Welcome

Children's Quality Service Review Initiative (CQSRI)

FFPSA Clearance Requirements

Placement Resources Discussion

Contracts and Monitoring Update

Questions and Answer Period
Reform Initiative (RSRI)
Children's Quality Service

Jennifer Lowther
the specific needs of the child, the clinical needs of the child, and the specific
funds for out-of-home placements in non-family settings will be limited based on
home services in order to prevent out-of-home placement. Federal Title IV-E
will let states use some of their funds to support children and families through in-
relatives or in other family-like settings.

Recently, the federal Family First and Prevention Services Act was passed, which
across child- and family-serving systems, there is growing emphasis on keeping

Background
Rates for services should align with the quality and level of clinical care being provided and need within community-based settings, consistent with public safety.

Who are involved with the Juvenile Justice System should be provided with the services and supports they need without community-based settings, consistent with public safety.

Who are involved with the Juvenile Justice System should be involved in treatment foster care or congregate care settings for a time-limited duration to
dormitories, or other private, open market housing;

who have been removed from their homes due to child maltreatment should be placed in family homes;

who have been removed from their homes and communities whenever possible;

Maryland envisions a system where children and youth are served in their homes and communities that is appropriate.

 already heading!

Federal changes align with where Maryland was.
This is your starting point. Where you come in will determine your path forward.

**Strive & Thriving Communities**
- **Families & Well-being of Children**
  - Enhanced resilience
  - Support to family & caregivers
  - Access to home & community-based services
  - Timely & lasting permanency & placement
  - Reduced need for out-of-home placements
  - Reduced foster care for children
  - Increased universality

**Evidence**
- CQI
- Comprehensive
- Care
- Evidence

**Community & Multi-agency Coordination**
- Multisciplinary & multi-agency
  - Domestic violence interventions
  - Increased housing
  - Increased education
  - Increased economic

**Other Youth Services**
- Substance use disorder services
- Behavioral health services
- Trauma response services

**Comprehensive and evidence-based service array across the continuum**
- EBP's
- Comprehensive

**Family-centered, community-focused, strengths-based, trauma-responsive practice**

**Family Blossom: Place Matters**

**DHS/SSA Strategic Direction**
DHS has also contracted with The Hilltop Institute at UMBC to support the development and actuarial soundness of the rates.

- The Institute for Innovation & Implementation (The Institute) at the University of Maryland School of Social Work is providing project management, technical assistance, and analysis.
- Other Cabinet Agencies.
- The OSRI is led by DHS with the Maryland State Department of Education, Department of Juvenile Services, and Maryland Department of Health, as well as setting activities that have taken place over the past several years.
- The OSRI builds on the work of the 2013 Joint Chairman's Report and the Rate.
- Service Reform Initiative (OSRI).

Children's Quality Service Reform Initiative (OBSRI)
Shorter term Program:
- A better approach to align funding so that it supports a highly therapeutic and improving services.
- Engages families, youth, providers, and agencies in evaluating outcomes and focuses on individualized, strengths-based, trauma-responsive, and family-driven care that is measured through a robust continuous quality improvement process that strengthens family, child, youth, and provider engagement.
- A focus on individualized, strengths-based, trauma-responsive, and family-driven carre.
- A continuum of services and supports while maximizing the use of federal dollars.
- A design for a comprehensive service array of home- and community-based services.
- A shared vision for how Maryland serves and supports children, youth, and families who are involved with Maryland's child- and family-serving agencies.

The Osiris

What does Maryland hope to accomplish with

 Integrating Systems • Improving Outcomes

INNOVATION & IMPLEMENTATION

THE INSTITUTE FOR
What is the plan for the next year?
What else should we know?

Innovations & Implementation
The Institute for Integrating Systems • Improving Outcomes

...
Questions?
Placement Overview
Placement and Permanency Program
Social Services Administration

Human Services
Maryland State Department of
HOW FAR WE'VE COME -
TOTAL # OF YOUTH

# of Youth (MDCHESSIE)

# of Youth

SFY 2016
79

SFY 2017
92

SFY 2018
47
# Kids Diverted From OOS

Placement
FROM OOS PLACEMENTS
OUTCOMES FOR YOUTH DISCHARGED

SFY 2017

SFY 2018
For the discharge:

- Provide notice of 72 hour discharge and timely stating the reason.
- Ensure discharge recommendations are given timely.
- Ensure treatment planning meetings are held.
- Request additional behavioral supports such as T:1 services.
- Request the needs of youth.
- Collaboration with the local departments of social services.

