


<b>DCF</b>	<b>COMMONWEALTH OF MASSACHUSETTS ~ DEPARTMENT OF CHILDREN AND FAMILIES</b>	
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## PERMANENCY PLANNING POLICY

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## PERMANENCY PLANNING POLICY

### Introduction

The Massachusetts Department of Children and Families seeks to work with families in ways that are aligned with its Core Values for practice that is Child Driven, Family Centered, Community Focused Strength Based, Committed to Cultural Diversity/Cultural Competency and Committed to Continuous Learning/Continuous Quality Improvement. This policy provides guidance for the ways in which the Department carries out permanency planning.

Permanency planning involves a mix of child-centered, family-empowering casework and legal strategies that ensure children have caring, stable, lifetime families and that safety remains the paramount concern throughout the family's involvement with the Department. Permanency planning begins with the goal of safely maintaining a child at home. If placement becomes necessary to ensure safety, the child's first goal is reunification with her/his family.

If the risk posed to the child's safety by her/his family remains high and the prognosis for reunification is poor, an alternative plan for permanency is developed concurrently with the family. As soon as the Department determines that reunification is not in the child's best interests, an alternative permanency plan is established. This permanency plan will be adoption, guardianship or permanent care with kin, or an alternative planned permanent living arrangement – e.g., continued placement with a permanent foster family, living independently or long term care with an adult service agency. Within 12 months following the date of placement, the child's permanency plan is reviewed by the court at a Permanency Hearing. At all Permanency Hearings, until the court approves a permanency plan other than reunification, the Department continues to make, document and provide the court with information demonstrating the reasonable efforts made to reunify the child with her/his parent(s). Once the court approves a permanency plan other than reunification and also determines that the approved permanency plan is inconsistent with reunification or that continuation of reasonable efforts to reunify is no longer required, the Department is required to make reasonable efforts to achieve the permanency plan determined by the court. If Termination of Parental Rights (TPR) has not already been initiated, it will be initiated within 15 months after date of placement unless the Department determines that there is a compelling reason not to.

Case record documentation is critical to support timely decision-making in permanency planning. This documentation encompasses all case management activities and decisions regarding the child and family, and reflects the reasonable efforts made to prevent placement, to reunify the family, and to achieve permanency in a timely manner. The Department's efforts to achieve a permanent plan for children in its cases will be reflected in the record keeping system utilized by the Department.

**While Department case practice centers on supporting each child's need for safety, permanency and well-being, additional permanency-related clinical and legal practice goals are to:**

- Focus on building family strengths in caring for their children
- Maintain continuity in and strengthen children's connections to family, school and community
- Respect the diversity of families' and children's backgrounds, while promoting early permanency decisions and outcomes for children
- Actively and early involve families in service planning, reviews and decision-making about permanency options to meet children's urgent need for stability and continuity
- Promote stability for children in placement

Throughout its work with families, the Department recognizes that a child's sense of time is different than an adult's; what seems like a brief period of time for an adult may seem to be a lifetime for a young child.

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## Role of Director of Areas in Permanency Planning

The Director of Areas coordinates and monitors all permanency planning activities for children and families assigned to her/his offices.

Certain activities may be delegated by the Director of Areas to an Area Clinical Manager (ACM) or Area Program Manager (APM). It is, however, the responsibility of the Director of Areas to monitor permanency planning decisions made by any such designee and monitor the status and progress of all of the Area's permanency planning activities on at least a monthly basis.

It is the responsibility of the Director of Areas/designee (through staff meetings, written guidance and resource lists) to inform social work staff of and facilitate their access to resources available from the Department, as well as from other state agencies and the community, including family support, substance abuse, domestic violence and mental health services. This specifically includes information about services targeted specifically to clients with special needs (e.g., immigrants; ethnic, cultural and linguistic minorities; clients with disabilities; incarcerated parents).

The Director of Areas/designee also is responsible for identifying service needs, promoting development of resources needed to prevent placement and strengthen families, and providing assistance, as needed, in the development and/or implementation of the Service Plan.

**Any decision to place a child in out-of-home care or to reunify a child with her/his family must be approved by the Director of Areas/designee.**

Any decision not to initiate Termination of Parental Rights (TPR) when a child has been in placement for 15 of the previous 22 months must be the result of a Permanency Planning Conference and approved by the Director of Areas/designee.

All Post-Termination Agreements, Post-Adoption Agreements, and stipulations for judgment must be approved, in writing, by the Director of Areas/designee.

*NOTE: The Director of Areas/designee is a member of the Area Office's management team.*

## **Maintaining Permanency: Family Stabilization / Placement Prevention**

Department casework centers on each child's need to be safe, protected from harm, and to experience permanence and well-being within her/his family. When concerns arise regarding a child's safety, permanence or well-being, the Department first determines the child's safety and level of risk. If no imminent risk of serious harm exists, the Department works collaboratively with the family to make reasonable efforts to maintain the child safely in her/his family.

### **Reasonable Efforts to Strengthen and Stabilize Families Include:**

- Assessing the child's needs for safety, permanency and well-being, while focusing on the family's strengths in meeting those needs.
- Identifying with the family the conditions which cause or create imminent risk of serious harm to the child.
- Encouraging and assisting the family in identifying, connecting with and using supportive resources within their kin network (including the non-resident parent, as appropriate), neighborhood and community, as well as specific services identified to ameliorate the risk conditions in order to maintain a safe family environment.
- Documenting services made available, services used by the family, and case progress illustrated by changed parental behavior which supports health, safety, well-being and permanence for the child.
- Engaging the courts in oversight of the family without assuming custody or removing the child.

**Service Planning:** When the Social Worker, Supervisor and parents agree that the child can be safely cared for and protected at home, they work together, using available information regarding community resources as needed, to match and manage the local network of services available to the child and family. Other services may be available to the family through insurance, work place, or other community resources. These should be discussed and matched to the family's strengths and needs as well, and incorporated into the Service Plan. The Service Plan, which is developed in collaboration with and signed by the parents, focuses the parents on their strengths and responsibility to provide for their child's health, safety, permanence and continuity of significant relationships.

The Service Plan outlines the child's permanency plan and specific family member goals and actions with timelines needed to enable the parents to protect and adequately care for their child. The Social Worker encourages and supports the parents in using the identified services and follows up to determine that these services are available, accessible and responsive to the family's needs and that the parents are following the Service Plan as agreed.

The Social Worker encourages and assists parents to prevent the need for placement by utilizing their own strengths and resources as well as community, Department and other state agency resources, including but not limited to:

### **Family and Community Resources:**

- kin (including the non-resident parent, as appropriate), friends, neighbors and others acquainted with the child and/or family
- child care
- substance abuse counseling and treatment resources
- domestic violence services, including services for victims and offenders
- mental health services
- health care resources
- vocational, job training and employment services
- financial assistance
- housing assistance services
- developmental disability services

- school-based services and early intervention programs
- camping and other community-based recreational/educational resources
- support and self-help groups
- organizations serving ethnic and linguistic minority populations
- religious organizations
- civic and other community groups

**Department-Related Services:**

- information and referral to other state and community agencies
- case management
- domestic violence services
- support and stabilization services
- services to support racial, cultural and linguistic minority families
- placements for children and adolescents
- services for pregnant and parenting adolescents
- sexual abuse prevention/treatment services.

(See Appendix A, “Guidelines for Out-of-Home Placement Decision-Making”)

**When Reasonable Efforts Are Not Required by Statute**

In certain circumstances, a court may determine that the Department is not required to make reasonable efforts to work with the family prior to removing a child from her/his home, or to reunify the family after the child has been removed. This is a narrow exception to the reasonable efforts requirement and should not be confused with those emergency situations in which the Department is not required to make reasonable efforts, beyond assessing safety and risk, due to the existence of, or immediate danger of, serious child abuse or neglect. Additionally, unless and until a court determines that reasonable efforts are not required, the Department makes reasonable efforts as appropriate.

The exception to the reasonable efforts requirement applies only to the 4 categories of circumstances listed below. Although reasonable efforts may not be required in these circumstances the Department may, nonetheless, elect to make such efforts either prior to removal or to reunification, or both, based on the facts of the specific family situation. **All such decisions to seek a judicial determination that reasonable efforts are not required in these circumstances are made jointly by the Director of Areas/designee and the Department Attorney.**

1. **Abandonment:** Under MGL c. 210, § 3(c), a child is abandoned if “left without any provision for support, and without any person responsible to maintain care, custody, and control because the whereabouts of the person responsible is unknown and reasonable efforts to locate any person have been unsuccessful. A brief temporary absence from the home without intent to abandon the child shall not constitute abandonment.” This does not include newborn infants placed under the Massachusetts “Safe Haven” statute. When a child is abandoned, reasonable efforts to work with the parent and child in an effort to keep the child in the home or to reunify the family are neither required nor in fact possible; however, the Department is required to make and document efforts to locate the parent or caregiver responsible for the child, including the non-custodial parent. *NOTE: Under MGL c. 119, § 39 1/2 (Massachusetts Safe Haven Act of 2004), newborn infants, age 7 days or younger, are not “abandoned,” if left with an appropriate person at a designated facility (i.e., a hospital, police department or manned fire station), and the Department determines that the child has not been abused or neglected by her/his parents. (See Appendices: B, “Procedures Regarding Abandoned Children” and C, “Missing Parent/ Caregiver Checklist”)*
2. **Prior Involuntary Termination of Parental Rights:** The parent’s rights were involuntarily terminated in a case involving another child in the jurisdiction of Massachusetts or another state. Involuntary termination means that the parent did not contest the termination, or contested the termination and lost as a result of a decision of the trial court. Family situations meeting this exception are reviewed to determine whether reasonable efforts should be made either prior to removal or to reunification, or both. Factors to consider regarding prior termination(s) include, but are not limited to: time that has

transpired since, parent's age at time of, circumstances surrounding, and number of children involved. In some circumstances, a parent's signing of an Adoption Surrender may constitute an involuntary termination of parental rights and may be the basis for a request for a finding that reasonable efforts are not required.

3. **Criminal CONVICTION Related to Serious Child Injury:** The parent has been **convicted** of one of the following crimes:
  - murder or voluntary manslaughter of another child of the parent;
  - aiding, abetting, attempting, conspiring or soliciting to commit such murder or voluntary manslaughter;
  - felony assault which resulted in serious bodily injury to the child or to another child of the parent.
4. **Aggravated Circumstances:** The parent has subjected the child to aggravated circumstances if the parent has murdered another parent of the child in the presence of the child, or has subjected the child or other children in the home to sexual abuse or exploitation, or severe and repetitive conduct of a physically or emotionally abusive nature. Conduct is of an emotionally abusive nature if it causes an impairment to or disorder of the intellectual or psychological capacity of the child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

If a court determines that no reasonable efforts are required for one of these 4 statutory reasons, the Department must obtain the written judicial determination. (See "No Reasonable Efforts Required" form) Arrangements are immediately made for a Permanency Hearing and initiating a TPR petition. The TPR petition must be initiated within 60 calendar days following the date on which the court determined that reasonable efforts are not required for one of these 4 reasons.

Whether the Department makes reasonable efforts to maintain the child in the home based on the results of safety/risk assessment, or makes no further efforts to maintain the child in the home prior to the removal due to emergency circumstances, the Department may subsequently ask a court to determine that reasonable efforts to reunify the family are not required because the case falls within one of the above 4 exceptions.

### **Documentation of Reasonable Efforts**

The Department documents reasonable efforts made, or based on an assessment of the safety and risk to a child, the circumstances justifying the lack of any further such efforts in an emergency removal. Reasonable efforts documentation encompasses all case management activities and decisions regarding the child and family; however, of particular importance is documentation of:

- results of an assessment of safety and risk regarding the child;
- information regarding efforts by the Department and the family to obtain needed services;
- information regarding the unavailability of a service and the reason(s) for its unavailability;
- Foster Care Review and other case review reports;
- contacts with parent(s)/guardian(s), providers and others; home visits; school meetings; and court appearances;
- reports and other written materials from service providers and community resources.

Judicial determinations of reasonable efforts are maintained in the Department's clinical case records by Clinical staff and/or in the Department's legal case records by Legal staff.

## Placement in Out-of-Home Care

While highly valuing the parent-child bond and being fully committed to placement prevention, the Department is required by statute and regulation to determine when placement is necessary to meet the child's needs for safety, well-being and permanence.

**Placement is defined as a situation, in which the child is not living at home, AND:**

- is in the care of the Department pursuant to a Voluntary Placement Agreement, **OR**
- is in the custody of the Department through court order or Adoption Surrender.

The decision regarding the child's need for placement is made by a clinical team consisting of the Social Worker, Supervisor and Director of Areas/designee, and should be informed by the parents and kin when available. In situations involving court action, the Department Attorney also is consulted. It is the policy of the Department that a child is removed from her/his home only under the following circumstances:

- Reasonable efforts to prevent placement have been made but parent(s) still is not able to adequately care for and protect child from abuse or neglect, or based on new facts, placement is necessary to protect child from imminent risk of serious harm, **OR**
- Reasonable efforts to prevent placement have not been made because the existing circumstances indicate that there is an immediate risk of harm or neglect which precludes the provision of preventive services as an alternative to removal.

When the court transfers custody to the Department, the Department determines whether the child is removed from the home, and if placed, the specific type and length of placement. The one exception is a Child Requiring Assistance matter in which the court may order out-of-home placement; however, even in this circumstance the court may not specify the type or length of placement. The Department is obligated to maintain the child in out-of-home placement at least one night, after which the Department may develop an alternative placement, including returning the child to parental care. The Department must always consider any placements recommended by the court.

**Prior to deciding to place a child outside of her/his home, the clinical team (consisting of the Social Worker, Supervisor and Director of Areas/designee—and the Department Attorney in situations involving possible court action) determine:**

- condition(s) subjecting child to imminent risk of serious harm;
- cause(s) of condition(s);
- that additional reasonable efforts targeted to strengthening family or resolving condition(s) which subject child to imminent risk of serious harm are not possible or are not required;
- *for any child who was not residing with both parents at the time of placement, that reasonable efforts have been made to identify, locate, contact and explore the appropriateness of the non-resident parent to assume care and/or custody of the child, through completion of at least a home visit and review of any court order. Completion of a background records check should also be considered. [NOTE: A criminal record does not necessarily indicate that the non-resident parent should not assume care of the child, nor is a background record check waiver required.];*
- that reasonable efforts have been made to identify and explore kin who may be available as potential placement resources; and
- applicability of provisions of the Indian Child Welfare Act.

If the team cannot reach consensus regarding the removal decision, the Director of Areas/designee makes the decision in consultation with the Regional Counsel and/or Regional Director. The Director of Areas/designee notifies each team member regarding the final decision.

(See Appendices: A, "Guidelines for Out-of-Home Placement Decision-Making"; B, "Procedures Regarding Abandoned Children"; C, "Missing Parent/Caregiver Checklist"; E, "Permanency Planning Differential Assessment Tool"; *Regulation* 110 CMR 1.07)



**Factors which indicate that a child may need to be removed from the home include, but are not limited to, evidence that the child has suffered from or is at imminent risk of serious harm from:**

- sexual abuse or exploitation;
- serious or repeated physical abuse;
- abandonment;
- medical neglect;
- malnutrition;
- physical dependency on an addictive drug at birth;
- physical isolation and/or severe disciplinary measures;
- lack of minimally adequate food, supervision, clothing, shelter or access to education;
- emotional injury (i.e., an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior; examples may include but are not limited to: severe anxiety, depression, or withdrawal; unmanageable behavior or hostility toward others; self-abusive behavior);
- domestic violence;
- substance abuse in the household;
- criminal activity in the household;
- history of sexual assault by any member of the household;
- primary caregiver's overall inability to care for the child as indicated by gross deficits in parenting skills and/or choice of unsuitable temporary caregiver; and/or
- developmental disability, mental illness, or physical illness of the primary caregiver.

*[NOTE: The fact that a parent has a disability or diagnosis does not mean the parent cannot adequately care for their child or that removal of the child is needed. Each parent must be assessed on an individual basis. A determination that a parent's disability poses a risk to the safety of their child must be based on objective facts and not on stereotypes or generalizations about individuals with disabilities. Such a determination must also take into account whether reasonable accommodations or the provision of services by the Department to the parent could reduce or eliminate the risk (such as hands-on demonstrations of parenting skills, plain language training materials at appropriate literacy levels, modified service planning and parental capacity evaluation, assessment by an expert on working with parents with intellectual disabilities, and/or a parent aide). In assessing parental capacity, consider consulting with the Department's regional clinical specialists on substance use/misuse, mental/behavioral health, and medical services as needed.]*

**Emergency Removal.** A child may be taken into custody immediately if, after viewing the child, the Social Worker finds reasonable cause to believe that:

- a condition of serious abuse or neglect (including abandonment) exists, and
- as a result of that condition, removal is necessary to avoid risk of death or serious physical injury to the child, and
- the nature of the emergency is such that there is inadequate time to seek a court order for removal.

If it is not safe or practical for the Social Worker to consult with a Supervisor or Area Program Manager (APM) before initiating the emergency removal, she/he contacts one of them as soon as possible after removing the child. The APM coordinates the following:

- Department has face-to-face or at least direct personal contact with the caregiver from whom child is being removed (not applicable to situations involving abandoned children). No messages regarding the removal should be left on answering machines or with someone other than the caregiver. Instructions to contact the local police or the Department are acceptable.
- If the caregiver cannot be located or her/his whereabouts are unknown, the APM informs the head of command in the local police department in the town where the child's parent(s) resides, i.e., where the child was removed from.

- Placement is entered in the electronic case record on the day that it occurs, or the next business day. If the entry is not made by the Social Worker, Supervisor or other designated person, then an Area manager is responsible for making the appropriate entry.
- Child is *removed from school ONLY when* removing child from home would present imminent risk of serious harm to child and/or Department employee.
  - Removal from school requires Director of Areas/designee approval, and
  - Director of Areas/designee is responsible for notifying parent, and school principal/administrator in charge, of removal.

When one child is removed from the home on an emergency basis, all children must be removed unless a clinical team reviews the family's circumstances and determines:

- there is clear evidence that the other child(ren) have not been the subject of abuse or neglect; and
- that leaving them in the home would not subject them to abuse, risk or abuse, or neglect.

The Department Attorney is notified as soon as possible following an emergency removal, and a Care and Protection petition is initiated on the next working day following the removal. The Social Worker who removed the child(ren) prepares the affidavit/court report and presents it in court. (See Procedure 2 below) If the removal occurs on an open Department case and the Social Worker removing the child from the home is not the Social Worker assigned to the case, the assigned Social Worker is jointly responsible for the preparation of the affidavit/court report and presentation of the case.

### **Pursuing Department Care/Voluntary Placement Agreement, Court Custody OR Parental Surrender; 3<sup>rd</sup> Party Custodians**

1. **Voluntary Placement Agreement (VPA).** VPAs are used when the Department determines that placement is necessary, the precipitating problem(s) does not warrant pursuit of court custody, and the parent requests or will agree to the placement. The Department encourages the use of VPAs when the concerns are primarily related to the developmental or behavioral disability of the child. VPAs are usually inappropriate when there are protective concerns and/or questions about parental competency. The Department is responsible for assuring that the parent understands the language of the VPA and is competent to sign. If concerns exist regarding the signing of the VPA or the competence of a parent, a Department Area manager and a Department Attorney should be consulted. [Also see below, "Considering Placement Options – Parental Arranged Caregivers"]

The Social Worker completes a signed and dated VPA with the parents. The VPA may be taken from a **mature child** [See *Regulations*, 110 CMR 2.00 (32), 4.10 – 4.14], if the parent is unavailable or unwilling to sign, for up to 72 hours. After 72 hours, the Department returns the child home, obtains a VPA signed and dated by the parent(s), or pursues a petition for court custody.

A VPA may be completed with a young adult who is in the care or custody of the Department at age 18 who requests continued services and is approved as meeting the Department's requirements. (See below, "Permanency Planning for Youth in Department Placements – Sustaining Department Connection with Young Adults")

The Director of Areas/designee approves, signs and dates the VPA prior to placement, or in emergency situations as soon as possible but no later than 2 working days after the date of placement. If the child is of **Indian/Native American origin**, the VPA also must be approved by a court. The Director of Areas/designee forwards a copy of the signed VPA to the Regional Legal Office.

**VPA Termination.** A VPA can be *revoked* at any time by the parent, the young adult or the Department. When the parent or young adult presents a written notice of termination, the VPA remains in effect for a period of 3 working days after receipt of the notice. The Department provides 14 calendar days written notice when it seeks to terminate a VPA. The VPA automatically terminates when the child returns home on a full-time basis. [See *Regulations*, 110 CMR 4.12 (3) and 8.01 (1) and (2)]

**180 Calendar Day Limit.** If it appears that the child is likely to require placement for more than 180 calendar days, a consult is held with a Department Attorney by the end of the 3<sup>rd</sup> month following the date of placement. If needed, the Department files the appropriate petition in order to have a hearing on the issue of court-ordered custody before the 180 calendar day limit on VPAs expires. If the

Department determines that continued placement is required for reasons unrelated to parental unfitness and the parent consents to continued placement, the Department must petition the Probate and Family Court for a review and extension of the VPA under MGL c. 119, § 23 (a) (1). [NOTE: The 180 calendar day limit does not apply to young adults who are permitted to remain in placement with a VPA for more than 6 months without court custody being sought. (See “Permanency Planning for Youth in Department Placements – Sustaining Department Connection with Young Adults”)]

2. **Court Custody.** If the child needs to come into custody and be placed as a result of an incident of abuse or neglect or because the home situation is deteriorating and there is concern about the child’s safety, a petition must be filed with the court, unless the Director of Areas/designee approves the use of a VPA.

To pursue court custody, the Social Worker and Supervisor consult with the Director of Areas/designee and Department Attorney regarding:

- specific content of affidavit/court report, including appropriate documents/evidence regarding reasonable efforts, (see “Outline for Affidavit”)
- notification to family and
- preparation for court.

Other circumstances in which this procedure should be followed include:

- when a parent seeks to revoke a VPA and Department does not concur,
- to extend a placement that originated with a VPA beyond 6 months or
- when the Department believes that the court’s authority is needed to motivate the changes in the family necessary for the child’s health and safety.

The Social Worker prepares and forwards the affidavit/court report to the Department Attorney, or to another designated legal staff member, who reviews and revises the affidavit/court report, as necessary, prior to filing.

If a child is believed to be abandoned as defined by statute, or if a newborn infant whose parents’ identities are unknown has been placed with a Safe Haven, every effort is made to expedite the initiation of the petition and consideration by court. (See Appendix B, “Procedures Regarding Abandoned Children”)

At the time the court grants initial custody, the Department must obtain written judicial determinations (1) that remaining in the home is contrary to the child’s best interests (see “Contrary to the Welfare/Initial Custody” form); and (2) regarding whether or not the Department has made reasonable efforts to prevent or eliminate the need for the child’s removal or reasonable efforts were precluded due to an immediate risk of harm or neglect to the child (see “Reasonable Efforts/Initial Custody” form).

The same judicial determinations also must be obtained when the Department initially receives court-ordered custody of children, even when it has not sought that custody. This most commonly occurs through custody orders entered in Child Requiring Assistance (CRA) cases. It occurs less frequently as a result of *Sua Sponte* orders entered by the Probate Court (i.e., orders entered by the court at its own initiative) under MGL c. 119, § 23 (a) (3). The Department is responsible for obtaining originals of those certifications from the court and arranging for them to be filed with the Legal Office.

3. **Parental Surrenders.** If at any point during the Department’s involvement with a parent, she/he decides to sign an adoption surrender pursuant to MGL c. 210, § 2, see *Policy #90-003, Voluntary Adoption Surrender*, for information regarding how to proceed. After the parent has signed the surrender, the Department has the right to place the child and provide for the child’s care. If the Department did not have a prior custody order regarding the child or if one parent signed a voluntary Adoption Surrender but the other did not, the Social Worker must contact the Legal staff within 5 working days after the signing of the surrender so that court action may be initiated in a timely manner.
4. **3<sup>rd</sup> Party Custody during Department-Initiated Court Actions.** When the Department learns that a 3<sup>rd</sup> party is seeking to be named custodian of a child included in a Department-initiated court action, the Department will determine, if not previously determined, whether the 3<sup>rd</sup> party wishes to become a

Department kinship or child specific resource. If so, the Department will provide the kinship/child specific resource with information about becoming a kinship/child specific resource and proceed to study the resource in accordance with the Department's family resource policy.

If the resource is not interested in being a Department kinship/child specific resource, the Department completes a background records checks on the proposed custodians and household members age 14 and older if there is sufficient time, and the Department's Legal staff determines what information currently available to the Department can be presented to the court to meet the court's statutory obligation to determine that the prospective custodian is qualified to care for the child. This information may include, if available:

- Background records checks [Criminal Offender Record Information (CORI) and child welfare history] of the proposed custodian and household members age 14 years and older,
- any knowledge of the physical environment of the proposed custodian's home and
- any knowledge of the custodian's ability to keep the child safe and set proper parameters for contact between the child and her/his parent(s)/guardian(s).

If the court names the 3<sup>rd</sup> party as the child's custodian, the Department continues to advocate for specific orders that will enable proper and continuous assessment of the child's safety, exposure to risk and well-being. Such orders should address, at a minimum:

- releases of information for obtaining information from collaterals,
- the provision of services to the child,
- a parent/child visitation schedule and whether supervision of visitation is needed, that does not involve Department supervision,
- medical coverage and medical authorizations, especially when the child has known medical needs,
- the Department's access to the child and
- any appropriate limitations on access to the child by the parent(s) or guardian(s).

