



LEVELS OF INTENSITY 2007 REVISION



**Presented by the
Resource Development and Licensing Committee**

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BACKGROUND

In 2006, The Levels of Intensity System (LIS) was revised for the first time since its creation in 1992. Last year when the work was undertaken, a commitment was made to review and revise as necessary every year. In keeping with that commitment, the workgroups were brought back together to “tweak” the criteria and definitions written last year. In addition, check lists were created to assist both providers and licensing staff better determine which levels are appropriate for each program.

This year the Diagnostic, Evaluation and Treatment Program category created separate definitions and criteria for that service. The only group still using the original levels of intensity is High Intensity Respite programs.

WORKGROUP REPORTS

General

The purpose for which Levels of Intensities have been established is to provide caseworkers and others with information regarding community-based programs needed to make informed placement decisions. The scope and intensity of services available through various residential service categories, in combination with information in *Provider Profiles*, is an important element of the information needed to facilitate good decision-making.

Service intensity levels for residential placements distinguish the capabilities of programs in five service domains: care and supervision, clinical treatment, education, health and medical and family support. Along with a broad range of information available in the *Provider Profile*, service intensity levels are to be used to ensure the best possible match between a child’s needs and available service resources. This information, when properly used, increases opportunities to place children in least restrictive appropriate environments while ensuring that their individual service needs are adequately met. It is believed that well-informed placement decisions are in the best interest of children and their families and will result in the best use of available service resources.

Levels of Intensity identify and define the scope and intensity of services available to accommodate the diverse needs of children and their families. Service intensity levels distinguish the capabilities of programs in five service domains. Services in each of these domains are provided with varying degrees of intensity described below. The five service domains are:

- **Twenty-Four-Hour Milieu Care and Supervision**
- **Clinical Treatment Services**
- **Education Services**
- **Health/Medical Services; and**
- **Family Support Services**

To the extent that service intensity levels clearly distinguish the capabilities of individual programs within each service category, they will be used as a factor in determining the reasonableness of individual program costs. They will be a factor in identifying programs that are not cost effective and will be used in the process of making informed placement decisions.

The aggregate Level of Intensity (LOI) is an integral part of the rate setting process. However, it is not the sole determinate of a rate. LOI combined with requested rates form the basis for the computation of the Preferred Provider status. Preferred Provider status is directly addressed in

the regulations for Rate Setting for Child Care Providers in COMAR 14.31.02, 14.31.03 and 13.41.06 and in the IRC's Rate Setting Methodology.

SUMMARY

This document represents a significant, perhaps even radical, change from the levels of intensity, as it has existed for the last 14 years. However, the many state agency and provider representatives believe that we have created a Service Intensity Level System that recognizes and encourages program development that is based on the needs of the children rather than a pre-existing set of services based on the type of program. Levels will further our ability to:

1. Match youth with appropriate program
2. Identify resource gaps and program development needs.
3. Structure the monitoring and licensing processes.
4. Design and conduct meaningful outcome studies.
5. Distinguishes between programs within program groups

Further, it is recommended that each newly created intensity system be reviewed yearly and revised as necessary.

SECTION A: Program Category Definitions

Program Category Definitions

Alternative Living Unit (ALU): Services provided in a structured, staff supervised home licensed by the Developmental Disabilities Administration. The service setting is one to three developmentally disabled children that require 24-hour adult supervision. This category now includes small group homes (4-8 youth) licensed by DDA.

Diagnostic/Evaluation Treatment Program (DETP): Programs that treat younger children. Services include continuum of care within the program, diagnostic services, and services for severely impaired children with systemic problems.

Group Home Services provided in a home (4 or more) licensed by the DHR or DJS to children that need more supervision than a relative, foster parent or treatment foster parent can provide. It includes a formal program of basic care, social work, and health care services.

Independent Living Program (ILP): Programs for youth ages 15 1/2 to 21. The program is designed to teach self-sufficiency and independent living skill because of the unlikelihood of returning home. They may be in foster care, group homes, including supervised apartment units, and must be enrolled in high school, college, vocational training, or be employed.

Medically Fragile Program (MFP): Program designed to serve children that require high levels of medical related services as by a definition consistent for Medically Fragile in COMAR 14.31.05.

Miscellaneous Programs (MISC): Not defined by any other category definition.