COMMUNITY HELP?

HOW CAN THE PRIVATE PROVIDER
the stipend to be included in the contract with the private provider agency. The
supplemental difficulty of care stipend is paid to those foster parents. The
Department shall set the amount of
(2) In recognition of the severe nature of the problems of children cared for in treatment foster homes, a
defined in Regulation 03B of this chapter
(1) This rate, paid according to the negotiated rate issued by the State Department of Education and the terms
Section B. Private Child Placement Agency Treatment Foster Care Rate:
per COMAR 07.02.1T.32 State Standard Rates for Purchased Out of Home Placement Services
Difficulty of Care Rate for Treatment Providers
• 3 foster youth may be placed in a treatment home if at least two of the youth are siblings.
• increased from 2 to 3 foster siblings being placed together without an exception request.
SSA Policy Directive #18-15
• Providers must have a LGBTQ Policy Guidance approved by OLM prior to accepting a placement.
SSA Policy Directive #18-13
SSA Policy/COMAR Clarification
CONTACT PERSON:

ACTION DUE DATE:

ACTION REQUIRED OF:

BACKGROUND:

ORIGINATING OFFICE:

PROGRAMS AFFECTED:

FROM:

TO:

POLICY #:

DATE:

Baltimore, Maryland 21201
311 West Saratoga Street
Social Services Administration
Department of Human Services

SSA-CW #18-15
March 1, 2018
Department determines that the child:

According to COMAR 07.02.10.04.A, a child is eligible for treatment foster care if the local

Eligibility

Treatment is needed for emotional, behavioral, and/or psychological conditions.

The child must be placed in a treatment foster care program when

Treatment foster care programs for children may be determined to be eligible simply because

The determination is based upon the needs of the child and the available resources of the

Treatment foster care is a 24-hour substitute care program operated by a licensed

Background

Programs

The purpose of this policy directive is to standardize policy and procedures governing local

Purpose
Referred to a child or children: Preface; and
Referred medical records within 1 year before the date of referral to the provider.

The following:

1. Determine that a child is eligible for treatment foster care and:
   a) A referral for purchase of care;
   b) A current case plan developed within 180 calendar days before the date of referral;
   c) A current case plan developed within 90 calendar days before the date of referral;

HIV/AIDS and other substance abuse problems;

with the Department of

The local department shall:

After

a) Children requiring total artificial nutrition; and
b) Children requiring total artificial nutrition, including:
   (c) Children requiring total artificial nutrition; and
   (d) Children requiring nutrition support; or
   (e) Children requiring nutrition support; or
   (f) Children requiring nutrition support, including:
   (g) Children requiring nutrition support, including:
   (h) Children requiring nutrition support, including:
   (i) Children requiring nutrition support, including:
   (j) Children requiring nutrition support, including:
   (k) Children requiring nutrition support, including:

5. With an unstable medical condition that requires ongoing close medical monitoring and

4. With prolonged dependence on other medical devices that compromise for that body function and who require daily or near daily nursing care, including:

3. With chronicity due to infection, oxygen support, or blood transfusion; or

2. With daily dependence on other devices for daily care-based respiration or nutritional support, including:

1. With a serious medical condition including the medically fragile child. Medically fragile for the

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A serious medical condition includes the medically fragile child. Medically fragile for the
2. Convene a team, including but not limited to the local department of social services, in consultation with the local department.

3. Meet with the child and the child's professional family every six months in consultation with the local department.

4. Review quarterly, with the child's provider agency case manager, the written progress report on the reintegration plan.

5. Meet within 30 calendar days of a child's acceptance into the program, develop a reintegration plan in consultation with the provider agency.

A. The local department shall:

Post-Acceptance Responsibilities

A child placement agency may not accept for placement youth parents with infants or children, or referred to the provider agency if the application is based on a serious emotional, behavioral, or psychological condition.

