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CHAPTER:		
	CHILD AND FAMILY SERVICES AGENCY Approved by: _____ Signature of Agency Director Date: _____	PROFESSIONAL STANDARDS
EFFECTIVE DATE: July 13, 2011	LATEST REVISION: July 9, 2012	REVIEW BY LEGAL COUNSEL: September 27, 2011

I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA or Agency) adopts this policy to be consistent with the Agency's mission and all applicable federal and District of Columbia laws, rules, and regulations, including but not limited to the federal Child Abuse and Prevention Treatment Act (CAPTA) of 1974, and its implementing regulations, the Fostering Connections to Success and Increasing Adoptions Act of 2008, Titles 4 and 16 of the DC Official Code, provisions in Title 29 of the DC Municipal Regulations (DCMR), and the Implementation and Exit Plan (I&EP) in <i>LaShawn A. v. Gray</i> . The July 9, 2012 revision of this policy supersedes the March 8, 2012 revision, as well as any other issuances or business processes related to this policy's subject matter, unless otherwise noted within the body of the policy.
II. APPLICABILITY	All Agency social work staff, placement staff and contract agency personnel.
III. RATIONALE	CFSA's primary commitment is to safely maintain children in their own family homes whenever possible. If, however, a child's immediate safety and well-being are at imminent risk of harm, it is the obligation of the social worker to remove the child. When removal is necessary and family resources are unavailable, a social worker will make a referral to the Placement Services Administration (PSA). PSA serves as the centralized administration for facilitating and managing placements. The administration focuses on a deliberate placement process that emphasizes child well-being, safety, and permanency. In order to successfully achieve these positive placement and permanency outcomes, PSA is committed to seven primary guiding principles: (1) placement in the least restrictive family-based setting, (2) placing children with siblings, (3) assessment of a child's well-being needs, including maintaining educational continuity and school stability, (4) matching children to appropriate placement resources, (5) maintaining placement stability, (6) promoting permanency, and (7) teaming with internal and external partners to ensure the most appropriate placement for any child who comes into the care of the District's child welfare system. PSA's placement strategy requires a detailed matching process that considers the suitability of the proposed resource home to the child's current emotional, developmental, physical, and/or special needs. Appropriately matching children with resource parents helps the Agency to ensure that a child's first placement is also his or her best placement. Further, placement matching reduces the need for changing placements or placing an older child in a congregate care setting.

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IV. POLICY	<p>It is the policy of CFSA to actively promote and support child well-being and family stabilization through timely service delivery so that children can remain safely in their own family homes. If circumstances of imminent risk to the child's well-being require a child's removal, it is CFSA's policy to plan for reunification as soon as possible. During the interim, the CPS investigative social worker and/or the assigned ongoing social worker strive to locate maternal or paternal family members to serve as a placement resource. If family members are not available, PSA incorporates a dedicated placement matching strategy to ensure the best placement possible. This includes learning as much as possible about a child, maintaining a current working knowledge of potential matching options from available placement resources, and prioritizing the resources that are available and most appropriate to meet the child's well-being needs. CFSA's process also emphasizes placement with siblings, placement in the child's home community, and maintaining a child in his or her school of origin despite removal from the family home. As always, the goals of safety, permanency, and well-being are paramount to the placement process. This policy serves as guidance for the procedures necessary to implement the placement and matching process to better serve children and families in the District of Columbia. <i>Note: For purposes of this policy, the term "child" refers to children from birth up until their 21st birthday. The term "caregiver" refers to biological and adoptive parents as well as legal guardians. "Foster parents" are referred to as "resource parents". Unless specified, the general term "social workers" includes both CFSA and private agency social workers.</i></p>	
V. CONTENTS	<ul style="list-style-type: none"> A. PSA Guiding Principles B. Roles and Responsibilities C. Types of Care D. Centralization of Placement Services E. Matching F. General Placement Procedures G. Procedures for Specific Types of Placements H. Re-placements and Placement Changes I. Placement Resources Utilization Review 	
VI. ATTACHMENTS	<ul style="list-style-type: none"> A. Definitions B. Permission to Allow Admission to a Licensed Congregate Care Facility C. Passport Packet 	
VII. PROCEDURES	<p>Procedure A: PSA Guiding Principles</p> <p>The Placement Services Administration (PSA) focuses on a deliberate placement process that emphasizes child well-being, safety, and permanency. In order to successfully achieve positive placement and permanency outcomes, PSA is committed to seven primary guiding principles that include (1) placement in a family-based setting, (2) placing children with siblings, (3) assessment of a child's well-being needs, including maintaining educational continuity and school stability, (4) matching children to appropriate placement resources, (5) maintaining placement stability, (6) promoting permanency, and (7) teaming with internal and external partners to ensure the most appropriate placement for any child who comes into the care of the District's child welfare system.</p>	
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1. All children deserve a permanent home that provides nurturing and support from a loving family.
 - a. CFSA shall always give primary consideration to kinship placement options.
 - b. If no kinship placement becomes available, CFSA provides family-based settings for all children in foster care (see CFSA's [In-Home and Out-of-Home Practice Model Operational Manual](#)).
2. All efforts are made to place siblings together unless precluded by a court order or an investigating or ongoing social worker requests that they be separated. (If applicable, the social worker shall team directly with the Office of the Attorney General to request a court order.) Reasons for the separation must be documented in FACES.NET.
3. Youth shall not be placed in group home care without written justification.
 - a. No child under the age of 12 shall be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a family-based setting, and the congregate care setting has a program to meet the child's specific needs.
 - b. No child under the age of 6 can be placed in congregate care without such justification, including exceptional needs and selection of a placement resource that is designed to address those needs.
 - c. The following exceptions shall be used to determine whether a child who is placed in group care has exceptional needs that cannot be met in any other type of setting:
 - i. There is documented evidence in the child's record from the child's physician that the child is medically fragile and has needs that can only be met in a hospital, skilled nursing facility, or other highly-specialized treatment facility.
 - ii. Evidence exists that a developmentally-delayed condition or a child's specialized cognitive needs may play the child in danger either to him or herself or others, and that insuring the child's safety (or the safety of others) requires placement in a congregate care treatment program that can meet the child's needs.
 - iii. The Family Court has ordered that the child remain in a group care setting.
4. Assessment of a child's well-being needs is a foundational and essential component of effective placement matching. In addition to placement with siblings, well-being needs include, whenever possible, a placement that allows for children to remain in the school or daycare they attended prior to entering foster care or prior to a change in foster care placement. (See Agency policy on [Educational Services](#).)
5. The purposeful matching of a child to an appropriate placement resource is crucial to the viability and potential success of the placement. Effective matching reinforces the child's sense of stability and well-being, and assists in the prevention of undesired placement changes (see *Procedure E: Matching*).