In a Department-initiated court action, when the court awards custody of the child to a 3<sup>rd</sup> party, the Department makes reasonable efforts to continue to provide services to the child and family and makes reasonable efforts towards reunification. The Department makes reasonable efforts to complete regular visits with the family, the child and the custodian. The custodian should be added as a case member with the designation of "other" in the electronic case record. The 3<sup>rd</sup> party custodian is added to the Service Plan under the section customarily provided for a foster parent. The tasks should be those deemed appropriate for the custodian under the circumstances of the case. If the Department determines that the child cannot return to her/his parent(s)/guardian(s), it convenes a Permanency Planning Conference and, when appropriate, may seek termination of parental rights. The Department cannot sponsor the child's adoption or guardianship unless the child is in the Department's custody. Children who have 3<sup>rd</sup> party custodians are not subject to 6 Week Placement or Foster Care Reviews.

If a 3<sup>rd</sup> party custodian wishes to become a Department foster parent in order to receive financial support from the Department, the 3<sup>rd</sup> party custodian would be required to relinquish custody of the child to the Department and would be referred to the Family Resource Unit for a License Study.

### **Considering Placement Options**

When a child enters placement, she/he must be provided with the support and opportunities necessary to preserve primary attachments to caregivers and significant appropriate connections to siblings, community and culture. First consideration is given to the non-resident parent. Kin are considered next, especially those identified by the parents as their alternative caregivers should they not be able to care for their child and those identified by the older child herself/himself. The Department is required to identify and notify grandparents and other adult kin, in writing, that the child has entered Department care or custody and to provide information regarding the process to be followed to be considered as a potential placement for the child. The parents and legal guardians of siblings (including half and step siblings) are to be considered kin and should be resources considered when a child enters placement or is in need of a permanent home.

Child-specific resources (i.e., individuals/families other than kin who are identified as potential family placements for the particular child, such as a teacher or friend's parent who comes forward) receive high priority consideration. Ideally, these persons will have been identified during earlier phases of Department involvement. The Department encourages parents to identify such potential placement resources and provide releases of information for making contacts, as necessary. For all situations, the Department is proactive in making efforts to locate non-resident parents, kin and child-specific families and to actively engage them, as appropriate, in planning for the child's placement needs.

Whenever possible and appropriate, the child is placed together with full, half and/or step siblings already in or also requiring placement, as close to home as possible to support the opportunity for frequent visits and to maintain the continuity of school and child care attendance, community involvement and cultural context.

Placement decisions are based on the child's best interests, including those related to safety, well-being, permanence and continuity of significant relationships, and reflect efforts made to identify the least restrictive setting available to meet the child's individual needs. **Foster care placements** are made only with a family (kin, child-specific, unrestricted) that has met the Department's standards as a **licensed home**, and the Social Worker and Supervisor consider the parents' perspectives in selecting a resource from among the following types of resources:

- **Kinship and Child-Specific Family Resources.** The Social Worker informs the family that they must be approved as a family resource, explains the payment process (including the option of T-AFDC for relatives), completes the initial eligibility screening process with the family and initiates the License Study referral.

If, as a result of the emergency nature of a placement and in order to meet the child's best interests, particularly those related to permanence and continuity of significant relationships, it is necessary to place a child with a family who has not yet been fully assessed, the Social Worker follows the procedures for obtaining emergency approval.

- **Unrestricted Family Resources.** The Social Worker contacts the Family Resource Worker to initiate the request for an unrestricted family who can best meet the child's needs and maintain the child's connection to community and culture.

If a **contracted foster/pre-adoptive family or community-connected residential treatment program** is identified as the most appropriate placement, the referral process is initiated by following the Area Office's established procedures.

If the Department considers an out of state placement, the Interstate Compact on the Placement of Children is followed.

### **Parental Arranged Caregivers**

At times, when the Department has responded to a report of child abuse or neglect by a parent, viewed the child and found no abuse or neglect warranting the child's removal from the parent's care but may be supporting the allegation of abuse or neglect, the parent may arrange for the child to live with kin or friends while the parent accesses needed treatment or rehabilitative services, or to alleviate stress. The Department should assess the safety of and risk to the child to determine that the arrangement will maintain the child's safety and is in the child's best interest. The Department may find such an arrangement to be an appropriate response to the family's situation. Under these circumstances, the Department, parent and caregiver agree that the decision regarding with whom the child resides is solely within the control of the parent. The Department may assist the family with planning the arrangements, including completing background records checks on the kin or family, and/or review the situation with a clinical placement team.

If the Department determines the child would be at imminent risk of serious harm if she/he continues to reside with the parent or remains under parental control and that is the reason for the child's move to a kin or friend's home, the Department must remove the child and initiate a petition for custody [Care and Protection, or petition under MGL c. 119, § 23 (a) (3)] and the child must enter Department placement. While that placement may be with the kin or friend identified by the parent, it is a "formal" arrangement in which the Department is granted custody by a court and evaluates and monitors the placement. *[NOTE: When the Director of Areas/designee approves a plan to place the child via a VPA with kin or a friend who the Department formally licenses as a kinship or child-specific family resource or approves as an*

*emergency placement, a Care and Protection or other petition is not necessary. (See “Pursuing Department Care/Voluntary Placement Agreement, Court Custody or Parental Surrender,” Procedures 1 and 2 above and Policy #2006-01, **Family Resource Policy**)*

### **Preparation for and Activities at Time of Placement**

The following activities prepare the child for placement and begin the process of gathering information for the 6 week placement review that placement agencies licensed by Massachusetts are required to complete.

1. **Preparing Child and Family.** To the extent feasible, parents are involved in the placement process. Parent(s) may accompany the child to the placement, unless concerns exist regarding the child’s health, safety or well-being or the safety of the family resource provider or Social Worker. When the placement is with a family resource, the family resource must consent. Whenever possible, a pre-placement visit is made, and the Social Worker provides to the parent, and the child when appropriate, at least the following information:
  - reasons for placement;
  - expected length of placement;
  - changes needed for child to return home;
  - time and date child will move to placement;
  - what child should bring;
  - expectations/lines of communication among child, parent(s), kin, foster parent and Social Worker;
  - planned schedule for child ’s visits with parents, siblings, and other kin, as appropriate;
  - description of placement resource.
2. **Preparing Placement Resource.** The Social Worker provides the placement resource with the following child-specific information, obtained from the child’s parent(s), school, medical and other service providers, and the case record. This information is provided, as available, prior to placement (If placement is made on emergency basis, it is provided as soon as possible following date of placement.):
  - routine (e.g., time child wakes, naps, goes to bed)
  - any medical, mental health or dental conditions that require medication and/or treatment (e.g., allergies, addictions, need for universal precautions, risk or safety concerns based on mental health and/or other clinical evaluations)
  - any special needs or problem areas that may need attention [e.g., school phobia, drug/alcohol abuse, behavior related to maternal drug use, information from any “Assessment for Safe and Appropriate Placement” (ASAP) evaluation and safety plan]
  - developmental status
  - attachment to parent(s)/family and visitation plan
  - history of trauma and circumstances which are likely to trigger associated behaviors
  - food likes and dislikes, or type of infant formula
  - educational needs and records
  - interests, hobbies, after-school activities, etc.
  - specific hair and skin care needs
  - strengths and needs with regard to preparation for young adulthood
  - expectations and lines of communication among child, parent(s), kin, foster parent and Social Worker
  - anticipated length of placement
  - child’s legal status, court involvement and legal contacts
  - other information which will assist placement resource in caring for child
3. **Service Plan.** The Service Plan is completed/ revised with the parents (with a copy to placement resource) as follows:

- When the child is placed prior to completion of the Assessment and Service Plan, the Department works with the family to complete an Emergency Service Plan at time of placement and completes the full Initial Service Plan within 55 working days after case assignment.
  - When the child's initial placement or return to placement occurs on an emergency/unanticipated basis and the family has a full Service Plan, the Department and the family update the Plan to reflect the placement at the time of placement and must complete, within 30 working days after the date of placement, a New Service Plan or a Goal Change Service Plan, as applicable.
  - When the child's placement or return to placement is planned and the family has a full Service Plan, the Department and the family complete a New or Goal Change Service Plan, as applicable, prior to or at the time of placement.
4. **Health Care.** The Social Worker or other member of the clinical team provides for the following:
- At Time of Placement:* Child has supply of any necessary medications;
- Medical Passport is provided to placement resource prior to or at time of placement (if placement is made on emergency basis, Passport is provided no later than 30 working days following date of placement);
  - Applicable electronic case record screens are completed in order for child to obtain MassHealth (placement provider receives MassHealth and medical authorization cards).
- Following Date of Placement:*
- Child with an identified but not yet treated or diagnosed physical (including dental) or behavioral condition is brought to an appropriate health care provider prior to or immediately after entering the Department care or custody, or if child has no such condition, a Medical Screening is scheduled to occur within 7 calendar days after child enters the Department care or custody (not required for children who are discharged from hospital directly to placement);
  - A Comprehensive Medical Exam is completed within 30 calendar days after entering the Department care or custody; and
  - Dental Visit is completed within 6 months if child is age 3 or older.  
(See *Policy 2010-001, Medical Examinations for Children Entering Department Placement or Custody*)
5. **Sliding Fee.** If applicable, Social Worker informs the parent(s)/guardian(s) of the Department's sliding fee policy and that the Department will send her/him the "Sliding Fee Assessment" form and "Sliding Fee Guidelines."
6. **T-AFDC.** If the child's parent(s) was receiving (or had applied for) T-AFDC benefits, the Social Worker informs her/him that the child's placement may affect receipt of benefits and requests that the parent contact her/his DTA Worker who can advise the parent regarding eligibility for other benefit programs.
7. **Referrals for Services.** Social Worker or other designated individual completes applicable electronic case record screens on the day of placement, to document the child's current placement and reflect payment to be provided to the placement resource, including clothing allowance and PACT, if applicable. (See *Policy # 89-002, Supplemental Reimbursement Policy*)
8. **Child Placement Agreement.**
- For family resource placement, child's Social Worker collaborates with Family Resource Worker to complete "Child Placement Agreement" (including Supplemental Reimbursement Request, if applicable) at time of placement, or in emergency within 3 working days (copy to family resource).
  - For congregate care placement, Social Worker completes the applicable child-specific Placement Agreement at, or prior to, time of placement (copy to community-connected residential treatment provider).
9. **Educational Planning.** For school-age child, Social Worker provides for completion of the applicable sections of "Notice to LEA" form and other requirements specified in the Department policy to address the child's educational needs. She/he arranges for a copy of the child's educational records to be provided to the placement provider.

10. **Visitation.** When possible, the Department offers parents the opportunity to have telephone contact with their child within 24-48 hours and a face-to-face visit as soon as possible but no later than 5 working days after placement as set forth below. The safety of the child, the parent(s), the foster parent or other placement provider will be considered when determining the structure, location and frequency of visitation. Consideration is given to the need for separate parental visits if safety concerns exist.

- Foster Home Placements:
  1. Department staff will make reasonable efforts to arrange for the parent(s) to make phone contact with their child the night of the placement or within 24-48 hours, unless such contact would not be safe for the child.
  2. Department staff will make reasonable efforts to arrange for a parent-child visit as soon as possible, but no later than 5 working days after placement. If safe or otherwise appropriate, the visit and the visit location will be arranged between the parent and the foster parent, with the Department's knowledge and approval. At the first visit, the child's parent would also meet the foster parent, if the foster parent agrees to such a meeting.
- Non-Foster Home Placements:
  1. Arrangements will be made for the parent(s) to have phone contact with their child the night of placement or within 24-48 hours, unless such contact will not be safe for the child.
  2. Arrangements will be made for a parent-child visit as soon as possible, but no later than 5 working days after placement, at which time the parent(s) will also meet the placement provider staff.
- Regular and ongoing contact and visitation between the parent and child and placement provider are to be arranged throughout the child's placement, as long as there are no clinical or safety contra-indications. In general, parent and child visitation should occur once a week unless a different schedule is indicated by the child's age, the needs of the child, the safety of the child, or if parental rights are terminated.
- Whenever siblings are not placed together, a schedule for regular and ongoing sibling visits is established, unless such visitation is harmful to one or more of the siblings.
- The Department also develops a plan for visits between the child and grandparents, upon request.

(See [Regulation](#) 110 CMR 7.128 and MGL c. 119, § 26B, regarding sibling and grandparent visitation)

11. **Contacts.** Department staff will make telephone contact with the placement provider and the child's parent within 3 working days after the date of placement.

12. **Locating Kin; Notification of Placement.** Starting at initial contact and continuing through the Department's determination that a child needs out-of-home placement, the Social Worker, in consultation with the family, the child age 12 years or older and the Supervisor, identifies all kin and families known to the child and family who might be willing and available to be approved as the child's placement. She/he notifies the kin and child-specific families, in writing, of the child's placement and requests that they contact her/him, within 10 working days, regarding their interest in being considered as a possible placement for the child.

The Social Worker documents responses to each notification in dictation, and begins initial eligibility screening of all families who have indicated an interest in becoming licensed as a possible placement for the child. When more than one family has participated in an initial home visit, continues to be interested in being considered as a potential placement and has been determined eligible to apply, the child's Social Worker, in consultation with her/his Supervisor, determines the order in which the License Study for these resources will be initiated by the Family Resource Unit.

### **Changes in Placement**

Procedures 1 through 11 above should be followed whenever a child changes placement or returns to placement after returning home.



Kin should be explored whenever a change in placement is considered.

## 6 Week Placement Review

***[NOTE: This section is applicable to children in Department foster/pre-adoptive settings, including contracted family resources. For comparable information regarding children placed with a community-connected residential treatment provider, see the relevant policy.]***

A 6 Week Placement Review occurs when a child enters placement from home or hospital, or returns to placement after a significant stay at home of 6 months or longer. The Director of Areas/designee identifies a child-specific team, which includes the parents, foster/pre-adoptive parents or other placement provider and social work staff familiar with the child and family. The Team's role is to support the child's placement, while addressing her/his needs for safety, well-being and permanency. The Team gathers and reviews information about the child and family from the parents; kin; educational, medical and mental health providers; foster/pre-adoptive parents or other placement provider; and others familiar with the child and family's history, strengths and needs.

The child-specific information gathered during the first 6 weeks of placement encompasses the child's medical, educational, emotional, psychological and social history and current functioning. This information augments the comprehensive family assessment which is being completed simultaneously or, if completed previously, is being expanded to incorporate the additional information required by the child's placement. The information is used to support appropriate service planning and service provision to the family and the child who is in placement, while at the same time establishing the foundation for achieving permanency for the child.

If placement beyond 6 weeks is needed and the child's initial placement has not been with kin or someone from among the family's network of significant relationships, or if siblings have not been placed together, efforts are made with the parents during the first 6 weeks to identify someone known to the child and family with whom an approved placement can be made. Documentation of contacts with kin is required.

The Review Meeting is an opportunity for the parents, family and foster/pre-adoptive parents or other placement provider to participate in open discussion. At this meeting the family's and the child's strengths and needs, in particular the child's needs for health, safety, well-being, permanence and continuity of significant relationships, are reviewed. A tentative, reasoned assessment of the probability of the child's returning home and the family's capacity to benefit from reunification services is made. The frequency and quality of parent-child contacts and visits during the first 6 weeks of placement and the parents' participation in services and completion of tasks identified in the Service Plan also are reviewed. Together, the parents and Department revise the Service Plan as indicated.

1. **Designation of Foster Care 6 Week Placement Review Team.** Within 5 working days after the child enters placement, the Director of Areas/designee identifies Team members, who include at a minimum:
  - child's Social Worker and Supervisor,
  - child's parent(s),
  - placed child age 14 or older,
  - foster/pre-adoptive parent(s) or other placement provider, and
  - Family Resource Worker and Supervisor.

Child's Team **may** also include others who are familiar with the child and family and/or whose participation is indicated based on the child's identified or anticipated needs, such as:

- kin,
- Department nurse,
- PACT coordinator,
- Substance Abuse, Domestic Violence, Mental Health, Health and Medical Services and/or Adolescent Specialists,
- family advocate,

- service providers.

2. **Team Tasks.** Director of Areas/designee works with the Team members to determine how and by whom the following tasks/activities (as appropriate) will be completed by the date of the 6 Week Placement Review Meeting:

#### **Review of Placement Options**

- For child not residing with both parents at time of placement, carry out reasonable efforts to identify, locate, contact and explore appropriateness of placement with the non-resident parent (see Appendix C, “Missing Parent/Caregiver Checklist”).
- For child not placed with kin or a child-specific foster/pre-adoptive family, Social Worker and Family Resource Worker coordinate with parent(s) [when possible] for identification of, outreach to and assessment of potential kinship and child-specific resources.

#### **Contacts and Visitation**

- As set out in “Placement in Out-of-Home Care – Preparation for and Activities at Time of Placement,” Procedure 10 – Visitation, and Procedure 11 - Contacts (pages 15-16);
- Such other contact, if any, with the placement, parent or child to provide the information needed at the 6 Week Placement Review Meeting.

#### **Legal Notifications**

- Contact the Department Attorney to determine that any notifications required by ICWA (i.e., tribal notification) or the Vienna Convention (i.e., consular notification) have been completed, as applicable.
- If the court is involved and the child’s placement changes, notify the Department Attorney; support preparation of the record for presentation to opposing counsel by the 30<sup>th</sup> day after a Care and Protection petition has been filed, when applicable.

#### **Obtaining Needed Resources and Documents and Supporting Placement Provider**

- Consult with Area resources [e.g., psychologist, Multidisciplinary Assessment Team (MDAT), etc.], as child’s needs indicate.
- Immediately assess if child is at risk for HIV exposure and make referral for HIV testing, when applicable.
- Arrange for Assessment for Safe and Appropriate Placement (ASAP), sexual abuse, trauma and/or other evaluations as indicated.
- Arrange for school aged child to be enrolled in school and, when appropriate, child under age 3 to be referred for Early Intervention Assessment.
- For youth 14 and older, determine whether a referral for an Adolescent Outreach Worker is appropriate.
- Request child’s birth certificate (with official seal) (see “Application for Vital Records” in the electronic case record) and birth record.

*NOTE: The Department is required to submit to the court a copy of the child’s birth certificate (with official seal) within 60 calendar days after a Care and Protection petition has been initiated.*

- Verify that a copy of the child’s alien registration card or green card has been obtained or contact the designated Legal staff to determine whether a referral for Special Juvenile Immigration Status (SJIS) is necessary, as applicable.
- Obtain and review information regarding child’s physical, emotional, behavioral, developmental and cognitive strengths and needs obtained from parent(s), kin, physician, teacher, therapist and other adults who know child well, including prior foster parent(s) when applicable.
- Obtain and review health care history and records, including immunization records, document in the electronic case record and complete child’s Medical Passport; and consult with the Department nurse as needed.
- Obtain and review school and/or Early Intervention records including report cards, results of standardized tests, and IEPs, provide for child to receive appropriate educational services; and arrange for records to be provided to placement provider if not previously done.

- Remind foster/pre-adoptive parent about the 6 Week Placement Review process and the “Foster/Pre-Adoptive Parent’s Weekly Observation Log,” within 3 working days after date of placement;
- Complete the face sheet information prior to the 6 week Placement Review meeting. (Completed by SW)

**Schedule 6 Week Placement Review Meeting**

- Schedule Meeting to occur 6 weeks after date child entered (or re-entered) placement at a time during normal work hours that maximizes family and essential Team member participation and accommodates staff work schedules. The meeting may be combined with any other meetings about the child and family scheduled to occur around the same time (except for any Permanency Planning Conference that might be needed). Send invitations in a timely manner that enables those who cannot attend to provide their recommendations. Arrange accommodations in recognition of the family’s preferred language.

**3. 6 Week Placement Review Meeting.** APM/designee convenes and chairs the Meeting which:

- Reviews the child’s medical, educational, emotional, psychological, social history and any other records, reports and assessments gathered and/or completed during 6 Week Placement Review period, including the medical screening and comprehensive medical examination;
- Reviews “Foster/Pre-Adoptive Parent’s Weekly Observation Logs”;
- Reviews information gathered by the Team from the child’s parent(s), kin, teachers, pediatrician, therapist, and other adults regarding child’s behavioral, cognitive, developmental, emotional, and physical strengths and needs;
- Reviews the frequency and quality of child’s visits and contacts with parent(s), siblings, other kin;
- Determines the probability and timeframe of the child’s return home and the family’s capacity to benefit from services needed to safely maintain the child at home.
- Develops recommendations regarding appropriate PACT services and hours indicated based on child’s assessed placement needs, including confirmation or adjustment, as needed, of any PACT services that may have been authorized at time of initial placement (or re-entry into placement);
- Identifies specific supplemental services, trainings and/or supports foster/pre-adoptive family requires to meet child’s continued placement service needs;
- Reviews documentation obtained during 6 Week Placement Review period and determines if/what additional efforts are needed to search for and outreach to potential kinship or child-specific resources;
- Determines if expedited TPR or implementation of concurrent permanency planning is appropriate immediately;
- Reviews and revises the Service Plan, as necessary, in collaboration with the family.

Following the 6 Week Placement Review Meeting, the APM completes the “Child Placement Assessment Summary”.

## Permanency Planning Conferences

The Permanency Planning Conference (PPC) is the Department's primary internal planning vehicle for reviewing the clinical and legal issues related to permanency decision-making.

The Director of Areas/designee provides for the attendance of all participants needed to make decisions regarding a child's permanency plan. Neither the child nor her/his parents participate; however, the Director of Areas/designee encourages participants to be prepared to reflect their understanding of family members' perspectives on how the child's need for permanency can best be addressed. Participants discuss the family's situation in its entirety and determine whether family reunification can occur within legislated timeframes or an alternative permanency plan is most appropriate for a child's needs. The PPC establishes the Department's permanency plan, and identifies and assigns related tasks with timelines to achieve this plan. Additionally, at all PPCs, consideration is given to the appropriateness of initiating Termination of Parental Rights (TPR) and using permanency mediation services and the option of Adoption Surrender. Post-Termination and Post-Adoption Agreements are considered when it is in the child's best interests.

### Permanency Planning Conferences (PPCs)

#### 1. **Circumstances Requiring a PPC:**

- as soon as it is determined that the prognosis for reunification is poor;
- within the first 9 months following the date of placement;
- if the outcome of a 9 month PPC was a decision not to initiate TPR and the child has remained in placement for 15 of the previous 22 months;
- to change a child's permanency plan;
- within 20 working days after a Foster Care Review determination that includes the recommendation that the child's identified permanency plan needs to be changed; or
- within 5 working days after a court determines that reasonable efforts to reunify are not required. (See "When Reasonable Efforts Are Not Required", above).

#### 2. **Convening a PPC.** Director of Areas/designee coordinates with the Regional Counsel to convene the PPC, and notifies all participants of the scheduled date. A copy of the child's birth certificate (with official seal) is provided to the Regional Counsel/designee prior to or on the date of the PPC, if not previously filed in court. The Director of Areas/designee contacts the Regional Counsel if a problem in obtaining the birth certificate (with official seal) is impeding the PPC process. (See "Application for Vital Records")

#### 3. **Participants.** In addition to the Director of Areas/designee, the following are **REQUIRED** to participate:

- Child's and family's Social Workers and Supervisors,
- Area Adoption Supervisor,
- Family Resource Worker or Supervisor when the child is placed in a foster home, and
- Department Attorney and/or Legal Manager.

Other individuals deemed appropriate by the Director of Areas/designee **MAY BE CONSULTED OR REQUESTED** to attend, such as:

- Regional Adoption and/or Recruitment Supervisor/designee when recruitment of adoption resource may be necessary; or
- Other Department Clinical staff who have specialized roles or expertise relevant to addressing the child's needs (e.g., nurses; domestic violence, substance abuse, mental health or adolescent specialists).

Representatives of contracted or other social service agencies and/or other professionals who have in-depth knowledge of particular child or family are **CONSULTED** prior to the PPC, when deemed appropriate by the Director of Areas/designee.

**4. Issues Addressed:**

**Family's situation and status**, which is summarized verbally by the Social Worker and/or other Department staff, includes:

- reason for PPC;
- brief history of family and placement circumstances, including child's adoption/guardianship history, if any;
- information from the Department's dictation, Assessments and/or Service Plans;
- any Child and Adolescent Strengths and Needs assessments and/or treatment plans, if completed and available;
- information from any professional evaluations;
- child's and family members' names; addresses; dates of birth, death, marriage, and divorce;
- mother and legal and/or biological father's military service;
- child's current custody status and related court involvement;
- other current or prior court involvement relating to child and family, and any court orders/decisions relating to services (e.g., reasonable efforts to reunify family are not required);
- validity of any Adoption Surrenders obtained.

**Any barriers to family reunification**, such as:

- abandonment;
- problems specific to each parent identified in Assessment or case review;
- Department has not provided critical services, which are identified in Service Plan and necessary for the parent(s) to make home safe for child's return within timeframes specified in the Service Plan;
- lack of appropriate services sensitive to family's or individual's sexual orientation, gender identity, cultural, ethnic, and linguistic needs.