Policy Directive SSA-CW-
Direction 1: Know the noreferrer

Direction 2: Know the noreferrer

Direction 3: Know the noreferrer

Direction 4: Know the noreferrer

Direction 5: Know the noreferrer

Direction 6: Know the noreferrer

Direction 7: Know the noreferrer

Direction 8: Know the noreferrer
The treatment plan and the treatment team are essential to treatment accountability. Regarding the treatment plan, it is important to be aware of the following:

- Changes in Treatment Foster Parent Responsibility
- Services needed and offered for Treatment Families and Children
- Development of Family Plan
- Discharge of Foster Parent
- Child's eligibility for Foster Care Services
- Sibling placements

Exceptions are granted only with Superintendent approval at the local level. Exceptions are for:

- Children in Treatment Foster Parent Responsibility
- Services needed and offered for Treatment Families and Children
- Development of Family Plan
- Discharge of Foster Parent
- Child's eligibility for Foster Care Services
- Sibling placements

If an exception is needed, the Social Services Administration must be consulted to approve or disapprove of an exception. The standard review process will be implemented without consideration of the exception. When a decision is required to be made, the social services administrator will be consulted to determine the appropriate course of action.
A. Child’s diagnosis and treatment;
B. Role of the treatment foster parent;
C. Role of the provider;
D. Specific tasks to be carried out by treatment parents during placement;
E. Long-term goals of treatment, including criteria for discharge, projected length of stay in the program, projected post-treatment, aftercare services; and
F. Identification of treatment team members who will assist in the provision of planned care.

Treatment Team Meetings

Part of the duties of the treatment foster care placement provider indicated in COMAR 07.02.21.08A is to convene a team to evaluate the child’s treatment plan at intervals not to exceed three months. The quarterly team meeting should include a review of the child’s treatment plan. This review should examine the continued appropriateness of the plan based on the child’s needs, progress made, and any additional activities that should be added to the plan. The team meeting should result in a confirmation of the treatment plan being continued as is, amended, or revised. The team meetings provide the forum for all those involved in the child’s treatment to discuss the treatment and the child’s progress or changing needs. The team should, at least every six months, determine and document the continued need for treatment foster care or if the child is ready for step-down or in need of step-up.

Treatment Team Members

The Treatment Team includes but is not limited to the child’s TFC case manager, local department of social services case worker, treatment foster parents, therapists, and any other professional involved in the child’s treatment. Each member of the treatment team has specific and general responsibilities in the treatment program of the particular child. The general role is to participate in treatment team meetings and contribute input regarding the child’s needs and reactions to treatment and progress. The specific responsibilities are determined by the role of the team member. All members of the Treatment Team must be notified and invited. The child’s record shall include documentation that team members were invited to the meeting and that they were notified of the opportunity to share information regarding the child by other means, such as a letter, email, fax, or phone call in lieu of their attendance.
TFC Program Aftercare

There are two instances where a child is considered to be in TFC aftercare. This does not equate to the level of aftercare services for foster care. If a child is “stepped” up into a more intensive living arrangement (i.e. therapeutic group home, RTC) or “stepped” down into regular foster care, the treatment program should hold that child in treatment aftercare status for up to 3 months. This is to aid in the transition of services, whether the services are more or less intense or down to regular foster care. The responsibilities of the treatment case manager would be limited to maintaining visitation levels and assisting the new caseworker in assuming responsibility for case management for the aftercare period to ensure that the child transitions successfully.

Retention of Jurisdiction

The LDSS shall retain responsibility for the permanency plan and sufficient involvement with the child to determine all matters relating to custody, supervision, care, treatment and disposition of the child’s care. This responsibility will be retained until the child is returned home, placed with relatives, adopted, reaches majority age, becomes self-supporting, discharged with the concurrence of the appropriate authority (if placement from another state) or the case is rescinded by court order.

Record Documentation

The record must contain a treatment plan for the child that is current within the last 6 months. Treatment team meetings, attendance and membership are also to be documented in the case record. While each person involved with the treatment of the child may not be able to attend the meeting, the record should reflect that each team member was notified of the meeting. Documentation from team meetings must include indications of treatment plan review (confirmation the current plan continues, revised treatment plan or amended treatment plan) and it should include minutes or notes.