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	<p>6. Placement stabilization is best achieved through appropriate interventions, including but not limited to the following strategies:</p> <ul style="list-style-type: none"> a. Continuous good social worker practice, including but not limited to ongoing assessments, visitations, and provision of appropriate services b. Team meetings, particularly with involvement by maternal and paternal family members c. Coaching and supports to resource parents and providers d. In-home respite services, e.g., a weekly three-to-four hour visit from a respite worker that gives a resource parent time to accomplish other needed tasks, either personally or professionally e. Community-based services, e.g., childcare or emergency assistance for rent or utilities f. Crisis prevention and intervention g. Referrals for other services (e.g., behavioral services through CFSA's Office of Clinical Practice) <p>7. Placement decisions are directed toward the achievement of permanency outcomes, whether the permanency goal is reunification, adoption, or guardianship. Only in rare situations when all other prioritized permanency goals have been exhausted shall case planning involve consideration of legal custody or independent living in the form of an alternative planned permanent living arrangement (APPLA).</p> <p>8. As a basic tenet of the Agency's Practice Model, effective teaming includes direct participation in case planning and decision-making by maternal and paternal members of the birth family. Teaming is an essential practice strategy for making optimal placement decisions that lead to successful permanency goals for children. Placement specialists actively team with other CFSA staff and/or other stakeholders to ensure that a child's first placement is his or her best placement, whenever possible, in addition to ensuring that multiple types of placement settings are available.</p>
	<p>Procedure B: Roles and Responsibilities</p> <p>PSA facilitates and makes the final decisions regarding placements per a request from CPS or the ongoing social worker, and teams with the requesting social worker until the placement is identified and authorized. PSA is responsible for the matching of children to the placements that are most conducive to the child's permanency and well-being needs. The administration is staffed by a management team as well as teams of resource development specialists ("placement specialists") and a PSA "gatekeeper" (see <i>Appendix A: Definitions</i>). Placements are provided 24 hours a day, 7 days a week. The placement teams are divided into two units covering four overarching areas of specialization: emergency, traditional, therapeutic, and specialized (for more details, see <i>Procedure C: Types of Care</i>).</p>

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	<p>1. The CPS or ongoing social worker is responsible for the following placement-related tasks:</p> <ol style="list-style-type: none"> a. Comprehensive assessment and recommendation for the type of placement needed, based on information gathered from the results of the initial CPS investigation, including but not limited to kinship resources, mental health assessments, development and functioning of the child, etc. <ul style="list-style-type: none"> • Requests for placement in a congregate setting must be accompanied by a written justification indicating that the placement addresses a youth’s overall well-being needs. In addition, the justification shall include a plan for transitioning the youth out of congregate care in the event that a more suitable family-based placement becomes available. b. Initiation of the placement (or re-placement) request, including emergency placements, through a FACES.NET referral, approved by a supervisor (<i>see Procedure F: General Placement Procedures</i>). c. Documentation in FACES.NET that the following specific considerations were given to the child’s placement: <ol style="list-style-type: none"> i. Family-based vs. congregate care setting. ii. Resources available for taking siblings or documentation that a court order or clinical assessment of the ongoing social worker prohibits such placement. iii. The placement allows the child to remain in his or her school or daycare of origin. d. Pre-placement medical screening of the child at CFSA’s onsite Healthy Horizons Assessment Center (HHAC) (<i>refer to CFSA’s policy on the Healthy Horizons Assessment Center</i>). <ul style="list-style-type: none"> • Documentation of the screening <u>must</u> accompany the child to the placement. e. Gathering and documenting pertinent information for inclusion in the “Placement Passport” and delivering the Placement Passport to the placement resource, discussing its contents, and answering any questions. f. Prior to accompanying the child to placement, ensuring that the child’s immediate needs are met (e.g., the child is fed and provided with personal items as needed). g. Preparing the child mentally and emotionally for placement, e.g., making pre-placement visits (whenever possible) and having age-appropriate discussions with the child that allow the child time for questions and explanations regarding the placement, etc. (<i>Social workers should refer to the PSA business process on Pre-Placement Visits.</i>) h. Transportation of the child with clothing to the placement (<i>see Procedure F: General Placement Procedures</i>). <i>Note: the family support worker may also transport the child to the placement.</i>
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	<ul style="list-style-type: none"> i. Delivery of a child’s medicine, prescriptions, or other pertinent health and well-being necessities to the placement resource. j. Scheduling and conducting a mandatory intake meeting at the placement site within 3 business days of the placement (see <i>Procedure F: General Placement Procedures</i>). k. Ensuring the home removal is entered into FACES.NET and that the case is also opened in FACES.NET. Any removal from the home must have an investigation referral number for the incident that leads to the removal. l. Notifying PSA once the child is actually transported to the placement. <p>2. PSA is responsible for identifying and authorizing a placement once the assigned social worker has provided PSA with a comprehensive assessment, information on the child’s background and needs, as well as placement recommendations. The following placement tasks are performed by PSA staff:</p> <ul style="list-style-type: none"> a. Electronic or hard copy receipt and subsequent review of the “placement referral package” by the PSA gatekeeper. b. Gatekeeper assignment to one of the two placement units (emergency-traditional or therapeutic-specialized), based on the referral assessment. c. Determination of an appropriate placement shall be immediately identified when the request is emergent in nature (i.e., less than two hours). All other planned placements shall be identified within the requested time frame. (Although most placements can be determined in one business day, therapeutic and specialized placements need sufficient client documentation and time estimated to complete interviews and possible pre-placement visits.) d. Confirmation of placement by the PSA Reconciliation Unit within 1 business day. <ul style="list-style-type: none"> i. The PSA Reconciliation Unit shall be responsible for entering the placement information in the PSA Daily Log, and entering all placement data in FACES.NET. ii. In the event that a placement change has occurred, the PSA Reconciliation Unit shall enter the end date of the first placement as well as the start date of the re-placement into FACES.NET within 24 hours of notification by the social worker. The social worker shall email all changes in placement to cfsa.placement@dc.gov. <p>3. CFSA’s Office of Clinical Practice (OCP) shall team with the child’s social worker and PSA to ensure the following crucial steps are taken during the placement process:</p> <ul style="list-style-type: none"> a. Facilitates scheduling and completion of appropriate assessments as needed. b. Provides consultation to ensure that appropriate services are secured, particularly for children who are severely emotionally disturbed, mentally ill, have severe developmental delays, or medical conditions.
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	<ul style="list-style-type: none"> c. Facilitates access to resources from the following District agencies to ensure availability of placements outside of PSA-solicited placement services: <ul style="list-style-type: none"> i. Department of Mental Health (DMH) ii. Department on Disability Services (DDS) iii. Department of Health Care Finance (DHCF) iv. Health Services for Children with Special Needs (HSCSN) v. Office of the State Superintendent of Education (OSSE) vi. Department of Health (DOH) d. Coordinates specialized services that emphasize strengths and meet the well-being needs of children who are involved with more than one government agency (i.e., wraparound services). e. Provides health screenings for initial placement and re-placement of children and youth.
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	<p>Procedure C: Types of Care</p> <p>CFSA has developed a broad range of out-of-home placement resources for the traditional, therapeutic, and specialized needs of children. <i>(For more details on individual types of care, see Attachment A: Definitions.)</i> This continuum of care includes diagnostic assessment, short-term stabilization, family-based care provided by resource parents, congregate group care, independent living, teen parent programs, and specialized programming. All placement options ensure appropriate services for addressing the needs (psychological, emotional, physical, and behavioral) of children and youth. Aside from Psychiatric Residential Treatment Facilities (PRTF), which are facilitated through OCP, the following types of care include certain placement parameters based on Title 29 DCMR Chapter 60 and COMAR licensing guidelines. Exceptions to the parameters (i.e., “over-placements”, see Chapter 60) for resource homes may at times be approved by PSA on a case-by-case basis and when space allows. <i>Reminder: all resource homes and facilities must be licensed prior to receiving placements.</i></p> <ul style="list-style-type: none"> 1. Family-based foster care includes any of the following placement options: <ul style="list-style-type: none"> a. Traditional Resource Home <ul style="list-style-type: none"> i. The following placement parameters apply to a two-parent traditional resource home: <ul style="list-style-type: none"> a) No more than three children in the foster home under the age of 6 are placed at the same time. b) No more than two children under the age of 2 are placed at the same time. c) No more than six children total, including children in care <u>and</u> any natural children of the resource parent. ii. Placement parameters for a single parent traditional resource home are as follows: <ul style="list-style-type: none"> a) No more than two children under the age of 6 are placed in the home at a time.
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	<p>b) No more than three children total, including children in care and any natural children of the resource parent.</p> <p>b. Therapeutic Resource Home</p> <p>i. The following placement parameters apply to a two-parent therapeutic resource home:</p> <p>a) No more than two children are placed in the home, including placements whereby one child may be designated with therapeutic needs and one with traditional needs.</p> <p>b) No more than four children total, including children in care and any natural children of the resource parent.</p> <p>ii. Placement parameters for a single parent therapeutic resource home are as follows:</p> <p>a) No more than one child designated with therapeutic needs is placed in the home with an option of one other child designated with traditional needs, based on an assessment of both children.</p> <p>b) No more than three children total, including children in care and any natural children of the resource parent.</p> <p>c. Specialized Care Resource Home</p> <ul style="list-style-type: none"> • Placement parameters are the same as those for therapeutic resource homes, but may vary as specified by the case or treatment plan if medically-fragile conditions and/or developmental disabilities require more specialized accommodation or care. <p>d. Stabilization and Re-placement Homes (ST*A*R) – Licensed, designated foster homes that provide short-term, emergency 24-hour access to placements for a maximum of 10 days. Placement parameters match those listed under item # 1.a above.</p> <p>2. Group home placements include the following options:</p> <p>a. Diagnostic Assessment</p> <p>i. Services are provided to children aged 12 and younger in settings that are separated from children aged 13 and older.</p> <p>ii. Maximum length of stay is 30 days in an emergency setting.</p> <p>iii. Services include individual and family diagnostic assessment, crisis intervention, and stabilization services, along with treatment and service planning.</p> <p>b. Traditional Group Home</p> <p>i. Children and youth aged 13 to 17 years are housed separately from youth aged 18 to 21 years.</p> <p>ii. Structured, 24-hour daily programming, including formalized behavior management.</p> <p>iii. On-site, 24-hour psycho-educational groups, life and social skills development.</p> <p>iv. Educational and vocational support.</p> <p>v. Therapeutic recreation.</p> <p>vi. Health care and medication management.</p> <p>vii. Life and social skills development.</p>
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	<ul style="list-style-type: none"> viii. Family visitation and permanency activities are supported and facilitated. c. Therapeutic Group Home <ul style="list-style-type: none"> i. Children and youth aged 13 to 17 years are housed separately from youth aged 18 to 21 years. ii. In addition to the structured programming and services outlined for traditional group home care, the following 24-hour on-site services are provided. <ul style="list-style-type: none"> a) Therapeutic supports and behavior management tailored to children with therapeutic needs b) Ongoing mental health status evaluation and assessment c) Development of a treatment plan by a multi-disciplinary treatment team d) Services to address treatment plan recommendations e) Crisis prevention and intervention services d. Specialized Group Care <ul style="list-style-type: none"> i. Non-traditional group home for special populations such as children and youth diagnosed as medically fragile and/or developmentally delayed ii. Enhanced comprehensive health services and supports to meet the needs of the specialized population e. Teen Bridge Program <ul style="list-style-type: none"> i. Structured supervision for youth ages 16 to 21 in a group home environment ii. Short-term program designed to enhance readiness for independent living programs <p>3. Independent living programs are available for older youth if recommended by the social worker with the input of youth through <i>Listening to Youth and Families as Experts</i> (LYFE) conferences, planning meetings with the Office of Youth Empowerment (OYE), etc. The following examples may be recommended as appropriate to address the youth's needs:</p> <ul style="list-style-type: none"> a. Supervised Independent Living Program (SILP): Main Facility b. Independent Living Program (ILP) and Transitional Living Program (TLP): Residential Units c. Teen Parent Program <ul style="list-style-type: none"> i. Designed for teen parents and their dependent children to live in group homes, Main Facility ILPs or residential ILPs ii. Additional parenting supports and environment for infants and children <p>4. PTRF placements are facilitated through OCP in collaboration with DMH. Placements are separate from the PSA's acquisition planning and procurement process due to the gate-keeping authority of DMH.</p> <p>5. LBGQTQ (Lesbian, Bisexual, Gay, Transgender, and Questioning) placements are provided within both family-based and congregate care settings.</p>
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Procedure D: Centralization of Placement Services

