Identification of natural supports, e.g., maternal and paternal relatives, fictive and non-fictive kin, community-based resources, etc. e. General assessment of family dynamics, including parent-child interactions, parent responsiveness to the child's basic needs, and identification of underlying issues, i.e., the *source(s)* of risk factors, not just presenting behaviors. f. In addition to immediate, practical needs (e.g., food, housing, medical care, etc.), the assessment shall include significant and/or relevant family history. • The CFSA in-home and the private agency (when/or as applicable) social worker shall inquire and request during transfer staffings that the Child Protective Services (CPS) investigative social worker provide any information related to past case history involvement with CFSA. g. Use of other pertinent information (past or present) either immediately available and/or gathered throughout the assessment process. • The Collaborative and/or CFSA FSW shall seek additional information and/or professional contacts to inform the assessment, including but not limited to school or personnel records, substance abuse evaluations, medical reports, mental health assessments, etc.

2. The entire team shall have an initial, open discussion regarding the assessment process.
   a. The Collaborative and/or CFSA FSW, and CFSA and/or private agency social workers (as applicable) shall provide the family with an overview and explanation of the purpose of the assessment, including safety and risk assessments.
   b. Family members shall be advised that continuous assessments will inform the case planning process and the information being gathered during each assessment is also purposed for guiding the case planning process.
   c. Family members shall be informed that while the assessment tools will not be completed in their presence, the results of all assessments will be shared with them during their involvement as team members with the ongoing development of the case plan.
3. Together the team shall explore and assess the family's current situation, including strengths, accomplishments, concerns, parenting issues, safety risks, and specific needs (e.g., financial assistance, housing, employment, etc.).
   a. It is important that the family's strengths and accomplishments be recognized throughout the assessment process and throughout their relationship with the child welfare system.
   b. CFSA in-home and private agency (as applicable) social workers, along with CFSA and Collaborative FSWs shall integrate the family's perspective of its own strengths and needs into all documented clinical observations.
   c. Social workers shall determine service availability and accessibility, particularly services that will help to improve safety, stability and the well-being of children in the home.
   d. Families shall receive assistance for mobilizing their strengths and accomplishments in order to raise the family's level of functioning.
4. Imminent safety issues must be addressed without delay, including supportive services as necessary, e.g., counseling, coaching, and/or education.
5. A family's concrete needs should be addressed as soon as possible.
6. CFSA in-home and private agency (as applicable) staff shall continually assess for safety and risk factors throughout the family's involvement with the District’s child welfare system, starting with the initial contact and ending with a safe case closure.
   a. In-home staff should use approved assessment tools such as the Structured Decision Making® (SDM™) tool, genograms, family group decision conferences, etc.
   b. The results of the risk and safety assessments shall be used to determine the risk level (i.e., low, moderate, high, or intensive) and to determine the necessary frequency of ongoing contact with the family.

c. The CFSA in-home social worker is responsible for completing SDM™ assessments every 90 days.

d. In addition to the initial assessment, needs and strengths shall be assessed every six months and shall include supportive information from the family as well as from the Collaborative and/or CFSA FSW.

7. As noted in 2.c above, the results of assessments shall be openly discussed with the family during team meetings, including cases where the private agency social worker is providing time-limited case management services for children who have reached permanency.

   a. Open discussion of assessments shall provide the family and/or individual family members with the opportunity to voice different perspectives, opinions, and/or alternative ideas in regards to the assessment and/or needs and services.

   b. 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/or services, the family's concerns shall be routed through the CFSA and Collaborative supervisors.

      - After a review by the assigned supervisors, the family shall be invited to further discuss their concerns with the assigned supervisors.

   c. If a family chooses not to engage in services, the following steps shall be taken.

      i. The CFSA, Collaborative, and/or private agency (as applicable) staff may discuss during group supervision alternative methods for engaging the family.

      ii. The CFSA, Collaborative, and/or private agency (as applicable) staff may propose to the family that a family group conference or team meeting be held for purposes of discussing mutually satisfactory alternatives.

   d. Removal is the last resort to ensure a child's safety.

Procedure D: Case Planning

In-home cases include a family case plan, not just an individual child's case plan. By including family members in the process, CFSA reinforces a strength-based, empowerment-focused strategy that gives the family respectful authority to define and monitor goals for themselves. Additionally, it allows the family to consider and appreciate its own unique strengths, needs, psychological stressors, support networks, and coping skills for determining positive outcomes. This type of cooperative case planning is a vital aspect of CFSA's commitment to best practices and generally includes teaming between CFSA staff and the HFTC Collaborative staff. It is important to note, however, that not all in-home cases are planned jointly between CFSA and the Collaboratives. In addition, when applicable, private agency staff shall involve the family in case planning until such time as that private agency's case management responsibilities have ended.