Respite High Intensity (RES-HI): Short-term residential program under the control of and on the grounds of a licensed acute psychiatric hospital.

Shelter Care (SHELTER): Temporary care in an out of home setting due to serious allegations of parental abuse or neglect. Stays generally last from 30 to 90 days or until a court can determine whether a more permanent placement is appropriate.

Teen Mother Program (TMP): Residential program for unwed teen mothers and their babies.

Therapeutic Group Home (TGH): Services provided in a home (4 to 8) licensed by the Mental Hygiene Administration to children that need structure and supervision due to medically diagnosed disorders such as emotional disturbance, schizophrenia, or bi-polar disorder. It includes a formal program of basic care, social work, mental health and health care services, which can include the daily administration of medicine.

Treatment Foster Care (TFC): Services provided in community based foster homes by parents that are trained to raise a difficult child in a home like environment. Typically extensive support services such as counseling are made available through the treatment foster care provider. This category also includes treatment foster care programs for children requiring high levels of medical related services as determined by the child placement agency.

**SECTION B: DDA Licensed Alternative Living Units
and Group Homes**

Revised Levels of Intensity – Developmental Disabilities Administration Licensed Alternative Living Units and Group Homes for Children

Alternative Living Units (ALU) are limited to three beds. Small group homes are designed for 12 or fewer children, although they too can have multiple units co-located at the same site. DDA licensed group homes are limited to 4 to 8 beds. The IRC groups ALU's and DDA licensed group homes in the ALU category. This is because these providers largely serve clients with the same needs – persons with developmental disabilities. A DDA “group home” is not the same as a DHR “group home”. The DDA “group home” is a larger version of the DDA ALU.

TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

The scope and intensity of care and supervision (milieu services) offered in DDA licensed Alternative Living Units (ALU's) and group homes for children (those licensed under COMAR 14.31.05, 06 and 07) will vary based on the abilities, disabilities and functioning of children referred to and placed. In all DDA Licensed Children's Programs, the milieu or residential environment must provide, at a minimum; adequate supervision, recreation, socialization and transition services in a nurturing, culturally sensitive environment that enables and supports children's participation in needed treatment and educational services.

Staffing intensity and the scope and intensity of milieu program services is proportionate to the needs of children served. In all cases, staffing and service intensity is sufficient to ensure the maintenance of a safe and therapeutic environment. The nature of children's service needs and disabilities (physical, mental/emotional and social) are not the principal factor determining the appropriate level of milieu program intensity. Instead, this determination is based on a child's need for structure, supervision and access to treatment. In all cases, the scope and intensity of care and supervision provided will be consistent with the child's individual characteristics and needs as they are identified in the child's Individual Service Plan (ISP).

Recreation and socialization activities essential to growth and development are an assumed part of every adequate milieu program. All DDA licensed programs for children must offer a range of activities appropriate to the developmental levels and physical and social skill strengths and deficits of children served. Recreation and socialization services at all levels of intensity must minimize unstructured free time and help children make the most productive use of recreation and cultural activities available to them. Program offerings range from participation in readily available recreation and cultural activities in the community at the least intensive end of the service spectrum, to therapeutic recreation and socialization services provided and/or supervised by certified professionals as part of an overall treatment plan at the opposite end of the intensity continuum.

Transition services, defined as training and experiential learning activities, i.e., life skills training intended to improve capabilities for self reliance in the activities of daily living consistent with their “abilities” and life goals as identified in their ISP. Services must be an integral part of all DDA licensed programs for children. Although differentiated from clinical strategies and interventions, milieu program transition services and activities relate to and support long term goals, assisting children in making the transition to home or other less structured/less supported living arrangements. The nature of transition services varies among DDA licensed programs for children depending on the needs of children individually and in certain homogenous groupings depending on variables including, abilities/disabilities, cognitive functioning, and atypical or deviant behaviors. Generally, the level and intensity of transition services will correspond with the overall level of milieu program intensity except where varying degrees of cognitive development and/or physical disabilities are a factor. Milieu programs at all levels of intensity must offer transition services responsive to the developmental needs of clients served.

