


<b>POLICY TITLE: Placement and Matching</b>		<b>PAGE 1 OF 14</b>
	<b>CHILD AND FAMILY SERVICES AGENCY</b> <b>Approved by:</b> _____ Agency Director  <b>Date:</b> _____	<b>REVISION HISTORY:</b> March 8, 2012 July 9, 2012
<b>LATEST REVISION:</b> February 20, 2014	<b>EFFECTIVE DATE:</b> March 1, 2014	

<b>I. AUTHORITY</b>	<p>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 and regulations, including but not limited to the federal Child Abuse Prevention and 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&amp;EP) in <i>LaShawn A. v. Gray</i>. <b><i>The latest revision of this policy supersedes the prior revision(s), 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.</i></b></p>
<b>II. APPLICABILITY</b>	All Agency social work staff, placement staff and contract agency personnel.
<b>III. RATIONALE</b>	<p>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 CFSA 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), the administration for facilitating and managing placements. PSA focuses on a deliberate placement process that emphasizes child well-being, safety, and permanency. CFSA has developed a business process and policy guidelines to ensure consistency across practice standards for child placements.</p>
<b>IV. POLICY</b>	<p>If circumstances of imminent risk to a child's safety require a child's removal, it is CFSA's policy to plan as soon as possible for reunification. During the interim, CFSA strives first to locate maternal and paternal family members to serve as potential placement resources. If family members are not available, PSA incorporates a dedicated placement matching strategy to ensure the best placement possible. CFSA's placement 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. The goals of safety, permanency, and well-being are paramount to the placement process. This policy serves as guidance to implement the placement and matching process to better serve children and families in the District of Columbia.</p>

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<b>VI. ATTACHMENTS</b>	<ul style="list-style-type: none"> <li><b>A.</b> Definitions</li> <li><b>B.</b> Permission to Allow Admission to a Licensed Congregate Care Facility</li> <li><b>C.</b> Passport Packet</li> </ul>
<b>VII. GUIDELINES</b>	<p><b>Section A: Placement Definitions</b></p> <p>A child’s journey through the District’s foster care system includes (1) removal from the home when the Family Court awards legal custody to CFSA, (2) placement with a licensed resource provider carefully selected according to the child’s needs (preferably a relative who is temporarily licensed for purposes of the placement, but also other licensed placements such as traditional, specialized, therapeutic foster homes, and group homes), and (3) exit from foster care to a permanent home (i.e., reunification, adoption, or permanent guardianship), which ends CFSA’s legal custody. Along this journey, a child may experience planned “placement changes” or unplanned “disruptions” in his/her living arrangement.</p> <ol style="list-style-type: none"> <li>1. Placement - General term used for a child’s initial (or subsequent) out-of-home living arrangement that meets the specific needs of the child, either in a licensed kinship or foster home, or a licensed congregate care program (e.g., traditional group home for older youth, or if necessary, a residential treatment center to address medical or emotional needs).       <ol style="list-style-type: none"> <li>a. Pursuant to CFSA policy, a “placement” is considered a temporary or short-term intervention during which social workers diligently team with the family to achieve the goals of the child’s permanency plan.</li> <li>b. Whenever possible, placement decision-makers consider a child’s established relationships with biological or fictive kin who may be willing and able to serve as caregivers.</li> <li>c. Placement decisions are carefully tailored to the following child needs:           <ol style="list-style-type: none"> <li>i. Current functioning and behaviors</li> <li>ii. Medical, educational, and developmental</li> <li>iii. Past experiences (including trauma history)</li> <li>iv. Religion and culture</li> <li>v. Connection with the community</li> <li>vi. School</li> <li>vii. Hobbies</li> <li>viii. Extracurricular interests</li> </ol> </li> </ol> </li> <li>2. For purposes of FACES.NET data entry, the following placement scenarios describe certain situations that may arise during a child’s stay in</li> </ol>

placement:

- a. The following reasons for removing a child from a current placement should not be considered “placement changes” but rather “placement disruptions”, thereby requiring a comprehensive placement assessment and *disruption staffing*:
    - i. Provider is unwilling or unable to care for child.
    - ii. Provider cannot meet the child’s behavioral or medical needs.
    - iii. Provider’s contract ended and the child moved from their current foster home as a result.
  - b. None of the following situations are considered “placement disruptions” or “placement changes”, provided the child or youth returns to the placement:
    - i. Visitation with a sibling, relative, or other caregiver (i.e., pre-placement visits with a subsequent foster care provider or pre-adoptive parents)
    - ii. Hospitalization for medical treatment, acute psychiatric episodes or diagnosis
    - iii. Respite care
    - iv. Trial home visits
    - v. Runaway episodes
    - vi. College, university or vocational program
  - c. If a child moves from one placement to any of the following placements, these are considered placement changes that are in the child’s long-term best interests. They are not considered placement disruptions:
    - i. Pre-adoptive home
    - ii. Child requires lower level of care
    - iii. Proximity closer to family or placed with family member
    - iv. Placement with siblings
3. The following examples are types of exits from CFSA’s legal custody. For purposes of FACES.NET data entry, they should not be entered as “placement changes”:
- a. Reunification
  - b. Finalized adoption
  - c. Finalized guardianship
  - d. Emancipation
  - e. Living with other relatives (non-CFSA custody, i.e., Family Court abuse or neglect matters are closed.)
  - f. Legal custody transferred to the Department of Youth Rehabilitation Services (DYRS), Mental Retardation and Developmental Disabilities Administration (MRDDA), or the Department of Behavioral Health (DBH)

	<ul style="list-style-type: none"> <li>g. Death of a child</li> </ul> <p>4. Placement changes that are unforeseen developments may require immediate re-placement. Depending on the circumstances, these may be considered placement changes or placement disruptions for purposes of FACES.NET data entry. If clarification is necessary, the social worker should consult with the assigned supervisor. The following types of placements apply:</p> <ul style="list-style-type: none"> <li>a. Return from abscondence after a 72-hour period</li> <li>b. Abrupt departure from any placement</li> <li>c. Placement in detention or a hospital</li> </ul>
	<p><b>Section B: PSA Guiding Principles</b></p> <p>The Placement Services Administration (PSA) focuses on a deliberate placement process that emphasizes positive placement and permanency outcomes for securing child well-being, safety, and permanency. To achieve these outcomes, PSA commits to the following seven primary guiding principles: (1) placing children in a family-based setting, (2) placing children with siblings, (3) assessing 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> <ol style="list-style-type: none"> <li>1. All children deserve a permanent home that provides nurturing and support from a loving family. <ul style="list-style-type: none"> <li>a. CFSA shall always give primary consideration to kinship placement options.</li> <li>b. If no kinship placement becomes available, CFSA provides family-based settings for all children in foster care (see CFSA’s <a href="#">In-Home and Out-of-Home Practice Model Operational Manual</a>).</li> </ul> </li> <li>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 teams directly with the Office of the Attorney General to request a court order.) Clear justification for the separation must be documented in FACES.NET.</li> <li>3. Youth shall not be placed in group home care without written justification. <ul style="list-style-type: none"> <li>a. No child under the age of 12 is 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.</li> <li>b. No child under the age of 6 can be placed in congregate care for any length of time without such justification, including exceptional needs that cannot be met in any other type of care and selection of a placement resource that is designed to address those needs.</li> <li>c. The following exceptions are used to determine whether a child who</li> </ul> </li> </ol>

is placed in group care has exceptional needs that cannot be met in any other type of setting:

- i. There is documented evidence 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 place the child in danger (either to self 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 be placed 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 the child to remain in the school or daycare he/she attended prior to entering foster care or prior to a change in foster care placement (see the Agency's 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 *Section E: Matching*).
6. Placement stabilization is best achieved through appropriate interventions, including but not limited to the following strategies:
  - a. Continuous good social worker practice, including but not limited to ongoing assessments (such as the *Child Needs Assessment*), 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 3-to-4 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
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>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><b>Section C: Roles and Responsibilities</b></p> <p>PSA makes 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 matching a child to the placement that is most conducive to the child's permanency and well-being needs. Placement services are available 24 hours a day, 7 days a week.</p> <p>1. The CPS or ongoing social worker is responsible for the following placement-related tasks:</p> <ol style="list-style-type: none"> <li>a. Providing information in order to conduct 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. <ul style="list-style-type: none"> <li>• As stated above under <i>Section B: PSA Guiding Principles</i>, 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. Most congregate care settings are time-limited and it is important that discharge planning begin upon admission. Accordingly, requests should include a plan for transitioning the youth from congregate care in the event that a more suitable family-based placement becomes available.</li> </ul> </li> <li>b. Initiating a placement (or re-placement) request, including emergency placements, using the placement recommendation screen in FACES.NET, approved by a supervisor.</li> <li>c. Documenting in FACES.NET that the following specific considerations were given to the child's placement: <ol style="list-style-type: none"> <li>i. Family-based vs. congregate care setting (with an explanation for which was selected and why)</li> <li>ii. Resources available for including siblings or documentation that a court order or clinical assessment of the ongoing social worker prohibits such placement.</li> <li>iii. Whether or not the placement allows the child to remain in his or her school or daycare of origin.</li> </ol> </li> <li>d. Ensuring the pre-placement medical screening of the child at CFSA's onsite Healthy Horizons Assessment Center (HHAC) (<i>refer to the <a href="#">HHAC policy</a></i>).</li> </ol>