**Family's participation** in service planning and case review, including:

- family strengths, current functioning and ability of parent(s) to meet child's needs;
- identification of all services offered to family and history of services utilized and refused. Specify extent to which parent is utilizing services productively and making observable behavioral changes necessary to achieve the child's permanency plan;
- family's primary language, and cultural, ethnic issues pertinent to Service Plan participation;
- history, including frequency and quality, of parent/child visitation;
- history of efforts to locate and contact missing/unavailable/unidentified parent(s);
- whether parent(s) will contest legal activity, such as a termination of parental rights (TPR) or guardianship petition;
- whether any Service Plan revisions are necessary.

**Child-specific issues**, i.e., consideration of child's needs and best interests in relation to potential permanency plans, including:

- child's placement history, including initial and all subsequent out-of-home placements;
- child's individual needs, including those related to her/his physical and emotional well-being;
- any specialized care child may require relative to particular emotional, intellectual and/or physical needs;
- quality of child's attachments to and relationships with parents, siblings, other kin, current caregivers and other significant individuals and recommendations regarding maintaining continuity;

- child's current overall functioning, including in school, early intervention or pre-/after-school programs, and/or child care settings; peer relationships; behavioral issues; therapeutic progress;
- child's understanding of her/his situation and desire for permanency and, if age 12 or older, child's willingness to consent to her/his own adoption, or if age 14 or older, child's willingness to consent to her/his guardianship or to an identified life long connection.
- if child has siblings, efforts made to keep them together and/or rationale for any decisions made to separate any siblings (including half and step siblings);
- specific recommendations regarding whether and why the permanency plan of reunification, adoption, guardianship, permanent care with kin or alternative planned permanent living arrangement would be in child's best interests;
- whether the child and family situation meets minimum legal standard for initiating TPR or guardianship action and why termination of each parent's rights is in the child's best interests for safety, well-being and permanency;
- any problems identified as potentially preventing or impeding progress in accomplishing permanency plan, including but not limited to immigration/naturalization, Interstate Compact, and Indian Child Welfare Act concerns; and
- recommendations regarding the degree of openness in adoption planning relative to child's needs and best interests.

**Placement considerations:**

- documented efforts to date to explore willingness and ability of kin and/or current or prior foster parents to be the child's permanent family;
- potential for identifying appropriate alternative permanent family with capacity to meet child's best interests and individual needs related to her/his physical, mental and emotional well-being.

**Other resource issues**, including such services as counseling for child, family and/or family resource; PAYA or "Chapter 688" referral that may be needed to achieve permanency plan.

5. **Possible PPC Outcomes:** Achieving permanency through:

- Stabilization of Family (including those circumstances when the child's placement is necessary to meet child's needs, not due to concerns about parental care)
- Reunification of Family
- Adoption
- Guardianship
- Care with Kin
- Alternative Planned Permanent Living Arrangement

**OR**

- **Decision Deferred:** *Used when information is missing or other follow-up is needed. Director of Areas/designee identifies tasks and activities which need to be completed, who will be responsible for completing these activities and by when, and schedules date, within 60 calendar days, for PPC to be reconvened.*
- **Conflict with FCR Determination/RD Review Requested:** *Used when Director of Areas agrees with PPC conclusion that an FCR-recommended permanency plan is not appropriate and that the permanency plan identified at the PPC best addresses child's needs. Director of Areas requests that Regional Director/designee review case within 10 working days after PPC. Regional Director/designee reviews case and determines permanency plan within 10 working days after receipt of request. Social Worker revises Service Plan (as necessary) to reflect Regional Director/designee's decision.*

6. **PPC Follow-Up Tasks and Documentation.** Director of Areas/designee arranges for staff members to be designated to complete applicable tasks within identified timeframes. These include:

- Revising the Service Plan, as needed;
- providing to the Legal Department any documents necessary to permit initiation of appropriate legal action within 20 working days after PPC;

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- informing family, placement resource, and child of PPC outcome, including written notification;
- referral to the Regional Office when a Regional clinical review is recommended; and
- other tasks identified below in sub-sections about achieving permanency through: “Stabilization of Family,” “Reunification of Family,” “Adoption,” “Guardianship,” “Care with Kin” and “Alternative Planned Permanent Living Arrangement.”

Director of Areas/designee records PPC summary in the electronic case record, including list of participants, PPC outcome, other major decisions, related follow-up tasks with timeframes and staff members responsible and completes other documentation when required for specific goals.



## Termination of Parental Rights

Termination of Parental Rights (TPR) is a legal action which ends parents' rights to receive notice of and to consent to legal proceedings affecting custody, guardianship, adoption or other decisions regarding the child named in the petition. At all PPCs, consideration is given to the appropriateness of initiating TPR and using permanency mediation services and the options of Adoption Surrenders and/or Open Adoption Agreements, and/or structured guardianships.

For most families, based upon a well-reasoned prognosis about the probability of the child's returning home given the family's documented capacity to benefit from reunification services, the Department will decide whether to initiate a TPR action at the PPC held within 9 months after the child enters placement. In some of those cases, the Department will decide that one of the exceptions outlined below applies but will schedule another PPC for the 13<sup>th</sup> month after placement to determine whether initiating TPR is appropriate given the facts as they then exist.

In still other cases, the Department may decide to initiate TPR at a PPC held before 9 months, even as early as the child's initial placement. Throughout, unless the Department concludes that parental involvement will be harmful to the child, the Department includes the parents in planning and decision-making regarding a child-centered plan for safety, support, permanence, and continuity of significant relationships.

### **TPR Review for Children in Placement for 15 of the Previous 22 Months:**

The Department conducts reviews of all cases involving children who have been in placement for 15 of the previous 22 months and initiates a TPR petition unless one of the following exceptions applies and has been approved by the Director of Areas/designee:

- A child in Department custody is placed with kin, and neither they nor any other kin is currently interested in adoption or guardianship, and it is in the child's best interests to remain with the current kinship caregiver;
- Critical services, which are identified in the Service Plan and necessary for the parent(s) to make the home safe for the child's return within the timeframe specified in the Service Plan, have not been available; or
- The Department has documented in the case record the compelling reason(s) why it would not be in the child's best interests to initiate a TPR action.

### **The following are the only compelling reasons why it may not be in the child's best interests to initiate a TPR action:**

- The parents are utilizing services productively and making observable behavioral changes that are anticipated to eliminate or ameliorate the circumstances requiring placement, and enable the child to return home safely within 6 months or less.
- For an older child, an alternative permanency plan other than adoption offers the highest possible level of family connection, including physical, emotional and legal permanence.
- A child requires placement due to her/his emotional, behavioral or physical needs, and the parents are involved with the child and have been determined to be fit, responsible and committed to continuing to be the child's permanent family.
- Any other compelling reason established by a Regional Clinical Review Team and approved by the Regional Director/designee.

## Permanency Plans and Permanency Hearings

The court conducts Permanency Hearings to determine and periodically review the permanency plan for each child, and to aid in the timely implementation of this plan. A Permanency Hearing is conducted in court as follows:

- **For a child initially entering placement via court custody:** Within and no later than 12 months after the date of placement with the Department or the date the court grants the Department custody—whichever comes first, regardless of the child’s legal custody status.
- **For a child initially entering placement via a VPA:** Within and no later than 12 months after the date of the VPA, or within 60 calendar days after the court grants the Department custody following the VPA or approves an extension of the VPA.

Subsequent Permanency Hearings are conducted every 12 months thereafter as long as the child remains in placement, or for the first 6 months that a child remains in Department custody but is living at home, including for young adults age 18-22. The Permanency Hearing considers the permanency plan and related conclusions identified at the most recent PPC, as presented in the Permanency Hearing report. Beginning at age 16 the Permanency Hearing report must address the services needed to assist the child or young adult in making the transition from foster care to independent living. Once the child or young adult attains the age of 17 years and 9 months, the Permanency Hearing report must also address the status of and the topics of the transition plan required under 42 USC, § 675(5)(H) (See “Outline for Permanency Hearing Report” or “Outline for Permanency Hearing Report Youth 16 and Older”) The report is written by the Social Worker who has responsibility for the child. If that person is the Adoption Social Worker, she/he obtains information regarding the Department’s work with the family from the family’s Social Worker. Legal staff files the report in court 30 calendar days prior to the initial and any subsequent Permanency Hearings and provides copies to the opposing attorney(s), if any.

Parents are expected to attend Permanency Hearings with kin and/or other supports, unless parental rights have been terminated. Foster parents are entitled to attend. The child should be consulted in an age appropriate manner and the Department report to the court should reflect the child’s perspective. The Department expects that youth 16 and older will be present at the Permanency Hearings.

As long as the child’s permanency plan remains reunification, the Department presents at the Permanency Hearing information demonstrating the reasonable efforts that have been made to reunify the child with her/his family. Legal staff obtains a written judicial determination that those reasonable efforts have been made. (See “Reasonable Efforts/29B Hearing” form)

If the Department changes the child’s permanency plan during the interval between Permanency Hearings, the Department must continue to make, and must demonstrate to the court at the next Permanency Hearing that it has continued to make, reasonable efforts to reunify the child with her/his family until the court approves a permanency plan other than reunification.

If, at any point subsequent to the child’s placement, the Department takes the position that reasonable efforts to reunify the family are not required, the Department immediately seeks to obtain a judicial determination to that effect. In those instances, the Regional Legal Office decides whether the Department will ask that a Permanency Hearing be held at the same time as the hearing on reasonable efforts or within 30 calendar days after that determination, as required by law.

When the court approves a permanency plan other than reunification, it may also determine that the approved permanency plan is inconsistent with reunification or that continuation of reasonable efforts to safely reunify the child is no longer required. The Department is required to make reasonable efforts to achieve in a timely manner whatever permanency plan the court has identified and approved as the child’s permanency plan or plans. At the subsequent Permanency Hearing, the Department provides evidence of those reasonable efforts and obtains written judicial certification that they were made.

Even if reunification cannot occur, parents can help plan for their child. Parents hold valuable information, and it is generally in the child’s best interests to maintain parental involvement in team planning for the child’s permanency. Maintaining parental involvement in permanency planning also increases the possibility of avoiding long court proceedings. When parents feel that they are involved in the decision-

making, they may be willing to proceed in the child’s best interests and support a permanency plan other than reunification.

Unless the Department concludes that continued parental involvement in planning will be harmful to the child, the Department encourages parents to participate in planning and decision-making regarding a child-centered plan for safety, support, permanence, and continuity of significant relationships even in situations where a court has determined that reasonable efforts to reunify the family are not required.

## Achieving Permanency through Stabilization of Family

**Permanency through Stabilization of Family** affords most children involved with the Department a viable opportunity to have their needs for safety, well-being and permanency met in a manner that minimizes the most traumatic aspects of involvement with the state child welfare system. It is the first option considered by the Department, and is re-established as the permanency plan goal after reunification of the child and family has occurred following out-of-home placement. Work with the family is continually guided by the Department's perspective, which is shared with the family, about the outcomes that need to be achieved to end the Department's involvement.

When establishing (or re-establishing) Permanency through Stabilization of Family as the child's permanency plan, the Department first determines that the child is safe and faces no imminent risk of serious harm in the home setting. When the Social Worker, Supervisor and parents agree that the child can be safely cared for and protected at home, they work together to develop a Service Plan for stabilizing the family situation by reducing the risk of future harm and addressing the child's well-being, using community-based services as needed. The purpose of services is to strengthen, support and maintain the family's ability to provide a safe and nurturing environment for the child. Activities with and on behalf of the family are documented as reasonable efforts to eliminate the need for the family's involvement with the Department.

In rare circumstances, a child may require out-of-home placement because of her/his extraordinary needs, generally a disabling condition that cannot be managed in the home setting, and not because of concerns regarding parental abuse or neglect. When this occurs, the Department may assume care of the child through a VPA and develop a Service Plan for achieving Permanency through Stabilization of Family. Parents are expected to maintain regular and frequent contact with their child and to maintain involvement in her/his school, recreational activities and health care. The Department makes reasonable efforts to assist parents in resolving any difficulties that affect contact and visitation between them and their child. When continued placement is required beyond 6 months and the parent consents, the Department must petition the Probate and Family court for a review and extension of the VPA under MGL c. 119, § 23 (a) (1) prior to the expiration of the 180<sup>th</sup> day after placement.

### ***Reasonable efforts directed toward Permanency through Stabilization of Family are reflected in documentation of the following, as applicable:***

- short-term immediate goals and long-term permanency plans;
- actions/tasks and timeframes – who will do what, when and how;
- efforts by the family and Department to obtain, participate in and successfully utilize services;
- the unavailability of a service, the reason(s) for its unavailability, the alternatives utilized (if any) and their impact;
- Foster Care 6 Week Placement Review and Foster Care Review (as applicable); and other child and family reviews;
- contacts with the parent(s)/guardian(s), providers and others;
- home visits; school meetings; and court appearances;
- reports and other written materials from service providers and community resources.

### **Procedures:**

1. **Establishing (or Re-establishing) a Service Plan for Achieving Permanency through Stabilization of Family.** The Social Worker, Supervisor and parents or a PPC may establish (or re-establish) Permanency through Stabilization of Family as the child's permanency plan when an assessment, reassessment or PPC determines that:
  - the child is (or will be) safe at home and is (or will be) at low or no risk of future harm, or
  - the child's out-of-home placement is required for reasons unrelated to concerns about parental abuse or neglect, the parent consents to the placement, has signed a VPA and has indicated her/his willingness to maintain involvement with the child.

The Social Worker, Supervisor and parents work together to develop a Service Plan that identifies the circumstances necessary for ending the Department's involvement and includes tasks/actions related to achieving those circumstances in a manner that maximizes the parental role in meeting the child's needs for safety and well-being. The child is also involved in developing the Service Plan as appropriate to her/his age and development.

2. **Documentation.** The Social Worker and/or any other staff to whom responsibilities are assigned documents in dictation the circumstances under which Permanency through Stabilization of Family is established as the permanency plan, the reasons for the decision and any specific tasks/actions that are determined to be necessary and are to be included in the Service Plan.
3. **Case Closing.** When the Department and family jointly determine that the circumstances necessary for ending the Department's involvement have been or are about to be achieved, they jointly develop a Service Plan that includes tasks/actions and time frames aimed at that objective.

## Achieving Permanency through Reunification of Family

**Reasonable Efforts to Reunify the Family** encompasses all case management activities and decisions regarding the child and family. Of particular importance is a Service Plan based on an up-to-date understanding of the family situation that identifies the reasons why the child has come into Department care or custody and addresses the tasks and services necessary to eliminate or ameliorate those circumstances and enable the child to return home safely. The Service Plan is written with the parents and builds upon the strengths they have demonstrated that will enable them to resume care of the child.

If a specific service identified in the Service Plan is not immediately available through the Department, the Department makes reasonable efforts to assist the family in obtaining the service through other community-based providers. If, despite reasonable efforts, a specific service remains unavailable or inaccessible, the Service Plan is revised, as applicable, to identify alternative actions and/or services that will effectively support the permanency plan of reunification without compromising the child's health, safety or best interests.

When Permanency through Reunification of Family is established as the child's permanency plan, parents are expected to maintain regular and frequent contact with their child and to maintain involvement in her/his school, recreational activities and health care. The Department makes reasonable efforts to assist parents in resolving difficulties that affect contact and visitation between them and their children.

***Reasonable efforts to reunify are also reflected in documentation of the following, as applicable:***

- short-term immediate goals and long-term permanency plans;
- actions/tasks and timeframes – who will do what, when, and how;
- efforts by the client and the Department to obtain, participate in and successfully utilize needed services;
- the unavailability of a service, the reason(s) for its unavailability, the alternatives utilized (if any) and their impact;
- 6 Week Placement Review, Foster Care Review and other child and family reviews;
- contacts with the parent(s)/guardian(s), providers and others;
- home visits; school meetings; and court appearances;
- reports and other written materials from service providers and community resources.

### **Prior to Reunification**

1. **Director of Areas/Designee Review and Approval.** When the Social Worker and Supervisor agree that parents are utilizing services productively, making observable behavioral changes that are anticipated to eliminate or ameliorate the circumstances requiring placement and enable the child to return home safely, and that reunification is in child's best interests, they consult the Department Attorney (except in Child Requiring Assistance cases) and then present the following information to the Director of Areas/designee to obtain approval to proceed with reunification:

- specific risks child may face upon return home;
- specific tasks which must be completed by each party [child, parent(s), Social Worker, service providers], in order for child to return home;
- anticipated return home date;
- impact of the return date on the child's educational needs and stability;
- necessary services, legal activities or other supports for child to return home safely; and
- Service Plan recommendations, including follow-up tasks for achieving safe return home and for period following reunification and also including identification of supportive contacts for both parent(s) and child (as appropriate developmentally).

If Director of Areas/designee agrees child should return home, she/he provides for completion of activities/tasks listed below not previously completed.

2. **Preparation of Family and Related Service Planning.** With the support of her/his Supervisor and Director of Areas/designee, the Social Worker provides for parent(s)/ guardian(s) to be informed regarding the reunification plan, and for the child to be prepared in a manner reflecting consideration for her/his age, history and developmental status. Reunification preparation activities include the following:
  - a) **Review of Child’s Placement History.** The Social Worker also reviews the child’s placement history with the parent(s), including any evaluations and/or treatment the child may have received during placement.
  - b) **Planning for Reunification.** The Social Worker works with the family to develop a Service Plan that addresses the actions needed to achieve reunification. The Social Worker obtains authorizations to release information as needed to arrange for community-based resources to be in place when the child is reunified with her/his family.
  - c) **Planning for Child’s Health Care Needs.** The Social Worker provides for the parent(s) to be informed regarding the child’s physical, mental and dental health status and related treatments and/or medications. The Social Worker also seeks to involve the parent(s) in assuming responsibility for health care visits/treatments that the child needs prior to reunification.
  - d) **Home Visit.** Social Worker conducts a home visit within 7 calendar days prior to the date of the child’s planned return, in order to determine that the physical environment will adequately meet the child’s needs. *NOTE: Parent and child may be reunified in a family shelter which has been determined to be an appropriate setting for meeting the child’s needs.*
  - e) **Background Records Checks on Individuals Residing in the Home.** Social Worker makes an effort to identify all individuals who will be residing in the child’s home and, with the Supervisor, determines for whom any Department background information should be checked and from whom release of information authorizations must be obtained.

If information obtained from any background records check raises concerns regarding the child’s health and/or safety, she/he is NOT returned home until action is taken to alleviate the concerns.
  - f) **Educational Planning.** For a school aged child, the Social Worker arranges for completion of the applicable sections of the “Notice to LEA” form and other requirements specified in Department policy to address the child’s educational needs and minimize disruption.
  - g) **Informing Placement Resource.** At least 14 calendar days prior to the planned return home date, the Department arranges for the placement resource to be informed of the child’s return home plan, including notice in writing, and completes arrangements for the child’s transition. [See *Regulations* 110 CMR 7.116 (2)]
  - h) **Informing Attorneys.** When the Department Attorney is notified that the child is returning home, she/he notifies the child’s and parents’ attorney(s), as applicable, and records this activity in legal dictation and/or the legal file.
3. **Court-Ordered Return Home.** When a court orders child’s return home, the Social Worker documents the court order in dictation and proceeds to return the child home in accordance with this policy insofar as possible. When the Department disagrees with the court order to return child home and objects in court to the court order to return the child home, the Social Worker documents this action and the reasons why in dictation. Whether or not the Department has objected to the court order in court, the Social Worker, Supervisor, APM and Director of Areas consult the Regional Counsel/designee to determine the possibility of filing an appeal of the court order.
4. **Termination of Voluntary Placement Agreement (VPA):**

**Department and Family Agree:** When the Department and the family jointly agree that the child will be returned home (see Procedures 1 and 2 above) the VPA is terminated upon the placement of the child at home.

**Department-Initiated:** When the Department determines child is ready to return home, but the parent(s) disagrees, the Social Worker provides notice to the parent(s) 14 calendar days prior to the planned return home date and seeks cooperation of parent(s) in carrying out procedures specified in this policy.

**Parent(s)-Initiated:** If the parent(s) provides written notice to the Department of decision to terminate VPA, the Social Worker seeks the parent(s)’ cooperation in carrying out procedures specified in this

policy. If the parent(s) is unable or decides not to cooperate and the Department determines that return home will be detrimental to the child's safety and/or well-being, the Social Worker, Supervisor and APM consult the Department Attorney immediately to determine whether to petition the court for custody. If the Department does not obtain court custody, the child must be returned home within 3 working days after receipt of the written notice from the parent(s).

**Youth Approaching Age 18** For youth who are approaching age 18, the Department follows the procedures in the section on "Permanency Planning for Youth in Department Placement" to determine whether it might be appropriate for the youth to participate in Department services, including placement, beyond her/his 18<sup>th</sup> birthday and the procedures that apply, including when the youth is incapacitated.

### **At Time of Child's Return Home**

Social Worker, with APM and Supervisor support, provides for:

- child's actual move from placement to home is planned to occur in a manner that maximizes child's safety and well-being and minimizes disruption;
- up-to-date copy of child's Medical Passport is filed in case record, and original is given to parent(s);
- parent(s) has and understands use of any medications child requires at time of return home;
- policy related to removal from foster/pre-adoptive home is followed, as applicable;
- child's actual return home is documented in the electronic case record on same day it occurs or the next business day. If the entry is not made by the Social Worker, Supervisor or other designated person, then an Area Manager is responsible for making the appropriate entry.

### **Following Child's Return Home**

1. **Initial Home Visit.** Social Worker conducts initial visit with child and parent(s), in the home, within 7 calendar days after child's return.
2. **Service Planning for Safety, Well-Being and Permanency Needs.** Within 30 working days after the child is discharged from placement to the home, the Social Worker works jointly with the family to complete a revised Service Plan for achieving Permanency through Stabilization of Family. This Plan will address those tasks/actions necessary to maintain the child's safety, well-being and permanency at home and to assess progress towards ending Department involvement.
3. **Follow-Up Contacts.** Social Worker conducts in-person visits with the child and parent(s) at least monthly (or at a higher level determined in consultation with Supervisor to be necessary to maintain the child's well-being and safety). During follow-up contacts with the family, the Social Worker reviews the current Service Plan and reviews the family progress in maintaining the child's safety, well-being and permanency at home to help assess the progress towards ending Department involvement.
4. **Collateral Contacts and Releases of Information.** In consultation with the Supervisor, the Social Worker works with the family to identify a reasonable plan by which she/he can assess the child's progress through regular contact with service providers and other professionals (such as teachers, doctors, child care providers) involved with the child and kin, friends or neighbors.

***If the child remains in Department custody:*** The Social Worker or Supervisor may consult with the Director of Areas/designee or Department Attorney in determining whether such a release of information is required in order to contact service providers and other professionals involved with the child, e.g., substance abuse providers.

***If the child is no longer in Department custody:*** Regular contacts with service providers and other professionals involved with the child, kin, friends or neighbors should be made after obtaining a release of information from the parent. If the case is still court-involved and the parent refuses to sign a release, the Social Worker and Supervisor may contact the Department Attorney to determine if the case should be brought into court to seek a court order for obtaining/releasing of information.

When obtaining releases, the Social Worker attempts to obtain the release in writing. A release may be oral. If an oral release is obtained, the Social Worker documents the oral consent in dictation. (See [Regulations](#) 110 CMR 12.11)



5. **Upon Determination that Child Must Re-Enter Placement.** The Social Worker and Supervisor consider need for TPR and, with the Director of Areas/designee, determine if it is appropriate to notify the Department Attorney and/or to refer the case for review by a Clinical Review Team or PPC.
6. **Case Closing Determination/Case Conference.** When the Social Worker and Supervisor determine that the family has utilized services productively and made observable behavioral changes that are anticipated to eliminate the circumstances that have required Department involvement, and the family agrees, the case may be recommended for closing. If there are concerns about a case that has been recommended for closing, the Director of Areas/designee may convene a case conference to consider case closing. The case conference is attended, at a minimum, by the Social Worker, Supervisor and APM. The conference reviews at a minimum:
  - most recent Service Plan;
  - all dictation completed since reunification decision was made;
  - any recommendations from specialized Department units;
  - medical, school, clinical and social service reports obtained since date reunification decision was made; and
  - court case status, with the Department legal consultation as necessary. *[NOTE: No case should be closed unless the legal case is closed.]* (See Policy #84-012, [Policy for Closing Court-Involved Cases](#))

If case conference outcome is **confirmation of case closing decision**, procedures for closing case are followed. (See Policy #86-007, [Case Closing Policy](#))

If case conference outcome is **decision to delay case closing**, Service Plan is revised as needed and new case closing date, not to exceed period of 3 months, is established.

## Achieving Permanency through Adoption

In recognition of the significant long-term impact of adoption on the individual child and family, the Department uses a team approach to govern adoption planning, with the family being an integral member of the team.

The values listed below form the foundation for the Department's delivery of adoption services:

- Kin are the first consideration for adoptive placement, when appropriate. The parents and legal guardians of siblings are to be regarded as kin and should be considered as potential resources when a child enters placement or is in need of a permanent home. The second consideration is individuals from the child's network of other significant adults who have been identified as potential, child-specific adoptive families.
- Adoption is focused on meeting the child's need to become a full and permanent legal member of a family.
- Neither age nor special placement needs should be a barrier to adoption.
- Siblings are placed together for adoption whenever possible and appropriate; when not placed together, plans are made to support their continuing contact and connection.
- Adoption is a life long experience that has a unique impact on all involved parties.
- Adoption should validate and assist children in developing their individual cultural, ethnic, and racial identity, and should enhance their self-esteem.
- Adoption provides permanent families but does not preclude maintaining valued, life long connections to birth parents, siblings and grandparents.
- As the adopted child matures, information regarding her/his birth family may be useful.
- The older child's views regarding adoption are valued and considered.

