

L.J. v. Massinga

MODIFIED CONSENT DECREE (October 9, 2009)

**PART TWO: SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS –
OUTCOMES ONLY**

I. PRESERVATION & PERMANENCY PLANNING

1. **Preserve Families:** Except in cases where safety requires the emergency removal and shelter care of a child, BCDSS shall provide each family of a child at risk of removal with assistance, or referral for services as appropriate, to address identified problems, and BCDSS shall provide or obtain and shall monitor such services in a duration and intensity reasonably calculated to enable the child to remain with the family without removal.

2. **Minimize Length of Stay:** BCDSS shall implement and achieve the child's permanency plan quickly. BCDSS shall provide each child in OHP and each family of a child in OHP with assistance, or referral for services as appropriate, to address identified problems and needs, and BCDSS shall provide or obtain and shall monitor such services in a duration and intensity reasonably calculated to implement expeditiously and finalize the child's permanency plan. This requirement shall continue until the Juvenile Court ends BCDSS's obligations to the child.

3. **Families Involved in Decision-Making:** BCDSS shall utilize a planning and decision-making model in which BCDSS makes reasonable efforts to fully involve the family of origin, the extended family members, the child (as clinically appropriate), the child's attorney, and other individuals able to contribute to positive outcomes for the child at each critical decision-making point.

4. **Each Child Has a Case Plan that Guides the Permanency Plan:** Within sixty days of entering OHP, each child shall have a case plan that shall be updated and approved by an internal review team at least once every six months and which shall guide the permanency plan for the child.

5. **BCDSS Will Provide Services Consistent with a Comprehensive Plan to Prepare Youth in OHP for Independence:** Each child ages fourteen and over shall receive services, including independent living services, that are reasonably calculated to successfully transition the child to adulthood by age twenty-one.

II. OUT-OF-HOME PLACEMENT

1. Each child shall be placed promptly in the least restrictive appropriate placement type for that child's needs.

2. No child under the age of thirteen shall be placed in congregate care unless it is medically or therapeutically necessary and the child is placed in a program that has services specifically designed to meet that child's needs.

3. DHR/BCDSS shall maintain a continuum of placements reasonably calculated to assure that each child is placed in the least restrictive placement for that child.

4. Each child in OHP and the child's caregiver shall be provided those services necessary and sufficient (1) to meet the child's immediate and long-term needs; (2) to support the stability of the child's placement and to support the caregiver's ability to meet the child's needs; (3) to avoid placement of the child in a more restrictive setting; and (4) to move the child, if appropriate given the child's needs, to a less restrictive setting.

5. Each kinship care provider shall be informed promptly of his or her right to apply to become a licensed foster parent, and each application for licensure shall be timely processed with retroactive benefits provided to the date of application. Each kinship care provider will be given an application and afforded the opportunity to file an application on the date the child is placed in the home. An application will be deemed to have been made when the caregiver indicates in writing his or her desire to become a licensed foster parent. Each kinship care provider shall be afforded the same opportunities for training and other services as licensed foster parents.

6. BCDSS shall employ a staff of specialists to provide technical assistance to caseworkers and supervisors for cases that require specialized experience and/or knowledge.

7. Each child's placement shall meet all safety, health, sanitation, licensing and other legal requirements for that placement. Each placement provider shall receive all training required by law.

8. For each child, DHR/BCDSS shall provide the caregiver with all available information about the child's status, background, and needs.

9. Each child shall be protected from maltreatment in the child's placement to the maximum extent possible.

10. No child may be housed in an office, motel, hotel, or other unlicensed facility.

11. Each child shall be given the opportunity to be informed about and, as clinically appropriate, to participate actively in placement decisions being made for the child.

12. Each child in OHP shall be visited by the child's assigned caseworker or designated substitute at least once every month in the child's placement.

III. HEALTH CARE

1. Each child in OHP must receive an initial health screen prior to placement, but, in any event, not later than five working days following placement in OHP.

2. Each child in OHP must receive a comprehensive health assessment within sixty days of entry into OHP.

3. Each child in OHP must receive timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.

4. Each child in OHP must receive timely all health services that the child needs, consistent with either of the COMAR regulations addressing OHP medical care in effect as of December 9, 2008 (07.02.11.28(M) and (N) (attached as Exhibit 3)) ("Needed Health Care Services").

5. Each child in OHP must have a completed health passport and a medical assistance card, which are provided promptly to each child's caregiver.

IV. EDUCATION

1. Each child in OHP shall be enrolled in and begin attending the child's home school or a new school immediately after entry into OHP and after any change of placement.

2. Each child's case plan shall include an educational plan for ensuring the child's educational stability and progress while in foster care and BCDSS shall monitor the child's educational progress.

3. Each child in OHP shall receive all necessary special education services.

V. WORKFORCE

1. Appropriate Caseload Ratios: Permanency (foster and kinship care, including adoption) workers' caseload of fifteen children (or any lower ratio required by Maryland state law); Family Resource and Support ("R&S") workers' caseload of forty families (or any lower ratio required by Maryland state law); and supervisors' caseload of six caseworkers (or any lower ratio required by Maryland state law).

2. Qualified Workforce with appropriate training and supervision.

3. Case Transfer Policies: Case re-assignment in five working days. Case re-assignment conference in ten working days.