PSA is strategically centralized under the Office of the Deputy Director for Entry Services to reinforce the Agency’s commitment to coordinated placement operations with multiple administrations, including CFSA foster care recruitment, CFSA foster care licensing, monitoring of private providers of family-based, congregate care, and community-based services.

1. The centralized placement function provides access to placement resources 24 hours a day, 7 days a week, for children who are either entering foster care through a home removal or children who are in need of a re-placement.
2. As part of the centralized placement function, all requests for placements, including re-placements, must be made through PSA.
3. As part of its centralized functioning, PSA is responsible for tracking placement information, i.e., ensuring that the whereabouts of all youth under CFSA custody are readily identifiable through FACES.NET.
4. PSA is also responsible for contracted purchasing and development of placement resources.
 - a. Ongoing data collection shall be used to inform projected procurements and to ensure adequate, available numbers of beds for children entering or currently in out-of-home care.
 - b. Placement resources shall be identified in collaboration with the following administrations within CFSA:
 - i. Office of Planning, Policy, and Program Support (OPPPS)
 - ii. Contracts & Procurement (CPA)
 - iii. Fiscal Operations Administration (FOA)
 - iv. Office of Clinical Practice (OCP)
 - v. Foster Care Resources
5. All placements (including those of the private agencies) must occur with active involvement of CFSA social workers and/or staff members from the CFSA administrations cited in 4.b above (as applicable).

Procedure E: Matching

The practice of matching a child with an appropriate placement resource is crucial to a child’s safety and well-being, and to achieving permanency. Successful matching also effectively minimizes placement disruptions. Matching includes identification of the most appropriate, least restrictive, family-based setting available. As part of its commitment to the matching process, PSA has created a standard “decision tree” for placing a child in a home or facility that best matches the child’s needs. All matching efforts for children and youth in care shall be recorded by the PSA specialist and tracked with the placement referral documents. *Note: social workers are responsible for ongoing efforts to seek family-based resources for youth currently placed in a congregate care setting.*

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1. The matching process incorporates the following information:
 - a. Placement referral package
 - b. Recommendations of the social worker and other parties (e.g., the guardian ad litem or the Family Court)
 - c. Discussions with the age-appropriate child and his or her maternal and paternal family members when possible
 - d. Location of the child's school of origin
 - e. Medical and/or therapeutic needs

2. The matching process shall adhere to the following guidelines:
 - a. Children are placed with kin who are licensed by CFSA for an emergency placement, which shall be initiated and be completed either by a CPS investigations or the assigned ongoing social worker.
 - b. Siblings are placed together unless precluded by a court order or a particular health, safety, or behavioral need of one or more of the siblings.
 - c. Children remain in close proximity to their family home, current school, and the community in which they resided before entering the CFSA's care. Continuity of school placement shall be a priority.
 - d. When placement with non-kin is necessary, the following guidelines shall apply:
 - i. A family-based placement setting is the first placement option and can best serve a child's needs.
 - ii. A congregate care resource provider is a secondary placement option if a family-based placement is unavailable.
 - iii. Resource providers shall be involved in permanency planning and actively assist in the steps needed to achieve a child's primary and concurrent permanency goals.
 - iv. Children are placed in the District of Columbia.
 - v. Any placement in another jurisdiction shall be approved through the Interstate Compact on the Placement of Children (ICPC) (For more information, please refer to CFSA's [ICPC policy](#).)