When Permanency through Adoption becomes the child's permanency plan, the Department seeks to carry out the adoption in a planful and timely manner that ensures:

- The child's placement needs, as indicated in documented assessments, are fully met.
- If the child is not already placed with a family who has made a permanent commitment to her/him, an appropriate adoptive family is found with the assistance of the Department's recruitment staff, state and national adoption recruitment and matching programs, as needed.
- Both the child and the adoptive family are as prepared as possible at time of placement, including any information regarding the child's legal risk status, when applicable.
- Services are provided prior to adoption and referrals for post-adoption services are made, as needed, when and where such services are available.
- Continuity of significant relationships is supported when in the child's best interests.

Before the child's adoption can be finalized, each parent must have consented to the adoption or have had her/his consent involuntarily terminated.

### **Implementing Adoption Plan**

1. **PPC Follow-up Tasks.** The following tasks are assigned, as applicable, and projected dates are established:
  - Notifying foster family by certified mail, that the Department intends to seek child's adoption, using "Notice to Foster Parent(s): PPC Establishes Adoption as Foster Child's Permanency Plan," and documenting foster parent(s) response (due within 14 calendar days after receipt of notice) in dictation. [See *Regulations* 110 CMR 7.112 (f) and 102 CMR 5.08 (9)] (*NOTE: Massachusetts law permits 2 unmarried adults unrelated to each other and same sex couples who are married to adopt a child.*)
  - **When Adoption Surrender applicable:** Department Clinical staff initiate a process to obtain parental consent to adoption.

- **When TPR applicable:** Department Clinical staff forward any missing information needed to initiate TPR to the Regional Legal Office.
  - Within 5 working days after the PPC that establishes adoption as the child’s permanency plan, the Adoption Supervisor opens an Adoption case and assigns an “**Adoption Social Worker**” (i.e., the Social Worker who Adoption Supervisor identifies at the PPC) who assumes responsibility for the adoption process.
  - Within 10 working days after the PPC, sending the referral to Central Office for any case being sent to a contracted agency.
  - Completing the Child Permanency Assessment within 55 working days after assignment of the adoption case to either an Adoption Social Worker or a contracted agency.
  - Writing the “Adoption Plan”. The Adoption Social Worker will be responsible for completing an Adoption Plan (when pre-adoptive family has been identified for child) OR “Proposed Adoption Plan” (when pre-adoptive family needs to be identified). The Adoption Plan should be completed prior to the pre-trial conference of the TPR case. An earlier or later due date may be required/permissible depending on the court requirements, or an update to the adoption plan may be required.
  - For an uncontested adoption, writing a report/affidavit when the child’s TPR petition will be heard in Probate Court. The report/affidavit must contain sufficient facts to establish a prima facie case of parental unfitness.
  - Department Legal staff files the court documents necessary to initiate the TPR action, normally within 30 calendar days after the PPC. If case involves an abandoned child or a newborn infant placed with a Safe Haven whose parents’ identities are unknown, action is initiated no later than 5 working days after the PPC. (See Appendix B, “Procedures Regarding Abandoned Children”)
  - Visitation plan between child, birth parents and other significant family members (e.g., siblings not in same placement, grandparents) is agreed upon and, when applicable, plan also specifies responsibilities for providing related transportation and/or supervision. Visitation plan decisions, including frequency, location and roles of family’s Social Worker and Adoption Social Worker, are made on a case-by-case basis in keeping with:
    - clinical considerations regarding the child, her/his family, and pre-adoptive family;
    - legal considerations; and
    - logistical/geographical considerations.Family’s Social Worker works with the family to document any changes to the visitation plan in the Service Plan.
  - For child not placed or matched with pre-adoptive family or for whom potential family is not under active consideration, the “Child Profile/Adoption Recruitment Photolisting” (see Appendix G) is completed and sent to recruitment staff and state and national adoption recruitment and matching programs within 30 calendar days after the PPC. [See MGL c. 15D, § 14(b)] (See Appendix H, “Child Profile/Adoption Recruitment Photolisting”)
2. **Informing Other Parties Re: Permanency Plan of Adoption.** Family’s Social Worker is responsible for informing the following involved additional individuals of decision to pursue adoption plan for child, including provision of Adoption Social Worker’s name:
- child’s parent(s), including written notification, using “Notice to Parent(s): PPC Establishes Adoption as Child’s Permanency Plan”;
  - child in an age-appropriate manner; and
  - child’s community-connected residential treatment provider (when applicable), in writing, using “Notice to Community-Connected Residential Treatment Provider: PPC Establishes Adoption as Child’s Permanency Plan.”

The family’s Social Worker, in consultation with her/his Supervisor, considers whether any other interested parties (for example, grandparents, other kin or other families and individuals who have been involved with the child) may be interested in becoming the child’s adoption placement and arranges for the appropriate person to contact them.

3. **Updating Existing Case Record.** Within 10 working days after a PPC which established permanency plan of adoption, family's Social Worker:
- arranges for the case record to be brought up-to-date and to include child's birth certificate (with official seal);
  - completes basic child profile information in the electronic case record (especially Behavioral Profile and relationship windows), and changes the permanency plan to Permanency through Adoption;
  - prepares transfer summary, including information on any activities that need immediate attention; child's current health status; and, as applicable, information about: ongoing medical treatment, additional appointments that might be scheduled, scheduled court dates, visitation plan for child's parent(s) and/or siblings, educational status; and
  - makes copies of, and provides to the Adoption Social Worker, those portions of the physical case record that are needed to establish the adoption case record.
- **Establishing Adoption Case Record.** Adoption case consists of an individual child or sibling group for whom PPC has established the permanency plan of adoption. Within 5 working days after the PPC, an electronic adoption case record is established by the Adoption Supervisor. Upon receipt from the family Social Worker, the physical adoption case record is established. The adoption case record is maintained until the permanency plan of adoption is achieved and the record is closed or the permanency plan is changed from adoption. The adoption case record is an official record of the Department.

Record includes:

- the electronic case record information specific to child with permanency plan of adoption (linkage is maintained to clinical record of child's family);
- originals of:
  - birth certificate (with official seal), birth record, and any marriage or death certificates that have been obtained;
  - Child Placement Agreement;
  - Supplemental Reimbursement Request/Agreement, as applicable; and
  - any other documents specific to child, e.g., Adoption Surrenders, US or foreign passport, Social Security card, hospital card, report cards; and
- "paper copies" of following documents, as applicable:
  - all legal documents pertaining to child such as mittimus, MGL c. 119, §§ 29C and 29B forms;
  - all recent court reports;
  - immigration documents such as child's alien registration or green card, if applicable, as available;
  - available medical, dental, psychological and educational evaluations and reports; and
  - relevant correspondence.

### **Responsibilities of Adoption Social Worker Prior to Adoption Placement**

**Case management responsibility** for child, including:

- Required visits to the child and substitute care provider and all related case record and electronic case record documentation.
- Coordination of case management responsibility for the child with the family's Social Worker who remains assigned until parental rights have been terminated.
- Developing, and updating as needed, **separate Service Plan** with specific tasks related to the child's needs and achieving the adoption permanency plan. The Family's Social Worker revises/updates the Service Plan of the parent(s). Both Service Plans are reviewed during Foster Care Reviews; however, confidentiality for the child and pre-adoptive parent resource is maintained. (See Policy #97-003, *Service Planning and Referral Policy*)
- Completing the **Child Permanency Assessment**, including the child's history and situation, current and projected needs, and predicted impact of those needs on future developmental stages of the

child and adoptive family, and the plan for preparing the child for adoption placement. (See Appendix E, “Child Permanency Assessment”)

- **Preparing child** for adoption, including provision of support services for older sibling groups (when applicable).
- **When current foster family (kinship, child-specific or unrestricted) expresses interest in adopting child in their home:**
  - providing for the electronic case record to indicate that a match has been identified;
  - completing the “Pre-Adoptive Licensing Study” (see Appendix F).
- **When there is no prospective adoptive family:**
  - initiating recruitment by reviewing and sending the “Child Profile/Adoption Recruitment Photolisting” (see Appendix G) for Adoption Supervisor’s review within 30 calendar days after PPC (See MGL c. 15D, § 14(b));
  - initiating a Placement Team referral;
  - providing for the electronic case record to indicate that no match has been identified.
- **When kin or child-specific family, other than the family with whom the child is currently placed, has been identified as possible pre-adoptive placement for child:**
  - providing for the electronic case record to indicate that a match has been identified;
  - if the child has been previously referred for recruitment, referring the family for completion of the License Study or requesting completion of an Interstate Compact Resource Assessment, as applicable; or
  - if the child has NOT been previously referred for recruitment, completing the License Study or requesting completion of an Interstate Compact Resource Assessment, as applicable.

(See “Procedures for Interstate Compact Placements and Resource Assessments”)

### **Adoption Matching**

Adoption matching is child-focused; it is about knowing the child, the family, and the system. Matching is based on teamwork and collaborative team decision-making, good communication and support. When matching is needed, the Regional Director/designee with case responsibility identifies the **Placement Team**. A team approach will provide for broad participation to promote the widest consideration of prospective families in meeting the child’s best interests. The Team will include: the Area Adoption Supervisor and Adoption Social Worker, the Recruitment Supervisor and Social Worker. The Placement Team will identify the **prospective adoptive family match** that best meets the child’s immediate and long term needs. Either the Adoption Supervisor or the Recruitment Supervisor will notify the Area Manager over adoption of the decision.

### **Who May Adopt**

Any adult may adopt a person younger than themselves, unless the adoptee is their husband or wife, brother or sister, or aunt or uncle. If the person adopting is married, her/his spouse must join in the petition unless one of the limited exceptions apply, such as prolonged unexplained absence, legal separation, prolonged separation, or incapacity. The couple must not be in the process of divorce. (See, MGL c. 210, § 1). Two persons unrelated to each other may adopt together regardless of whether they are married, including same sex couples.

### **Reasonable Efforts to Achieve Adoption When a Match Must be Found**

If the child is not yet matched or if concerns exist regarding a match that has been made, the Department carries out and documents the following activities, completed as appropriate, for the purpose of maximizing opportunities for the child and families waiting for adoption to meet, learn about each other and establish matches, including:

- Tasks related to **implementing the adoption plan**.
- Regular **consideration of all potential approved waiting families** using the Resource Search in the Department’s electronic case management system, private agencies and state and national adoption recruitment and matching programs, if appropriate.

- If no appropriate families are available from the existing pool, development of the **child-specific recruitment** plan by the child's Placement Team and documentation of ongoing efforts to identify an appropriate home for the child.
- **Outreach** and attendance at regional and statewide meetings for waiting families, match events sponsored by state and national adoption recruitment and matching programs and private entities and other recruitment opportunities to meet families.
- **Close communication** among the Placement Team staff and potential adoptive families.
- For children in **community-connected residential treatment** who have a permanency plan of adoption, the assigned Adoption Social Worker maintains primary responsibility for preparing the child for adoption and collaborates with the community-connected residential treatment provider in all aspects of planning for the child.
- An **assessment** of the child's attitude toward adoption, readiness for adoption and tasks necessary for adoption completion.

### **Responsibilities of Recruitment Staff**

- Upon receipt of the "Child Profile/Adoption Recruitment Photolisting" (see Appendix G), the Recruitment Supervisor assigns the child adoption **Recruitment Worker**.
- Recruitment Worker reviews all pertinent information and provides for it to be sent to **state and national adoption recruitment and matching programs**.
- Recruitment Worker **searches** the Department's electronic case record system, state and national adoption recruitment and matching programs and private agencies to identify possible matches from all approved pre-adoptive families statewide waiting for potential matches.
- Recruitment Worker provides the Area Adoption Supervisor with **Family Profile** information about each potential match. (See Appendix H, "Family Profile")
- Within 2 weeks after the potential match information is sent to Area Adoption Supervisors, Recruitment Worker follows up with Area Adoption Social Worker and/or Supervisor to determine decision made regarding **potential matches**. If family is not selected, this decision is documented in the foster/pre-adoptive family record.
- When a potential match is identified, the Recruitment Worker contacts the family to indicate they are under consideration, to **schedule the adoption information disclosure meeting** and to provide support regarding matching decision. She/he documents these activities in dictation. She/he also attends the disclosure meeting with the Adoption Social Worker and others at which the potential pre-adoptive family signs and dates the "Adoption Information Disclosure Form" to indicate they have received the information. The Adoption Social Worker documents the meeting and the family's decision, including the reasons if the family decides not to proceed with adoption, in the electronic case record as social worker observations, and if applicable, files the signed Adoption Information Disclosure Form in the child's physical case record.
- If no potential matches have been identified for the child, Regional Placement Team develops a **Child Specific Recruitment Plan**, documented by the Recruitment Worker or Supervisor in the child's adoption record dictation, which addresses as appropriate to the child:
  - child-specific outreach to kin, prior foster parents, and foster or adoptive parents of siblings or children with similar characteristics;
  - child-specific outreach to organizations and helping professionals familiar with child, e.g., schools, churches, and community groups; teachers, school nurse, therapist, child care worker, priest, rabbi or minister;
  - inclusion in media recruitment;
  - participation by child in adoption matching parties and recreational events;
  - Department electronic case record search for newly approved pre-adoptive families.
- Recruitment Worker participates with Adoption Social Worker in statewide and regional meetings for families, events sponsored by state and national adoption recruitment and matching programs and others, Exchange meetings, and other **recruitment opportunities** available for meeting possible matching families for the child.

- When match is completed, Recruitment Worker maintains responsibility for recruited pre-adoptive family during and after transition to pre-adoptive resource, providing support until legalization, including **visits every other month, supervision, Annual Reassessment** and biannual **License Renewal Study** (when applicable).
- Recruitment Worker coordinates with the Adoption Social Worker to arrange for the child and adoptive family to be provided with **post-legalization** services aimed at supporting the adoption as needed and when and where available.
- Recruitment Worker and Supervisor **document** in the child’s adoption case record all child-specific recruitment activities and contacts, including those related to matches which are not completed.

### **Responsibilities of Adoption Social Worker When Placement Identified**

- **Preparing the child** for transition to adoptive resource including provision of support services for older sibling groups (when applicable).
- **Scheduling the disclosure meeting**, when no Recruitment Worker is involved, **and attending it**. During this meeting, the identified pre-adoptive family is provided with all required adoption information and disclosure material regarding the child and signs and dates the document to indicate they have received the information, as described above. Supervisor and Recruitment Worker, when applicable, also attend. Any other significant adults (e.g., foster parent, therapist, family’s Social Worker) may be invited. The Adoption Social Worker files the signed form in the child’s physical case record.
- Pre-adoptive family has 5 working days **following the disclosure meeting** during which they may contact collaterals, professionals, and other pre-adoptive family members regarding the proposed adoption. If either the child’s Social Worker or pre-adoptive family decides not to pursue the adoption placement, the Adoption Social Worker, in coordination with the Recruitment Worker (when applicable), reviews the decision with the pre-adoptive family, arranges for return of any written disclosure materials and documents the reasons for not proceeding in the electronic case record as social worker observations.
- After the disclosure meeting, if the pre-adoptive family expresses interest in proceeding with the placement and the **child is not freed for adoption**, the Adoption Social Worker may arrange, at the pre-adoptive family’s request, for a consultation between the Department Attorney or Legal Manager and the pre-adoptive family.
- After completing the Child Permanency Assessment and Pre-Adoptive Licensing Study (when applicable) and the disclosure meeting, the Adoption Social Worker, in consultation with her/his Supervisor (and others, including a Clinical Review Team, as necessary), **confirms the adoption placement decision** and sends the appropriate notification(s) to the current placement and prospective pre-adoptive placement as follows:
  - to the child’s current foster family who expressed interest in adopting the child and is confirmed as the adoption placement following the Pre-Adoptive Licensing Study and disclosure meeting: “Notice to Foster Parent(s): You are Confirmed as Adoption Placement for Child Placed in Your Home”;
  - to the child’s current foster family who expressed interest in adopting the child but is NOT confirmed as the adoption placement following the Pre-Adoptive Licensing Study or the disclosure meeting: “Notice to Foster Parent(s): Adoption Request Denied” and notice of their right to a fair hearing [*NOTE: If current foster family requests a fair hearing, the child cannot be moved until 14 days following completion of the fair hearing.*];
  - to the child’s current foster family who did not express interest in adopting the child: “Notice to Foster Parent(s): Adoption Placement Identified”;
  - to the community-connected residential treatment provider with whom the child resides: “Notice to Community-Connected Residential Treatment Provider: Adoption Placement Identified”; and/or
  - to the prospective pre-adoptive family with whom the child does not yet reside: “Notice to Prospective Pre-Adoptive Parent(s): Confirmation as Child’s Adoption Placement”.
- Planning and implementing a **placement process** which is timely, helpful and sensitive to the child, current caregivers and pre-adoptive family.

- **Supporting the child and new pre-adoptive family** to facilitate their attaching and adapting to each other's strengths and needs.
- **Exploring recommendations for openness** with the pre-adoptive family, child and birth family, including grandparents' rights to visit the child following TPR and siblings' rights to continued contact following adoption.
- If the case is referred to **mediation**: discussing the mediation process with the prospective pre-adoptive parent(s); attending a screening conference with the mediator; periodically discussing the progress of the mediation process with the prospective pre-adoptive parent(s). (See description of mediation in "Post-Adoption Contact", below)
- Informing the pre-adoptive family of the **adoption subsidy process, providing a copy of a fact sheet on Adoption Subsidy** and completing the "Adoption Subsidy Application" in the electronic case record.
- Preparing and presenting **documents required by the court** to legalize the adoption, including current background records checks (Department history information and CORIs).
- Informing the parties to the adoption [i.e., adoptive parent(s), biological parent(s), other biological family member(s), adoptee] of their right to sign a **confidentiality waiver** for sharing of their identifying information with other parties. The Adoption Social Worker also provides for each party's response to this information to be documented in dictation and any completed confidentiality waivers to be placed in the child's adoption case record.
- In coordination with the Recruitment Worker, when assigned, providing information and referral for **post-legalization services**, including the Tuition and Fee Waiver program, to the child and adoptive family, as needed and when and where such services are available.
- **Documenting** in the electronic case record all activities and contacts related to the child's adoption and maintaining all related printed materials, including a filing the copy of the signed adoption information disclosure document in the child's physical case record.

### **TPR Hearings and Decisions**

1. **TPR Hearings.** Legal staff is responsible for arranging the notification of Clinical staff, foster/pre-adoptive parents regarding TPR trial dates.
2. **TPR Allowed.** The Department Attorney notifies the Director of Areas, Adoption Social Worker, and family's Social Worker as soon as possible after the TPR decision is received. The parents, child and the Department have 30 calendar days after the date of the decision to file a notice of appeal. During that time, the child's legalization should not occur, unless approved as described in below Procedure 3, "Appeal Period". If an appeal is not filed, the Adoption Social Worker proceeds to finalize the child's adoption (see "Adoption Legalization", below).

**TPR Denied.** The assigned Department Attorney notifies the Director of Areas, and the Director of Areas/designee immediately convenes a PPC to consider requesting that an appeal be filed or to develop an alternative plan for the child.

3. **Appeal Period.** If an appeal is not filed, the Adoption Social Worker proceeds to finalize the child's adoption (see "Adoption Legalization", below).
  - If an appeal is filed, the assigned Department Attorney immediately notifies the Director of Areas, family's Social Worker, Adoption Social Worker and Office of the General Counsel, and forwards to the Office of the General Counsel an appeal memo and any relevant documents. Appropriate Legal and Clinical staff jointly determine what services, if any, are to be provided to the parents during the appeal period, including inviting the parents to future Foster Care Reviews; services to be provided to the child; and whether parental visits pending the appeal are in the child's best interests. Decisions are based on the child's best interests, considering likelihood that the trial decision will be reversed on appeal.
  - In extraordinary circumstances, if a stay of the decision is either not requested, or is not granted when requested, the Department may be permitted to proceed with legalization but only when it is in the child's best interests to do so. In many instances the court will not permit the Department to proceed with an adoption while the TPR decision is on appeal. The decision to initiate legalization while the TPR decision is on appeal must be made jointly between Clinical and Legal staff, with



specific authorization from the Director of Areas, the Regional Counsel/designee and the General Counsel. No legalization will proceed under these circumstances without the express consent of the pre-adoptive parent(s).

Within 10 working days after learning the outcome of the appeal, the Department Appellate Attorney notifies the Director of Areas, family's Social Worker, Adoption Social Worker, Department Trial Attorney and Regional Legal Manager of the outcome, in writing. In most cases, the parent or child has an additional 20 calendar days to request further review. Individual courts may not permit legalization to be finalized during that time; however, all necessary paperwork to finalize the adoption can be completed. The Department Appellate Attorney notifies appropriate Legal and Clinical staff if a request for further review is filed, and the outcome.

4. **Notice to Supervisors:** When the Department technology supports easy identification of and notification to Supervisors, the Department Legal staff will also notify the family Social Worker's and Adoption Social Worker's Supervisors of the decisions and outcomes listed above.

### **Post-Termination Contact**

Post-termination contact is defined as any type of contact between the child and her/his biological family subsequent to termination of parental rights and prior to adoption legalization. Examples of types of contact include, but are not limited to: provision of information from the biological parent to the child or the Department; provision of a card or letter; periodic telephone contact; periodic face-to-face contact between the child and the biological parent(s); provision of information from the child or the Department to the biological parent(s). (See *Regulation* 110 CMR 7.215B)

The Department recognizes that, in most situations where there is an existing bond between the child and her/his biological parent(s), some post-termination communication, correspondence and/or contact may be in the child's long-term best interests. Continuing sibling contact and grandparent visitation is required by law except when a court has ordered that it not occur. Oral communication and/or face-to-face contact between the child and her/his biological parent(s) is to be carefully considered on an individual, case-by-case basis, looking at the child's best interests. The determination focuses on whether contact will promote the child's emotional, physical and/or mental health and considers the child's changing needs, including her/his transition to a pre-adoptive family. If a pre-adoptive parent has been identified, she/he is also consulted. The Department's decision regarding post-termination contact for a child is not a decision subject to review via the fair hearing process.

If the Department determines that some form of post-termination contact is in the child's best interests, that contact may arise in a number of ways. It may be the result of:

- An informal arrangement between the biological parent(s) and the Department (e.g., the Department may simply continue to offer some form of visitation as it did pre-termination);
- A formalized written agreement between the biological parent(s) and the Department, which delineates the rights and responsibilities of the parties;
- A court order.

All arrangements, agreements or orders for post-termination contact become void after the adoption is legalized. [There are also some circumstances where the biological parent(s) and the adoptive parent(s) may have entered into an agreement for post adoption contact. [See "Post-Adoption Contact" below and *Regulation* 110 CMR 7.215A.]

In all situations, even those in which there is no post-termination contact, the Department encourages the biological parents to keep the Department informed, post-termination, of any family health and/or other issues important to the child's well-being and development. The biological parent(s) also is encouraged to keep the Department informed of her/his current address, telephone number and position regarding future contact. When such information is received at an Area Office, the Director of Areas/designee arranges for it to be entered into the child's record. When the record has been archived, she/he makes the arrangement through the Central Office records management designee.

1. **PPC/Post-Termination Agreement.** At the PPC which establishes adoption as the child's permanency plan, the issue of whether post-termination contact is in the child's best interests must be discussed. The issue continues to be evaluated until the decree terminating parental rights is entered. If the Department determines that there should be post-termination contact and that the contact

should be formalized, the Department Attorney is responsible for writing the agreement in a timely manner. The Director of Areas/designee must approve the agreement in writing. If the Department determines that post-termination contact is appropriate but does not need to be formalized in a written agreement, the family's Social Worker informs the biological parent(s) of the nature, frequency and duration of the contact that will be offered. The Adoption Social Worker, unless designated differently by the Director of Areas/designee, is responsible for visitation between the child and her/his biological parent(s).

2. **Documentation.** The original signed post-termination agreement is placed in the file maintained by the Legal Office. A copy of the signed agreement is placed in the legal section of the child's case record. The biological parent(s) is also provided with a copy. It is recommended that a copy of the signed agreement be maintained on file in the Area Office with the Director of Areas/designee.
3. **Maintenance of Current Information Re: Biological Family.** Each Area Office designates a contact person for the purpose of receiving and maintaining current information from biological parents.
4. **Sharing of Information Between Adoption Parties/Confidentiality Waivers.** The Department shares non-identifying information with the parties to an adoption upon request at any time, and releases identifying information on biological parent(s), other biological family member(s) or an adoptee who is age 21 or older, if the applicable confidentiality waivers are signed by the individual(s) on whom the information is requested. If the adoptee for whom identifying information is requested is between the ages of 18 and 21, both the adoptee and the adoptive parent(s) must sign confidentiality waivers in order for the information to be released. The Adoption Social Worker or the designated Area Office contact person assists the individual in completing a confidentiality waiver. She/he also provides for the decision to waive confidentiality, receipt of the waiver, and release of the information to be documented in dictation and that the confidentiality waiver is placed in the child's adoption case record.
5. **Maintenance of Current Information Re: Biological Family/Confidentiality Waivers.** Each Area Office designates a contact person for the purpose of maintaining current information on the biological parent(s), other biological family member(s) and the adoptee, including non-identifying information, and identifying information obtained through signed confidentiality waivers. The Area Office contact person facilitates communication between the Adoption Social Worker and the adoptive parties by placing the confidentiality waivers, which allow for release of names and addresses, in the child's adoption case record.

