

DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 WEST SARATOGA STREET
BALTIMORE, MARYLAND 21201

DATE: October 1, 2009 (Revised)

POLICY # SSA 10-11

TO: Directors, Local Departments of Social Services
Assistant Directors, Local Departments of Social Services

FROM: Carnitra White, Executive Director 
Social Services Administration

RE: Policy regarding placement of children in DHR's care

PROGRAMS AFFECTED: Out of Home Placement, Resource Home Units

ORIGINATING OFFICE: Office of Child Welfare Practice and Policy

ACTION REQUIRED OF: All Local Departments

REQUIRED ACTION: Implementation of placement protocols

ACTION DUE DATE: October 1, 2009

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Purpose:

The purpose of this policy is to provide guidance to Local Departments of Social Services (LDSS) concerning best practices to help prioritize the placement of children in family settings. Maryland's Place Matters philosophy is that all children deserve to be raised by a loving and supportive family. This policy supplements other Place Matters strategies by re-emphasizing the importance of family and community placement for children in DHR's care. As such this policy outlines strategies that both 1) ensure the best possible placement of children, and 2) promote regular assessment, review, and timely permanency for those children who come into and remain in Out of Home Placement.

In enacting this policy, SSA seeks to improve safety, permanency and well being for children who enter out of home placement. Specifically this policy is designed to: 1) increase the percentage of children living safely with families; 2) decrease the percentage of children living in congregate care; 3) decrease the length of stay of children living in congregate care; 4) decrease the length of time to permanency for children in congregate care; and 5) increase the level of family and youth engagement in planning, treatment and decision making.

Background:

In FY08, the Secretary of the Department of Human Resources introduced a new initiative in Maryland entitled "Place Matters." This initiative is designed to improve the continuum of services for Maryland's children and families. It promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The goals of the Place Matters Initiative are:

- Keep children in families first
 - Place more children who enter care with relatives or in resource families as appropriate and decrease the numbers of children in congregate care.
- Maintain children in their communities
 - When children enter out of home placement, keep them in their home communities whenever possible.
- Reduce reliance on out of home care
 - Provide more in-home supports to help maintain children in their families.
- Minimize the length of stay
 - Reduce length of stay in out-of-home care and promote permanency for all children.
- Manage with data and redirect resources
 - Ensure that managers have relevant data to inform decision-making, oversight, and accountability. Shift resources from the back-end to the front-end of services.

The "Family Centered Practice" model is a major component of Place Matters. Families are viewed from a strengths based perspective and encouraged to take an active role in decision making when child welfare interventions become necessary. The basic premise is that involving families will encourage and support their efforts in making safety and permanency decisions for their children. The entire family is the focus of the intervention. Community resources are

engaged to connect families with the services needed to support them in planning for the safety, well-being and permanence of their children.

Placement Protocol

Placement of a child in out of home care is a serious undertaking which has the potential to both assist the child in being safe and well-cared for, and to impose trauma by removing a child from his/her family and friends, neighborhood, school, and community. Therefore the placement decision must be carried out thoughtfully in order to:

1. Make the best individualized decision tailored to the child and family's needs and strengths;
2. Provide the least restrictive family-like placement;
3. Give kin/relatives priority over other out of home placement providers, assuming they meet COMAR requirements and placement with them is in the child's best interest;
4. Keep siblings together whenever possible;
5. Keep children in their home school and jurisdiction whenever possible;
6. Minimize trauma to the child and family; and
7. Enhance the likelihood of permanency.

Maryland's placement protocol:

1. Prioritizes permanency;
2. Specifies preference for children living in families and in their communities;
3. Requires that children and families be involved in decisions about their lives;
4. Outlines appropriate use of congregate care;
5. Discourages comingling with Juvenile Services' youth; and
6. Requires an approval/sign-off process for congregate care placements.

Placement Hierarchy

When a child must be removed from his/her home, placements shall be considered in the following priority order:

1. Kinship Care/Restricted Foster Care. When placing with kin, the local department staff shall:
 - a. Inform prospective kinship provider that they have the option to become an approved foster home or a kinship provider;
 - b. Explain the rights and responsibilities under each option; and
 - c. Complete an assessment as prescribed in COMAR 07.02.09.03(D).
2. Public Family foster home.
3. Treatment foster home (public or private).
4. Congregate Care.

Placement Decision-Making Process

The worker shall complete the following as part of every placement decision regardless of the type of placement being explored. Background information supporting the decision shall be documented by the worker in a contact log and in the case plan. The worker shall:

1. Complete an assessment of the child and family which examines safety and risk, strengths, and needs (including physical and behavioral health, educational, cultural/religious). Completion of the Maryland Family Risk Assessment (MFRA) is acceptable or assessment may be documented in Contact Log;
2. Convene a family involvement meeting which includes participation of birth parents and/or kin, as well as the youth (with a physical and developmental age of 12 or older) covering the following:
 - a. an initial placement plan which addresses treatment goals and youth and family involvement in any treatment and service plan;
 - b. parent and sibling visitation schedule/arrangements;
 - c. educational, and health/ behavioral health issues;
 - d. supports and services needed to achieve permanency goals; and
 - e. how this placement will contribute to the child's permanency.
3. Ask the youth about his/her desires regarding placement;
4. Ask the youth about possible placement resources including kin/relatives and non-related adults with whom they have a significant and ongoing relationship; and
5. Ask the family about possible placement resources including kin/relatives and non-related adults with whom the child has a significant and ongoing relationship.
6. Caseworker shall consider all placement options according to the best interest of the child including in-state, out-of-state or tribal services areas (in state or out of state). Details on how the placement meets the best interest of the child should be entered on caseplan 2 section 3.