3. To facilitate the matching process, PSA is responsible for reviewing and updating a daily vacancy list that describes available placement resources. The following information is included in the list's inventory:
 - a. Number of available beds per placement resource
 - b. Total number of children permitted to reside in a resource home, based on licensure, or to reside in a congregate care facility based on contract capacity
 - c. Ages and genders of children that the placement resource is able and willing to accept

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	<ul style="list-style-type: none"> d. Special needs or demands required for the care of children currently residing with a placement resource e. Level of care and supervision which a placement resource can provide f. Specialized services available through the placement resource g. Names and contact information for all currently licensed resource parents h. Names of all supervisors of congregate care facilities i. History of a placement resource’s relationship with CFSA (when applicable), including any special skills, trainings, and preferences j. Name of all admissions and/or intake coordinators for all CFSA-contracted child placing agencies
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	<p>Procedure F: General Placement Procedures</p> <p>The placement process includes several administrations within the Agency. The CPS administration, OCP, and the Out-of-Home and Permanency Administration (OHPA) are typically PSA’s initial collaborators for ensuring that a child is matched to a placement resource best suited to serve the child’s needs. These important contributions lead to the final placement determinations made by PSA. All resource homes (including that of a relative) or facilities receiving a placement must be licensed and in compliance with the District of Columbia’s and the relevant jurisdiction’s licensing requirements. Placement of children outside of the District of Columbia must be in compliance with the ICPC and CFSA’s ICPC policy. The following procedures apply to initial and/or emergency placements. Placement procedures for children already in care are addressed under <i>Procedure G: Re-placements and Placement Disruptions</i>.</p> <ol style="list-style-type: none"> 1. Prior to placements or re-placements, a team meeting shall be held to discuss appropriate placement options (see the In-Home and Out-of-Home Practice Model Operational Manual). Participants may include, but are not limited to the following individuals: <ul style="list-style-type: none"> a. Age-appropriate child b. Child’s guardian <i>ad litem</i> c. Biological parents and/or legal guardians, in addition to their attorneys d. Maternal and paternal family members e. Non-relatives who have close, emotional bonds with the child f. Assigned social workers and supervisors g. Service providers h. Resource parents or placement providers (as applicable) 2. The assigned CPS or ongoing social worker shall be responsible for expeditiously identifying and assessing all prospective kin placements for the child, and documenting all related efforts in FACES.NET. (See the <i>CFSA policy on Temporary Licensing of Foster Homes for Kin</i>.)
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	<p>3. If no relatives, extended family members or family friends are available as a placement option, the social worker shall consult with his or her supervisor for direction prior to requesting a placement in FACES.NET.</p> <p>4. In order to initiate a placement, a comprehensive assessment must occur and the social worker must enter the following information in the FACES.NET Placement Request Screen and have the request approved by his or her supervisor:</p> <ul style="list-style-type: none"> a. Child's name and date of birth b. Gender c. Race and ethnicity d. Primary language(s) spoken e. Self-reported sexual orientation f. Client ID number g. Medicaid number, if available h. Sibling information, including placement location (if applicable) i. Permanency goal and legal status j. Placement history (if applicable) k. Address of the home from which the child was removed l. School or daycare information (as applicable), including name, address, and telephone number as well as the child's grade and status m. Type of placement recommended based on the child's needs n. Any particular educational, behavioral, physical or health needs, including medications, dosage, and reasons for the prescription(s) <p>5. In addition to the information entered in the FACES.NET Placement Request Screen, the social worker shall prepare a hard copy of the Placement Referral Package to be forwarded to the "Placement Gatekeeper". This hard copy may be sent to the new placement resource. Copies of the following information shall be included in the package:</p> <ul style="list-style-type: none"> a. Current court order b. Court report c. Social history and/or redacted investigation report d. Health and medical screening documentation from HHAC <p>6. In the event of an emergency whereby the ongoing social worker is unable to access FACES.NET to enter the placement request, and all other possibilities have been exhausted (e.g., supervisor, on-call designees, or colleagues), then the social worker may enter the request the next business day. The social worker shall contact the Gatekeeper or PSA staff by telephone to request the emergency placement.</p>
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	<p>7. Once a placement request is approved by the ongoing social worker's supervisor in FACES.NET, the PSA gatekeeper shall retrieve and process the request.</p> <ol style="list-style-type: none"> a. The gatekeeper shall review both the FACES.NET request, as well as the Placement Referral Package, for assignment to either the emergency-traditional or specialized-therapeutic placement units. The Gatekeeper shall then forward the request to the appropriate unit supervisor. No assignment will be made for any re-placement requests unless the <i>Re-placement Request Referral Form</i> has been signed by a provider's program director or a CFSA administrator. b. If any information is missing from a Referral Package, the gatekeeper shall identify the missing element(s), notify the ongoing social worker and/or supervisor, and request that the package be resubmitted with all necessary information in order to expedite the placement. c. When requesting a therapeutic placement, the social worker shall follow the procedures outlined in <i>Procedure G: Placement-Specific Procedures</i>. <p>8. The PSA supervisor shall be responsible for assigning the placement request to a placement specialist.</p> <p>9. Within 24 hours of assignment, the placement specialist shall contact the ongoing social worker either by telephone, email or in person to discuss the placement options. (The placement specialist shall make this contact immediately if the placement is of an emergent nature, and shall discuss the child's placement needs in consultation with the ongoing social worker.)</p> <ul style="list-style-type: none"> • After consulting with the ongoing social worker, the placement specialist shall review the placement resource vacancy list and match the best placement for the child based on the following information: <ol style="list-style-type: none"> a. Placement Referral Package b. Ongoing social worker's recommendations c. Siblings d. Location of school and community e. Any other recommendations (e.g., input from the Office of Clinical Practice, the Out-of-Home and Permanency Administration, the guardian <i>ad litem</i> or the Family Court) f. Any medical or therapeutic needs g. Whenever possible, input from the age-appropriate child <p>10. As soon as the placement is identified, the ongoing social worker is responsible for ensuring that the child is medically screened through HHAC.</p>
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	<p>11. The CPS investigative or the assigned ongoing social worker will gather the preliminary information and be responsible for preparing the Placement Passport for delivery to the resource parent or provider at the time of placement. The Placement Passport shall include the following information:</p> <ul style="list-style-type: none"> a. <i>Receipt of Passport Form</i> for the resource parent or provider b. Resource Parent Agreement (within 30 days of placement) for signature c. Child summary d. Copy of birth certificate e. Social Security number f. Medicaid number (if available) <i>Note: All children entering foster care shall have an application submitted by the assigned social worker for a Medicaid card. The application must be submitted within 45 days of entry into foster care.</i> g. Court order and any other relevant legal documents h. Immunization record i. Physical and medical screening forms (from HHAC) j. Visitation plan k. Copy of individual education plan (IEP), if applicable l. Daycare, school, and/or camp information m. General inventory of belongings n. Specific instructions for administration of medications (<i>Note: Social workers are forbidden from administering any medication. Only designated CFSA nurse practitioners or the resource parent upon placement may administer medications. Age-appropriate children may self-administer medications.</i>) o. Specific needs of the child, including but not limited to the following areas: <ul style="list-style-type: none"> i. Dietary restrictions ii. Cultural or religious requirements iii. Special interests iv. Social interactions p. Any additional information related to the child’s medical, educational, emotional, or behavioral status <p>12. Prior to the actual placement, the social worker shall ensure that the child’s immediate needs have been met.</p> <ul style="list-style-type: none"> a. The social worker shall provide information to the child that is relevant to the placement, and provide an opportunity for the child and the resource parent to ask questions and to discuss the placement together.
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	<ul style="list-style-type: none"> b. Social workers shall deliver medicine or other pertinent health and well-being necessities directly to the placement resource. c. The social worker shall transport the child's clothing in a proper suitcase or garment bag. <ul style="list-style-type: none"> i. The social worker shall provide a general inventory of the child's belongings to the resource parent upon placement. ii. A copy of the list shall be kept in the child's record file. <p>13. The assigned placement specialist shall record the placement selection in the PSA daily log sheet.</p> <ul style="list-style-type: none"> a. The daily log sheet shall be retrieved by the PSA Reconciliation Unit. b. The Reconciliation Unit shall verify the child's placement with PSA by the next business day and enter all placement data into FACES.NET. c. All placement start and end dates shall be entered into FACES.NET by the PSA Reconciliation Unit within 24 hours of notification by the social worker. <p>14. The social worker shall inform the child's guardian <i>ad litem</i> (GAL) and the biological parent that the child has been placed in out-of-home care. <i>Note: the social worker shall not provide the address of the resource parent to the biological parent without the resource parent's permission.</i></p> <p>15. The ongoing social worker shall schedule and facilitate a mandatory intake meeting within 3 days (72 hours) of a child's placement.</p> <ul style="list-style-type: none"> a. The intake meeting shall occur at the placement site. b. Participants shall include the social worker, age-appropriate child, resource parent, or provider resource staff, if applicable. c. The following agenda items shall be addressed during the meeting: <ul style="list-style-type: none"> i. Placement Passport, including any future scheduled medical, mental health, and/or Medicaid appointments (<i>Note: the ongoing social worker shall bring the completed Passport Packet to the intake meeting.</i>) ii. Visitation plan <ul style="list-style-type: none"> a) The social worker shall inform the age-appropriate child and the resource parent or provider that a weekly visit from the social worker (or family support worker) will take place for the first four weeks of placement, and that twice-monthly visits will occur thereafter. b) Social workers shall work with the resource parent or provider to determine mutually convenient times for visits. For more information, refer to CFSA's Visitation Policy. c) A discussion of the resource provider's role in supporting visitation with the birth family shall occur between the social worker and the provider.