The child’s record must contain all record documentation requirements of COMAR 07.02.11. Additionally, the record must contain written documentation of eligibility for the private treatment program and documentation of a periodic review/assessment of continued eligibility for treatment foster care.

Treatment team meeting results may be filed in Section 9 (Case conference summaries). The treatment plan and eligibility determination may be filed in Section 12 Health or with the current case plan in Section 1.
MD CHESSIE

Documentation of all Treatment Team Meetings and Treatment Plan Reviews shall be recorded in MD CHESSIE. The documentation of Contacts shall include all members of the team that participated in the meeting and outline the results of the meeting. A copy of the treatment plan shall be scanned into the file cabinet in MD CHESSIE. The paper copy of the treatment plan shall be placed in the paper record.
<table>
<thead>
<tr>
<th><strong>DATE:</strong></th>
<th>March 1, 2018</th>
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| **POLICY #:** | SSA-CW #18-13 (revised)  
This policy supersedes SSA policy directive #17-08 |
| **TO:** | Directors, Local Departments of Social Services  
Assistant Directors, Services |
| **FROM:** | Rebecca Jones Gaston, MSW  
Executive Director  
Social Services Administration |
| **RE:** | Working with Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and Families |
| **PROGRAMS AFFECTED:** | Out-of Home Placement Services |
| **ORIGINATING OFFICE:** | Out-of-Home Placement Services |
| **ACTION REQUIRED OF:** | All Local Departments |
| **REQUIRED ACTION:** | Implementation of Policy |
| **ACTION DUE DATE:** | March 1, 2018 |
| **CONTACT PERSON:** | April Edwards, Placement and Permanency Supervisor  
Social Services Administration  
(410) 767-7195  
April.edwards@maryland.gov |
PURPOSE:

The Department of Human Services (DHS) is committed to ensuring the safety and well being of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in out-of-home placement. All child welfare staff shall provide affirming care to LGBTQ youth and families involved with DHS.

BACKGROUND:

There are increasing numbers of youth who openly identify as LGBTQ, and they are coming out at earlier ages.1 While no tracking mechanism exists to document the number of LGBTQ youth in the out-of-home placement, numerous studies indicate that LGBTQ youth, particularly LGBTQ youth of color, are disproportionately represented within foster care. LGBTQ youth in care report experience significant discrimination related to their sexual orientation, gender identity and/or gender presentation.

All youth have the right to affirming placements, that actively promote their well-being, respect their identities, and are sensitive to their individual needs. LGBTQ youth in foster care are a particularly vulnerable population, who often times do not feel safe within the foster care system due to significant societal, familial and institutional barriers. Research on LGBTQ youth in care reveals several troubling themes, including high risk of familial rejection, bullying and housing instability.

In September 2014, Congress passed the “Preventing Sex Trafficking and Strengthening Families” Act, Public Law (P.L. 113-183). In addition to other provisions, the Act establishes the “reasonable and prudent parent” standard for decision making. This standard is characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a youth while at the same time encouraging the emotional and developmental growth of the youth. It is the responsibility of the local department to ensure resource parents are knowledgeable about and have the skills to make “reasonable and prudent parent” decisions regarding their foster youth.

DEFINITIONS.COMMONLY USED TERMS:

- Gender expression: a person’s expression of gender identity (see below), including characteristics and behaviors such as appearance, dress, mannerisms, speech patterns, and social interactions.

- Gender identity: a person’s internal, deeply felt sense of being male, female, something other, or in-between. Everyone has a gender identity. Note: sexual orientation and gender identity are separate and distinct aspects of a person’s identity.

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- Gender Non-Conforming: Describes a person whose behaviors or gender expression fall outside what is generally considered typical for their sex assigned at birth.

- LGBTQ: A common acronym for Lesbian, Gay, Bisexual, Transgender, and Questioning.

- Sexual orientation: a person’s romantic or sexual attraction to people of a specific gender or genders. “Lesbian,” “gay,” “bisexual” and “straight” are examples of sexual orientations. Everyone has a sexual orientation. Note: sexual orientation and gender identity are separate and distinct aspects of a person’s identity.

- Transgender: A term that describes people whose gender identity is different from their sex assigned at birth.