1. When CFSA and HFTC Collaborative staff team on a case, one comprehensive case plan shall be established to ensure families are receiving consistent services.

2. For teamed cases, coordination of case management responsibilities must be established between CFSA and the Collaborative staff prior to case planning.
   a. The CFSA in-home social worker shall take primary responsibility for the following activities:
      i. Review of investigation summaries and family history.
      ii. Handling any emergency placement needs, if necessary.
      iii. Notifying family members and/or collaterals of names and contact information of the assigned CFSA social worker and the assigned Collaborative FSW.
      iv. Explaining to family members any current court involvement (if applicable), as well as providing assistance with navigating the judicial system in general, if necessary.
      v. Meeting with staff from other agencies involved in the case to ensure that all team members are working toward the same goal.
      vi. Updating the case plan, contact information, and demographics in FACES as needed, or at a minimum of *every six months*.
      vii. Including the latest Structured Decision Making (SDM™) assessment information and interventions and/or services in the case plan.
      viii. Ensuring the case plan is effective in meeting the needs of the family.
      ix. Filing a copy of the case plan signed by the parents (or caregivers) in the official hard record file.
      x. Taking the lead for safe case closure for high or intensive cases.
      xi. Scheduling a meeting for multidisciplinary team members to review the safe case closure summary.
   b. The CFSA and/or Collaborative FSW shall take primary responsibility for the following activities:
      i. Monitoring the agreed-upon services through the Collaboratives' case management information system, Efforts to Outcomes (ETO™) (*see Appendix A, Definitions*).
      ii. Tailoring interventions to encourage active family participation and an effective use of resources.
      iii. Providing updated information to CFSA team members regarding progress and/or impediments toward goal achievement and/or safe case closure.
      iv. Taking the lead in the case closure process for families assessed at a low-to-moderate risk for future abuse or neglect.

c. The CFSA and Collaborative staff shall be equally responsible for the following activities:

i. Communicating to families that information shall be shared equally and planning shall occur jointly.

ii. Ensuring that services for all family members are identified in the case plan.

iii. Ensuring that mothers and fathers understand, sign, and possess a copy of the case plan.

iv. Updating the case plan every 90 days until the case is closed.

v. Identifying support networks that will provide attention, support and after-care services after formal case closure.

vi. Participation in the final case review cycle prior to safe case closure.

3. The teamed family case plan shall be generated during a teaming conference attended by family representatives (including the child's mother and father*), the CFSA in-home social worker, the CFSA and/or Collaborative FSW, and the appropriate supervisory staff from both CFSA and the assigned Collaborative. **See Procedure B.1b-d for more information on engaging fathers in the case planning process*.

a. The teaming conference shall be conducted with all team members within 30 days of the case opening in order to identify service needs and plan for service provision.

b. The family's team shall meet quarterly at a minimum to review the following aspects of the case:

i. Current status and progress of the case, including appropriateness, effectiveness, comprehensiveness, responsiveness and timeliness of interventions.

ii. Progress towards short-term goals and long-term case planning.

4. Team members shall collectively develop a detailed evaluation of the family's strengths and stressors for inclusion in the case plan strategy. The following activities shall be incorporated:

a. Evaluation of the resources available to the family (e.g., community supports, extended family members, etc.) and ways to use them to meet the family's goals.

b. Recognition of family patterns that contribute to stress and/or crises, including the identification of specific high-risk behaviors and the triggers associated with the behaviors.

c. Identification and emphasis on behavior patterns that insulate the family from harm.

d. Methods for increasing patterns of cooperation between family members.

e. Reinforcement of current protective capacities that ensure safety and stability, including protective capacities of individual family members, the family as a unit, and community resources.

f. Creative and resourceful development of new protective factors.