	<ul style="list-style-type: none"> <li>• Documentation of the screening <u>must</u> accompany the child to the placement.</li> </ul> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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. (<i>Social workers should refer to the PSA business process on Pre-Placement Visits.</i>)</li> <li>h. Transporting the child with clothing to the placement (<i>see the PSA business process</i>). <i>Note: the family support worker may also transport the child to the placement.</i></li> <li>i. Obtaining and delivering a child’s medicine, prescriptions, or other pertinent health and well-being necessities to the placement resource (see the Agency’s <a href="#">Medication Administration and Management policy</a> for further information of medication management for children in care).</li> <li>j. Scheduling and conducting a mandatory intake meeting at the placement site within 3 business days of the placement (<i>see Section F: General Placement Procedures</i>).</li> <li>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.</li> <li>l. Notifying PSA once the child has arrived at the placement.</li> </ol> <ol style="list-style-type: none"> <li>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.</li> <li>3. CFSA’s Health Services Administration (HSA) teams with the child’s social worker, PSA, and other District agencies (as applicable) to ensure the appropriate services are secured, based on the relevant assessments having been conducted, including consultations.</li> </ol>
	<p><b>Section D: Types of Care</b></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>) PSA ensures that appropriate services are provided to address the psychological, emotional, physical, and behavioral needs of children and youth. Aside from placements in Psychiatric Residential Treatment Facilities (PRTFs), which are facilitated through HSA, the following types of care include certain placement parameters based on licensing regulations. Exceptions to the parameters (i.e., “over-placements”, see <a href="#">Chapter 60 of the DC Municipal</a></p>

*Regulations*) for resource homes may at times be approved by PSA on a case-by-case basis. *Reminder: All resource homes and facilities must be licensed prior to receiving children in foster care. Additionally, all resource homes and facilities must be entered into FACES.NET, linked to a contract (for private agency homes and facilities), or linked to a service (for non-contracted homes and facilities).*

1. Family-based foster care includes any of the following placement options:

a. Traditional Resource Home

i. The following placement restrictions apply to a two-parent traditional resource home:

- 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 and any natural children of the resource parent.

ii. Placement parameters for a single parent traditional resource home are as follows:

- a) No more than two children under the age of 6 are placed in the home at a time.
- b) No more than three children total, including children in care and any natural children of the resource parent. *Note: the sole exception to this parameter applies when the placement includes a sibling group and there are no other children in the home.*

b. Therapeutic Resource Home

i. The following placement restrictions apply to a two-parent therapeutic resource home:

- 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.
- b) No more than four children total, including children in care and any natural children of the resource parent.

ii. Placement parameters for a single parent therapeutic resource home are as follows:

- 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.
- b) No more than three children total, including children in care and any natural children of the resource parent. *Note: the sole exception to this parameter applies when the placement includes a sibling group and there are no other children in the home.*

c. Specialized Care Resource Home



- 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.
- 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.
2. Group home placements include the following options:
- a. Traditional Group Home
- i. Children and youth aged 13 to 17 years are housed separately from youth aged 18 up to 21 years.
  - ii. Structured, 24-hour daily programming, including formalized behavior management.
  - iii. On-site, 24-hour psycho-educational groups, life and social skills development.
  - iv. Educational and vocational support.
  - v. Therapeutic recreation.
  - vi. Health care and medication management.
  - vii. Life and social skills development.
  - viii. Family visitation and permanency activities are supported and facilitated.
- b. Therapeutic Group Home
- i. Children and youth aged 13 to 17 years are housed separately from youth aged 18 up 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:
    - 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
- c. Specialized Group Care
- 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
- d. Teen Bridge Program