ACTION:

Caseworkers’ Responsibilities

Being in foster care can be difficult, and caseworkers shall do everything they can to make sure children and youth feel safe and respected. For lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth, life may be even more complex. DHS/SSA is committed to all youth in care residing with a provider where they can be open and honest about their identities.

- Caseworkers shall evaluate every youth’s overall safety as it relates to their sexual orientation, gender identity and gender presentation in terms of placement, emotional, and physical wellbeing.

- Caseworkers will not disclose a youth’s sexual orientation, gender identity, or gender expression to other individuals or agencies, without the youth’s permission.

- Caseworkers shall connect youth and families with local LGBTQ resources.

- Caseworkers, when requested by youth or caregiver, shall meet with school officials to discuss steps the school needs to take to ensure safety for an LGBTQ youth at school.

- Caseworkers are encouraged to consult with their supervisors with any questions or concerns when they are unsure about steps to take about the well-being and safety of LGBTQ youth.

Placements

LGBTQ youth in out-of-home placement may not be placed in housing situations where their identities are not respected. In some cases, this happens because staff and/or resource
families are unaware about the specific needs of LGBTQ youth. In other cases, it is because there is active hostility towards youth who identify as LGBTQ, or who are perceived to violate traditional gender roles. In either situation, this creates an emotionally and physically unsafe living space environment and directly increases negative outcomes for LGBTQ youth in care. LGBTQ youth shall be consulted actively involved in the placement process during the placement process to ensure that the team can work cohesively to identify a safe and affirming placement that will achieve permanency. When making the decision to place a youth in any placement, the caseworker should first look into relatives when determining placement. When making a placement decision, the caseworker should ensure that there are no relative resources available for placement.

Additional guidance for the LGBTQ youth includes:

- Placements should be discussed with LGBTQ youth before initiating placement to assess their feelings of safeness and to address concerns. Caseworkers must include completion of SAFE-C OHP throughout youth’s continuum in out-of-home placement and Safe-C for a trial home visit.

- Caseworkers shall ask all resource providers about their levels of acceptance for LGBTQ individuals and community members, and specifically discuss scenarios around gender presentation, gender identity, sexual orientation, attendance of cultural events, dating, etc.

- If a youth grants permission to a worker to disclose information, workers may use it to inform decision making regarding placement, service provision, treatment plans, etc.

- Caseworkers shall check in with youth at appropriate intervals to review placement and ensure that it is LGBTQ affirming, and take steps to report any mistreatment, including verbal harassment and bullying, and report/address any concerns to supervisory staff and, in the case of private agencies, the Office of Licensing and Monitoring.

- For placement of transgender and gender non-conforming youth in congregate care facilities, assignment to a facility for male or female residents and other housing and programming assignments shall be made based on consideration, on a case-by-case basis, of what placement would best ensure the youth’s health and safety, and whether a placement would present management or security problems. A transgender or gender non-conforming own views with respect the kind of placement that would best serve his or her own emotional and physical safety shall be given serious consideration in the assignment decision. The assignment decision shall not be based on the youth’s sex assigned at birth or on the youth’s external genital anatomy. Every effort will be made to place youth in facilities with individual sleeping quarters (1 person bedrooms) to allow for privacy. Transgender and gender non-conforming
youth shall be allowed to shower and use bathrooms privately. Staff may utilize LGBTQ subject matter experts when determining placements for gender non-conforming and transgender youth.

- The local department placement unit and/or caseworker must ensure that the proposed placement provider has a policy guideline approved by the Office of Licensing and Monitoring before a placement can occur. (See Attachment)

Personal Grooming, Clothing & Use of Names

In order to express a gender identity, and/or gender presentation that is consistent with their identity, LGBTQ youth should be permitted to select and wear clothing that is consistent with their gender expression. As long as a youth is dressed appropriately, they can wear the clothing, accessories, and/or hairstyle that suit their gender identity (i.e. someone born male has a right to wear a dress, someone born female has a right to wear men’s clothing). This may include removal of facial or body hair, make-up, jewelry, etc. and modifications of hairstyles (e.g. weaves/extensions, buzz cuts, etc.). Youth should also be called by their preferred names and pronouns. Failure to respect the youth’s personal grooming, clothing and preferred name and pronoun can deny LGBTQ youth their ability to express their identity, and can endanger their physical and emotional well-being.