5. Each case plan shall be written in clear, everyday language, and include one or more of the following components.
   a. Clearly defined roles, tasks, and responsibilities for all team members, including service providers.
   b. Identifiable tie-ins with the results of the SDM™ assessment.
   c. A timeline for and record of the dates and the purposes for contact between the family and the in-home social worker and/or Collaborative FSW.
   d. Specific strategies for how the family will embark on normalization of behaviors and mitigation of challenges and stressors.
   e. Prioritized list of individualized goals and objectives that the family (and/or individual family members) want and need to achieve successful, long-term changes and positive outcomes. *Note: goals must be realistic, attainable, and measurable*.
   f. An outline of the services and service goals that will help the family to increase stability and safety of children, including assistance for strengthening the family's goals, and serving the family in its efforts to prevent child abuse and neglect.
   g. Realistic timelines for and a record of progress for the achievement of family and service goals and objectives.
   h. Monitoring the family's accomplishment of objectives and goals, and re-evaluating services and/or strategies if objective or goals are not being met as expected.
   i. A long-range prevention plan *(see # 6 below*).

6. Team members shall collectively develop a long-range, innovative prevention plan for family safety, stability, and well-being.
   a. Prior to closing an in-home case where the family is determined to be at low or moderate risk for child maltreatment, the CFSA social worker shall encourage the family to reach out for services through the HFTC Collaboratives.
   b. Families shall be informed that they have the ability to self-refer for services that are not related to abuse or neglect, e.g., housing or assistance with payment of utilities, etc.
   c. Private agencies that are case managing on a time-limited basis for CFSA children who have reached permanency shall refer (as applicable) the family to the HFTC Collaboratives for services to support the child's permanency.
      i. The private agency social worker shall inform the family of their right to services through self-referral.
      ii. The private agencies shall ensure a continuity of services as needed by sending referrals directly to the appropriate Collaborative two weeks prior to a change in the private agency's case management responsibility and submit a copy of the referral to CFSA's Collaborative Liaison Office.

7. In the event that a family's in-home case with an intensive or high risk assessment includes a child in out-of-home care, and a petition for adoption has been filed on behalf of that child, the family's in-home case shall remain open with the In-Home and Permanency Administration in order for the family to receive community-based (i.e., HFTC Collaborative) intervention services that can serve to support and stabilize the family.

Procedure E: Quality Home Visitation

CFSA is committed to maintaining family connections through quality home visitations. Such visitation not only increases the statistical probability for sustainable reunification, but it opens wide the doors of effective communication, partnership building with families, and understanding and embracing cultural differences. Visitation also provides social workers and the family with an opportunity to share authentic feedback with regards to the family's progress and sense of accomplishment in their efforts to achieve service goals. By meeting with family members face-to-face in the most comfortable environment, i.e., the family home, social workers can also effectively assess the realities of the family situation and the extent to which children's needs are being met. *For more details on home visit requirements, including the mandate for developing a schedule, social workers should refer to CFSA's policy on Visitation.*

1. Social workers shall conduct twice-monthly visits for all in-home cases, including cases where a child has reached permanency within the last six months. At least one visit must be in the home.

2. In addition to the guidelines on teaming and engagement listed under *Procedures A* and *B* of this policy, social workers shall further build their mutual relationship with the family by utilizing open-ended questions and solution-focused interviewing techniques during home visits, as well as promoting parental self sufficiency, independence, empowerment and stability.

3. As noted in *Procedure C - Assessing Families*, at each visit, staff shall be responsible for assessing safety and risk factors, including such factors in the neighborhood and community environment that may impact a child's sense of safety in the home and/or well-being.
   a. Social workers shall document visits both electronically and in hard copy records (*within 48 hours of contact with family*).
   b. In the event the social worker observes abuse or neglect during a home visitation, s/he is required as a mandated reporter to report the incident to the CFSA Hotline.
      i. In the event of imminent danger, the in-home social worker may remove the child but must still report the maltreatment to the Hotline. *Note: a private agency worker is not legally authorized and may not remove a child under any circumstance but must call the Hotline to report the incident*.

ii. The in-home social worker shall cooperate with the CPS investigation insofar as s/he has played the role of the mandated reporter, as well as in-home social worker who can provide pertinent information prior to the onset of the investigation.

iii. In the event that the relationship between the social worker and the family is compromised as a result of the Hotline report, the social worker shall consult with his or her supervisor for direction.

4. Every effort shall be made during home visitations to continue identifying individuals who may be able to function in a supportive capacity and reinforce the family's efforts to achieve positive outcomes.

5. Home visitations shall follow guidelines specified in the In-Home Practice Model, including the following activities:
   a. Introducing, modeling, encouraging, and reinforcing positive parenting and communication skills.
   b. Facilitating parental understanding of the stages of child development.
   c. Ensuring preventive measures for new mothers caring for an infant.