### **Post-Adoption Contact**

Post-adoption contact is defined as any type of contact between the child and her/his biological family subsequent to adoption legalization. Examples of types of contact include, but are not limited to: provision of information from the biological parent to the child or adoptive parent, provision of a card or letter, periodic telephone contact, periodic face-to-face contact between the child and the biological parent; and provision of information from the child or adoptive parent(s) to the biological parent(s). (See [Regulation 110 CMR 7.215A](#))

The Department recognizes that, in most situations where there is an existing bond between the child and her/his biological parent(s), some post-adoption communication, correspondence and/or contact may be in the child's long-term best interests. Continuing sibling contact is statutorily required except when a court has ordered that it not occur. This determination is made in consultation with the pre-adoptive parent(s) and is based on whether post-adoption contact will promote the child's emotional, physical and/or mental health needs. Oral communication and/or face-to-face contact between the child and her/his biological parent(s) is to be carefully considered on an individual, case-by-case basis, looking at the child's best interests. In determining whether oral or face-to-face contact is in the child's best interests, the following factors should be considered:

- Child's age and developmental needs. (A child's need for primary attachments versus the need to maintain contact with the biological family with whom there is attachment and loyalty.)
- Child's degree of attachment to the biological family (i.e., the degree of emotional responsiveness, affection, inter-personal bond or commitment; duration of and sense of identity derived from the biological family).
- Child's degree of attachment to adoptive family.

- How fragile/resilient child is to loss.
- Child's current contact schedule, including its effects and benefits.
- Child's symptoms and behaviors before and after contact.
- Biological family's ability to support the placement and to follow through with the schedule of contact.
- Child's sense of loyalty and positive connection to the biological family. (If present, what kind and level of contact would maintain the child's sense of loyalty and positive connection?)
- Other sibling connections being maintained and the effect of these affiliations on the child.
- Child's expressed feelings regarding future contact with her/his biological family. (Consider the child's age and emotional development in determining whether to even ask a child. A "lifebook" may be used as a tool to help children discuss their feelings.)
- Consultation with the child's therapist, if any.
- Adoptive family's desire for continued contact.
- Whether the plan will accommodate the needs of the maturing child.

In all situations, even those in which there is no post-adoption contact, the Department encourages the biological parents to keep the Department informed, post-adoption, of any family health and/or other issues important to the child's well-being and development. The biological parent(s) also is encouraged to keep the Department informed of her/his current address, telephone number and position regarding future contact. When such information is received at an Area Office, the Director of Areas/designee arranges for it to be entered into the child's record. When the record has been archived, she/he makes the arrangement through the Central Office records management designee.

1. **PPC/Post-Adoption Agreement.** At the PPC which establishes adoption as the child's permanency plan, the issue of whether post-adoption contact is in the child's best interests must be discussed. The issue continues to be evaluated until the decree terminating parental rights is entered and the adoptive family is identified for the child. The Department may propose as part of its adoption plan that there be post-adoption contact between the child and her/his biological family.

If the Department, in consultation with the pre-adoptive parent(s), determines that post-adoption contact is in the child's best interests, which contact may occur as the result of any of the following:

- The adoptive parent(s), in her/his discretion, may allow contact between the child and her/his biological parent(s).
- The biological parent(s) and adoptive parent(s) may enter into a formal written agreement for post-adoption contact. The agreement is a legally binding, enforceable contract between the biological parent(s) and the adoptive parent(s) which delineates the rights and responsibilities of the parties with regard to contact between the child and her/his biological parent(s) after the child has been adopted.

In some situations this agreement is reached through a mediation process. This is a process that uses an independent third party to facilitate a child-centered, family-focused approach to case settlement. The goal of the process is to have the biological parent(s) and the prospective adoptive parent(s), with the help of the mediator, reach an agreement for post-adoption contact which addresses the child's long term needs and best interests. The judge in a termination case may order that the matter be referred for mediation. The Department, the biological parent(s) and the prospective adoptive parents meet both individually and jointly with the mediator for as long as the parties agree to meet or until an agreement is reached.

The court also may order the contact as a result of the termination trial only if it finds that the evidence readily points to significant, existing bonds between the child and the biological parent, such that a court order abruptly disrupting that relationship would harm the child.

The decision of the Department to recommend or not recommend post-adoption contact for a child is not a decision subject to review via the fair hearing process.

When the biological parent(s) and adoptive parent(s) have reached an agreement that post-adoption contact should be formalized in writing, the Department Attorney is responsible for preparing that agreement in a timely manner and in conformity with MGL c. 210, §§ 6C and 6D. (In the event an

agreement is reached as a result of mediation, the mediator will draft the agreement to be reviewed by counsels for the Department, child and parents.)

As these agreements are of many years duration, they must take into consideration the changing needs of the child, as well as those of the adoptive family, including changes in the relationship between the child, the adoptive parent(s) and the biological parent(s). The agreement must identify the minimum number of written, oral and/or face-to-face contacts. Any modifications to the terms of the written agreement must also be in writing, signed by the parties and kept on record at the court. Both the biological and adoptive parents should be made aware that after the adoption has taken place, the terms and conditions of the agreement are not under the control of the Department. Any subsequent disagreements must be resolved by the parties themselves, according to the terms of the agreement. In those situations where the adoptive parent(s) does not disclose her/his identity, it is the responsibility of the adoptive parent(s) to designate an agent for the purpose of “service of process” in the event a lawsuit is commenced seeking enforcement of the agreement.

2. **Post-Adoption Agreement Approval.** The agreement is subject to the following conditions:
  - The adoptive parent(s), the biological parent(s) and the child’s attorney must all consent;
  - The child, if age 12 or older, must consent;
  - The Department believes that post-adoption contact is in the child’s best interests; and
  - The Director of Areas/designee approves the agreement, whether proposed by the Department or another party, in writing.

Prior to the presentation of the proposed written agreement to the biological parent(s), it must be approved by the adoptive parent(s) and the Director of Areas/designee.

3. **Presentation of Post-Adoption Agreement in Court.** When a child in Department custody is the subject of a post-adoption agreement, the court that is hearing the termination of parental rights case may approve the agreement if it finds that the agreement was entered into knowingly and voluntarily and that it was not the product of fraud or duress. However, the court that will hear the adoption legalization must finally approve the agreement.
4. **Documentation.** The original signed post-adoption agreement is filed with the legalization court. Copies are provided to both the biological and adoptive parent(s). The Department retains a copy each in the child’s case record and the legal file. It is recommended that the Director of Areas/designee maintain an additional copy in a separate file.

## **Adoption Legalization**

1. **Adoption Legalization.** If an appeal is not filed, or if an appeal is completed (or in the extraordinary circumstance when a decision to allow a TPR has been appealed but a stay is either not requested or is not granted when requested, and it is in the child’s best interest to proceed), the Adoption Social Worker completes and forwards to the appropriate Regional Legal Office the legalization packet which includes originals of:
  - applicable adoption petition signed by adoptive parent(s) and any child over age 12, including any name change [*NOTE: To request a name change, the pre-adoptive parents and child must complete the change of name section on the petition.*]:
    - for Juvenile and District Courts, “Petition for Adoption of Minor” (which includes affidavit of petitioner section); OR
    - for Probate Courts, “Legalization Petition (Probate Court)” and “Affidavit of Petitioner for Adoption”;
  - adoption report prepared by Adoption Social Worker; (see “Outline for Adoption Legalization Court Report”)
  - “Affidavit Disclosing Care or Custody Proceedings”;
  - information regarding background record checks, including the Department history and CORI checks completed during the previous 6 months on adoptive family household members age 14 and older (can be copy);
  - child’s birth certificate (with official seal);

- missing child affidavit obtained by completing “Federal and Central Registers of Missing Children Search Request” in the electronic case record;
- TPR decree, if applicable;
- Post-Adoption Agreement, if any;
- Adoption Surrender(s), if applicable;
- death certificate(s) of child’s parent(s), if applicable; and
- adoptive parent(s) divorce decree(s) and if remarried marriage certificates, if applicable.

The Adoption Social Worker consults the Regional Legal Office to determine whether any other documents are required by the court. The Regional Legal Office reviews the legalization packet, works with the Adoption Social Worker on any missing items, files the completed legalization packet in court within 10 calendar days after completion of the packet and enters the filing date in the legal electronic case record.

If the child is placed out of state under an Interstate Compact Placement of Children agreement, the Department must obtain the concurrence of the state where the child is placed prior to finalizing the adoption.

2. **Extensions.** The court decree dispensing with the parent’s right to consent to adoption may specify the date by which the child’s adoption is to be finalized. If the legalization is not completed within those timeframes, the Regional Legal Office responsible for freeing the child for adoption may need to seek an extension of the decree.
3. **Subsidy.** Prior to filing the legalization papers in court, the Adoption Worker submits an adoption subsidy application to the subsidy unit and transmits the required documentation to the subsidy unit. (See *Policy #85-007, Adoption Subsidy*) The adoption cannot be finalized until the subsidy unit has processed the subsidy application and, if subsidy is granted, the adoptive parents and the Department have signed the adoption subsidy agreement. After the adoption is finalized, the Subsidy Case is created by the Adoption Social Worker, who also seals the child’s Adoption Case. The Subsidy Case is then transferred to the Subsidy Unit by the Adoption Supervisor.

The Family Resource Worker completes the family resource adoption information in the electronic case record. If there are no other foster/pre-adoptive children in the home, the family is transferred to the Subsidy Unit.

4. **SSI/Title II Benefits.** The Department arranges to transfer to the Social Security Administration any remaining funds remaining in the child’s Personal Needs Account.
5. **Case Closing.** If the Department’s Legal staff is not present at the legalization, within 20 working days after the legalization, the Adoption Social Worker notifies the Regional Legal Office that filed the legalization packet and the Regional Legal Office that handled the petition freeing the child for adoption of the legalization date. The Regional Legal Office notifies the custody court and, if different, the court that freed the child for adoption that the child has been adopted. The legal file may thereafter be closed.

Upon completion of any post-legalization adoption services to the child and adoptive family, as necessary and available, the case may be closed.

## Achieving Permanency through Guardianship

A Permanency Planning Conference (PPC) determines that the highest level of legal and emotional permanency for a child will be achieved through a guardianship only after considering the following criteria:

- The child cannot return home; parents or caregivers continue to be unable or decide not to provide adequate care for the child despite the reasonable efforts to reunite the family.
- Adoption has been considered and is not an option for this child at this time, based on any documentation, evaluations or Clinical Review Team determinations that demonstrate consideration has been given to the child's appropriateness for adoption.
- Guardianship affords the child the highest level of permanency and is in her/his best interests.
- Kin are the first consideration for guardianship placement, when appropriate. The second consideration is individuals from the child's network of significant adults who have been identified as potential child-specific guardianship families.
- The child has been residing with the prospective guardian(s) for at least 6 months prior to the guardianship being legalized; exceptions may be approved by the Director of Areas unless the child is eligible for a guardianship subsidy under Title IV-E of the Social Security Act.
- If the child is age 14 or older, she/he has a strong attachment to the prospective guardian and consents to the guardianship.
- The prospective guardian(s) has a strong commitment to a caring relationship with the child and agrees to the plan.
- All parties agree that the child and the prospective guardian(s) can maintain a stable relationship; Department services may be continued but the justification for them must be identified during the guardianship approval process. The guardian(s) and the child are free to request voluntary Department services at any future time.
- A License Study of the prospective guardian has been completed and approved.
- If a TPR has issued or is being considered, whether the guardian would be open to post-guardianship contact through a Structured Guardianship arrangement.

Exceptions, approved by the Director of Areas, may be made as noted, but any exceptions must be fully justified before the guardianship approval process is initiated.

### Preparing the Prospective Guardians:

The prospective guardians are provided with the handout "Guardianship – An Alternative Permanency Plan for Children Who Cannot Return Home" by the child's Social Worker, and are thoroughly briefed on the following legal considerations:

- When a guardian receives permanent legal custody of a child, the Department gives up custody.
- The appointment of a guardian may be modifiable and therefore, unlike adoption, is not truly permanent. In the absence of a TPR decree, the parents may be able to come back to court.
- Once a guardian has custody, any subsequent voluntary arrangements regarding visitation by parents, for example, are the sole responsibility of the guardian.
- After guardianship, the child may still receive Veterans, Social Security or other benefits based on parental claims.
- After guardianship, the child may still inherit through her/his parents.
- After guardianship, the child's name does not change, unless the family petitions for a name change and it is allowed.
- The guardian is not obligated to use her/his own funds for the child's care and maintenance or education; however, the guardian must use all funds received from the Department, and any other funds to which the child may be entitled, for the child's care and maintenance.

- The guardian is provided information on the Tuition and Fee Waiver program and other services for which the child may be eligible.
- The guardian is provided with information on the guardianship subsidy program.
- The guardian's authority to make certain decisions, ie end of life decisions, authorization for anti-psychotic medication, may be limited by the court.
- The guardian's ability to move out of state without court permission may be limited.
- The guardian is required to file an annual report on the status of the child's with the court that granted the guardianship.

## **Implementing Guardianship**

1. **Initiating Guardianship.** During the PPC that establishes guardianship as the child's permanency plan, the Director of Areas/designee assigns responsibility for completing a guardianship plan and for sending to the Regional Legal Office the following documents required for filing the guardianship petition:

- completed guardianship plan; (see "Outline for Guardianship Plan")
- birth certificate (with official seal) for each child named in petition; (see "Application for Vital Records" in the electronic case record)
- copies of any Adoption Surrenders;
- copies of any death certificates of parents;
- any decrees terminating parental rights; and
- listing of child's assets, if any.

If Adoption Surrenders can be obtained from both parents, or if a decree has been entered by a juvenile, district or probate court pursuant to MGL c. 210 or MGL c. 119, § 26, which terminates parental rights, the case can proceed directly to guardianship legalization which includes number 2-6 below. (see "Procedures: Guardianship Legalization" below).

2. **Preparation of Court-Related Documents.** Within 10 working days after receipt of the documents required for filing the guardianship petition, the Regional Legal Office prepares and forwards to the child's Social Worker the applicable, additional required documents:
  - for Juvenile and District Courts, "Petition for Appointment of Guardian of Minor", "Bond of Guardianship of Minor" and "Nomination by Minor of Person(s) to be appointed by Guardian" if child is over 14, OR
  - for Probate Court, "Petition for Appointment of a Guardianship of Minor" Bond, "Notarized Waiver and Consent to Petition for Guardianship of Minor" and if the child is age 14 years or older, "Notarized and Verified Consent or Nomination by Minor".
3. **Written Consent(s).** Within 30 calendar days after receiving the court-related documents from the Regional Legal Office, the child's Social Worker obtains formal written consent on the appropriate court forms from the parents (if required and they will assent), prospective guardian(s), and child if age 14 or older. The signed petition, bond and other required documents are then returned to the Regional Legal Office. If the child's Social Worker is not able to obtain a required written consent from the parent(s) within the 30 calendar day timeframe, she/he informs the Regional Legal Office. The Regional Legal Office then files the petition and gives proper legal notice to the parties.
4. **Subsidy.** Child's Social Worker informs the prospective guardian(s) of the guardianship subsidy program and completes the "Guardianship Subsidy Application" in the electronic case record. The Application must be submitted and approved prior to legalization. The Department Subsidy Unit will send the applicable Guardianship Subsidy Agreement to the prospective guardian(s) which must be signed and returned to the Department Subsidy Unit prior to the guardianship finalization.
5. **Interstate Compact on the Placement of Children (ICPC).** If the child is placed out of state under an ICPC arrangement, the state where the child is placed must agree that the Department can proceed with finalizing the guardianship. The child's Social Worker should contact the ICPC office who can seek the consent of the other state.

6. **Documentation.** The child's Social Worker and Department Attorney complete applicable electronic case record information and other case recording requirements to accurately reflect the above-related activities, contacts and decisions.

### **Guardianship Legalization**

1. **Court Hearing.** The Department Attorney presents documentation supporting Department's petition for guardianship and coordinates any required participation by other Department staff (e.g., child's Social Worker) and/or potential guardian(s). The guardianship legalization should not occur until the child has lived with the guardians for at least 6 months. If the child is eligible for Title IV-E foster care, and the prospective guardian is a kin, the guardianship legalization should be delayed until the child has resided in the kin family resource home for 6 months after the kin family resource home was fully licensed.

2. **Guardianship Petition Allowed by Court.** Following activities are completed by:

#### **Child's Social Worker:**

- notifies parent(s) in writing that petition has been allowed and that further contact with the child must be arranged with the guardian(s) (may not be required in all circumstances, such as when a TPR decree has already been issued);
- notifies Subsidy Administrator that guardianship petition has been allowed;
- notifies Family Resource Worker responsible for licensing of the guardian(s) home that guardianship petition has been allowed;
- conducts a home visit or telephone call with guardian(s) and child, 6 weeks after guardianship petition is allowed, to identify and address any service needs prior to case closing; and
- completes case closing summary and closes case for child who was the subject of the guardianship petition and for any other family members who will no longer continue to receive Department services, unless the parent or child file an appeal of the guardianship decision.

#### **Regional Legal Office:**

- within 10 calendar days after allowance, notifies Director of Areas/designee, family's Social Worker and child's Social Worker that petition was allowed;
- assures that guardian(s) has received guardianship decree and any other applicable court documents;
- forwards Annual Report form to guardian (following appointment, guardian is responsible for completing and filing annual report of the child);
- notifies the custody court of the guardianship, if different from the court which issued the guardianship decree;
- notifies any court that issued TPR decree on child of guardianship, if different from court which issued guardianship decree; and
- closes legal case after appeal period has expired, if no appeal has been filed.

3. **Guardianship Petition Denied by Court.** The Legal Office notifies the Director of Areas, and the Director of Areas/designee immediately convenes a PPC to consider filing an appeal and/or to identify an alternative permanency plan.

4. **Appeal of Court Decision.** The parent(s), child and the Department have 30 calendar days to file an appeal of the court's decision. The Department does not close the legal case until the end of that period.

If an appeal is filed, the Legal Office immediately notifies the Director of Areas, family's Social Worker, child's Social Worker and Office of the General Counsel, and forwards to the Office of the General Counsel an appeal memo and applicable documents. Appropriate Legal and Clinical staff jointly determine what services, if any, will be provided to the parent(s), guardian(s) and child during the appeal period.

If a stay of the decision is either not requested, or is not granted when requested, custody of the child remains with the guardian(s) during the appeal period, and the guardian(s) retains the right to



determine parental visits, unless a court order has been issued regarding visitation. If the stay is granted, custody remains with the Department and the Department determines whether parental visits are in the child's best interests.

When the appeal has been decided, the Department Appellate Attorney notifies the Director of Areas, family's Social Worker, child's Social Worker, Department Trial Attorney and Regional Counsel/designee of the outcome. In most situations, the parent or the child has an additional 20 calendar days to request further review. The Department Appellate Attorney notifies appropriate Legal and Clinical staff if a further request is filed, and the outcome.

5. **Documentation.** When the guardianship petition is allowed or denied, the Legal Office completes relevant electronic legal case record information.
6. **Termination of Guardianship Occurs Only in the Following Circumstances:**
  - Child reaches age 18;
  - Court revokes the guardianship.
7. **Guardian Change after Case Closing.** If the Department learns that a child is no longer living with the guardian, whoever obtains the information notifies the Subsidy Unit and also notifies the Legal Office which contacts the court to determine who has custody of the child. If custody has reverted to the Department, the Director of Areas/designee assigns (or reassigns, if appropriate) a Social Worker to ascertain whether the child is safe. The responsible Area Office is determined by the following guidelines:
  - if the parent is petitioning the court for return of custody (in a case not involving TPR), the Area Office for the location in which the parent resides (if parental rights have been terminated, the Area Office for the location where the child resides);
  - if the guardian is relinquishing custody, the Area Office for the location in which the guardian resides; or
  - if an out-of-state parent or guardian is petitioning the court for custody, the Area Office in which the child's case was last open.

Any dispute regarding Area Office responsibility is resolved by the Regional Director(s).

*[NOTE: Information regarding 3<sup>rd</sup> party custodians/guardians appears above in the "Pursuing Department Care/Voluntary Placement Agreement, Court Custody or Parental Surrender; 3<sup>rd</sup> Party Custodians."]*

## Achieving Permanency through Care with Kin

The Department recognizes that for some children permanency is best achieved through permanent care with kin who are licensed as foster parents.

“**Kin**” is defined as those persons related by either blood, marriage or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or *significant other adult* to whom the child and/or parent(s) ascribe the role of family based on cultural and affectional ties or individual family values. “Permanent Care with Kin” provides children with full time nurturing and protection in a licensed family setting by relatives or those adults to whom the child and the child’s parents ascribe a “family” relationship. It is believed that placement with a kinship family reinforces the child’s racial, ethnic, linguistic, cultural and religious heritage and strengthens and promotes continuity of familial relationships.

The Department establishes the permanency plan of care with kin for a child at a Permanency Planning Conference (PPC) only after considering the following criteria:

- The child cannot return home; parents continue to be unable or decide not to provide adequate care for the child despite the reasonable efforts to reunite the family.
- Adoption and guardianship has been considered and is not an option for this child at this time, based on documentation, evaluations or Clinical Review Team determinations that demonstrate consideration has been given to the child’s appropriateness for adoption and guardianship.
- The child has been residing with the kin for at least 6 months prior to the PPC.
- The child and kin demonstrate a degree of attachment that assures opportunities for continuity of valued relationships and circumstances.
- A License Study of the kin has been completed and approved.
- The kin agrees, and the Department has determined that the kin family is able, to meet the child’s needs for safety, well-being and permanency.
- Adoption and guardianship have been thoroughly explored with the kin, and the kin supports the plan to provide permanent foster care.
- If the child is age 14 years or older, adoption and guardianship have been thoroughly explored with her/him, and she/he supports the plan of achieving permanency through care with kin.

The PPC also determines whether pursuing TPR is appropriate.

The plan of achieving permanency through care with kin plan is reviewed during Foster Care Reviews and routine supervision. The child’s needs for safety, well-being and permanence and her/his best interests are also reviewed regularly. The Social Worker works with the parent(s) and kin to change the Service Plan, as indicated, to provide additional services to the kinship family, when needed, including Supplemental Reimbursement. The Director of Areas/designee may convene a PPC at any time there is a recommendation to change the child’s permanency plan.

### Procedures

1. **Approving Permanency through Care with Kin.** Any PPC, which determines that the permanency plans of reunification, adoption and guardianship are not possible for a child, considers the possibility of permanency through care with kin. The Director of Areas/designee assigns responsibility as follows:
  - **if the child is not already placed with kin**, for identifying, and completing a License Study, in accordance with the Family Resource Policy, of any possible kin placements for the child;
  - **if the child is already placed with a licensed kinship family**, for determining whether that family and/or any other kin are willing and able to provide permanent care to the child.

When the tasks are completed, the Director of Areas/designee reconvenes the PPC to approve the plan for permanent care with kin and to plan for the child’s transition to placement with the selected and licensed kin family, if needed, or to identify an alternative permanent plan for the child.

2. **Documentation.** The child's Social Worker and/or other staff to whom responsibilities are assigned complete applicable the electronic case record information and other case recording requirements to reflect accurately that the above-related activities, contacts and decisions.

## **Achieving Permanency through Alternative Planned Permanent Living Arrangement**

Most children are able to achieve permanency through reunification, adoption, guardianship, or care with kin. There are, however, a small number of youth (age 16 years or older) whose best interests would not be served by these permanency plans, or for whom, despite the Department's best efforts, these permanency plans are not possible. For these youth, the Department may determine at a Permanency Planning Conference (PPC) that an alternative planned permanent living arrangement is the most appropriate permanency plan to address the youth's individual needs and circumstances. In all cases where Alternative Permanent Plan Living Arrangement (APPLA) is chosen as the permanency plan, the Department must also continue to seek a permanent connection with a competent adult for the youth, assist the youth in maintaining a stable living environment, and work with the youth on life skills training. This permanency plan may be established for a youth under age 16 only upon the recommendation of a Regional Clinical Review Team and the approval of the Regional Director. The PPC also determines whether TPR should be pursued. The unique circumstances necessitating this permanency plan and the TPR recommendation and the reasons for it must be recorded in dictation, and the Department also is required to provide the court with documentation reflecting "compelling reasons" why a permanency plan other than reunification, adoption, guardianship, or care with kin is most appropriate. The permanency plan will be reviewed during Foster Care Reviews and routine supervision.

### **Establishing the Permanency Plan of Alternative Planned Permanent Living Arrangement**

The decision to establish alternative planned permanent living arrangement as the youth's permanency plan is made through a collaborative and ongoing clinical process that includes the youth, the current or potential permanent caregiver(s), the Social Worker, key service providers, kin and other significant adults in the youth's life. Permanency planning efforts for the youth will continue to place priority on supporting the youth in maintaining enduring relationships with appropriate kin and on establishing permanent relationships with consistent, caring and committed adults in the youth's life.