Confidentiality & Disclosure

Disclosing a young person’s identity can be a potentially traumatic experience, and may place that young person at risk for greater harm and/or abuse. These guidelines review steps caseworkers shall take to ensure that young people are engaged throughout the disclosure process as necessary, and that their confidentiality is protected.

- All staff are required to protect the confidentiality of the families they serve. Staff will keep in mind that when a youth discloses their sexual orientation, gender identity, or gender expression, it will be considered sensitive information and be kept confidential, given that such disclosure could pose great risk to the youth.

- Staff will not disclose a youth’s sexual orientation, gender identity, or gender expression to other individuals or agencies, without the youth’s permission. If a youth grants permission to share information on their sexual orientation, gender identity, or gender expression, this information may also prove relevant to decisions regarding safety in a youth’s placement.

- Staff are prohibited from attempting to convince or coerce an LGBTQ youth to disclose or reveal their identity or to change their gender identity or sexual orientation.

- At no time may any staff member label a young person as LGBTQ without the youth explicitly acknowledging that identity.
LGBTQ Affirming Services

Once an LGBTQ youth enters the out-of-home placement, the caseworker is an important link to support and safety. It is critical that a child’s caseworker has the capacity, understanding and willingness to support their social and emotional development while in out-of-home placement. It is the caseworker’s responsibility to assess and serve the needs of child without bias, and to ensure the safety of all youth in out-of-home placement.

- Social Services Administration will ensure that LGBTQ-affirming training is included as part of competency training and testing for all new staff as well as mandated for all caseworkers and their supervisors.

- Local departments shall have a familiarity with community resources and services available for LGBTQ youth in their respective jurisdictions. Local departments should assess the needs of their communities to develop targeted outreach to LGBTQ community agencies.

- SSA shall designate one or more out-of-home placement staff members who are knowledgeable about issues relevant to LGBTQ youth and families to be available to staff statewide. Local departments are encouraged to designate a child welfare staff member to be accessible as a local information and referral resource for LGBTQ youth, their families, and other staff members.

- Staff shall identify affirming resources and referrals, including those for physical and mental health, for LGBTQ youth and make them available as needed. Transgender and gender non-conforming youth have the right to transition related care. For specific questions regarding health care needs and rights of transgender youth, staff should contact SSA Out-of-Home Placement staff.

- Staff are to make sure that the youth is referred to appropriate services. Foster parents must support youth in accessing appropriate and preferred services.
OFFICE OF LICENSING AND MONITORING

DATE: January 9, 2018

TO: Child Placement Agencies and Residential Child Care Programs

FROM: Darlene Ham, Executive Director, Office of Licensing and Monitoring

RE: Guidelines for Placement of Transgender or Non-Conforming Youth

In recent months several private agencies have inquired about guidelines for placing transgender youth. The term transgender describes people whose gender identity is different from their sex assigned at birth (See attached DHS Social Services Administration policy directive: Working with Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and Families). The Office of Licensing and Monitoring (OLM) requires agencies to have a comprehensive policy that ensures the safety and wellbeing of transgender youth in out of home placement. As explained below a safety plan for transgender youth involves special consideration. Prior to admission of a transgender youth the agency must submit a placement of transgender youth policy to the Office of Licensing and Monitoring for approval. Once OLM approves the policy the agency may begin admitting transgender youth.

All agencies that are considering providing services to transgender youth must include in their written policy a safety plan that addresses:

Education:

➢ Employees and foster parents should be educated to understanding the unique challenges and resiliencies of transgender youth. Training should include but not be limited to the following:
  • The difference between “normal” and developmentally inappropriate behaviors.
  • Possible responses and reactions if a child is gender non-conforming.
  • Awareness and Sensitivity to the unique needs of the transgender population
  • Confidentiality prohibition on disclosure of youth’s sexual orientation, gender id, or gender expression even to other youth in the program
  • Need to treat youth as being of the gender with which they identify
  • Definition of key terms, i.e. Assigned sex, Cisgender, Gender identity etc.