The scope of care and supervision provided in all DDA licensed programs for children includes the maintenance of a safe environment, ensuring that adequate shelter, food, clothing, transportation and other basic life needs are met and providing “parenting” functions consistent with the ages and developmental needs of children in care. The intensity of care and supervision ranges from staff secure (eyes-on supervision around the clock) and architecturally enhanced supervision capabilities at the most restrictive end of the spectrum, to the maintenance of a minimally restrictive, most home/family like therapeutic environment at the other end. Among the thirty-one (31) DDA licensed agencies operating programs for children, there are significant variations in structure, organization and staffing. They are distinguished by three Levels of Intensity for care and supervision as follows:

MODERATE

CHARACTERISTICS OF CHILDREN:

Regardless of diagnosis or reasons for placement, children who require moderate intensity care and supervision are those whose need for structure and supervision typically exceeds that which is available in less structured settings, e.g., foster care, or whose needs are better met in a group setting as opposed to the intimacy of a family setting. Typically, these are children with Mild physical and or developmental disabilities that are stable and may be time limited. Their need for supervision and direction related to school and other community involvements requires more support than is available in less structured settings. These will attend public and approved nonpublic schools and participated in activities in the communities in which the live with adult supervision consistent with their individual needs as identified in their ISP’s. Children for whom moderate level care and supervision is appropriate are not a threat to themselves or others and they are not flight risks.

These children may need short term residential placement prior to transitioning to a less restrictive environment, e.g., foster care, reunification with family or aging out to supervised/supported independent living. This may include those who have been “stepped-down” from more restrictive levels of care. Children who require moderate intensity care and supervision will most often have minimal/moderate level treatment needs, which can be met on an outpatient basis and attend school regularly with minor and infrequent behavioral difficulties. Children for whom moderate level intensity care and supervision is appropriate include children with mild developmental disabilities and cognitive limitations, e.g., children who are identified as high functioning within the range of developmental disabilities. Typically, these children are fully ambulatory and capable of oral communication.

The behavioral characteristics of children for whom moderate level intensity care and supervision is appropriate include but are not limited to:

- Fully Ambulatory
- Capable of oral communication
- Low self-esteem
- Poor peer relationships
- Verbally oppositional at times including occasional temper tantrums
- Frequently sad
- Withdrawn or overly clingy
- Difficulty attaching or forming helpful relationships
- Difficulty following rules without frequent/repeated prompting (includes children with attention deficits)
- Age inappropriate expression of emotions and behaviors
- May require verbal prompts

PROGRAM STRUCTURE AND STAFFING MODEL:

Programs providing moderate intensity care and supervision are the most home/family like in terms of structure and nature of supervision. In these programs, children must be supervised going to and from school and in their participation in extracurricular school activities, after school

activities, visits with friends in the community and play activities with neighbor children. Staffing ratios and the deployment of staff will ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization and after school activities appropriate to their developmental needs.

INTERMEDIATE CHARACTERISTICS OF CHILDREN:

Children who require an intermediate level intensity of care and supervision require a predictable and consistent structure with clear rules and a level of supervision necessary to ensure compliant behavior and participation in the full range of prescribed treatment, education, recreation and socialization activities. Often, such children have failed to acclimate to the expectations of less structured foster and group care settings or are assessed to need this level of care and supervision. Children needing intermediate intensity care and supervision may have limited verbal communications abilities, may require assistance with ambulation, e.g., assistance with steps, walking with a canes or walker, or assistive device, and will typically require assistance with activities of daily living. They are more inclined to require medical management of behavioral needs. Children requiring this level of care and supervision will have histories of act out excessively in less structured environments who cannot navigate between activities of daily living without assistance, and whose behavior, while not presenting serious risks to self or others, nevertheless requires consistent supervision. Children with developmental disabilities and cognitive functioning limitations whose behaviors are consistent with those identified below are appropriate candidates for Intermediate Intensity Care and Supervision. The behavioral characteristics of children for whom intermediate level intensity care and supervision is appropriate include but are not limited to:

- Low self-esteem;
- Poor impulse control;
- Poor relationships with peers and adults;
- Difficulty attaching or forming helpful relationships;
- Oppositional behavior including frequent temper tantrums;
- Behaviors that require frequent redirection;
- Withdrawn with tendencies toward depression;
- Difficulty following rules without frequent/repeated verbal and/or physical prompting (includes children with attention deficits);
- Inappropriate expression of emotions and behaviors;
- Children who are flight risks;
- Lying and stealing
- Sexually acting out behavior (This level of care can pertain to children with indiscriminate sexual behavior. supervision of children with intermediate and higher levels of need for supervision should be able to provide services to children manifesting these behaviors.