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	<ul style="list-style-type: none"> iii. The youth’s schooling, vocational training, work schedule, and transportation needs iv. Anticipated length of time in placement v. Opportunity for questions and discussion regarding any special information related to the resource home or the congregate facility <p>16. If the biological parents and/or other maternal and paternal family members have not met the resource parents at the initial Family Team Meeting within the 3-day (72-hour) time frame, the social worker shall encourage them to meet within 30 days of the placement in order to begin a mutually supportive, teaming relationship and to exchange information specific to the child’s permanency goal.</p> <ul style="list-style-type: none"> • If the social worker has not already done so, s/he shall invite the resource parents to case planning meetings to plan for their role in supporting permanency. (See the CFSA In-Home and Out-of-Home Practice Model Operational Manual.) <p>17. Social workers shall email cfsa.placement@dc.gov to inform the Placement Data Unit of any placement or changes in placement within 24 hours.</p> <ul style="list-style-type: none"> • The Placement Data Unit will contact the social worker within 24 hours of receipt of the email to verify the accuracy of all changes. Social workers must always ensure that medicine or other pertinent health and well-being necessities are delivered directly to the placement resource.
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	<p>Procedure G: Procedures for Specific Types of Placements</p> <p>Certain types of placements require additional procedures and may also have limitations on entry and length of time. These placements include emergency placements, diagnostic assessment, therapeutic and specialized placements, out-of-state placements, and independent living programs. As with all placements, these shall be planned whenever possible. All other procedures shall remain the same as listed under <i>Procedure F</i> (e.g., the Reconciliation Unit must record the date and time of placement in FACES.NET within 24 hours of the placement).</p> <p>1. Emergency placement and diagnostic assessment programs have strict guidelines for entry and exit. Special considerations, including waiver requests and a review, must be employed when managing usage of these programs. Programs have a 30-day time limit. Extensions beyond that time frame may be considered under one or more of the following conditions:</p> <ul style="list-style-type: none"> a. To allow a child to remain in the placement pending an imminent return home (not to exceed an additional 10 days). b. To allow a child to remain in the placement pending a relative’s license completion, not to exceed an additional 30 days and with evidence of expedited work to complete the licensure process.
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	<ul style="list-style-type: none"> c. To allow a child to be placed with a sibling already in a foster home that is expanding its licensed capacity to accommodate another child, not to exceed an additional 30 days and with evidence of expedited work to complete the licensure process. d. To allow a sibling group of more than three children to stay together to reduce the trauma of separation while the Agency takes diligent steps to find a family setting that can keep the children together. e. To allow the identified resource parent(s) additional time to complete training to address a child’s medical, behavioral, and/or cognitive needs, not to exceed an additional 30 days. f. Where the Family Court has ordered that the child remain in the emergency setting. <p>2. When requesting therapeutic or specialized placements, social workers shall adhere to the following guidelines:</p> <ul style="list-style-type: none"> a. In addition to the information required under <i>Procedure F</i>, the social worker shall provide the following information (as applicable) to PSA: <ul style="list-style-type: none"> i. Psychiatric evaluation performed within the past 12 months ii. Psychological evaluation performed within the last 3 years iii. Current school reports iv. Current psycho-social history v. Current individual education plan (IEP) vi. List of medications, including dosage and reason for the prescription vii. Most recent medical evaluation viii. General summary of child’s behavior, including any interventions that may have been put into place to support behavioral management b. When receiving a request for a therapeutic or specialized placement, the placement specialist will determine the request’s appropriateness based on the following information: <ul style="list-style-type: none"> i. One or more diagnoses from the <i>Diagnostic and Statistical Manual of Mental Health Disorders</i>, fourth edition, text revision (DSM IV-TR), including at least one Axis 1 diagnosis (i.e., major mental illness, excluding adjustment disorders) ii. Identifiable, documented behavioral and emotional challenges that require intensive therapeutic intervention iii. One or more of the following instances: <ul style="list-style-type: none"> a) One psychiatric hospitalization within the past 6 months b) Two disrupted placements within the past 6 months as a direct result of the child’s behavior, e.g., significant “acting out”, abscondence, or substance abuse c) Documented history of previous attempts during a traditional placement to provide therapeutic interventions (e.g., psychotherapy, home-based mental health services, wraparound services, tutoring, mentoring, and substance abuse treatment)
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	<p>d) Evidence that the child poses a threat to himself or herself, or to other persons in the home</p> <p>c. The assigned ongoing social worker shall present the case to the Therapeutic Provider Matching & Placement Meeting, which functions as a “provider matching” meeting.</p> <ul style="list-style-type: none"> i. Meetings shall be held weekly. ii. Social workers shall make their presentations based on the date of the referral. iii. Potential therapeutic vendors shall be provided the opportunity to ask questions about the child and to review pertinent documentation to determine the eligibility of the child for their particular program. <p>d. Contracted, specialized placement providers shall notify PSA within 48 hours of the Therapeutic Provider Matching & Placement meeting whether they can offer possible placement options for the child.</p> <ul style="list-style-type: none"> i. If providers do not respond in a timely manner, the placement specialist shall elevate the matter to the provider agency’s director or designee to ensure a prompt and appropriate placement is expedited for the child. ii. When a placement is identified, the placement provider shall work collaboratively with the placement specialist to successfully place the child. <p>e. If the ongoing social worker has follow-up questions or concerns related to a child’s health or wellbeing after the selection of a provider or placement occurs, s/he shall notify and consult with the assigned PSA supervisor or program manager.</p> <p>f. If the placement specialist (in consultation with his or her supervisor) determines that the therapeutic or specialized request is not appropriate, s/he shall notify the ongoing social worker in writing (via email) no later than 24 hours of the denial.</p> <ul style="list-style-type: none"> • All denials shall include justification and recommendations for alternative placement or supportive services. <p>3. Independent Living Programs – Although CFSA provides independent living, teen parent, and transitional living services to youth ages 16 years and older, a youth should not be placed in an independent living program (ILP) if a stable, nurturing, family-based placement option is available. If an ILP is determined to be appropriate, the ongoing social worker and placement specialist shall adhere to the following procedures:</p> <ul style="list-style-type: none"> a. All youth shall participate in the decision-making and planning process for an ILP placement, including a team meeting prior to placement. <ul style="list-style-type: none"> i. Youth shall be encouraged to actively participate throughout the placement process. ii. Youth should also be afforded the opportunity to visit prospective placement providers as part of the placement process.
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	<ul style="list-style-type: none"> b. The following criteria are required for a placement request in a Supervised Independent Living or Teen Parent Program: <ul style="list-style-type: none"> i. Minimum of 16 years old ii. Committed legal status or in shelter care iii. Relevant permanency goal iv. Pregnancy or current legal responsibility for one or more biological children v. Registered with the Office of Youth Empowerment vi. Notice of 3-to-5 days for need of placement vii. Interviews between youth and provider prior to placement c. For placement in an Independent Living or Residential Unit Teen Parent Program, the following criteria are required for placement requests: <ul style="list-style-type: none"> i. Minimum of 18 years old ii. Committed legal status iii. Relevant permanency goal iv. Employed and/or enrolled in school v. Demonstrated level of maturity consistent with this level of independence vi. Registered with the Office of Youth Empowerment vii. Notice of 15 days for need of placement d. In addition to the above-cited criteria, each placement request for independent living programs shall include the following information: <ul style="list-style-type: none"> i. History (if any) of juvenile delinquency ii. Significant people in the youth's life iii. Teen parent history (if any), including any available information on the other parent e. All other procedures shall follow the guidelines in <i>Procedure F</i>. <ul style="list-style-type: none"> 4. Placement of youth with developmental disabilities (DD) – PSA contracts with multiple providers to ensure an array of family-based services for youth with developmental disabilities. If it is determined that the youth is in need of a congregate care setting for DD services, PSA will collaborate with the OCP Special Needs Liaison to the Department of Disability Services. 5. Psychiatric Residential Treatment Facilities (PRTF) – These placements are referred directly by OCP to the District's Department of Mental Health. The ongoing social worker shall consult with his or her supervisor. 6. Guardianship and Adoption – The ongoing social worker shall consult with his or her supervisor for placement through the Family Resources Division.