If a permanent relationship with a competent adult has not yet been established, the Social Worker and youth conduct an in-depth review of the youth's case record and placement history identifying all competent adults within the youth's past or present network. If these efforts are not successful, the Social Worker explores potential resources such as former teachers, other school personnel, teen mentor, visiting resource. When an individual is identified, background record checks – including CORI – are required to be completed.

It is important that all parties, including the youth, understand that the permanency plan of alternative planned permanent living arrangement will be reviewed during Foster Care Reviews and routine supervision, and another permanency plan may be identified at a later time if determined to be in the youth's best interests.

When alternative planned permanent living arrangement has been identified as the youth's permanency plan and the Social Worker has documented that the youth has not been able to return home or achieve permanency through adoption or guardianship (or has not yet consented to an adoption or guardianship plan) or care with kin, the Social Worker refers the youth to an Adolescent Outreach Worker, if not already involved with the youth or a "life skills group", such as a PAYA group. If the child is placed with a community-connected residential treatment program, this referral is the responsibility of the provider. The case record includes documentation reflecting why the permanency plan of alternative planned permanent living arrangement was established and how the youth will achieve the highest possible level of family connection including physical, emotional, and legal permanence.

## Permanency Planning for Youth in Department Placements

### Overview

The Department is committed to assisting youth age 14 and older to address issues relative to their developmental stage and individual needs. It is critical that the Department systematically and comprehensively prepare youth for living interdependently as adults and functioning as productive members of society. All youth should participate, to the extent they are capable, in decisions being made about them. The Department offers youth in care or custody a range of programs that assess preparation for adulthood, support life skills development and provide resources to promote adult interdependence. The Department uses a coordinated approach involving the youth, Department staff, foster/pre-adoptive parents, kin and providers that often continues past the youth's 18<sup>th</sup> birthday. A major objective of services for youth in Department's care or custody will be the identification of one or more adults who will maintain a consistent, caring and permanent relationship with the youth/young adult.

### Definitions

**Young Adult:** A young adult is a person between the ages of 18 and 23.

**Youth:** A person between the ages of 14 and 18.

### Case Practice for Youth in Placement

#### **Youth Readiness Assessment**

Preparation for living interdependently as an adult begins with an assessment of the youth's life skills. The Department has developed a youth readiness assessment tool and transition plan (see "Youth Readiness Assessment Tool") to assist youth, kin, placement providers and Department Social Workers in collaboratively evaluating the strengths and needs of each youth/young adult. The youth readiness assessment tool will be used throughout the Department's involvement with youth/young adult 14 and older, up to discharge. It is not expected that the tool will be completed with the youth/young adult in one meeting. Rather, the tool should be used over time with the youth/young adult to target areas the youth/young adult chooses to work on or needs assistance in over time, as different areas become appropriate for the age and interests of the youth/young adult.

The youth readiness assessment tool facilitates the identification and prioritization of skill development needed to prepare the youth/young adult for living interdependently as an adult. The results of the youth readiness assessment tool may provide a recommendation for task-specific service planning relative to life skills readiness and facilitate assignment of responsibility and timeframes for achievement of each task.

The youth readiness assessment tool outlines topic areas that Department staff and providers, should be addressing in their assessment, service planning and ongoing provision of services to the youth/young adult.

Community-connected residential treatment and contracted foster care providers will begin to complete or update the youth readiness assessment tool in a face-to-face meeting with the youth/young adult, age 14 and older, within 20 working days after the date of placement. The youth/young adult's Department Social Worker should be invited to participate in this meeting, but her/his attendance is not mandatory. For youth/young adult entering placement or in placement with a foster/pre-adoptive family, the foster/pre-adoptive parent may complete or update sections of the youth readiness assessment tool with the youth/young adult. The youth/young adult's Department Social Worker, in consultation with their Supervisor, shall determine whether a referral to the Adolescent Outreach Program is necessary and/or appropriate.

If a youth/young adult is assigned to an Adolescent Outreach Worker, the Adolescent Outreach Worker, in consultation with their Supervisor, determine which sections of the youth readiness assessment tool will be completed as well as the timeframe for the completion of each section. Adolescent Outreach

Workers only complete relevant sections of the youth readiness assessment tool for youth/young adults on their caseloads.

Completion of the youth readiness assessment tool, or individual sections of the tool, are not required for youth/young adults not in the care or custody of the Department. The youth readiness assessment tool will be available as a reference guide for other Department staff in working with youth/young adults age 14 and older, to guide discussions, help identify service needs, and/or identify Service Plan tasks, but is not required to be completed.

The youth readiness assessment tool shall be reviewed at the 6 Week Placement Review Meeting, when applicable. The Department Social Worker shall receive a copy of the youth readiness assessment tool and file a copy in the physical case record. The Department Social Worker also attaches a copy to the youth's Service Plan and uses the youth readiness assessment tool to identify tasks for the youth/young adult, placement provider and others.

The youth readiness assessment tool, including any updates, will be reviewed at Foster Care Reviews in order to monitor the youth/young adult's progress toward achievement of life skills. The placement provider is expected to attend the Foster Care Review and bring a copy of the youth readiness assessment tool with a narrative summarizing the results of the assessment and planned tasks/activities to address identified life skill training needs. If the placement provider is unable to attend the Foster Care Review, she/he must send a copy of the youth readiness assessment tool and narrative to the Foster Care Reviewer 10 calendar days prior to the meeting.

#### **Updating the Youth Readiness Assessment Tool and Transition Plan**

The youth readiness assessment tool is reviewed and progress is assessed jointly by the community-connected residential treatment provider, contracted foster care provider or Adolescent Outreach Worker, as applicable, and the youth/young adult at a face-to-face meeting which occurs every 6 months and/or prior to a youth/young adult's discharge from the placement setting. (See *Policy #86-009, Foster Care Review Policy*, and information below in "Planning for Discharge from Placement and Case Closing for Older Youth") The Department Social Worker and/or Adolescent Outreach Worker should be invited to participate in the reassessment meeting, but attendance is not mandatory. For the youth/young adult placed with a foster/pre-adoptive family, the youth readiness assessment tool may be updated with the youth/young adult by the foster/pre-adoptive parent. The updated youth readiness assessment tool measures the youth/young adult's achievements during the last 6 months and identifies additional needs/goals relative to preparing the youth/young adult to live interdependently as an adult. The tasks/activities necessary to address identified goals as well as the person(s) responsible for working with the youth/young adult to achieve those goals are specified on the updated youth readiness assessment tool. In all situations, the youth/young adult is provided a copy, and the Department Social Worker receives a copy of the updated youth readiness assessment tool for filing in the youth/young adult's physical case record. The Department Social Worker also arranges for the updated youth readiness assessment tool and transition plan to be attached to the youth/young adult's Service Plan. The youth readiness assessment tool and transition plan provides the basis for the transition plan required to be developed with the youth/young adult within 90 days of the youth transitioning out of foster care.

#### **Independent Living Services Database**

The Department provides independent living services to youth/young adults to assist them with preparing for young adulthood. The services may include both services purchased by the Department and independent living skill building provided by Department staff, provider staff or foster/pre-adoptive parents. Both Department Social Workers and Adolescent Outreach Workers will document, at least once every 3 months, the independent living skills the Department staff provided, if any, to a youth/young adult in Department care or custody in the designated section of the Department's electronic case record).

#### **Preparing Adolescents for Young Adulthood (PAYA)**

The PAYA program was developed to support youth/young adults in achieving skills essential for young adulthood. The Service Plan for youth/young adults age 14 and older, who are in Department care or custody and placed in community-connected residential treatment or Intensive Foster Care, should include specific expectations about preparing the adolescent for transition to self-sufficient young adulthood, using the PAYA curriculum and skill development opportunities. Youth/young adults in foster/pre-adoptive homes are also expected to participate in PAYA. Each life skill module includes

instruments which may be used in conjunction with the youth readiness assessment tool to evaluate the youth/young adult's current level of skill mastery, a "skill plan" to be used in identifying tasks and activities and an activity workbook that provides exercises and resource information to support skill-building. Once a youth/young adult's life skill needs have been prioritized, he/she will begin working on the appropriate life skill module of the PAYA curriculum. Incentives are provided to the youth/young adult to reward progress.

### **Referral for Adolescent Outreach Services**

Youth/young adults in placement who are between the ages of 16 and 21 who are likely to remain or have remained in Department care or custody until at least age 18 are eligible for Adolescent Outreach services in accordance with federally established guidelines. Youth who receive a guardianship subsidy and whose guardianship was finalized through the Department at age 16 or above are also eligible. Department Social Workers, with input from the foster/pre-adoptive parents, may refer the youth/young adult to the Adolescent Outreach Program or the Adolescent Services Unit in Central Office when they determine that a youth/young adult needs additional support in developing life skills and/or educational or vocational planning. An Adolescent Outreach Worker will work collaboratively with the youth/young adult to complete an assessment, using the youth readiness assessment tool, of her/his life skills, educational/vocational objectives and opportunities for permanency. Together they will identify tasks and resources needed to meet the youth/young adult's identified goals. The Outreach Worker will collaborate with the youth/young adult's family, Social Worker or Adoption Social Worker (as applicable) and foster/pre-adoptive parent(s) in arranging for tasks for each, as applicable, to be included in the youth/young adult's Service Plan. She/he will also participate in Foster Care Review meetings, as applicable and as time permits.

### **Credit Reports**

The Department will arrange for youth/young adults 16 and older who are in Department care or custody to obtain a copy of their credit report, if one exists, once a year and arrange for assistance in understanding the report.

### **Support for Continuing Education**

The Department expects youth/young adults in placement to attend school regularly, to do their best in school, to graduate from high school or obtain a GED, and whenever possible, to continue their education in college or a vocational program after high school. Youth/young adults who remained in Department custody until age 18 or reconnect with the Department after turning age 18, or were placed in a Department sponsored guardianship or who were adopted through the Department, may be eligible for various educational supports up to the age of 25, including:

- Foster Child Grant Program;
- Education and Training Voucher Program;
- Tuition and Fee Waiver Program; and
- William Warren Scholarship Program.

Specific eligibility information regarding these programs may be found on at [www.mass.gov/dcf](http://www.mass.gov/dcf) or through the Adolescent Support Services Unit in the Department's Central Office.

## **Sustaining Department Connection with Young Adults**

### **A. POLICY: PLANNING SUSTAINED DEPARTMENT CONNECTION**

The Department continues the provision of services beyond age 18 to young adults who remain in Department care or custody until their 18<sup>th</sup> birthday. The Department will offer each young adult the opportunity to continue with Department services beyond the age of 18. The young adult, or for an incapacitated young adult the young adult's guardian, must consent in writing for the Department to continue providing services including substitute care services, if needed. The young adult, including those eligible for the unaccompanied refugee minor program, must agree to a plan for sustained connection, based on an assessment of her/his life skills readiness, that meets the Department criteria outlined below. The purpose of sustained connection is to support the young adult in preparing to achieve success in living interdependently in the community. Services may include placement. The Department Social

Worker is expected to provide a minimum of monthly visits with the young adult, at least half of which are in her/his placement.

Young adults who remain in, or return to, placement with the Department will live in either a (1) Department licensed foster home, or (2) a Department contracted placement such as a foster home, Intensive Foster Care home, community-connected residential treatment facility, teen living program, independent living program, or (3) another supervised independent living setting, such as a dorm, an apartment, or a friend or relative's home.

### **Criteria for Sustained Connection**

For a young adult to continue receiving services from the Department beyond the age of 18, the young adult must meet one of the following criteria:

- a) Completing secondary education or a program leading to a GED; or
- b) Enrolled in a post-secondary or vocational education program or trade school, full or part time; or
- c) Participating in a program or activity designed to promote, or remove barriers to employment; or
- d) Employed for at least 80 hours per month; or
- e) Incapable of doing any of the above education or employment activities due to a medical condition; or
- f) Participating in a program or plan which promotes specific educational or rehabilitative skills; or
- g) Participating in a program which promotes and supports the young adult in fully developing and fulfilling the young adult's potential to be a participating citizen of the commonwealth under conditions agreed upon by both the Department and the young adult;

The Department places priority on young adult education and/or vocational training, preferably on a full-time basis, although discretion is exercised with regard to therapeutic demands on the young adult, special needs and/or learning disabilities. Most young adults will be expected to either work or participate in an educational/vocational program full time, or a combination of the 2 that equals a full-time schedule. Participation in work/study programs is encouraged. Young adults who are attending educational/vocational training programs are required to sign releases of information and arrange for their grades, attendance records and GPA (when applicable) to be sent to the Department so that their progress toward living interdependently can be assessed. Young adults will also be required to provide documentation of their work hours.

Volunteering may be approved when it is planned as an interim activity for a young adult who is awaiting acceptance by an educational/vocational program or for the program to begin or who is actively seeking employment. The plans of the young adults who are looking for work should indicate their willingness to share with the Department information about their job search such as a list of places where they have applied for work, the contact person and the status of the application.

### **Assessing Life Skills and Creating the Individualized Transition Plan for Sustained Department Connection**

Planning for sustained Department connection becomes more focused when the youth turns age 17. The youth, the Department Social Worker and the youth's Adolescent Outreach Worker (when assigned) work together to plan for the youth's transition to sustained connection with the Department that is individualized in accordance with a shared understanding of the youth's life skills needs. The youth readiness assessment tool provides the outline for this transition plan. The youth readiness assessment tool is not required to be completed by the Department Social Workers, except the Adolescent Outreach Workers. The plan also addresses how the youth will meet Department requirements for continued services and includes specific options regarding education, employment or work skills development, housing, health insurance including a medical health care proxy, local opportunities for mentoring and other specific support services. An initial outline of the plan should be discussed at the first Foster Care Review that occurs after the youth turns age 17 and must be discussed at the Foster Care Review that occurs between 17 ½ and 18.

If the youth is an undocumented immigrant, the Department Social Worker, Supervisor and Department Attorney should discuss no later than the youth's 17<sup>th</sup> birthday whether the Department will seek Special Juvenile Immigration Status on the youth's behalf. The outcome of the discussion will be shared with the Area manager responsible for the case. The youth/young adult's case cannot be closed until that



determination is made and while immigration proceedings which the Department initiated on the youth/young adult's behalf are pending.

When a youth/young adult over age 17 is determined not competent to make decisions regarding her/his care, the Department Social Worker, in coordination with her/his Supervisor, refers the youth/young adult's case to the Regional Legal Office to petition for guardianship of an incapacitated person. (see Procedure 6, below).

## **B. PROCEDURES FOR YOUTH REQUESTING SUSTAINED CONNECTIONS WITH DEPARTMENT**

At the Foster Care Review prior to the youth's 18<sup>th</sup> birthday, the youth, with the assistance of her/his Department Social Worker, Adolescent Outreach Worker (when assigned) or other individuals chosen by the youth shall present the youth's request for sustained connection.

### **Considerations for Sustained Connection**

The results of the most recent youth readiness assessment tool, if available, and other documents the youth chooses can be presented during the Foster Care Review to support the recommendation made by the youth and Department Clinical staff regarding:

- the youth's life skills preparation;
- her/his capacity to make progress if services are continued;
- how the youth meets the eligibility criteria to continue with services;
- the identification of one or more adults who will maintain a consistent, caring and permanent relationship with the youth;
- the youth's ability to appropriately manage youth support payments;
- other supports needed; and
- if the youth is not choosing to continue with young adult services, anticipated discharge from placement and case closing date.

If the youth, the Department and the Foster Care Review panel agree with the youth's request for sustained connection, the Department continues to provide services to the youth, including substitute care services. If both the youth and the Department agree that youth is not requesting services beyond age 18, the Department follows the process below for discharge planning with the youth.

### **Young Adult Review Panel**

If the youth is requesting to continue with services and either the Department or the Foster Care Review panel disagrees with the youth's request for sustained connections, the request is forwarded to a Young Adult Review Panel for decision. If after the Foster Care Review, but before the youth turns 18, the youth or Department changes their agreement regarding the decision to continue with sustained connections beyond 18, the case will be referred to the Young Adult Review Panel for review and decision.

It is the responsibility of an Area Office manager to convene the Young Adult Review Panel which at a minimum will include 3 members. The panel may include managers, agency staff, foster/pre-adoptive parents other than the youth's foster/pre-adoptive parent, a youth peer or other volunteers from the community. The Department Social Worker, Supervisor and APM responsible for the case may attend the panel meeting. The Young Adult Review Panel reviews the youth's request for sustained connection to Department considering the factors described in "Criteria for Sustained Connection" and "Considerations for Sustained Connection" above.

The results of the most recent youth readiness assessment tool, if available, Foster Care Review report, and other documents the youth chooses are presented to the Review Panel, and recommendations are made by the youth and Department Clinical staff regarding the considerations for sustained connections outlined above.

### **Review Panel Decision-Making**

The Review Panel will either approve the youth's request for sustained connection at which time the youth's case will remain open, or it will deny the youth's request for sustained connection, at which time the youth has the right to appeal the decision via the Department's fair hearing process. An Area Manger

notifies the youth of the Review Panel determination, in writing, within 10 working days after the meeting and of their right to challenge a negative decision through the fair hearing process.

If the youth files for a fair hearing, an Area manager sends the notice of the fair hearing request to the youth's Social Worker for inclusion in the physical case record, and the Department continues to provide services to the youth. The youth will need to sign a VPA in order for services to her/him to remain unchanged until the fair hearing outcome is received. Until the fair hearing outcome is received existing services will continue and, the Department Social Worker will not close the youth's case. The Department Social Worker will continue to work with the youth and her/his placement provider to plan for the youth's transition from Department care/custody and placement to living interdependently in the community.

Once the results of the fair hearing are available, an Area manager sends a copy of the decision to the youth's Social Worker for inclusion in the physical case record.

### **Young Adult Support Payments**

The Department may provide young adult support payments to young adults who are receiving substitute care services and who have demonstrated to the Department the ability to responsibly manage their finances. (See "Guidance on Young Adult Support Payments") The young adult must also be living in, or plan to live in, a supervised independent living setting, using the youth support payments for housing, food and other living expenses, and must meet monthly with the Department Social Worker. The young adult must also permit monthly visits by the Department Social Worker at her/his living location. Any request for young adult support payments must be made directly to the Director of Areas using a form established by the Department. In exceptional circumstances, a youth age 17 may be approved for young adult support payments.

For young adults receiving young adult support payments, supervised independent living settings include college dorms, apartments, former foster homes or another setting where the young adult is living and/or renting a space to live in. It does not include a setting where the Department is paying a contracted vendor for the cost of the child's care and maintenance, nor a young adult's biological parent's home.

It is the policy of the Department that placement, case management and permanency planning services are not provided beyond the individual's 22nd birthday. In unusual circumstances, the Director of Areas may approve for services to continue until the 23rd birthday, when it is demonstrated that without this support the individual will not complete an Associate's or higher degree program.

### **The Department Expects Youth/Young Adult to Avoid All Criminal Activity**

The Department considers requests for sustained connection from youth/young adult that have criminal charges on a case by case basis; such history does not exclude the youth/young adult from consideration for sustained connection. Youth/young adults must inform their Department Social Worker of any arrests, arraignments or court involvement and sign authorizations for release of information about these circumstances to the Department. Prior to authorizing young adult support payments, the Department will check the Criminal Offender Record Information (CORI) system to determine if the young adult has a criminal record. If the youth/young adult has been incarcerated, she/he is required to explain in her/his request for sustained Department connection the details of her/his criminal history, evidence of relevant treatment and rehabilitation (e.g., drug screen results, verification of participation in treatment or training) and/or other supportive documentation (e.g., probation/parole reports, prosecutor or other court report/information). The Department will consider the youth/young adult's level of cooperation and behavior during and since incarceration, including the productive activities she/he pursued or is pursuing such as completion of a GED or group treatment and the progress she/he has made.

## **C. PROCEDURES: PLANNING FOR SUSTAINED DEPARTMENT CONNECTION**

- 1. Developing a Plan, Including Continued Placement.** Soon after a youth turns age 17, based on the most recent youth readiness assessment, if available, and Foster Care Review recommendations, the Department Social Worker, in consultation with her/his Supervisor and the Adolescent Outreach Worker (when assigned), works with the eligible youth to plan for continuation of services beyond age 18. The planning should consider the following:
  - the youth's life skills preparation;
  - her/his capacity to make progress if services are continued;
  - how the youth meets the eligibility criteria to continue with services;

- the identification of one or more adults who will maintain a consistent, caring and permanent relationship with the youth;
- the youth's ability to appropriately manage youth support payments;
- other supports needed; and
- if the youth is not choosing to continue with young adult services, anticipated discharge from placement and case closing date.

The plan will form the basis for the youth's request for sustained connection that will be presented at the last Foster Care Review held before the youth turns age 18.

2. **Voluntary Placement Agreement (VPA).** In order to continue in placement (or reenter placement), the youth/young adult signs a VPA for Young Adult Over 18 during the month prior to turning age 18, or at the time they reenter placement. A young adult's parent has no legal authority to sign the VPA, unless she/he has been appointed legal guardian. (See Procedure 4 below for a guardianship for youth over age 18) If the youth/young adult signs her/his own VPA, she/he is assumed to be competent to sign for extraordinary medical care and medications, including psychotropic medications. [NOTE: The 6-month limit on VPAs does not apply in cases involving youth over age 18; however, the VPA must be reviewed at least every 6 months and revised, if necessary (see Procedure 5 below). A new VPA must be completed every 12 months.]
3. **Termination of a Young Adult's VPA.** If, at any time, the young adult fails to comply with the requirements for sustained connection, the Department may elect to terminate the VPA and service provision. The Department must provide at least 30 calendar days notice of termination of the VPA to the young adult, along with notice of the young adult's right to challenge the termination through the Department's fair hearing process. The young adult has the right to request a fair hearing to appeal the termination of services. The Department must also complete the 90 day transitional planning with the young adult prior to termination of the VPA.
4. **Establishing Young Adult Clinical Case.** When a young adult is going to continue to receive services from the Department past age 18, the Department will establish a clinical case for the young adult. The previous clinical case that was open with the young adult as a child and her/his family/parents will be closed, and notice will be provided to the parents of the closing of their case, unless the parents have other children younger than 18 that continue to require services from the Department. In that circumstance, only the young adult is closed in the family case. If the parents/family remain involved as supports to the young adult, they can be considered collaterals in the young adult's case record.
5. **Contacts with Young Adult.** A minimum of monthly contacts with the young adult will continue until case closure. At least half of those contacts must be face-to-face contacts in the child's residence.
6. **Guardianships of Incapacitated Youth.** Youth considered to be incompetent to make informed decisions regarding her/his care should be referred to the Regional Legal Office by the time the youth reaches age 17 ½ for the purpose of pursuing a request for a court to appoint a guardian for the purpose of assenting to services. If there is uncertainty regarding the youth's competency to agree to voluntary services, or if the youth is clearly incompetent, or if the youth/young adult becomes incompetent after signing the VPA, a referral to the Regional Legal Office must be completed.

The following procedures apply to cases in which the Department must seek appointment of a guardian to consent to services for youth/young adult who are, or within a year will be, over age 18:

- a) Department Social Worker consults with the assigned Department Attorney or, if there is no assigned Attorney, with the Regional or Deputy Regional Counsel for the Area Office's region. Issues to be addressed include: jurisdiction, current custody status, assets (for bond), name(s) and address(es) of nearest relative, diagnosis, Service Plan, medication, commitment issues, potential guardians and sureties, and obtaining required documents for filing a guardianship petition of an Incapacitated Person under MGL c.190B, § 5-303.
- b) Decision is made regarding who will serve as guardian. Potential guardians include: parents, kin, current and former foster parents, corporations, attorneys, the Department (as a last resort).
- c) Decision is made regarding the appropriate Probate and Family Court in which to file the guardianship petition. The petition must be filed in the county where the youth/young adult is an inhabitant or resident. This generally will be where the placement or program is located.

- d) Decision is also made regarding the types of reports needed depending on whether the youth/young adult is an incapacitated person due to mental illness or intellectual disability.
  - If the person is incapacitated due to mental illness, the Department Social Worker must obtain a “Medical Certificate for Guardianship” from a registered physician, licensed psychologist or certified nurse clinical specialist using the required court form. The examination must take place within 30 calendar days before the filing of the petition.
  - If the person is incapacitated due to an intellectual disability, the Department Social Worker must obtain a “Clinical Team Report” on the required court form. The “Clinical Team Report” must state the diagnosis, level of intellectual disability, and decision-making capabilities of the youth/young adult, and must be prepared and signed by a registered physician, a licensed psychologist, and a licensed social worker (not a Department Social Worker) based on examinations which have occurred within 180 calendar days before the filing of the petition.
- e) The Department serves notice on all parties in accordance with the citation issued by the Probate and Family Court.
- f) When the Court allows the guardianship petition, the Department Attorney notifies the Department Social Worker.
- g) If the Department is appointed the guardian, the Department Social Worker must complete an “Initial Guardianship Report/Care Plan” within 60 calendar days after the appointment and annually thereafter. The Report should be forwarded to the Regional Legal Office that filed the petition at least 10 calendar days prior to the due date and the Regional Legal Office will file the plan with the Court.
- h) As the youth approaches age 22, the Department Social Worker notifies the Regional Legal Office that filed the petition. If appropriate, when the young adult is age 22, the Department Attorney files a motion to vacate the guardianship or transfer guardianship to a pre-arranged individual.
- i) If the young adult has a pending immigration case open, the Area Office must offer to provide placement services until the case is resolved.

The Department Social Worker, in consultation with the Supervisor, coordinates the transfer of responsibility for the young adult to the appropriate adult service agency.