Procedure F: Safe Case Closure

As in other aspects of case management, safe case closure requires the active involvement of family members, particularly in regards to the family's preparedness and confidence to handle normal and future challenges and/or the unexpected presence of additional risk factors. At the time of closure, the family must be independently connected to an adequate network of supportive services. Please note that none of the following procedures are exhaustive and each CFSA or private agency (when applicable) social worker, along with the CFSA and/or Collaborative FSW shall use his or her professional judgment according to the individual needs of the children and families on their caseloads. *Safe case closure must ensure that the risks for entry or re-entry have been dramatically reduced or even eradicated*.

1. The CFSA and/or private agency social worker (when applicable), along with the CFSA and/or Collaborative FSW shall schedule one or more family meetings within 30 days of the pending closure date in order to openly discuss all aspects and procedures necessary for a safe case closure, including progress of the treatment plan and specific gains identified in the most recent case review.
   a. The CFSA social worker shall take the lead for PCBS-teamed cases that were initially assessed as high or intensive risk.
   b. The Collaborative staff shall take the lead for PCBS-teamed cases that were initially assessed as low or moderate risk.
   c. Safe case closure shall not occur until the appropriate CFSA, Collaborative, and (when applicable) private agency supervisor has provided a formal consultation with the social worker and approved the closure.

	2. The following qualifiers must be met to justify safe case closure for families that have received in-home services: a. Each child of appropriate age has been individually interviewed. b. Assistance has been provided to the family for securing appropriate support services. c. The family has successfully achieved their personal goals as well as any other treatment goals identified in the case plan. d. The risk of future abuse or neglect has been significantly diminished or eliminated. e. There have been no substantiated reports of abuse or neglect within the past 90 days. i. In the event that a new allegation has been reported to the Hotline, the investigative social worker shall contact the in-home or private agency (when applicable) social worker prior to the onset of the investigation (whenever possible) in order to gather any information that may be pertinent to the investigative process. ii. Whenever possible, the in-home social worker shall jointly assess the allegations with the investigative social worker. *Note: if the in-home or private agency social worker is unavailable for a pre-investigation consultation or a joint assessment of the allegations, the investigative social worker shall proceed as usual, and contact the social worker as soon as possible thereafter to inform them of any relevant information that may help to address concerns or case plan for the family.* f. The family consistently demonstrates an acceptable risk level of as defined by the SDM risk assessment tool. g. If an in-home case is going to be referred to the HFTC Collaboratives for after-care services, the family in partnership with CFSA, the Collaborative, and/or private agency staff (when applicable) must participate as a team in a transfer staffing. h. If the case was initially opened due to reported substance abuse by the parent, closure can only occur under the following circumstances. i. The parent demonstrates obvious improvement and desire to maintain quality, parenting skills. ii. There is clear documentation in the case record with regards to how the parent has improved parenting skills. iii. The SDM™ level of risk to the child's safety and well-being is determined to be low-to-moderate. i. If the family has moved out-of-jurisdiction, closure can occur under the following the circumstances. i. If known, the appropriate community-based agency and/or family services agency in the new jurisdiction shall be contacted by the in-home social worker.

ii. The in-home social worker shall alert the new jurisdiction of the family's relocation.

iii. If location of the family's new resident is unknown, the need for a diligent search shall be determined in consultation with the social worker's supervisor.

3. Some safe case closure procedures may vary as a result of the disposition decision made by the CPS Administration prior to referral to the In-Home and Permanency Administration for services.

a. For **unfounded** disposition decisions where the case is being referred to the Collaboratives for services and the SDM™ assessment tool has determined the family to be at **low and moderate risk**, the following criteria must be fulfilled prior to case closure**:**

i. All children are remaining in the home.

ii. There is no court involvement.

iii. The parent has agreed to services and has signed an *Authorization to Refer and Disclose Information to Healthy Families Thriving Community Collaborative* form (*see Attachment C*).

Note: The CPS investigation must have been completed prior to the referral for services.

b. For **unfounded** cases in which the family does not engage with CFSA but is referred to the Collaboratives for services, and where the SDM™ assessment tool has determined the family to be at **high or intensive risk**, the following criteria must be fulfilled prior to case closure by the in-home social worker:

i. Within the first 30-day period of the case being open, the in-home social worker has attempted a minimum of 3 home visits to engage the family in services.

ii. The in-home social worker has sent a certified letter to the family's home informing them that they have been referred to CFSA's In-Home and Permanency Administration for services.

iii. The 30-day period ends without contact from the family.