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	<p>7. Out-of-state placement – All out-of-state placement requests must follow the guidelines established in CFSA’s ICPC policy, including the following steps:</p> <ol style="list-style-type: none"> a. Request for a home study b. Completion of an ICPC Packet Preparation Checklist c. Completion of an ICPC Placement Referral Package d. ICPC placement approval <p><i>Note: approvals for out-of-state placements may take 4 to 12 weeks.</i></p> <p>8. Placement in the state of Maryland – The following steps shall be completed for the emergency placement of a child in a licensed foster home in the state of Maryland (<i>for additional details, please refer to CFSA’s ICPC policy, Administrative Issuance CFSA-08-4 Emergency Kinship Placements in Maryland, and the Temporary Licensing of Foster Homes for Kin</i>).</p> <ol style="list-style-type: none"> a. All emergency placement requests for the state of Maryland shall be in compliance with the District’s Memorandum of Understanding with the Maryland Department of Human Resources. b. Emergency placements shall follow the general guidelines listed in CFSA’s ICPC policy. In addition, the ongoing social worker shall gather the following information to include in the Referral Package: <ol style="list-style-type: none"> i. All appropriate ICPC forms ii. The original home study conducted by an agency licensed in the state of Maryland (<i>Note: if the Home Study is older than one year, the Referral Package shall include an update or re-evaluation.</i>) iii. Background clearances <ol style="list-style-type: none"> a) CPR clearances from the resource parent or provider’s county of residence, dated within two years from the time of issuance b) Police and FBI clearances, dated on or after August 1, 2002 <i>Note: if the FBI clearance reflects past or pending charges, a copy of the criminal record procured from the United States Department of Justice must be included in the Referral Package.</i> c) All clearances must be addressed to the agency that completed the Home Study. iv. Most recent court order reflecting the child’s legal status v. Social summary or most recent court report, or a detailed case plan signed and dated within one year from the date of submittal vi. Title IV-E eligibility status vii. Most recent developmental assessment, IEP (if applicable), mental health assessments, or any other documents that specify any particular needs of the child viii. School and medical reports, if available
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	<ul style="list-style-type: none"> ix. If the emergency placement is for an adoption, the Referral Package shall also include the following documentation: <ul style="list-style-type: none"> a) Legal Risk Placement Statement, signed and notarized by the prospective adoptive parent(s) (only if the rights of both parents have not yet been terminated) b) Documentation that the child is legally free for adoption, e.g., termination of parental rights, parental relinquishment, or death certificate for one or both of the biological parents. a. Denials for an emergency placement request shall be emailed to the ongoing social worker within five business days of the decision. <i>Note: upon notice of a denial, the child must be removed from the Maryland resource home.</i> b. The ICPC specialist and ongoing social worker shall follow the procedures outlined in the ICPC policy for all denials and approvals of an emergency placement request for the state of Maryland.
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	<p>Procedure H: Re-placements and Placement Changes</p> <p>Placement stability is a basic tenet of the Agency's Practice Model and a dedicated goal for PSA placement specialists. Unless a placement change occurs for achieving reunification or another permanency goal, every effort must be made to maintain the stability of the current placement and to avoid a placement change. When changes are necessary to protect the safety and well-being of the child and/or the resource placement, every effort shall be made to mitigate additional trauma for the child during the transition process. Careful planning is essential for all placement changes.</p> <ol style="list-style-type: none"> 1. A team meeting is required prior to a planned placement change. <i>Note: although the team meeting is not a formal Family Team Meeting (FTM) facilitated by the FTM Unit, maternal and paternal family members must be included whenever possible.</i> The planned change, including reunification, shall be based on decisions made during case plan or treatment planning. The following types of placements apply: <ul style="list-style-type: none"> a. Pre-adoptive placement b. Kinship c. Psychiatric Residential Treatment Facility (or other treatment facility, e.g., drug rehabilitation) d. Enhanced care or step-down (i.e., from one level of supervision or care to another) e. Progression toward independent living after demonstrated achievement of educational, social and/or other life skills 2. Unplanned placement changes are unforeseen developments that require immediate re-placement. The following types of unplanned placements apply: <ul style="list-style-type: none"> a. Return from abscondence after a 72-hour period b. Abrupt departure from any placement c. Placement in detention or a hospital
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	<p>3. The following temporary situations are not considered changes in placement:</p> <ul style="list-style-type: none"> a. Visitation with a sibling, relative, or other caregiver (i.e., pre-placement visits with a subsequent foster care provider or pre-adoptive parents) b. Hospitalization for medical treatment, acute psychiatric episodes or diagnosis (when the child is returned to the same placement) c. Respite care (when the child is returned to the same placement) d. Day or summer camps e. Trial home visits f. Runaway episodes (when the child is returned to the same placement) <p>4. Emergency placement changes are defined by imminent risk and/or emergent situations presenting safety, emotional, or health risks to the child and/or a resource household member.</p> <p>5. In order to avoid placement disruption, the ongoing social worker shall complete the following tasks:</p> <ul style="list-style-type: none"> a. Scheduling a team meeting <ul style="list-style-type: none"> i. Agenda items shall include specific efforts for placement stabilization. ii. No re-placement shall be authorized without a team meeting unless emergent in nature. b. Consultation with OCP for behavioral interventions and a review of services c. Multi-disciplinary staffings for all children with three or more placements d. Exploring in-home respite services e. Out-of-home respite services f. Utilization of supportive services either privately purchased by the resource family or provided through community-based resources. Other supportive services, such as ChAMPS (Child and Adolescent Mobile Psychiatric Service), may also apply. <p>6. In the event of a placement disruption, children shall receive a re-placement health screening through HHAC (<i>see the Agency's policy on the Healthy Horizons Assessment Center</i>).</p> <ul style="list-style-type: none"> a. The social worker, family support worker, and if applicable, nurse care manager shall receive a copy of all information emanating from the re-placement screening (<i>see the Agency's policy on the Healthy Horizons Assessment Center</i>). b. Within 30 days of a disruption, the social worker or family support worker shall schedule a comprehensive assessment of the child to avoid further disruption. The assessment shall include input directly from the age-appropriate child as well as other team members, i.e., the GAL, placement provider, birth parents, and the assigned nurse care manager, if applicable. Services shall be determined as needed.
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	<ul style="list-style-type: none"> c. As part of the assessment, the social worker shall consult with the former caregiver to assess reasons for the disruption and to discern the extent to which supportive services could have prevented the disruption. d. Follow-up action plans shall be implemented as needed and documented in FACES.NET. <p>7. The assigned social worker shall follow the general procedures outlined under <i>Procedure F</i> for all re-placement requests for children in CFSA resource homes or congregate care settings.</p> <ul style="list-style-type: none"> a. The social worker shall initiate the request in FACES.NET. b. Re-placement Referral Request forms shall be completed by the social worker and signed by a program administrator or when applicable, the private agency's director. <i>PSA will not authorize a placement search without a signed re-placement form.</i> c. Only a PSA supervisor can approve a re-placement request. d. Documentation of a completed team meeting shall be included in the request. e. All after-hour emergency removals shall first be communicated to CPS, which will contact PSA's dedicated on-call placement specialist. <p>8. Private agencies shall use the matching principles identified above to determine the most suitable home for children within their network. The following steps shall be followed for family-based re-placement requests by a private agency:</p> <ul style="list-style-type: none"> a. The <i>Re-placement Referral Request Form</i> must be electronically submitted to PSA with a copy sent to CFSA's Contract Monitoring and Program Improvement Administration. b. The request shall include the e-signature of the agency's social worker, supervisor, and program administrator or executive director. c. Documentation of a completed team meeting shall be included in the request. d. The request shall also include all pertinent assessment information along with documented evidence of supports and interventions implemented to maintain the placement. e. The social worker shall obtain authorization for placement changes from PSA unless the situation requires emergency medical or mental health hospital admission. (See Administrative Issuance CFSA-08-12 Bed Hold Payments) f. If the re-placement is approved by CFSA, the private agency may facilitate the re-placement through its array of resource homes. Otherwise, PSA will identify an alternative placement resource. <p>9. All re-placement requests must include a justification for the change.</p>
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10. Once a re-placement change is approved, the social worker shall provide written notification to the age-appropriate child, the child’s biological parent(s), the child’s GAL, and the current placement resource parent or resource provider.