If a non-family setting placement is recommended (i.e not kinship, regular foster care or treatment foster care), the worker shall document the following additional information in a contact log as well as in the case plan:

1. Exploration of all other resources including kin/relatives, family foster home, and treatment foster home and the specific reasons they each were determined to be inappropriate;
2. Facts that illustrate the child's need for supervision and therapeutic intervention which cannot be provided in a family setting and why wraparound/support services are not available in the family setting or would not be enough to meet the needs of the child;
3. All other supervision and service options that have been explored and an explanation of why it has been determined that these supervisory supports and services cannot be provided in a family setting; and
4. Whether the recommendation for a non-family setting emanated from a family meeting and any information that supports that decision.

If a child has been placed in a foster family home or child-care institution a substantial distance from the home of the parent(s), in a different State, or outside the tribal service area sets forth the reasons why such a placement is in the best interests of the child. If a determination is made by the LDSS that a child requires placement out of state, the caseworker must document in the

contact notes and case plan 2 why it is in the best interest of the child to be placed out of state. An out of state placement includes any placement not within Maryland, including placement in out of state tribal service areas. Maryland has no designated tribal service areas within the state.

Co-Mingling and placing Child under age 13 in congregate care

A. Co-Mingling with DJS youth

1. A co-mingled group home is defined as a group home that accepts children from both the Departments of Human Resources and Juvenile Services within the same units. Shelter, Respite, Diagnostic Centers, Therapeutic Group Homes, Residential Treatment Centers, , and specialized programs serving children with an IQ under 70, autistic, blind, deaf or who are medically complicated are exempt from the policy on co-mingling. DSS/DJS co-committed youth are also exempt from the policy.
2. The Local Department Director or Designee may approve placement of a youth in a co-mingled group home. Approval for placement in a co-mingled group home may be granted when:
 - a. The child is age 13 or over;
 - b. Family Foster Care Resources have been ruled out;
 - c. Treatment Foster Care Resources have been ruled out;
 - d. Placement options in non co-mingled group home facilities have been ruled out;
 - e. The placement meets the needs of the youth; And
 - f. It has been determined that the placement is not contrary to the welfare of the child.

B. Children under Age 13 in Congregate Care

1. Children under the age of 13 shall not be placed in any group home unless the placement enables siblings to remain together, and the children are placed in separate accommodations from DJS youth.
2. The Local Department Director or Designee must approve the placement of all children under the age of 13 in any group home. Approval may only be granted when:
 - a. Family Foster Care Resources have been ruled out;
 - b. Treatment Foster Care Resources have been ruled out; and
 - c. The placement meets the needs of the child; or
 - d. The placement supports achievement of the child's permanency plan; or
 - e. The placement enables the placement of siblings together.

Co-Mingled and under age 13 approvals shall be faxed to SSA at (410)333-6556 by the next business day.

Ongoing Assessment of Placement

At the time of reconsideration (caseplan completed at least every 6 months to assess the appropriateness of OHP services), the LDSS shall conduct an individual assessment for all children to identify whether the child may be able to transition to a foster family, kinship provider, adoptive home or to their family of origin, and to update the child's permanency plan. The assessment shall be documented on Caseplan 2, under Placement Services.

Process for Assessment/Review: The process for assessing each child should include the following:

1. Reassess and identify child and family strengths;
2. Speak with the child and their parents;
 - a. inform them about the assessment process and their role in family meetings;
 - b. determine what they want for the future; and
 - c. identify potential permanent family resources including kin/relatives and other adults the child identifies as being significant to them.
3. Develop a recommendation based upon the following (this is a list of options, not an exhaustive list);
 - a. Child and family's strengths and needs;
 - b. Effectiveness of current services and interventions;
 - c. A plan for future services; and
 - d. Assessment of safety and risk of future abuse/neglect.
4. If the recommendation is to transition the child;
 - a. Develop a transition plan that includes all steps necessary to be completed to make the transition a success. The plan shall be documented in Caseplan 2, Placement Services. The plan should include how the child and family will be involved in planning, treatment and decision making. The specific steps shall be incorporated into the service agreement.
5. If the recommendation is for the child to remain in current placement;
 - a. Continue to pursue the possibility of transitioning the child to a permanent family through regular visits with the child and family;
 - b. Complete an updated treatment and permanency plan that outlines the specific steps needed to help the child reach permanency, along with who is responsible for carrying out each task, and place in the child's case file; and
 - c. Conduct a reassessment in 6 months as part of the reconsideration process.