c. If a **substantiated** disposition decision has been made and the case has been opened but the family has not made itself available to receive services, the case may be closed after 90 days *only under the following stipulations:*

i. No one is home or the family cannot be located, and the in-home social worker has made the following attempts to contact the family:

a) A notification letter (neglect only) has been left at the family's residence.

b) A school visit has taken place (if school is unknown, contact DCPS Attendance Office).

c) Interview of neighbors, resident managers, or landlords have occurred to confirm family address.

d) A minimum of two (2) additional home visits after or before normal work hours has taken place.

e) A certified letter has been sent to the family requesting their cooperation.

f) The in-home social worker has conducted a search to locate the family (*see the Agency's Diligent Search Policy for more details regarding family finding*).

ii. The family has refused to cooperate, and the in-home social worker has completed the following activities:

a) Contact with supervisor for consultation.

b) Attempted contact with victim at another location (e.g. school or daycare).

c) Contact with Metropolitan Police Department (MPD) for safety assistance.

d) Contact with the Office of the Attorney General for legal advice.

e) Completion of a Pre-Petition Custody Order, if required.

4. The designated FSW shall assume primary responsibility for the following safe case closure activities for low-to-moderate risk level cases referred to the HFTC Collaboratives:

a. For families that have received services and achieved their identified goals, the case shall be closed upon completion of the following procedures:

i. FSW reviews case file with his/her supervisor to ensure that family goals have been completed and case closure is appropriate.

ii. FSW begins the termination of services and case closure process with family, which consists of home visits, letter correspondence, and telephone calls.

iii. FSW reviews the family's case for a final time in the case review cycle.

iv. Supervisor reviews closing summary and case file. *Note: based on this review, the supervisor shall use his or her clinical and/or administrative discretion to initiate a final team meeting to ensure that all services are in place and there are no last minute concerns for completion of the safe case closure process.*

b. For families that have refused services, the case shall be closed only after completion of the following procedures:

i. The FSW has conferred with his or her supervisor to discuss the family.

ii. At least three home visits have been attempted (scheduled and unscheduled).

iii. Either regular or certified letters have been sent to the family informing them of their service options and requesting the family's response.

iv. The referring CFSA social worker has been notified through telephone and/or email of the difficulty in engaging the family for receiving services.

v. FSW and CFSA social worker have attempted a joint home visit to engage the family.

vi. The family refused services or did not respond to contact efforts within the first 30 days of Collaborative case responsibility.

5. A safe case closure summary shall be developed in partnership between the CFSA and the Collaborative supervisor, and when applicable between the Collaborative and the private agency supervisor.

   a. The following information (whenever applicable) shall be documented in FACES.net for all case summaries, regardless of the CPS disposition decision:

      i. How the case came to CFSA's attention.

      ii. Case history, including service provision.

      iii. Description of the family's current condition and reason for case closure.

      iv. A list of the family's goals, including progress and achievements.

      v. An account of the family's ongoing strengths and present needs.

      vi. A low-to-moderate risk assessment as determined by SDM™ tools.

      vii. Problems, issues, or concerns that surfaced within the last 90 days.

      viii. List of support systems and resources that are currently in place for the family.

      ix. Follow-up plan regarding service recommendations.

      x. Closing letter to family and service providers.

      xi. No new allegations reported.

      xii. Signature of social worker, supervisor, and family representative.

   b. The in-home social worker shall be responsible for scheduling a meeting to allow multidisciplinary team members to review the safe case closure summary.

6. CFSA and Collaborative supervisors shall provide their assigned social workers with a review and evaluation of the case's management and closure.

Procedure G: Supervision

Supervisors and program managers play a pivotal role in the professional development of front-line staff and in the quality of service that front-line staff provides to children and families on the caseload. It is imperative that supervision be a strength-based, teaming process that ensures all social workers are receiving clinical feedback and helpful strategies for engaging families. Supervision is also a propitious opportunity for role modeling behavior, advancing the tenets of the Agency's Practice Model, and reinforcing the knowledge base and skill sets provided to social workers during pre- and in-service training. The supervisory structure, and its associated activities and goals, are paralleled by the program manager when supervising the supervisor.

1. All supervisors shall schedule the supervision of their direct reports with the intent to produce the following positive outcomes:
    a. Clarity of a social worker's roles and responsibilities.
    b. Development of social worker skills and professional growth.
    c. Increased competency in the social worker's ability to engage, assess, and implement a strength-based, family-centered approach to case work, particularly as a reflection of the Agency's Practice Model and quality improvement.
    d. Reinforcement of the importance of accurate and timely data entry into FACES (including updated demographic information).
    e. Recognition that the Structured Decision Making tools (i.e., risk and safety assessments), the Family Team Meetings (FTM), and the Family Group Conferences (FGC) are essential processes for making informed decisions regarding in-home case planning and safe case closure.