- a. Notification shall be sent 10 days prior to any change.
- b. If the current placement poses imminent risk to the child’s health, safety, or welfare, the child shall be removed immediately and written notification shall be sent within 24 hours or one business of the change.
- c. If a Family Court judge determines that visitation is detrimental to the child or that the parent should not be apprised of the child’s location, the social worker is not required to provide written notification of the placement change to the biological parents.

11. The age-appropriate child, his or her parent, GAL, or resource parent may appeal a placement change decision made by CFSA within 10 days of the decision. (See CFSA’s [Fair Hearings policy](#) for more detailed information.)

12. Requests from a resource parent or provider for a child to be removed to an alternative placement must follow the placement-disruption strategies identified in item # 4 above.

Note: congregate care providers must give change-of-placement requests to the youth’s social worker.

Procedure I: Placement Resources Utilization Review

In order to maximize utilization of placement resources, PSA and CMPA shall gather information on utilization trends by collecting data on the capacity of resource providers to accommodate the placement needs of children. Review of referrals, rate of acceptance, and performance shall guide CFSA’s planning of placement resources. *Note: for more detailed procedures, please refer to PSA’s business process on the Placement Resources Utilization Review.*

1. PSA specialists shall contact private agencies on a rotational basis to ensure equitable distribution of placement referrals.
2. The utilization review will assess each private agency’s rate of placement referral acceptance, and CFSA’s accessibility to the types of licensed resource homes outlined in the private agency’s contract.
3. PSA may make adjustments to the placement capacity of a private agency based on utilization review and general performance data to ensure consistent, 24-hour access to placements appropriate to children’s needs.
4. CFSA will not increase the placement capacity of a private agency if there is an outstanding *Notice to Cure* or other significant performance issue. Conversely, if a private agency demonstrates significant performance issue(s), CFSA may elect to decrease that agency’s placement capacity.

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	<p>5. CFSA shall reserve the right to halt utilization of a private agency as a placement resource within the contract year if there is a pending corrective action required by CFSA until the issue has been satisfactorily resolved by the private agency.</p>
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DEFINITIONS

Congregate Care Facility - Facilities that provide twenty-four (24) hour care for residents. Congregate care, or youth group, homes maintain staff to meet the physical, emotional and developmental needs of their residents and provide supervision, guidance and recreation to their residents. Group home care is community-based and compliant with regulations outlined in Title 29 DCMR Chapter 62, including but not limited to 24-hour staff supervision, support services, activities, in-house educational support, and coordination with the local school system.

Reminder: youth shall not be placed in group home care without written justification. No child under the age of six can be placed in congregate care without such justification including exceptional needs and selection of a placement resource that is designed to address those needs.

The following section describes the various types of congregate care placements:

1. Diagnostic Assessment – Short-term, immediate and intensive attention to a child's needs during the initial crisis situation that brought the child into out-of-home care.
2. Traditional Group Home – Supervised group home environment for children and youth aged 13 to 21 years.
3. Therapeutic Group Home – Intensive, therapeutic care and services for children and youth aged 13 to 21 years who have been diagnosed with an Axis I condition (pursuant to DSM IV) and for whom there is a documented justification for therapeutic care.
4. Specialized Group Care – Provided to children with medically-fragile conditions and/or developmental disabilities, in addition to services tailored to meet the specific needs of the child and his or her treatment plan (e.g., specialized nursing care, handicap-accessible facilities, as well as educational and rehabilitative supports).
5. Teen Bridge Program – Supervised, pre-independent living program providing short-term placement for youth aged 16 to 21 years with structured preparation for self-sufficiency and transition to a less restrictive environment. Programs provide all the aforementioned services outlined under Traditional Group Home care with an emphasis on readiness for an independent living program.

Emergency Placement – A placement in a 30-day licensed resource parent's home or congregate care facility. This placement is considered temporary and the child should be moved to a long term home setting at the end of the 30 days. No child is to remain in an emergency care placement.

Family - The adoptive or biological family of a child, including both maternal and paternal relatives.

Family-Based Placement – A living arrangement in a licensed home that is not the home of the child's birth or adoptive parents, legal guardian or custodial caregiver. Family-based placements include any of the following options:

1. Traditional Resource Home – CFSA or private agency foster homes provide care to children who have not been identified in need of therapeutic or specialized care.
2. Therapeutic Resource Home – specially prepared resource parents provide care for children diagnosed with an Axis I condition per the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR). Therapeutic and behavioral supports as well as interventions distinguish this care from that of a traditional resource home.
3. Specialized Care Resource Home – specially prepared resource parents provide care for children who are medically fragile and/or diagnosed with developmental disabilities. Educational, nursing, and/or rehabilitative supports are provided pursuant to the child's treatment plan.

4. Stabilization and Re-placement Homes (ST*A*R) – CFSA-licensed foster homes that provide short-term, emergency 24-hour placements for a maximum of 10 days. Placement parameters match those listed under item # 1.a above.

Independent Living Residential Units – These placements provide supervised apartment living for youth moving toward independence. Independent living programs serve youth aged 16 to 21 years in supervised semi-independent apartments within a main facility or independent living residential unit apartments. Programs are governed by Title 29 DCMR Chapter 63.