PROGRAM STRUCTURE AND STAFFING MODEL:

Programs providing intermediate intensity care and supervision have a structured milieu with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior. Programs providing intermediate level care and supervision are structured to vary the intensity of supervision to correspond to the needs of individual children and their responsiveness to the structure and behavioral expectations of the milieu and their participation in school, treatment, recreation and socialization activities. Children who require intermediate level care and supervision must be closely supervised by staff that know and understand their needs in all activities including school extracurricular school activities, after school activities and visits with families and friends. Staffing ratios and the deployment of staff will be sufficient to provide close and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs. Programs providing an

intermediate level of care and supervision will employ the use of one-on-one interventions when needed to deal with short term crises that threaten continued placement or that are necessary to help a child acclimate to the activities of daily living and prescribed treatment regimens. One-on-one services are typically available as an integral part of programs providing intermediate intensity care and supervision. All children who require intermediate level of care and supervision shall have a Behavior Plan developed in accordance with COMAR 14.31.07

HIGH CHARACTERISTICS OF CHILDREN:

Children who require a high level intensity of care and supervision require a highly structured environment and close supervision at all times because of their behaviors or the severity of their disabilities. Most often, children requiring high level care and supervision have failed to acclimate to the expectations of less structured group care settings or have been determined upon assessment to need this level of care and supervision. This includes children with histories of hospitalization. Children needing HIGH intensity care and supervision include those who act out consistently, are not able to navigate between activities of daily living without assistance and whose behaviors MAY present risks to themselves and others. Children with moderate, severe, and profound developmental disabilities and/or physical limitations whose behaviors are consistent with those identified below are appropriate candidates for high Intensity Care and Supervision. Children will require high level intensity care and supervision for a variety of unrelated reasons. Among these characteristics they may be non ambulatory, non verbal and will typically require significant and consistent support and assistance with the skills of daily living.

High Intensity care and supervision is typically provided for children who have a developmental disability along with serious/chronic mental health treatment need, atypical medical needs and a need for program supported involvement special education. These children require close attention and a more individualized approach to care and supervision. High level care and supervision is also provided for children who require close supervision because of acting out behavior which poses a significant risk or threat to the safety of the child and/or others in a behavioral milieu which includes and balances individual treatment and supervision regimens. The behavioral characteristics of children for whom HIGH level intensity care and supervision is appropriate include but are not limited to:

- Autism/ Autistic Tendencies
- Children with severe to profound developmental disabilities including but not limited to those with secondary diagnosis, e.g., autism, mental illness, extreme behaviors, etc.;
- Children with a high potential for, or history of harm to self and others;
- Children who engage in dangerous behaviors, e.g., fire setting, or aggressive/predatory sexual behavior
- Impulsive risk taking behaviors;
- History of significant or prolonged mental health treatment/hospitalization.
- History of suicidal and/or homicidal ideation.
- Depression;
- History of self injurious behavior
- Manipulative/triangulating behaviors;
- Compulsive stealing;
- Compulsive lying;
- Sexual acting out;
- Experimenting with drugs/alcohol;
- Gender identification issues;
- Poor impulse control;
- Poor relationships with peers and adults;
- Difficulty attaching or forming helpful relationships;
- Oppositional and defiant behavior;
- Verbal and/or physical aggression toward peers and/or adults;

- Behaviors that require frequent redirection;
- Withdrawn or socially isolated;
- Consistent difficulty following rules without frequent/repeated prompting (includes children with attention deficits);
- Inappropriate expression of emotions and behaviors;
- Children with histories of running away and who have or may put themselves or the community at risk because of this behavior;
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PROGRAM STRUCTURE AND STAFFING MODEL:

Apart from the requirement to have two staff members present during the children's waking hours in DDA licensed program for children with developmental disabilities, including those with serious medical conditions, high intensity care and supervision are provided through a high staff to child ratio (1:1 to 1:3) by staff that are specially trained and qualified. The staffing model ensures 24 hour supervision (children are always visible to supervising staff) and the capability for periodic one-on-one supervision and support as an integral part of program staffing.

Programs providing high intensity care and supervision have highly structured, milieu programs with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior.