2. CFSA supervisors shall complete the following supervisory tasks within 7 days of a new or transferred in-home case assignment:
    a. Initiation and scheduling of the first joint staffing with the Collaborative supervisor, the CFSA social worker, and the CFSA and/or Collaborative FSW when applicable.
    b. Preparing and submitting an agenda to all participants at least 24 hours (or one business day) in advance of the initial staffing.
        i. The agenda shall include identifying roles for both the CFSA in-home social worker and the CFSA and/or Collaborative FSW, including self-preparation for fulfilling teaming and joint decision-making responsibilities (*see Procedure A: Teaming*).
        ii. Case plans (*see Procedure D: Case Planning*) shall be reviewed and thoroughly discussed, including an estimated time line for safe case closure.

	3. Supervisors shall hold themselves accountable for completion of the following tasks specific to the supervision of ongoing cases. a. Scheduling weekly supervision (at least 1 hour per session) for each individual social worker in the unit, and ensuring availability outside of supervision as needed. b. Preparing the agenda or requiring staff to bring an agenda that includes the number of cases to be reviewed during the scheduled supervision. c. Holding in-depth discussions on each case plan. i. Providing clinical feedback. ii. Ensuring the case plan is appropriate and that family needs are being met. iii. Ensuring that appropriate management support and resources are provided to support each family's goals. iv. Helping to identify cases where momentum or family engagement is problematic. v. Assisting social workers to use solution-focused and strength-based approaches for engaging and working with the family. d. Ensuring that social workers are assessing for safety at each visit. e. Documenting each case consultation in FACES.net. f. Scheduling case peer reviews (per the Collaboratives' schedule or at a minimum bi-monthly), clinical staffings (as necessary) and team meetings to assist with problem-solving (as needed). g. 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. h. Utilizing the FACES and the Collaboratives' case management information system Efforts-to-Outcomes (ETO™) systems (*see Appendix A, Definitions*) to review safety and risk assessments, visitation contact summaries, the court calendar when applicable, and case plan expirations. • As appropriate, CFSA and Collaborative supervisors shall share hard copy case notes from FACES and ETO respectively. i. Attending the same key training courses as those attended by CFSA in-home and Collaborative staff in order to support and reinforce the learning objectives of the in-home and Collaborative team members. j. Reinforcing the application of training (Transfer of Learning, *see Appendix A, Definitions*) to the actual child welfare practice.

	4. CFSA and Collaborative (as applicable) supervisors must ensure that in-home social workers with regular on-going cases accomplish the following case-carrying tasks: a. Accurate and timely updating of information in FACES and the ETO system. b. Proactive teaming with families and with whomever the family deems as an integral part of the team. c. 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. d. Acting as facilitators between multiple community providers and the family's support network. e. Incorporating collaborative processes in case practice, such as case peer reviews, clinical staffings, FTMs, and FGCs. 5. As part of the teaming process, CFSA supervisors shall proactively ensure the following activities are completed in partnership with the Collaborative supervisors: a. Joint supervision to encourage information sharing on techniques for engagement and for creating individualized case plans. b. Review of case documentation, including initial contact notes. c. Identification of cases where there are significant areas of concern for family progress and/or lack of clear direction for joint case peer reviews. d. Review of case progress to ensure that goals and objectives are linked to positive outcomes for families and safe case closure. 6. Joint supervision shall incorporate the following guidelines and procedures: a. When teaming on a case, the in-home social worker and the FSW shall meet at least monthly with their supervisors to review the family's progress. b. The CFSA and Collaborative supervisors will ensure that the monthly joint supervision sessions are scheduled such that everyone is available to participate. c. In the event that a conflict regarding a joint decision between the CFSA social worker and the Collaborative FSW cannot be resolved, authority shall be applied as follows: i. The CFSA supervisor (or when applicable, program manager) shall have the final decision-making authority for team recommendations for families active within CFSA. ii. When the family is not active within CFSA, the assigned Collaborative supervisor or director shall have final decision-making authority.