The following section describes the types of independent living placements:

1. Supervised Independent Living Program (SILP): Main Facility
 - a. Serving youth aged 16 to 21 years.
 - b. Semi-independent apartment setting housed within a facility that has constant on-site supervision.
 - c. Behavior management to sustain semi-independent living.
 - d. Independent living planning and skill development.
2. Independent Living Program (ILP) and Transitional Living Program (TLP): Residential Units
 - a. Serving youth aged 18 to 21 years.
 - b. Apartment setting that does not require continuous on-site supervision.
 - c. Enhanced support in developing community connections.
 - d. Independent living planning and skill development.
3. Teen Parent Program
 - a. Serving youth aged 16 to 21 years and their dependent children in a family-based resource setting, a group home, main facility, or residential unit apartments (depending upon the youth's developmental stage and functioning).
 - b. Strong on-site education on parenting skills.
 - c. Independent living planning and skill development.

Kin - An individual who is approved by the agency to provide kinship care, is at least 21 years of age, and is either related to the child by blood, marriage or adoption, or is a godparent to the child.

Kinship Care Licensed Foster Home - A placement in a relative resource home which has been licensed by CFSA or the jurisdiction in which the home is physically located. These homes provide ongoing care for all children placed away from their parent(s) or guardians and for whom the agency has legal custody and physical care responsibility.

Placement – General term used when discussing a child's initial out-of-home placement and subsequent placements.

Placement Gatekeeper – The placement specialist responsible for retrieving placement requests from FACES.NET. The gatekeeper also reviews the Placement Referral Package for completeness and accuracy. In addition, the gatekeeper submits the referral and forwards the Placement Referral Package to the appropriate placement unit.

Placement Passport – Packet that contains information specific to the child such as the child's birth certificate, court orders, medical history, etc. This packet of information shall be in the possession of the child's current resource provider and will follow the child to any subsequent placements.

Residential Care Placements – These placements provide intensive treatment services to address mental and emotional problems for youth in out-of-home care.

Resource Parent– A general term used for a foster parent who serves children in care either case managed by CFSA or by a private agency.

Resource Provider – Umbrella term used for resource parents, congregate care facilities, and residential care placements.

Respite Care - Supportive services that are designed to provide resource parent(s), guardian(s) and/or children, with a period of temporary, short term, planned or unplanned relief from the ongoing care arrangement, thereby reducing the possibility of crisis and/or disruption of the placement. Respite care is agency-arranged (CFSA or private), and provided by licensed, approved respite care resources. Respite care does not constitute a placement change, and the plan must be for the child to remain in or return to the placement scenario prior to the respite care period.

Teen Parent Program – These programs include placement in a licensed group home designed to meet the needs of teens and their young children.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Permission to Allow Admission to a Licensed Congregate Care Facility

Because its capacity exceeds eight, admission to the facility identified below requires the express written approval of the Director of CFSA.

Name of Licensee _____

Address of Facility _____

Facility Capacity _____ Current Census _____

Name of Child/Youth _____

Client ID # _____ Date of Birth _____

Date for which Admission Requested: _____

Specific Child's Needs that Justify Request for Placement in this Facility:

Requested by: Name _____ Title: Resource Development Specialist

Phone _____

Reviewed by:

Administrator

Date

Approved/Disapproved:

Director, Child and Family Services Agency

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



RECEIPT OF PASSPORT PACKET

Date: _____

Child Name: _____

Delivered By: _____
Print Name Title Signature

Received BY: _____
Print Name Signature

This form is to acknowledge that when the above named child was placed, A Passport Packet was also provided containing all available information.

Comments: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



PASSPORT PACKET

THE INFORMATION CONTAINED IN THIS FOLDER
IS CONFIDENTIAL. ONLY THOSE AUTHORIZED BY THE CHILD
AND FAMILY SERVICES AGENCY OF THE DISTRICT OF COLUMBIA
MAY HAVE ACCESS TO THIS INFORMATION.

IF YOU ARE NOT AN AUTHORIZED PERSON, PLEASE RETURN
THIS FOLDER TO:

THE CHILD AND FAMILY SERVICES AGENCY
400 6TH ST. SW
WASHINGTON, DC 20024

INTRODUCTION

This Information Packet is designed to be an interactive set of documents to be regularly used and reviewed by social workers, resource providers and foster home monitors. The goal is to enhance the communication among those charged with the responsibility of providing quality, comprehensive care to a child who is a ward of the District of Columbia.

This set of documents represents the “passport” for a child moving through the system of care. This Passport should be in the possession of the person charged with the child’s care. These documents are confidential and should be treated in a manner that will maintain the privacy of the child.

Different persons involved in the child’s life will have different responsibilities for completing and maintaining this information. These individual responsibilities are outlined in the following pages.

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- C. Camps

VI. History

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CPS Social Worker

The following elements should be completed in the Passport Packet by the investigating social worker:

1. Photo of the child with a written physical description on the back
2. Child Summary
3. Medical Screening Form
4. Clothing Voucher

This information should be placed in the Passport Packet and given to the resource provider when the child is placed. The investigating social worker is responsible for completing the Placement Information in FACES within 48 hours or by the time the FTM occurs and the case is transferred. The completed Placement Form should be added to the Passport Packet on the initial home visit which should occur within seven (7) days of the case transfer.

When the child is placed, the assigned resource provider should complete the "Receipt" acknowledging that the Passport Packet was received when the child was placed. The person who placed the child is responsible for returning the "Receipt" to the Agency and placing it in a designated point of collection.

Ongoing Social Worker

The ongoing social worker assigned to the child will be responsible for providing the following information to the resource provider to be included in the Passport Packet:

1. Placement Form (can be printed from FACES)
2. Copy of birth certificate
3. Copy of social security card
4. Copy of immunization history
5. Medicaid card
6. Copy of court orders
7. Visitation plan
8. Copy of Individual Education Plan (IEP)
9. Copy of medical reports
10. Daycare/camp information

These documents should be added to, and updated, during each monthly visit with the resource provider. The Social Worker and the resource provider should jointly complete a notation in the “History” section noting milestones or events that have occurred since the last visit to the home. The Social Worker should also review any notations made by the resource provider in the “Noted Concerns” section. This is an interactive set of documents which should be reviewed during every home visit with the resource provider. As information becomes available to the social worker, copies should be made and included in the Placement Packet.

When there is a change in placement, the Passport Packet should accompany the child. For each placement, a new Child Summary should be completed with updated information regarding the prior placement. In addition, a signed “Receipt” should be completed at the placement and returned to the Agency and submitted to the designated point of collection for each particular Administration.

Resource Provider

Resource providers are responsible for the following components of the Passport Packet:

1. Report cards
2. Overnight forms
3. History (completed with social worker)
4. Noted concerns

The resource provider should add materials to the Passport Packet as they become available from the child's school, medical provider, etc. The "History" section should be completed with the social worker at the monthly home visit with the resource provider. Developmental milestones and special events or achievements should be noted in this section as well.

The "Noted Concerns" section provides a place for the resource provider to note concerns to be addressed with the social worker. These include non-emergency types of observations or behaviors which may emerge as a concern but not require immediate attention. It would also be helpful to include interventions which appeared to be helpful for the child.

I. GENERAL INFORMATION

<u>Document</u>	<u>Date Placed In Packet</u>
Photo of Child	_____
Physical Description	(Written on Back)
Child Summary	_____
Placement Form	_____
Clothing Voucher	_____
Birth Certificate	_____
Social Security Card	_____
Visitation Plan	_____
Other	
_____	_____
_____	_____
_____	_____

II. COURT DOCUMENTS

Assigned GAL
(Tel. #)

DC Judge

Court Orders

Document

Date Placed In Packet

III. EDUCATION

School _____
Grade _____
Educational Advocate _____
(Tel. #) _____

Document

Date Placed In Packet

IEP _____

Report Card _____

Other _____

IV. MEDICAL

Medical Provider

Contact #

Mental Health Provider _____

Document

Date Placed In Packet

Immunization Record _____

Medicaid Card _____

Screening Form _____

Medical Report _____

V. ACTIVITIES

Document

Date Placed In Packet

Overnight Permission

Day Care

Camps

Other