	<ul style="list-style-type: none"> <li>i. Structured supervision for youth ages 16 up to 21 in a group home environment</li> <li>ii. Short-term program designed to enhance readiness for independent living programs</li> </ul> <p><i>Note: No more than eight children may be placed in a group home. Any placement with over eight children requires CFSA’s director or designee’s written approval stating that the needs of the child can only be met in that specific facility.</i></p> <ul style="list-style-type: none"> <li>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: <ul style="list-style-type: none"> <li>a. Supervised Independent Living Program (SILP): Main Facility</li> <li>b. Independent Living Program (ILP) and Transitional Living Program (TLP): Residential Units</li> <li>c. Teen Parent Program <ul style="list-style-type: none"> <li>i. Designed for teen parents and their dependent children to live in group homes, Main Facility ILPs or residential ILPs</li> <li>ii. Additional parenting supports and environment for infants and children</li> </ul> </li> </ul> </li> <li>4. Placements in PRTFs are facilitated through the Clinical Services Administration in collaboration with the District’s Department of Behavioral Health (DBH). Placements are separate from PSA’s acquisition planning and procurement process due to the gate-keeping authority of DBH.</li> <li>5. Although LGBT-supportive (i.e., Lesbian, Bisexual, Gay, and Transgender,) placements are not technically a “type of care”, LGBT-supportive placements include both family-based and congregate care settings.</li> </ul>
	<p><b>Section E: Matching</b></p> <p>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. The matching process adheres to the following guidelines:</p> <ul style="list-style-type: none"> <li>1. Information is provided by (but not limited to) the following parties to inform the Child Needs Assessment which leads to matching a child with a placement resource: <ul style="list-style-type: none"> <li>a. Age-appropriate child</li> <li>b. Child’s guardian <i>ad litem</i></li> <li>c. Biological parents or legal guardians, in addition to their attorneys</li> </ul> </li> </ul>

- 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 *Child Needs Assessment (CNA)*, which measures the needs of children in seven domains of daily functioning, is completed for every placement, including placement disruptions. CNAs must be completed within the following time frames:
    - a. After 30 days of a child's removal from the home and entry into foster care
    - b. Every 30 days for children placed in a PRTF
    - c. Every 90 days after the initial placement for children placed in group homes as well as specialized and therapeutic foster care
    - d. Every 180 days after the initial placement for children placed in traditional foster care
  3. Children are placed with kin who are licensed by CFSA for an emergency placement, which shall be initiated and completed by the placement resource development specialist.
  4. 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. Such needs must be clearly documented in FACES.NET.
  5. Children remain in close proximity to their family home, current school, and the community in which they resided before entering CFSA's care. Continuity of school placement shall be a priority.
  6. When placement with non-kin is necessary, the following guidelines apply:
    - a. A family-based placement setting is the first placement option and can best serve a child's needs.
    - b. A ST\*A\*R Home placement is a secondary placement option if a family-based placement is unavailable.
    - c. If a ST\*A\*R Home placement is unavailable as a secondary option, a congregate care resource provider will be considered, if appropriate, based on a CNA recommendation regarding the level of care needed for the child.
    - d. 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.
    - e. Children are placed in the District of Columbia.
    - f. 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](#).)