	Procedure H: Quality Assurance 1. Client satisfaction surveys shall be provided to families during each team meeting as part of the ongoing engagement process and for purposes of soliciting feedback that is useful for the evaluation. 2. CFSA and Collaborative staff shall encourage the family to complete a survey that evaluates their satisfaction with services, including the stated procedures for helping the family to meet their own goals and stated goals of the case plan. a. Families shall be informed that they are not required to sign their names on surveys, and that each survey shall be held in confidence with regards to personal and/or identifying information. b. All completed surveys shall be dated and signed by the in-home social worker. c. Surveys shall be reviewed and submitted by the assigned CFSA supervisor to the Quality Assurance administration for evaluation.

DEFINITIONS

Assessment: the evaluation and identification of a family's current level of functioning, including the family's strengths and/or service needs, and/or any current risks of abuse and/or neglect of children in the home. A combination of several tools may be needed to complete a successful assessment, including but not limited to the Structured Decision Making® (SDM) tool in FACES.Net. *For more information on structured decision making, please refer to* www.childwelfare.gov*, the Child Welfare Information Gateway.*

Efforts to Outcomes (ETO™): the Healthy Families/Thriving Communities Collaboratives case management equivalent to CFSA's FACES.net. ETO is a software system designed by *Social Solutions* that collects quantitative and qualitative information in a uniform manner; gives social workers a holistic view of participants and their needs; allows easy referrals to appropriate programs; measures participants progress as well as results at the staff, program, and site level; tracks volunteer recruitment, performance, and retention; and meets reporting and compliance needs in an automated fashion.

Engagement: the process of building a collaborative working relationship between the family and the in-home social worker in order to meet the identified and individualized service plan goals of the family. Engagement is based on honesty, empathy, mutual respect, unconditional positive regard, respect for diversity, a collaborative service planning process, and an ability to understand and work through a family's resistance to receive services.

Fictive Kin: individuals who are unrelated either by birth or marriage but who have an emotionally significant relationship with the child or children in such manner as to take on the characteristics of a family relationship.

Home Visitation: face-to-face contact with an individual or family within that individual's or family's own residence. In addition to providing the family with an opportunity to learn about available services and assistance for stability and well-being, the home visitation process provides an opportunity for both CFSA and Collaborative staff to assess the family.

Mandated Reporter: an individual whose professional status (e.g., employment as a social worker, physician, teacher, or counselor) legally requires him or her to report all suspected child abuse or neglect to the appropriate state agency. ***ALL CFSA, Collaborative, and private agency staff members are mandated reporters****. For more information and/or to complete the online mandated reporter training, please refer to the DC Mandated Reporter website:* www.dc.mandated*reporter.org*.

Principles of Teaming: 1) A team reflects and demonstrates a shared and/or collective vision, 2) a team promotes empowerment of all members, 3) a team demonstrates shared decision making, 4) a team demonstrates synergy – the whole is more than the sum of the parts, 5) a team highly regards diversity as a necessary part of creativity and collaboration, 6) a team fosters the full inclusion and participation of people impacted by its actions, 7) a team facilitates the self-determination and personal growth of itself and its individual members, 8) a team is responsive to its authentic (ecological) context, 9) a team reflects and demonstrates a dynamic and fluid quality - from Stodden, R. A., Brown, S. E., Galloway, L. M., Mrazek, S., & Noy, L. (2004). *Essential tools: Interagency transition team development and facilitation.* Minneapolis, MN: University of Minnesota, Institute on Community Integration, National Center on Secondary Education and Transition.

Safe-Case Closure: a case is considered "safe" for closure once a family has demonstrated the appropriate competencies (as defined by the case plan) and can solve problems related to daily living and parenting using their own skills or external supports.

Shared Decision-Making: all parties are included in the making of choices that are consistent with the mission of safety, permanence and well-being for each child and their family or caregiver(s).

Supervision: a structured (i.e., scheduled) one-to-one (or group) interactive process between the social worker(s) and an assigned supervisor that is meaningful, rational, effective, and focused on giving staff the coaching, training, support and feedback they need to serve children and families with exemplary and professional skill sets. Supervision may sometimes occur on a “walk-in” basis in the event of emergency circumstances.

Teaming: CFSA and Collaborative staff working together to build a professional helping relationship with families to prevent the placement of children into foster care.

Training: a learning process whereby an expert or experienced person provides relevant information to staff to teach new skills, philosophies, and/or protocols. Training is used to develop the abilities and to further the professional and personal growth of employees.

Transfer of Learning (TOL): in the context of the child welfare professional's learning process, TOL refers to the application of skills, knowledge, and/or attitudes that were learned during pre- and in-service classroom instruction to the on-the-job learning experience of actual child welfare practice.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Authorization to Refer and Disclose Information to Healthy Families/Thriving Communities Collaboratives

Si usted no entiende el idioma Inglés, favor de pedir esta forma en Español.