Twenty-four hour staff supervision is intensive including staffing necessary to support children's participation in education and treatment activities within and outside of the program's facilities. Programs offering high level care and supervision are highly integrated, providing most or all of their services as integral parts of the larger program. Some high level care and supervision programs operate on-grounds schools. Those that do not, have a high level of participation with public and nonpublic schools providing special education programs participating in the development of Individual Education Plans (IEP) and providing services related to IEP goals during non-school day hours. Programs providing high intensity care and supervision also insure the compatibility of IEP and ISP goals and measurable objectives related to social and behavioral development. Programs providing high level care and supervision are structured to provide a level of supervision which corresponds with the individualized needs of children as identified in their related to their participation in school, treatment, recreation and socialization activities. Staffing ratios and the deployment of staff will be sufficient to provide close and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment. Staff to child ratios will be adequate to support children's participation in a range of recreation and socialization activities appropriate to their developmental needs as identified in their ISP's. Programs providing a high level of care and supervision will employ the use of one-on-one interventions to assist children in acclimating to daily routines, the requirements of education and treatment regimens and to deal with short term crises that threaten continued placement. One-on-one services may or may not be available as an integral part of programs providing high intensity care and supervision.

Programs providing high intensity care and supervision must have a written description of their recreation and socialization services which identifies a scope of activities that meets the requirements outlined above and describes the scope and intensity of staffing used to implement such services. Programs providing high intensity care and supervision must also have the ability to maintain intensive supervision for children when they are involved in community-based education, medical/dental appointments, clinical treatment and any other activities required by their ISP's.

CLINICAL TREATMENT SERVICES

The intensity of clinical treatment services offered in DDA Licensed Children's Programs is determined by the scope of professional services available, the setting(s) in which they are

offered, and the degree to which they are interactive with milieu treatment services, education/special education services and/or other treatment services.

The appropriate level of intensity for clinical treatment services is determined by the scope and complexity of their diagnosed need for treatment and not by the nature of their residential placement. Thus, a child placed in a program providing a low level intensity of care and supervision may require high intensity clinical treatment services.

Clinical treatment services include services provided by licensed and/or certified professionals. Services may be offered individually or in combination as determined to be needed in a client service plan. Services typically available include any of, or a combination of the following:

- Case Management;
- Psychological Assessment/Evaluation;
- Behavior Plan Development
- Individual counseling;
- Family counseling;
- Cognitive behavioral therapies
- Expressive therapies;
- Pharmacology;
- Medication management; and
- Psychiatry

LOW

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom low intensity clinical treatment services are appropriate include those whose needs can be met on an “out patient” basis. This includes children who, in spite of their diagnosis and treatment needs, can function with a moderate level care and supervision and who typically comply with their prescribed treatment regimen. Low level intensity clinical treatment services are appropriate for children with developmental disabilities who do not have a diagnosed mental illness and serious emotional disturbance. Typically, these children do not require psychotropic medications or behavior plans. Low level intensity clinical treatment services are appropriate for children with severe to profound developmental disabilities and cognitive functioning limitations.

SERVICE STRUCTURE AND STAFFING:

With the exception of case management, services are provided on an “out patient” basis in the community where the child lives. Treatment is adjunctive and is provided in support of the goals of the child’s individual service plan. Services are available on the same basis as for a child living at home with their family or a child in traditional family foster care. With the exception of case management, licensed and/or certified professionals in the community provide treatment services.

MODERATE

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom moderate intensity clinical treatment services are appropriate include children with developmental disabilities along with a mental illness, moderate to severe emotional disturbances, social development deficits that will respond to an ongoing regimen of behavioral interventions. Medium intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment and an ongoing regimen of counseling/therapies for all or a significant period of time related to the reasons for their ALU/group home placement. It would not be uncommon for children in this moderate intensity level to require the administration of psychotropic medications with corresponding medication management. The children may require a behavior plan, particularly if psychotropic medications are part of the treatment regimen.

SERVICE STRUCTURE AND STAFFING:

Services are largely though not exclusively provided as an integral part of the group home program by staff and paid consultants. At a minimum, DDA licensed programs for children providing moderate level intensity clinical services will provide case management services and

individual counseling provided by qualified therapists/counselors. Psychological assessment/evaluation services and pharmacology services may be provided on an outpatient basis, but must be available. Individual service plans integrate clinical and behavioral intervention strategies in an informal behavior plan and identify the roles played by both the child and program staff to facilitate the child's involvement in treatment services.