*Note: social workers are responsible for ongoing efforts to seek family-based*

	resources for youth currently placed in a congregate care setting.
	<p><b>Section F: General Placement Guidelines</b></p> <p>The following procedures apply to initial and emergency placements. Placement procedures for children already in care are addressed under <i>Section H: Re-placements and Placement Disruptions</i>.</p> <ol style="list-style-type: none"> <li>1. All resource homes (including that of a relative) or facilities receiving a child must be licensed and in compliance with the District of Columbia's and the relevant jurisdiction's licensing requirements.</li> <li>2. Placement of children outside of the District of Columbia must be in compliance with ICPC and CFSA's <a href="#">ICPC policy</a>.</li> <li>3. Prior to initiating a placement, PSA expeditiously identifies and assesses all prospective kin placements for the child. All related efforts must be documented in FACES.NET. (See the CFSA policy on <a href="#">Temporary Licensing of Foster Homes for Kin</a>.) <ul style="list-style-type: none"> <li>• All children are medically screened through HHAC prior to an initial placement.</li> </ul> </li> <li>4. As much information as possible on the placement and child is conveyed to the following individuals at the time of placement: <ol style="list-style-type: none"> <li>a. Birth or adoptive parents, or other caregiver (as applicable)</li> <li>b. Resource parents <ul style="list-style-type: none"> <li>• Information is given to the resource parents through the Placement Passport packet (see <i>Attachment C</i>).</li> </ul> </li> <li>c. Guardians <i>ad litem</i> (GALs)</li> </ol> </li> <li>5. The ongoing social worker schedules and facilitates a mandatory intake meeting with the placement resource within 3 days (72 hours) of a child's placement.</li> <li>6. The social worker informs 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 4 weeks of placement, and that twice-monthly visits will occur thereafter.</li> <li>7. If the 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 encourages 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.</li> <li>8. Placement of youth with developmental disabilities (DD) requires PSA to collaborate with the HSA special needs liaison to the Department of Disability Services.</li> <li>9. Social workers email <a href="mailto:cfsa.placement@dc.gov">cfsa.placement@dc.gov</a> to inform the Placement Reconciliation Unit of any placement or changes in placement within 24</li> </ol>

	<p>hours.</p> <p>10. All placement denials must include justifications and recommendations for alternative placements or supportive services.</p>
	<p><b>Section G: Guidelines for Specific Types of Placements</b></p> <p>Certain types of placements require additional procedures and may also have limitations on entry and length of time. If there are any questions, social workers should consult the PSA business process and their supervisors.</p> <ol style="list-style-type: none"> <li>1. <i>Emergency Placements</i> <ol style="list-style-type: none"> <li>a. Special considerations, including waiver requests and a review, must be employed when managing usage of these programs. Emergency placement programs have a 30-day time limit.</li> <li>b. Extensions beyond the 30-day time frame may be considered under various conditions, outlined by the PSA business process.</li> </ol> </li> <li>2. <i>Independent Living</i> <ul style="list-style-type: none"> <li>• Although CFSA provides independent living, teen parent, and transitional living services to youth ages 16 years and older, youth are not placed in an ILP when a stable, nurturing, family-based placement option is available.</li> </ul> </li> <li>3. <i>PRTF Placements</i> <ul style="list-style-type: none"> <li>• All PRTF placements are referred directly by PSA to DBH.</li> </ul> </li> <li>4. <i>Guardianship and Adoption Placements</i> <ul style="list-style-type: none"> <li>• These placements occur through the Family Resources Division.</li> </ul> </li> <li>5. <i>Out-of-State Placements</i> <ol style="list-style-type: none"> <li>a. Out-of-state requests follow the guidelines established in CFSA's <a href="#">ICPC policy</a>. <i>Note: approvals for out-of-state placements may take 4 to 12 weeks.</i></li> <li>b. For placements in the state of Maryland, all emergency requests must be in compliance with the border agreement between the State of Maryland's Department of Human Resources and the District of Columbia's Child and Family Services Agency.</li> </ol> </li> </ol>
	<p><b>Section H: Re-placements and Placement Changes</b></p> <p>Unless a placement change occurs for achieving reunification or another permanency goal, every effort is made to maintain the stability of the current placement. When changes are necessary to protect the safety and well-being of the child or the resource placement (e.g., a youth exhibiting violent behavior toward resource parents or congregate care staff), every reasonable effort is made to mitigate additional trauma for the child.</p> <ol style="list-style-type: none"> <li>1. A team meeting is required prior to a planned re-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, as well as other individuals involved with the child (as applicable) must be included whenever possible.</i> The planned change</li> </ol>