Instructions

- The "Authorization to Refer and Disclose Information to Healthy Families Thriving Community Collaborative" (Authorization) is used by Child and Family Services Agency (CFSA) staff to authorize the referral of a client to a Healthy Families Thriving Community Collaborative (Collaborative) for services. It also permits CFSA to provide non-health related information about the client to the Collaborative.

- The Authorization may be signed by an individual who is referred for individual services (for example, a former foster child who aged out of foster care) or by a parent or guardian on behalf of herself/himself and the minor children. If there are questions about who can sign, contact the Office of General Counsel.

- If medical or medical or dental information also needs to be sent to the Collaborative, use the "Authorization to Disclose Medical or Dental Information" to permit that disclosure. Similarly, if mental health or substance abuse information also needs to be sent to the Collaborative, 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.

- 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.

- The Authorization must be witnessed by the CFSA social worker.

- When the case is sent to the Collaborative, the signed and witnessed Authorization should be sent along with the completed "Case Referral Form to the Collaborative".

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Authorization to Refer and Disclose Information to Healthy Families/Thriving Communities Collaboratives

Si usted no entiende el idioma Inglés, favor de pedir esta forma en Español

See Attached Instructions

I. Referral to Collaborative

1. I, _____, hereby authorize the Child and Family Services Agency (CFSA) to refer
Name of Individual, Parent or Guardian

the individuals named below to the _____ Collaborative (Collaborative).
Name of Collaborative

2. The purpose of the referral is: _____
_____
_____
_____.

II. Individual(s) being Referred *If additional individuals are being referred, please identify them on the attached Continuation Sheet. This includes identifying the spouse/significant other and all children in the family who are being referred.*

1. Name:_____
Last First Middle

D.O.B. _____ Social Security No. _____--_____--_____

Race: _____ Gender: Male Female (Circle One)

Current Address: _____ _____
No. & Street City State Dates of Residency

Telephone Number: _____

III. Information to be Released *Use additional pages if necessary.*

1. To enable the Collaborative to serve me/us, I further authorize CFSA to disclose information to the Collaborative as follows _____
_____
_____
_____
_____.

IV. Signature

- I understand that this Authorization to Refer and Disclose Information to Healthy Families Thriving Community Collaborative (Authorization) permits the release of both oral information and documents.
- I understand that the information used or disclosed on the basis of this Authorization may not be disclosed again by the recipient except by my express authorization or otherwise in accordance with applicable law.
- I understand that I may revoke this Authorization at any time by giving my written revocation to:

DC Child and Family Services Agency

attn: _____, 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 six (6) months from the date on which I sign it, and that I may sign a new Authorization for an additional six (6) month period.
- I have received a copy of this Authorization.

_____ _____
Individual's Signature *Date*

_____
Name printed

Address: _____

Telephone Number: _____

Relationship to persons named in Part II: ☐ Parent ☐ Legal guardian ☐ Self (if over 18 years of age) ***Note: if not the parent, legal guardian or self (and over 18 years of age), discuss with Office of the General Counsel***

Witness: _____

Social Worker's Signature

_____

Social Worker's Name Printed

200 I Street, SE ♦ Washington, DC 20003
www.cfsa.dc.gov

Authorization to Refer and Disclose Information to Health Families Thriving Community Collaborative

CONTINUATION SHEET: Individual(s) being Referred

II. Individual(s) being Referred *If additional individuals are being referred, please identify them on this continuation sheet. Use as many copies of the sheet as needed.*

2. Name:_____
Last First Middle

D.O.B. _____ Social Security No. _____--_____--_____

Race: _____ Gender: Male Female (Circle One)

Current Address: _____ _____
No. & Street City State Dates of Residency

Telephone Number: _____

3. Name:_____
Last First Middle

D.O.B. _____ Social Security No. _____--_____--_____

Race: _____ Gender: Male Female (Circle One)

Current Address: _____ _____
No. & Street City State Dates of Residency

Telephone Number: _____

4. Name:_____
Last First Middle

D.O.B. _____ Social Security No. _____--_____--_____

Race: _____ Gender: Male Female (Circle One)

Current Address: _____ _____
No. & Street City State Dates of Residency

Telephone Number: _____

5. Name:_____
Last First Middle

D.O.B. _____ Social Security No. _____--_____--_____

Race: _____ Gender: Male Female (Circle One)

Current Address: _____ _____
No. & Street City State Dates of Residency

Telephone Number: _____