- 7. **Review of Progress.** For young adults who continue in placement beyond their 18th birthday will have their service plan and their progress in achieving readiness for living interdependently as an adult reviewed at a Foster Care review once every six months until the age of 22. (See Policy #86-009, Foster Care Review Policy) They will also have their progress reviewed through a permanency hearing to be held once a year in the court which originally granted custody of the young adult to the Department until the age of 22. It is expected that if possible the young adult will attend the 6 month Foster Care Review and the annual Permanency Hearing.
- 8. **Verification.** The Department will periodically, but no less than twice a year, verify the eligibility under Title IV-E of the Social Security Act for foster care payments for any young adult who on their 18th birthday was eligible for Title IV-E foster care payments or any young adult who subsequently leaves the Department’s care and returns to care before the age of 21.
- 9. **Arrest and/or Incarceration of Young Adults who have Sustained Department Connection.** The young adult who is receiving sustained connection support from the Department must inform their Department Social Worker immediately if she/he is arrested, arraigned or otherwise becomes involved with the court. The Department will determine whether any placement support should be maintained. If the Department decides to close a young adult’s case after incarceration, the Department must fulfill the requirements for the 90 day notice and discharge planning described below.

### **Planning for Discharge and Transition from Placement and Case Closing for Older Youth/Young Adults**

#### **90 Day Notice and Discharge/Case Closing Plan**

Planning for discharge and transition from placement and case closing can begin at many different points but the Department must, beginning 90 calendar days prior to discharge and case closing, provide a

transition planning process in collaboration with the youth/young adult, based on an assessment of her/his readiness for living interdependently in the community, age and follow up supports. The discharge and transition planning process must include a discussion of the youth/young adult's education, employment or work skills development, housing, health insurance including the importance of a medical health care proxy, local opportunities for mentoring and other specific support services. The plan should be reflected in the Service Plan and/or dictation and must be reported in any Permanency Hearing Report filed with a court after the youth/young adult turns age 17 years and 9 months old. Any outstanding life skills needs are prioritized and addressed prior to discharge from placement and case closing. The Department must also provide written notice to the youth/young adult at least 30 calendar days prior to the anticipated date of discharge from placement and case closing (which may occur later). The scheduling of both steps should be planned.

- For the youth who intend to leave Department care or custody on her/his 18<sup>th</sup> birthday, the discharge and transition planning must begin 90 calendar days prior to discharge and the closing of the case. The written notice of discharge from placement and case closing should be sent within 90 calendar days and at least 30 calendar days prior to her/his 18<sup>th</sup> birthday. The notice must contain notice of the right of the youth to challenge the discharge from placement and the closing of her/his case through the fair hearing process.
- For the young adults who have continued sustained connections with the Department beyond age 18, the discharge and transition planning is completed within 90 days prior to the closing date. The dates for discharge from placement and case closing should be reflected in youth readiness assessment tool if being utilized and the current Service Plan. Written notice of the discharge from placement and/or case closing is sent at least 30 calendar days prior to the date of the discharge from placement or case closing accordingly.

During the 90 calendar days prior to the case closing, the Department Social Worker, and the Adolescent Outreach Worker if applicable, collaborate with the youth/young adult to plan specific tasks/activities necessary to address identified needs and achieve targeted goals, as well as the person responsible to assist in the process. The discharge and transition planning should include a description of the resources that will be available to the youth/young adult and documents to be provided to the youth/young adult prior to case closing, including:

- Appropriate and stable housing arrangements:
  - **"Appropriate Housing"** is defined as all housing except shelters, hotel/motels and dwellings that fail to meet governmental health and building code standards. Appropriate housing can include apartments, shared apartments, boarding homes, room and board arrangements and housing with biological parents, relatives, friends and former foster parents.
  - **"Stable Housing"** is defined as housing in which there would be reasonable expectation that the residence will remain accessible for the first 12 months after discharge.
- Employment/source of income.
- Appropriate community resources such as health insurance; medical, mental health and dental providers; recreational, educational, vocational, child care and legal services.
- Consistent, caring adult(s) with whom the youth/young adult is anticipated to maintain a life long relationship.
- The medical, dental and educational information from records held by the Department that will be provided to the youth/young adult, including but not limited to:
  - the names and addresses of the youth/young adult health and educational providers;
  - the youth/young adult grade level performance;
  - the youth/young adult school record;
  - a record of the youth/young adult's immunizations;
  - the youth/young adult's medications;
  - information about the importance of having a health care proxy and a health care proxy form; and
  - any other relevant health and education information concerning the youth/young adult determined to be appropriate by the Department.

- Original Social Security card, birth certificate and Immigration documents that will be provided to the youth/young adult by the Department

The decisions regarding the discharge and transition planning should be reflected in the youth/young adult's case record. The discharge from placement/case closing notice identifies the anticipated date of case closing which may be set for up to 12 months after the date the youth/young adult is discharged from placement, based on a joint assessment of the youth/young adult's need for post-placement follow-up. The discharge from placement/case closing notice states that the youth/young adult may request, within 30 calendar days after receipt of the notice, a fair hearing to appeal the termination of services, unless the young adult has reached the age of 22. If the discharge from placement and/or the case closing is earlier than requested by the youth/young adult, the notice should include the reasons the youth/young adult is being discharged from placement and/or the case is being closed. Copies of the notice must be included in the youth/young adult's case record and forwarded to the youth/young adult's placement provider.

***IMPORTANT: The youth/young adult should not be discharged from Department placement until appropriate and stable housing is found. However, the Department understands that at times, a youth/young adult may sign themselves out of care, terminate the VPA, etc., or take other actions beyond the Department Social Worker's control which result in a discharge before appropriate and stable housing is found.***

### ***Discharge Support Program***

Subject to the limitations of funding, the Discharge Support Program may be able to provide financial support to young adults who are transitioning to living interdependently as adults. Discharge support may include: payment toward first/last month's rent, security deposit, essential household items, or other related needs (e.g., bus passes, work-related items, union dues).

To be eligible for the Discharge Support Program, the young adult must be:

- age 18 through age 20, including a young adult who is reconnecting with the Department;
- within 3 months prior to or following discharge from Department placement and planning to live interdependently as an adult;
- making progress toward development of life skills as specified in the Service Plan;
- willing to participate in the discharge planning process;
- able to afford the ongoing costs of the adult situation after assistance has been provided.

### ***Discharge Support Program Referral***

Within 90 calendar days prior to the young adult's anticipated discharge from placement, if appropriate, the Department Social Worker applies for discharge support funding by completing the "Discharge Support Referral" form and submitting it to her/his Office's Adolescent Outreach program staff or the Central Office Adolescent Support Services Unit

### **Preparation for Case Closing**

During the period between discharge from placement and case closing, the Department Social Worker continues to provide case management support, including:

- at least monthly visits to the youth/young adult, at least half in the youth/young adult's residence;
- assistance in obtaining needed services and accessing appropriate programs; and

The actual date of case closing should be set by the young adult and the Department to occur when the young adult has demonstrated the ability to live interdependently as an adult for up to 12 months, the young adult has requested their case to close, the young adult has reached the age of 22, or the young adult has transitioned to an adult service agency. (See *Policy #86-007, Case Closing Policy*)

### **Fair Hearing**

Youth/Young adult turning 18 or older have the right to appeal the Department's decisions to discharge the youth/young adult from placement, not to continue services beyond age 18 and closing the youth/young adult's case through the fair hearing process. If the youth/young adult files for a fair hearing, an Area manager sends the notice of the fair hearing request to the youth/young adult's Social Worker for inclusion in the case record, and the Department continues to provide services to the youth/young adult.

The youth/young adult will need to sign a VPA for in order for placement services to the youth/young adult to remain unchanged until the fair hearing outcome is received. Until the fair hearing outcome is received existing services will continue, and the Department Social Worker will not close the youth/young adult's case. The Department Social Worker will continue to work with the youth/young adult and her/his placement provider to plan for the youth/young adult's transition from Department care/custody and placement to living interdependently in the community.

Once the results of the fair hearing are available, an Area manager sends a copy of the decision to the youth/young adult's Social Worker for inclusion in the case record. If the fair hearing upholds the decision to close the youth/young adult's case, the Social Worker proceeds to close the case.

### **Case Practice for All Young Adults Whose Cases Closed at Age 18 or Older**

#### **Reconnection with the Department for Services**

Young adults who were closed as Department consumers at age 18 or older and who have not reached their 22nd birthday may reapply to the Department for voluntary services. The Department may provide services ranging from referral to placement to such young adult, subject to:

- the availability of appropriate placement and/or other services;
- a collaborative assessment of the young adult's needs and her/his willingness and ability to make progress toward living interdependently as an adult through participation in an educational or vocational program, work or volunteering, or a combination of those activities, or toward transitioning to an adult service agency, as specified in a Service Plan developed jointly with the Department; and
- a Young Adult Review Panel review and approval.

Information and referral services are available to all persons regardless of age.

Whichever Area Office the young adult contacts to initiate reconnection refers the young adult to the Area Office closest to where the young adult is residing, or if the young adult is residing out of state, to the Area Office which closed her/his case. The Director of Areas/designee arranges for assignment of a Department Social Worker to contact the young adult.

Prior to accepting an application from a young adult reapplying for young adult support services the Department will conduct a the Criminal Record Offender Information (CORI) system background check. The presence of a CORI record does not exclude the young adult from consideration for young adult support services, including young adult support payments, but the information will be used in assessing the appropriate services for the young adult.

If the young adult is seeking reconnection, the Department Social Worker collaborates with the young adult to develop a plan that meets the criteria above for a young adult who can sustain their Department connection. (See "Criteria for Sustained Connection") The Department must make reasonable attempts to provide a program of support which is acceptable to the young adult and which permits the Department to renew its responsibilities to the young adult, as long as the young adult meets one of the criteria for sustained connection outlined above. The Department Social Worker assists the young adult in presenting her/his plan to a Young Adult Review Panel which will determine whether the young adult's plan is accepted as presented, accepted with modification(s) or that reconnection is not appropriate, and notifies the youth. The presentation and criteria will proceed under the same standards as outlined above for youth who are seeking to sustain Department connection at age 18. (See "Sustaining Department Connection for Young Adults) If the young adult is seeking young adult support payments, she/he must follow the same process and criteria as set forth above for any youth/young adult seeking young adult support payments. (See above "Young Adult Support Payments")

An Area manager arranges for the young adult to be notified of the Review Panel determination, in writing, within 10 working days after the meeting and of her/his right to challenge a negative decision through the fair hearing process.

If the Young Adult Review Panel determines that the young adult's request for voluntary services is approved, the young adult's case will be opened for services and the Director of Areas/Designee will assign a Department Social Worker to work with the young adult.

### **Adoption of Young Adults in Department Care**

When a young adult who is in Department care wishes to be adopted by an individual/family previously licensed by the Department as a foster/pre-adoptive family, the Department assists with expediting the adoption. A state-funded adoption subsidy may be available to the young adult at the Department's discretion. The Area Office should contact the Subsidy Unit manager regarding the process.



## **SECTION II – APPENDICES**

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## **Appendix A**

### **Guidelines for Out-of Home Placement Decision-Making**

These Guidelines are provided to assist in identifying conditions which cause or create a substantial risk of harm to the child and the reasonable efforts/actions to help resolve such conditions. The conditions included in these Guidelines should not be interpreted as a comprehensive list of all conditions which cause risk. The listing of reasonable efforts was developed to provide examples of actions which may prevent out-of-home placement. The appropriateness of such actions must be evaluated for each case individually with consideration of the specific degree of harm or risk of harm and the limits of available resources, and with the knowledge that the child's health and safety is of paramount concern.

In certain emergency circumstances where there exists, or there is an immediate danger of, serious child abuse or neglect, the Department does not need to make reasonable efforts, beyond a safety/risk assessment documenting such circumstances, prior to placing the child.

#### **Conditions Which Indicate That The Child Is At Substantial Risk of Harm**

1. The child is subjected to sexual abuse and/or other serious or repeated physical abuse by a caregiver, or by a person(s) who has not yet been identified
2. The child is physically isolated and/or is subjected to severe disciplinary measures that result in significant developmental deficits
3. The child who cannot care for himself or herself is left alone
4. The child is abandoned
5. The child is not being fed or clothed appropriately or lacks shelter or medical attention to physical problems constituting substantial risk of harm

#### **Prior To Placement, Reasonable Efforts Must Be Made To Ascertain The Reason(s) Child Is At Substantial Risk of Harm And To Ameliorate The Conditions, Thus Preventing The Need For Placement:**

1. • Evaluate whether the perpetrator continues to have access to the child;
  - Assist primary caregiver (non-perpetrator) in accessing services and safety, e.g., navigating the criminal justice system, 209A assistance, medical and mental health treatment, trauma evaluations, parent aides, parent skills training, support groups or crisis intervention counseling;
  - Collaborate with the criminal justice system to hold perpetrator accountable, e.g., DA's office, police, probation.
2. • Assist in accessing community resources that increase visibility of child;
  - Assist primary caregiver in accessing parent aides, parent skills training, support groups, medical or mental health services that appropriately address identified needs.
3. • Attempt to locate the primary caregiver; contact with kin, neighbors, and community-based agencies as necessary;
  - Interview the primary caregiver, to determine what other conditions exist;
  - Assist primary caregiver in accessing appropriate center-based or in-home services that address the conditions causing substantial risk of harm (for example, child care).
4. • (See Appendices B, "Procedures Regarding Abandoned Children" and C, "Missing Parent/Caregiver Checklist")
5. • Assist primary caregiver in accessing appropriate services such as: parenting skills training, parent aide services, emergency assistance, money management instruction, entitlement programs, housing assistance or shelter services.

6. The child is suffering from emotional injury (e.g., severe anxiety, depression, or withdrawal; unmanageable behavior or hostility toward others; self-abusive behavior)

**NOTE: The Following Are Conditions Which Can Present Varying Degrees Of Risk of Harm**

7. Substance abuse in the household

8. Developmental disability, mental illness, or physical illness of the primary caregiver

9. History of sexual assault by any member of the household

10. Domestic violence

11. The child is consistently left with unsuitable temporary caregivers

6. • Assist primary caregiver in accessing services that appropriately address the reasons.

7. • Assist primary caregiver in accessing substance abuse services for self and/or other household member.  
• Consult with the Department's regional clinical specialists on substance use/misuse as needed.

8. • Assist in obtaining temporary in-home caregiver (with priority given to kin or other resources identified by the primary caregiver or child), if temporary hospitalization is required;  
• Assist in accessing parent aide and/or other specialized services or training to meet primary caregiver's disability-related needs and to ensure that the caregiver can fully and equally participate in services to prevent or eliminate the need for removal or to reunify the family. Reasonable accommodations or modifications to the Department's policies may include: modified service planning and parental capacity evaluation; assessment by an expert on working with parents with disabilities; hands-on training; plain language training materials at appropriate literacy levels; adaptations in the manner in which specific training is conducted; and/or more frequent support from a social worker.  
• Consult with the Department's regional clinical specialists on mental/behavioral health and medical services as needed.

*[NOTE: The fact that a parent has a disability or diagnosis does not mean the parent cannot adequately care for their child or that removal of the child is needed. Each parent must be assessed on an individual basis. A determination that a parent's disability poses a risk to the safety of their child must be based on objective facts and not on stereotypes or generalizations about individuals with disabilities. Such a determination must also take into account whether reasonable accommodations or the provision of services (such as those listed above) could reduce or eliminate the risk.]*

9. • Evaluate the current level of risk to child and non-offending caregiver's ability to consistently protect the child from danger;  
• If caregiver's ability is questionable, see #1 above.

10. • Assist non-offending caregiver in accessing services to protect victim and child;  
• Assist family members in accessing legal and social services to address the domestic violence.

11. • Assist the primary caregiver to find appropriate temporary caregiver or child care services.

- |  |  |
|--|--|
| 12. Primary caregiver's gross deficits in parenting skills   | 12. • Assist primary caregiver in accessing parent skills training, parent aide or other services.   |
| 13. Hazards in the home due to substandard conditions such as lack of heating, exposed lead paint, rodent or pest infestation, lack of guardrails on windows above the first story | 13. • Assist primary caregiver in obtaining or negotiating with landlord to obtain services that address the specific hazards in the household;<br>• Assist primary caregiver in contacting local public health authorities as applicable;<br>• Assist primary caregiver in obtaining housing assistance services as applicable. |
| 14. Criminal activity in the household, such as prostitution or drug trafficking, that subjects the child to risk of violence  | 14. • Evaluate the primary caregiver's ability to protect the child and to provide reasonable assurance that the child is not at risk of violence associated with the criminal activity, which may include communication/ coordination with the criminal justice system.   |

## **Appendix B**

### **Procedures Regarding Abandoned Children**

**Purpose:** To assist in achieving permanency for abandoned children on an expedited basis.

**Definition of Abandoned Child:**

Under Massachusetts law, for child protective purposes, the term “abandoned” is defined as:

....being left without any provision for support, and without any person responsible to maintain care, custody and control because the whereabouts of the person responsible is unknown and reasonable efforts to locate any person have been unsuccessful. A brief and temporary absence from the home without intent to abandon the child shall not constitute abandonment. [See MGL c. 210, sec. 3(c)]

Under the MGL c. 119, § 39 1/2, an infant 7 days old or younger is not “abandoned,” if she/he is left with an appropriate person at a designated facility (i.e., a hospital, police department or manned fire station) and the Department determines that she/he has not been abused or neglected by her/his parents. However, for purposes of clinical and legal decision-making in these situations the Department follows the procedures in this appendix.

**When this information is applied to children in the Department’s custody, 3 groups emerge to whom different procedures apply (as specified below):**

- **Abandoned Children — Parents’ *Identity Unknown to Department:*** Children, typically infants, who are abandoned by their parent(s) and whose parents’ identity remains unknown to the Department despite best efforts to identify them. *(These are typically “babies left on doorsteps”, who are referred to as “foundlings” in various state laws. Also included are “Safe Haven” newborn infants whose parents’ identity remains unknown to the Department.)*
- **Abandoned Children — Parents’ *Whereabouts Unknown to the Department:*** Children who are abandoned by parents whose identity is known but whose whereabouts the Department is unable to determine despite best efforts. *(Includes subgroup of children in placement whose parents’ identity and whereabouts are initially known, but who subsequently become uninvolved and the Department has difficulty locating them, including certain parents of “Safe Haven” newborn infants.)*
- **Safe Haven Newborn Infants – Parents’ *Whereabouts and Identity Known to the Department:*** Newborn infants whose parents leave them when they are 7 days old or younger with appropriate persons in a designated Safe Haven but who identify themselves to the Department.

**Note:** As determining that a child is “abandoned” and appropriate Department action are dependent on the individual facts and development of a case to date, the applicability of the following procedures to expedite termination of parental rights (TPR) must be determined on a case-by-case basis, primarily through consultation by Legal and Clinical staff.

**Procedures: Abandoned Child – Parents’ *Identity Unknown to the Department***

1. **Notifications.** When an abandoned child (including a Safe Haven newborn infant whose parents’ identity is unknown to the Department) is brought to the Department’s attention, the Director of Areas/designee for the location in which the child is found consults with the Regional Director, who notifies the Deputy Commissioner for Field Operations, the Director of Public Affairs and Assistant Commissioner over foster care and adoption and the Regional Counsel re: the child’s abandonment and placement options.

To the extent possible, the goal is to place the child in a pre-adoptive home as soon as the Department is awarded custody, based on the assumption that the biological parent(s) will not come forward to claim the child or will not be identified.

*(See Frequently Asked Questions: A Guide to the Safe Haven Act)*

2. **Role of Central Office Director of Recruitment.** Participates in initial discussions re: the child’s abandonment and placement. She/he attends the PPC or coordinates with the Regional Director to designate a Regional Recruitment Supervisor to attend. The Central Office Director of Recruitment

and Recruitment Supervisor for the location in which the child is found provide for the most appropriate placement match to be made from among waiting pre-adoptive families statewide.

3. **Role of Regional Counsel/Designee.** Participates in initial discussions concerning the child's abandonment and placement and attends, or assigns an Attorney to attend, the PPC. The Regional Legal Manager and assigned Attorney discuss the case to determine the appropriate forum for the initiation of court action and prompt TPR. The Regional Counsel/designee contacts the Office of the General Counsel to initiate the process for issuance of the birth certificate pursuant to MGL c. 46, §1A, as necessary.
4. **Permanency Planning Conference (PPC).** The Director of Areas/designee convenes a PPC as soon as possible, but no later than 10 working days, after the child is identified as abandoned and/or placed in the Department custody. At the PPC, the permanency plan of adoption is established, and the Director of Areas/designee assigns an Adoption Social Worker to complete adoption-related activities, including writing the adoption plan and any other court-required reports. If a court determines that reasonable efforts to reunify are not required, a PPC must be held immediately.
5. **Initiating Court Actions.** Upon notification of the child's abandonment or the placement of a newborn infant by unidentified parents with a Safe Haven, the Regional Counsel/designee assigns an Attorney who immediately initiates a custody action. Regional Legal staff initiate the Department's TPR court action within 5 working days after the PPC, request expedited scheduling and hearing, and arrange for all notices to be published promptly. Prior to filing, Regional Legal staff consider requesting the court find that, in light of abandonment or Safe Haven placement by unidentified parents, reasonable efforts prior to removing the child from the home and to reunify the family are not required.
6. **Efforts to Identify Parent(s).** While the court case proceeds, the Adoption Social Worker, Regional Legal and other Department staff, as appropriate, continue to work with law enforcement officials, community agencies and media and to carry out and document efforts to determine the identity of the child's parent(s). Such efforts will not decrease, replace nor divert the Department's efforts to move the case forward to TPR.
7. **Clinical Issues.** While legal proceedings are pending, the Adoption Social Worker and other staff, as appropriate, continue to work with the child and pre-adoptive family on clinical issues relating to adoption.
8. **Preparation of Adoption Legalization Packet.** Within 30 calendar days after the date the child is freed for adoption, the Adoption Social Worker completes and forwards the legalization packet to the Regional legal office for review and filing, when clinically appropriate.
9. **Filing of Adoption Legalization Packet.** Regional Legal staff file the legalization packet with the court within 5 working days after receiving the completed packet from the Adoption Social Worker and request that the adoption be scheduled at the earliest possible date.
10. **Timely Adoption Placement and Legalization.** The Department's goal is to place an abandoned child in a pre-adoptive home as soon as possible, but in no event later than 3 months after the date the child is placed in the Department custody, and to complete the child's adoption legalization within 9 months after that date.

### **Procedures: Abandoned Children – Parents' Whereabouts Unknown to the Department**

1. **Determining Parents' Whereabouts.** When it is brought to the Department's attention that a child may have been abandoned or placed with a Safe Haven by a parent(s) whose identity is known to the Department, the Department makes every effort to fully identify and locate the parent(s) as quickly as possible. Information regarding the parent(s) may be available through such sources as: the child (if she/he is old enough to communicate), neighbors or landlord (if the child is found in the home, or is able to provide her/his home address). In placing the child, the Director of Areas/designee determines the most appropriate and potentially most permanent placement option based on available information. Placement with interested kin is the first consideration.

2. **Consultation with Legal.** Assigned Social Worker consults with the Department Attorney to determine appropriate court action and forum, so that the case may be resolved on an expedited basis if the Department is unable to locate the parent(s).
3. **Missing Parent/Caregiver Search.** The Department works with law enforcement officials, as well as kin and friends if known, to conduct an extensive search for the parent(s) and documents efforts made. The Director of Areas/designee identifies staff responsible for completing search activities and related documentation. (See Appendix C, “Missing Parent/Caregiver Checklist”)

*The search is completed within 60 working days after the date the child was determined to be abandoned. If at the end of the search period the parent(s) has not been located, the Director of Areas/designee convenes a PPC to review the child’s permanency plan.*

4. **Permanency Planning Conference.** Director of Areas/designee arranges for staff to attend the PPC who are knowledgeable about approved pre-adoptive parents statewide and about any kin who may be interested in adoption or guardianship of the child. At the PPC, participants review all steps taken to identify and locate the parent(s) and determine whether the child is abandoned within the meaning of MGL c. 210, §3. If further search efforts need to take place, the Director of Areas/ designee assigns specific staff to conduct these additional search activities and arranges to reconvene the PPC within one month.

If a court determines that reasonable efforts to reunify are not required, a PPC must be held immediately.

5. **PPC Establishes Permanency plan of Adoption or Guardianship.**

- **If the permanency plan of adoption is established,** the Director of Areas/designee assigns an Adoption Social Worker (if one has not previously been assigned) to be responsible for assessing kin and child-specific families as pre-adoptive placements; working with Department recruitment staff, MARE and other state, regional and national adoption exchanges in finding a pre-adoptive family for the child; preparing the adoption plan; and working with Regional legal staff on preparing any other necessary court documents.
- **If the permanency plan of guardianship is established,** the assigned Social Worker continues with the case, unless a PPC determines otherwise. She/he determines whether kin or a child-specific family is interested in guardianship or that another resource must be identified and completes all steps necessary to facilitate the permanency plan of guardianship, including preparation of the child’s permanency plan.