	<p>shall be based on decisions made during case plan or treatment planning. The following types of placements apply to this requirement for a team meeting:</p> <ol style="list-style-type: none"><li>a. Pre-adoptive placement</li><li>b. Kinship</li><li>c. PRTF (or other treatment facility, e.g., drug rehabilitation)</li><li>d. Enhanced care or step-down (i.e., from one level of supervision or care to another)</li><li>e. Progression toward independent living after demonstrated achievement of educational, social and/or other life skills</li></ol> <ol style="list-style-type: none"><li>2. Emergency placement changes are defined by imminent risk or emergent situations presenting safety, emotional, or health risks to the child or a resource household member.</li><li>3. The ongoing social worker completes the tasks outlined in the PSA business process to avert placement disruptions. This includes convening the team and completing CNAs with the placement resource development specialist. Placement is located based on the safety and well-being needs identified through the assessment process.</li><li>4. In the event of a placement disruption, children receive a re-placement health screening through HHAC (see the <a href="#">HHAC policy online</a>).</li><li>5. The age-appropriate child, his or her parent, GAL, or resource parent may appeal a placement change decision made by CFSA within 30 days of the decision (see CFSA's <a href="#">Fair Hearings policy</a>).</li></ol>
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## DEFINITIONS

**Caregiver** – A “caregiver” refers to biological and adoptive parents as well as legal guardians.

**Child** – For purposes of this policy, a “child” is anyone in care between the ages of birth up until their 21<sup>st</sup> birthday.

*1 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 that cannot be met in any other type of care 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. Traditional Group Home – Supervised group home environment for children and youth aged 13 up to 21 years.
2. Therapeutic Group Home – Intensive, therapeutic care and services for children and youth aged 13 to 21 years who have been diagnosed with a mental health condition and for whom there is a documented justification for therapeutic care.
3. 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).
4. Teen Bridge Program – Supervised, pre-independent living program providing short-term placement for youth aged 16 up 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** – This is 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 before or by the end of the 30 days. No child is to remain in an emergency care placement for more than 30 days. Extensions beyond that time frame may be considered under various conditions, outlined by the PSA business process.

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

**Family-Based Placement** – This is 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 a mental health condition. 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.

**Foster Parent** – This term is equivalent to the term “resource parent”.

**Independent Living Residential Units** – These placements provide supervised apartment living for youth moving toward independence. Independent living programs serve youth aged 16 up 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 up 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 up 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 up 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** – This is a placement in a relative's home that 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 for a child's initial (or subsequent) out-of-home living arrangement that meets the specific needs of the child either in a licensed kinship or foster home, or a licensed congregate care program (e.g., traditional group home for older youth, or if necessary, a residential treatment center to address medical or emotional needs). Pursuant to CFSA policy, placement is considered a temporary or short-term intervention during which social workers diligently team with the family to address barriers to reunification or to the three other main permanency options (adoption, guardianship, legal custody).

**Placement Disruption** - The following reasons for a placement move are considered "placement disruptions" and require a comprehensive placement assessment and disruption staffing. For purposes of FACES.NET data entry, the following disruptions are entered as "placement changes": (1) provider is unwilling or unable to care for child, (2) provider cannot meet the child's behavioral or medical needs, and (3) provider's contract ended and the child moved from their current foster home as a result.

**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.

**Social Worker** - Unless specified otherwise, the general term “social workers” includes both CFSA and private agency social workers.

**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  
200 I ST, SE  
WASHINGTON DC 20003

## 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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## CPS Social Worker Responsibilities Ongoing Social Worker Responsibilities Resource Provider Responsibilities

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- B. Child Summary
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- D. Clothing Voucher
- E. Birth Certificate
- F. Social Security Card
- G. Visitation Plan

### II. Court Documents

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- C. Report Cards

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- E. Medical Reports

### V. Activities

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- B. Day Care
- C. Camps

### VI. History

### VII. Noted Concerns

### VIII. Resources

## 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. #)

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DC Judge

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### Court Orders

Document

Date Placed In Packet

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### III. EDUCATION

School \_\_\_\_\_  
Grade \_\_\_\_\_  
Educational Advocate \_\_\_\_\_  
(Tel. #) \_\_\_\_\_

Document

Date Placed In Packet

IEP \_\_\_\_\_

Report Card \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IV. MEDICAL

Medical Provider

Contact #

Mental Health Provider \_\_\_\_\_

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Document

Date Placed In Packet

Immunization Record

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Medicaid Card

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Screening Form

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Medical Report

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## V. ACTIVITIES

Document

Date Placed In Packet

Overnight Permission

\_\_\_\_\_

Day Care

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Camps

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Other

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