Safety Plan:

➢ Need for heightened supervision to protect transgender youth from victimization and abuse.
➢ Agency ability to meet transgender youth’s health care needs
➢ Not use isolation as a form of protection
➢ Implementation of LGBTQ inclusive policies
➢ Policy need to address sleeping and bathing accommodation
  • Ability to provide single person bedroom
Transgender and non-conforming youth using shower and bathrooms privately.

Confidentiality

➢ All employees and foster parents, who care for transgender youth, must sign a confidentiality statement that specifies that confidentiality requirements apply to the disclosure of a youth’s transgender or non-conformity orientation.

Agencies should include policies that:

➢ Agency should outline best practices in their policy
  • Address youth using their preferred gender pronouns or where youth do not identify with transgender use non-gendered language
  • Require use of non-gendered language
  • Honor the rights of Transgender youth
  • Require the display of visible symbols of diversity around the office e.g. rainbows etc.
  • Be an advocate for protection of youth in schools, doctor’s offices and other forums.
  • Tuning into self: To evaluate possible bias of this population. (What are your values and triggers?)
  • Help youth family members understand their roles in supporting youth’s gender identity
  • Have support groups for LGBTQ youth and foster parents with youth
  • Identify and make use of LGBTQ resources within the region
  • Promote the recruitment of employees and foster parents that are accepting of LGBTQ youth

Thank you for your cooperation in protecting our most vulnerable citizens, our children and youth. If you have any questions, please do not hesitate to contact your Licensing Coordinator.
LGBTQ Glossary of Terms

1. **Ally** - A person who is not LGBTQ but shows support for LGBTQ people and promotes equality in a variety of ways.
2. **Androgynous** - Identifying and/or presenting as neither distinguishably masculine nor feminine.
3. **Asexual** - The lack of a sexual attraction or desire for other people.
4. **Assigned Sex** - The gender we are given at birth based on our external reproductive anatomy.
5. **Biphobia** - Prejudice, fear or hatred directed toward bisexual people.
6. **Bisexual** - A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.
7. **Cisgender** - A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.
8. **Closeted** - Describes an LGBTQ person who has not disclosed their sexual orientation or gender identity.
9. **Coming out** - The process in which a person first acknowledges, accepts and appreciates his or her sexual orientation or gender identity and begins to share that with others.
10. **Gay** - A person who is emotionally, romantically or sexually attracted to members of the same gender.
11. **Gender dysphoria** - Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify. According to the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM), the term - which replaces Gender Identity Disorder - "is intended to better characterize the experiences of affected children, adolescents, and adults."
12. **Gender-expansive** - Conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system.
13. **Gender expression** - External appearance of one’s gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.
14. **Gender-fluid** - According to the Oxford English Dictionary, a person who does not identify with a single fixed gender; of or relating to a person having or expressing a fluid or unfixed gender identity.
15. **Gender identity** - One’s innermost concept of self as male, female, a blend of both or neither — how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth.
16. **Gender non-conforming** - A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.
17. **Genderqueer** - Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer” may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.
18. **Gender transition** - The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.
19. **Homophobia** - The fear and hatred of or discomfort with people who are attracted to members of the same sex.
20. Identity Attribution – How society perceives one’s gender identity and sexual orientation based on a variety of assumptions.

21. Lesbian. A woman who is emotionally, romantically or sexually attracted to other women.

22. LGBTQ - An acronym for “lesbian, gay, bisexual, transgender and questioning.”

23. Living openly. A state in which LGBTQ people are comfortably out about their sexual orientation or gender identity – where and when it feels appropriate to them.

24. Outing. Exposing someone’s lesbian, gay, bisexual or transgender identity to others without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety or religious or family situations.

25. Queer. A term people often use to express fluid identities and orientations. Often used interchangeably with “LGBTQ.”

26. Questioning. A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

27. Same-gender loving. A term some prefer to use instead of lesbian, gay or bisexual to express attraction to and love of people of the same gender.

28. Sexual Orientation – A person’s romantic or sexual attraction to people of a specific gender or gender or genders. “Lesbian,” “gay,” “bisexual” and “straight” are examples of sexual orientations. Everyone has a sexual orientation. Note: sexual orientation and gender identity are separate and distinct aspects of a person’s identity.

29. Transgender. An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

30. Transphobia. The fear and hatred of, or discomfort with, transgender people.