6. **Legal Adoption/Guardianship Activities.** Once a PPC establishes the permanency plan of adoption or guardianship, the Regional Legal Office requests that the court schedule all hearings on an expedited basis on the grounds that the child is abandoned. The Department Attorney also may request the court to find that, in light of abandonment, reasonable efforts to reunify the family are not required.
7. **Preparation of Adoption Legalization Packet.** Within 30 calendar days after the child is freed for adoption, the Adoption Social Worker completes and forwards the legalization packet to the Regional Legal Office for review and filing, when clinically appropriate.
8. **Filing of Adoption Legalization Packet.** Regional Legal staff file the adoption legalization packet within 5 working days after receipt of the completed packet and request that the adoption be scheduled at the earliest possible date.
9. **Completion of Guardianship.** If a PPC establishes the permanency plan of guardianship, Regional Legal staff consider whether to have the guardianship heard at the same time as or after the TPR. The assigned Social Worker works with Regional Legal staff to prepare documentation necessary for the guardianship to be filed and heard on an expedited basis.

### **Procedures: Safe Haven Newborn Infants – Parents’ Identity and Whereabouts Known to the Department**

1. **Notifications.** When a Safe Haven newborn infant whose parents identify themselves is brought to the Department’s attention, the Director of Areas/designee for the location to which the infant was brought consults with the Regional Director, Commissioner and Assistant Commissioner over foster

care and adoption regarding the parents' intentions for reunification and the infant's placement options. The newborn infant is placed with a pre-adoptive family only if the parents have clearly indicated that they do not plan to seek reunification and want their child to be adopted.

2. **Role of Central Office Director of Recruitment.** Participates in initial discussions re: the newborn infant's placement. She/he attends the PPC, or coordinates with the Regional Director to designate a Regional Recruitment Supervisor to attend. The Central Office Director of Recruitment and Recruitment Supervisor for the location of the Safe Haven determine the most appropriate placement. When the decision has been made to place the infant with a pre-adoptive family, the most appropriate match is made from among waiting families statewide.
3. **Role of Regional Counsel/Designee.** Participates in initial discussions concerning the newborn infant's legal situation and placement and attends, or assigns an Attorney to attend, the PPC. The Regional Legal Manager and assigned Attorney discuss the case to determine the appropriate forum for the initiation of court action and prompt TPR, when appropriate. The Regional Counsel/designee contacts the Office of the General Counsel to initiate the process for issuance of the birth certificate pursuant to MGL c. 46, §1A, if necessary.
4. **Information from Parents.** During the screening completed in response to the Safe Haven's 51A report regarding the newborn infant's placement, the Screener gathers as much information as possible from the parents regarding the newborn infant's and parents' medical histories, parents' reasons for leaving the newborn infant in the Safe Haven, the parents' intentions regarding reunification and information regarding extended family, including identifying information.
5. **Permanency Planning Conference (PPC).** Director of Areas/designee convenes a PPC as soon as possible, but no later than 10 working days, after the Safe Haven newborn infant is placed in the Department custody. If a court determines that reasonable efforts to reunify are not required, a PPC must be held immediately. At the PPC, the newborn infant's permanency plan is established taking into consideration the information learned from the parents during intake. If the PPC establishes adoption as the newborn infant's permanency plan, the Director of Areas/designee assigns an Adoption Social Worker to complete adoption-related activities, including writing the adoption plan and any other court-required reports.
6. **Initiating Court Actions.** Upon notification that the newborn infant has been left at a Safe Haven, the Regional Counsel/designee assigns an Attorney who immediately initiates a custody action. Regional Legal staff initiate the Department's TPR court action within 5 working days after the PPC, request expedited scheduling and hearing, and arrange for all notices to be published promptly. Prior to filing, Regional Legal staff consider requesting the court find that, in light of the Safe Haven placement and the parents' intentions that reunification not occur and the infant be adopted (as applicable), reasonable efforts to reunify the family are not required.
7. **Clinical Issues/Concurrent Planning.** While legal proceedings are pending, the newborn infant's Social Worker and other staff, as appropriate, continue to work with the parents and extended family on clinical issues relating to reunification. Concurrently, the Adoption Social Worker (when assigned) and other staff, as appropriate, continue to work with the infant and pre-adoptive family on clinical issues relating to adoption.
8. **Preparation of Adoption Legalization Packet.** Within 30 calendar days after the date the infant is freed for adoption, the Adoption Social Worker completes and forwards the legalization packet to the Regional Legal office for review and filing, when clinically appropriate.
9. **Filing of Adoption Legalization Packet.** Regional Legal staff file the legalization packet with the court within 5 working days after receiving the completed packet from the Adoption Social Worker and request that the adoption be scheduled at the earliest possible date.
10. **Timely Adoption Placement and Legalization.** The Department's goal is to place a newborn infant who has been placed in a Safe Haven in a pre-adoptive home as soon as possible after the determination is made at a PPC that adoption is the appropriate permanency plan for the infant, but in no event later than 3 months after the date of that PPC, and to complete the infant's adoption legalization within 9 months after that date.



## **Appendix C**

### **Missing Parent/Caregiver Checklist**

***The following are actions that the Social Worker or other Department staff designated by the Director of Areas/designee may complete for the purpose of locating a missing parent or other caregiver. In completing these actions, the confidentiality of family members must be respected. Legal staff and “search” specialists are available to provide consultation and assistance. Information regarding the actions taken to locate missing parents/caregivers, including non-custodial parents, and the associated outcomes are documented in dictation with dates, including refusal by any of the below-listed sources to provide requested information. This dictation also identifies:***

- ***Name(s) of missing parent(s)/caregiver(s)***
- ***Last known address***
- ***Date of last contact with the Department***

#### **Action Taken to Locate Missing Parent/Caregiver**

- Visit last known address
- Search internet
- Contact known kin, friends, and landlord to determine current address
- Send letter to last known address
- Identify forwarding address through the post office
- Contact service providers/community agencies known to have been involved with family
- Check local telephone book and contact “Directory Assistance”
- Contact last known employer
- Use Area Office contact to search Registry of Motor Vehicles database
- Contact law enforcement authorities [e.g., local and state police; Department of Corrections (*See List, included below, of Contacts/Telephone #s of Massachusetts Correctional Facilities*); Parole Board (*Main Telephone Number: (617) 727-3271*)]
- Review Criminal Offender Record Information (CORI) conducted during screening and investigation of 51A reports or assessment and provision of case management services in an open protective case
- Contact local Department of Transitional Assistance
- Contact Office of Child Support Enforcement within the Department of Revenue
- Check Board of Elections Voter Registration
- Check with Department of Public Health, Bureau of Vital Statistics, for death certificate by completing “Application for Vital Records” in the electronic case record
- Contact Federal Parent Locator Service, if accessible
- Other actions taken to locate missing parent(s)/caregiver(s)

## **Massachusetts Correctional Facilities**

### **Contacts for Locating Incarcerated Parent/Caregiver**

- **MCI Facilities** (Cedar Junction, Concord, Framingham, Lancaster, Norfolk, Plymouth, and Shirley), call **Central Inmate: (617) 727-1950, ext. 503** to find the name and telephone number of the facility in which the person is located.
- **Nashua Street Jail (Suffolk County Jail):** (617) 635-1100, ext. 6659.
- **South Bay House of Correction:** (617) 989-6513 (Steve Jacobs, Chief Inspector).
- **County Facilities:**
  - Barnstable County Jail and House of Correction: (508) 375-6200 (also for Nantucket County information).
  - Berkshire County Jail and House of Correction: (413) 443-7220.
  - Bristol County Jail and House of Correction (New Bedford):  
(508) 996-6704 or (508) 995-6404.
  - Bristol County Jail and House of Correction (N. Dartmouth) and Pre-Release Center: (508) 995-6400.
  - Dukes County Jail and House of Correction: (508) 627-5173.
  - Essex County Correctional Facility (Middleton): (978) 750-1900.
  - Essex County Correctional Facility (Lawrence): (978) 687-7136.
  - Franklin County Jail: (413) 774-4014.
  - Hampden County Jail and House of Correction and Correctional Facility at Stony Brook: (413) 547-8000.
  - Hampshire Jail and House of Correction: (413) 584-5911.
  - Middlesex County Jail: (617) 494-4410, ext. 4435.
  - Nantucket County: (See Barnstable County information)
  - Norfolk County Correctional Center: (781) 329-3705, ext. 261.
  - Plymouth County Correctional Facility: (508) 830-6200.
  - Worcester County Jail and House of Correction: (508) 854-1800.

## **Appendix D**

### **Permanency Planning Differential Assessment Tool**

The following are factors to consider in permanency planning decision-making throughout the life of a case. This tool is intended to serve as additional guidance and may be used to assist at key junctures such as identifying areas in which the Department can provide families with additional supports for remaining intact, assessing the prognosis for reunification and determining whether an alternative permanency plan needs to be developed for a child.

#### **FAMILY STRENGTHS / EARLY REUNIFICATION INDICATORS**

##### **Parent-Child Relationship**

- Parent(s) shows empathy for child.
- Parent(s) responds appropriately to the child's verbal and non-verbal signals.
- Parent(s) has an ability to put the child's needs ahead of her/his own.
- When they are together, child shows comfort in presence of parent(s).
- Parent(s) has raised child for a significant period of time.
- In past, parent(s) has met child's basic physical and emotional needs.
- Parent(s) accepts some responsibility for the problems that resulted in the Department's involvement.

##### **Current Parent Support System**

- Parent(s) has positive, significant relationships with other adults who seem free of overt problems (spouse, parents, kin, friends).
- Parent(s) has a meaningful support system that can help her/him now (e.g., church, job, counselor).
- Extended family is nearby and capable of providing support.

##### **Past Support System**

- Extended family history shows family members are able to help appropriately when one member is not functioning well.
- Relatives came forward to offer help when child needed placement.
- Relatives have followed through on commitments in the past.
- There are significant other adults, not blood relatives, who have helped in the past.
- Significant other adults have followed through on commitments in the past.

##### **Family History**

- Family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis.
- Parental history shows consistency of parent caregiver.
- Parental history shows evidence of childhood needs being met adequately.

##### **Parent's Self-Care and Maturity**

- General health is good.
- Uses medical care for self appropriately.
- Hygiene and grooming are consistently adequate.
- Has a history of stability in housing.
- Has a solid employment history.
- Has graduated from high school or has a GED or has employable skills.

### **Child's Overall Development**

- Shows age-appropriate cognitive abilities.
- Is able to attend to tasks at age-appropriate level.
- Shows evidence of conscience development.
- Has age-appropriate social skills.
- Major behavioral problems are absent or managed.
- Health care needs have been met routinely.

### **POOR PROGNOSIS INDICATORS**

#### **Catastrophic Prior Abuse**

- Parent(s) has caused the death of or seriously harmed a child through abuse or neglect, and no significant change has occurred in the controlling factors of the parent(s) situation.
- Parent(s) has repeatedly physically abused this child.
- Child has experienced sexual abuse or serious physical abuse, as a result of the actions or inactions of her/his parent(s). (Treatment of parents may be so difficult and lengthy that child spends years in foster care.)

#### **Dangerous Lifestyle**

- Parent(s) only support system and means of financial support are found in illegal drugs, prostitution, and street life.
- Parent(s) is addicted to debilitating illegal drugs or to alcohol.
- Documented pattern of domestic violence between partners of one year or longer without termination of the relationship.
- Parent(s) has been criminally charged with, or convicted of, recklessly or intentionally causing the death of another adult, or has a recent history of other serious criminal activity.
- Mother abused drugs and/or alcohol during pregnancy.

#### **Significant Protective Services History**

- Parental rights to another child have been terminated following a period of service delivery to the parents and no significant change has occurred in the interim.
- There have been 3 or more protective service interventions for separate incidents, indicating a chronic pattern of abuse or severe neglect.
- In addition to emotional trauma, the child has suffered more than one form of abuse, neglect, or sexual abuse.
- Other children have been placed for periods exceeding 6 months, or have had repeated placements with protective service intervention.
- This child has been abandoned; or once the child is placed in substitute care, the parent(s) does not visit of her/his own accord.
- There is continued risk of serious harm to the child despite long term protective service prevention measures such as intensive family intervention or other home-based services; visiting public health nurse; child care.
- Parent(s) is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed due to parent(s) behavior.
- Parent(s) has requested placement of her/his child on more than one occasion following the initial intervention.

### **Other Indicators**

- Parent(s) has demonstrated little understanding of, or ability to provide, normal family life, because she/he was raised, or spent a significant part of her/his childhood, in institutional settings or in a family in which there was serious, ongoing intergenerational abuse.
- Parent(s), diagnosed with severe mental illness (psychosis, schizophrenia, borderline personality disorder, sociopathy), has not responded to previously provided mental health services. Parent(s) symptoms continue, rendering parent(s) unable to protect and nurture child.
- Parent(s) has a diagnosis of chronic and debilitating mental illness: psychosis, schizophrenia, borderline personality disorder, sociopathy, or other illness that responds slowly or not at all to current treatment modalities.
- Parent(s) is intellectually impaired, has shown significant self-care deficits, and has no support system of kin able to share parenting. The fact that a parent has an intellectual impairment or a certain IQ score does not mean the parent cannot adequately care for their child or that removal of the child is needed. Parents or caregivers with disabilities must be assessed on an individualized basis and determinations regarding their parental capacity must be based on objective facts and not on stereotypes or generalizations about individuals with disabilities.

[Based on "Foster Care Drift: A Risk-Assessment Matrix," Child Welfare, by Linda Katz and Chris Robinson; "Concurrent Permanency Planning—Differential Assessment Tools" by National Resource Center for Permanency Planning; and concurrent planning materials from Lutheran Social Services of Washington and Idaho]

## **Appendix E**

### **Child Permanency Assessment**

**DEFINITION:** Set of activities completed for each child for whom a PPC has identified a permanency plan of adoption. Process culminates in written “Child Permanency Assessment and Adoption Information Disclosure Form” (or comparable narrative summary).

**PURPOSE:**

- To understand child's specific strengths, interests/hobbies, needs and readiness for adoption or another permanency plan other than reunification or stabilization of family.
- To identify child's significant, positive relationships and to develop a permanency plan that will support her/him in maintaining those relationships on a life long basis.
- To assist child in satisfying her/his need to know about her/his birth family.
- To develop a plan for any specific services needed to prepare child for the recommended permanency plan.
- To assist prospective adoptive, guardianship, kin or other life long family connection in understanding child's life experiences and needs.
- To assist prospective adoptive, guardianship, kin or other life long family in understanding services child and family will need to ensure the permanency plan's success.

**RESPONSIBILITY:** Adoption Social Worker assigned within 5 working days after a PPC establishes a permanency plan of adoption as the child's permanency plan (unless activity is sent to a contracted provider).

**TIMEFRAME:** Activities and “Child Permanency Assessment and Adoption Information Disclosure Form”/narrative summary are completed within 55 working days after date of assignment.

**ASSESSMENT ACTIVITIES:** At a minimum, Adoption Social Worker:

- Reviews child's case record and updates the following information as necessary:
  - health care history and current status, including current medical, mental health and dental examinations reports and information regarding treatments and medications with timeframes and reasons;
  - behavioral profile;
  - developmental history, including developmental milestones and prenatal and birth history;
  - educational history and current status, including grade level, educational performance, special skills or interests and current educational evaluation and Individualized Education Plan (IEP), as applicable;
  - any other information relevant to child's growth and development, including reports, assessments and evaluations (as applicable) dealing with reason(s) for treatment, including current treatment modality, frequency and duration of treatment, prognosis and recommendations for ongoing treatment;
  - history of previous caregivers, including the length of time in each one's care, circumstances of placing the child with and removing the child from each caregiver.
- Reviews documents relating to 6 Week Placement Review.
- Completes at least 2 home visits with child and current placement resource, during which information is exchanged regarding the child's current functioning and interest of foster parent in adopting the child (when child placed with foster family).
- Consults with collaterals, including as applicable: therapists, physicians, teachers, court and social service providers, and specialists who have evaluated child.

- Interviews previous foster parent(s) and other caregivers, as applicable, and members of birth family, if deemed appropriate.
- Requests specialized evaluations as needed (e.g., sexual abuse, educational, developmental, psychological, psychiatric and/or neurological).
- Completes tasks related to legal work such as obtaining child's birth certificate (with official seal) and other needed vital records, submitting missing child search request, preparing court-related documents.
- Completes "Child Permanency Assessment and Adoption Information Disclosure Form"/narrative summary.
- Begins to prepare supportive, information-sharing tools such as child's "lifebook", timeline and/or ecogram.

**OUTCOME POSSIBILITIES:**

- Adoption is appropriate permanency plan for child; current foster family is recommended adoptive placement.
- Adoption is appropriate permanency plan for child; child needs to have adoptive resource identified. Immediately review and send "Child Profile/Adoption Recruitment Photolisting" for Adoption Supervisor's review to refer child to recruitment staff and Massachusetts Adoption Resource Exchange (MARE).
- Adoption is appropriate long-term permanency plan for child, but child is not now ready for adoption.
- Adoption is not appropriate permanency plan for child; reconvene PPC.
- Permanency plan other than adoption, reunification or stabilization of family is appropriate for child; convene (or reconvene) PPC to establish child's permanency plan.

**REVIEW AND DECISION-MAKING:**

Director of Areas/designee or Regional Director/designee review "Child Permanency Assessment and Adoption Information Disclosure Form"/narrative summary and determine outcome, consulting with the Adoption Supervisor and/or Legal staff as needed.

**ACTIVITIES UPON COMPLETION OF ASSESSMENT:**

Assigned Adoption Social Worker:

- Completes "Child Permanency Assessment and Adoption Information Disclosure Form"/narrative summary within 55 working days after date of assignment.
- Provides for completed "Child Permanency Assessment and Adoption Information Disclosure Form"/narrative summary, including outcome, to be included in child's record (adoption case record, when established).
- Provides for completed "Child Permanency Assessment and Adoption Information Disclosure Form"/narrative summary to be included in child's adoption record and information and document to be shared with prospective adoptive parent(s).
- Sends copies of "Child Permanency Assessment and Adoption Information Disclosure Form"/narrative summary to:
  - Social Worker responsible for birth family and contacts her/him to discuss follow-up,
  - Family Resource Worker, if adoption by current foster family is being considered (see Appendix G, "Pre-Adoptive Licensing Study"), and
  - Recruitment Worker, if match is being sought for child.

## **Appendix F**

### **Pre-Adoptive Licensing Study**

**DEFINITION:** Set of activities completed for current foster family when permanency plan for a child placed in their home changes to adoption at a PPC and foster family expresses interest in adopting her/him. Process culminates in written “Pre-Adoptive Licensing Study.”

**PURPOSE:**

- To mutually explore current foster family’s ability and willingness to make a long-term commitment to specific child.
- To evaluate current foster family’s understanding of child’s life experiences.
- To determine current foster family’s ability to continue focusing on child’s needs regarding adoption issues.

**RESPONSIBILITY:** Adoption Social Worker; task is assigned within 5 working days after PPC.

**TIMEFRAME:** Activities and assessment are completed within 55 working days after date of assignment. Pre-Adoptive Licensing Study can be completed concurrently with Child Permanency Assessment.

**ASSESSMENT ACTIVITIES:** At a minimum, Adoption Social Worker:

- Obtains written confirmation that current foster family is interested in adopting child whose permanency plan changed to adoption at PPC.
- Reviews Foster/Adoptive Family Record, including initial License Study, Reassessments/License Renewal Studies and reports by social work staff and/or collaterals.
- Completes at least 2 home visits to current foster family, during which a mutual process of information-sharing occurs between family and Social Worker to determine whether permanency plan of adoption is in child’s and foster family’s best interests.
  - Individual interviews are conducted with child to be adopted, each prospective adoptive parent, and all other household members.
  - Includes at least verbal sharing of information regarding specific child to be adopted as required for adoption information disclosure purposes. Written “Child Permanency Assessment and Adoption Information Disclosure Form”/narrative summary must be provided, and the potential adoptive parent(s) must sign to acknowledge receipt.
- Completes background record checks for all household members age 14 and older and on younger children (and children of any age in the Department care or custody) about whom concerns exist (unless home re-approved/license renewed within previous 6 months).
- Unless completed during previous 6 months, completes a **school** reference check for each school-age child and each younger child who participates in a pre-school or day care program, and completes the following references when determined necessary, in consultation with the Supervisor, due to the possible impact on the caregiver’s ability to carry out the responsibilities of pre-adoptive parent:
  - 1 written **employer** reference for each employed prospective adoptive parent and 1 for head of household -- if not prospective adoptive parent, whose employment status has changed since the License Study or last Annual Reassessment/License Renewal Study;
  - 1 written medical reference for each household member about whom concerns exist; and
  - other contacts as determined necessary.
- Completes “Pre-Adoptive Licensing Study” in the electronic case record and obtains review/approval (see below) indicating that family complies with Department licensing standards and Department of Early Education and Care regulations.



- Arranges for “bonding/attachment” evaluation between child and foster family, when concerns exist.

**INFORMATION IN “PRE-ADOPTIVE LICENSING STUDY”:**

Includes Reassessment/License Renewal Study information relevant to type of foster family, plus following adoption-specific information:

- Foster family’s knowledge and understanding of child’s birth family history and life experiences.
- Foster family’s sensitivity, ability and interest in meeting needs of child from different racial, ethnic and/or linguistic background.
- Foster family’s perception of, understanding of and ability to meet specific child’s current and future needs.
- Relationship between household members and specific child.
- Roles and responsibilities of foster parents, biological children, foster children and adoptive children and expectations for specific child as family member.
- Foster parent experience disciplining specific child.
- Attitudes towards child’s birth parents/other kin.
- Knowledge of, attitudes toward and past experience with adoption.
- Significance of changes in foster family since initial License Study and/or last Reassessment/License Renewal Study.
- Foster family’s strengths and areas needing support.
- Recommended outcome, including reasons.

**OUTCOME POSSIBILITIES:**

- Foster family is approved as adoptive resource for specific child; home remains open for future foster placements.
- Foster family is approved as adoptive resource for specific child; home is closed to future foster placements.
- Foster family is denied as adoptive resource for specific child; immediately complete “Child Profile/Adoption Recruitment Photolisting” to refer child to recruitment staff and Massachusetts Adoption Resource Exchange (MARE).

**REVIEW AND DECISION-MAKING:**

Supervisor and Director of Areas/designee or Regional Director/designee review “Pre-Adoptive Licensing Study” and determine outcome.

**ACTIVITIES UPON COMPLETION OF ASSESSMENT:**

Adoption Social Worker:

- Completes “Pre-Adoptive Licensing Study” in the electronic family resource record within 55 working days after date of assignment.
- Notifies foster family in writing immediately of outcome.
- Sends copy of completed “Pre-Adoptive Licensing Study” to family’s Social Worker and contacts her/him to discuss follow-up.
- Notifies Family Resource Worker for foster family that “Pre-Adoptive Licensing Study” is complete and outcome.

## **Appendix G**

### **Child Profile/Adoption Recruitment Photolisting**

When no prospective adoptive family has been identified for a child for whom adoption is the permanency plan, the Adoption Social Worker obtains from the electronic case record the “Child Profile/Adoption Recruitment Photolisting” document. She/he reviews the document and forwards it for the Adoption Supervisor’s review within 30 calendar days after the Permanency Planning Conference. The “Child Profile” is then used to support the Department recruitment for an adoptive family with state and national recruitment and matching programs.

The “Child Profile” includes:

- Child’s Name
- Date of Birth
- Social Worker
- Area Office and Telephone Number
- Race
- Custody Status
- Language(s)
- Placement History (including resource name, start date, end date and reason for removal)
- Sibling Placement History (including sibling name; resource name; start date; end date; whether siblings are to be adopted with this child and total number in group; if not adopted together, does child need contact with siblings)
- Permanent Plan
- School Name, Town, Grade, District, Education Type, Educational Decision-Maker
- Day Care Name
- Whether child is prepared for adoption recruitment
- Whether foster parent has been notified of intent to recruit
- Whether kinship search has been completed
- Whether there is birth parent visitation and if yes, frequency
- Behaviors/Conditions (including treatment for observed/diagnosed behaviors/conditions and date reported)
- Child’s Strengths (including interests/hobbies)
- Whether child is receiving therapy from a non-contracted or 3<sup>rd</sup> party payable Clinician/Therapist (including clinician/therapist name, agency, address, telephone)
- Worker Signature/Date

## **Appendix H**

### **Family Profile**

When no prospective adoptive family has been identified for a child for whom adoption is the permanency plan, the Recruitment Worker prepares in the electronic family resource case record a “Family Profile” for each potential matching adoptive family. She forwards the profiles to the Area Adoption Supervisor via e-mail attachment or hard copy and follows up within 2 weeks with the Supervisor and/or Social Worker to determine whether a match continues to be needed.

The “Family Profile” includes:

- Name of Resource
- Name of Spouse/Partner
- Resource and Spouse Partner Data [including name, DOB, address, language(s), occupation, race, religion, marital status and date of marriage]
- Most Recent CORI/BRC Date and Results (for both resource and spouse/partner)
- Most Recent Department History Check and Results (for both resource and spouse/partner)
- Immediate Relatives and Household Members (including name, relationship, DOB, address – if different, BRC result, Department history result)
- Most Recent Assessment and Date
- Special Needs Specified (including behavioral, physical, emotional, cognitive and other characteristics)
- Preferences [regarding child(ren)’s gender, minimum age and maximum age, whether the family will accept siblings]
- Department Office/Agency, Address and Telephone
- Family Resource Worker and Supervisor Names

**Appendix I**

**Overview of Permanency Reviews for Children in Placement**