HIGH

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom high intensity clinical treatment services are appropriate are those children with developmental disabilities in combination with autism or any other axis one diagnosis including those with histories of psychiatric hospitalizations. High intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment, and an intensive, more highly integrated regimen of counseling/therapies for all or a significant period of time related to the reasons for their group home placement. All children receiving high intensity clinical treatment services must have a behavior plan. Among children who need high intensity clinical treatment services, there will be a higher incidence of need for psychotropic medications and related pharmacology services.

SERVICE STRUCTURE AND STAFFING:

Services provided by paid staff and consultants are available as an integral part of the group home program. At a minimum, DDA Licensed Children's Programs providing high intensity clinical treatment services will provide case management services, individual therapies/counseling provided by qualified therapists/counselors, psychopharmacology services, cognitive behavioral and expressive therapies. A licensed psychologist must oversee implementation of the behavior plan. Psychological assessment/evaluation services may be provided on an outpatient basis, but must be available. High intensity clinical treatment services are an essential element of programs serving children with serious and chronic mental illness and severe emotional disturbances. Individual service plans must integrate clinical treatment and behavioral intervention strategies and identify the roles played by the child and program staff to facilitate the child's involvement in treatment services.

EDUCATION SERVICES

DDA Licensed Children's Programs provide access to education services for all children of mandatory school age up to age 21 for special education students who have not earned a secondary school diploma, generally equivalency diploma, or certificate of completion. Education services are provided in the least restrictive setting consistent with the students educational and treatment needs. While children's education needs and placements will be influenced or determined by the scope and intensity of service required in other domains, e.g., care and supervision, enrollment in public schools should be the option of choice whenever possible. Options available to children in DDA licensed programs for children include: public elementary and secondary schools providing both general and special education programs; public schools for children with developmental disabilities; nonpublic general education schools approved by the Maryland State Department of Education (MSDE) (typically these are on-grounds schools operated as an integral part of the group home program); and nonpublic special education facilities, also approved by the MSDE.

LOW

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom low intensity education services are appropriate are typically responsive to the academic and behavioral expectations of the schools in which they are enrolled. The level of staff support needed by such students is generally consistent with that provided by parents/foster parents who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise. Children who are appropriate for low intensity education services can typically participate in classroom and extracurricular activities with adult supervision and support.

EDUCATION PROGRAM OPTIONS AND REQUIRED STAFF SUPPORT:

Children receiving low level education services are enrolled in public schools, most often with special education programs designed to respond to cognitive or other learning disabilities. Most of these children will have Individual Education Plans (IEP). At a minimum, program staff will ensure their timely enrollment, maintain regular contact with their teachers, be available to respond immediately to a behavioral or medical crisis, set aside a period in their daily schedule for supervised homework and support their participation in extracurricular activities, providing transportation when necessary.

MODERATE**CHARACTERISTICS OF CHILDREN SERVED:**

Children for whom moderate intensity education services are appropriate include those who have cognitive limitations, other learning disabilities and other secondary diagnosis and maladaptive behaviors. Children needing moderate level education services will be enrolled in special education and will have IEP's, Children for whom moderate level intensity education services are appropriate include those who require ongoing program staff support to sustain their enrollment and ensure academic progress. These children require consistent support from designated program staff who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise.

EDUCATION PROGRAM OPTIONS AND REQUIRED STAFF SUPPORT:

Children for whom moderate intensity education services are appropriate are enrolled in public schools and MSDE approved nonpublic special education schools equipped to manage disruptive behaviors exhibited by students with developmental disabilities, cognitive disorders and other learning disabilities. At a minimum, DDA Licensed programs for children providing moderate level intensity education services will have a designated staff liaison between the program and the school, which will ensure the timely enrollment of new students, maintain regular contact with their teachers and be available to respond immediately to a behavioral or medical crisis. Program staff set aside a period in their daily schedule for supervised homework and will check frequently with teachers to ensure that students are completing assignments. For students receiving moderate level intensity education services who participate in extracurricular activities, program staff will augment school faculty/staff supervision, maintaining regular contact with coaches and/or other faculty, ensuring that children who remain at school beyond the regular school day are being properly supervised and will provide transportation to allow participation in extracurricular activities.

HIGH**CHARACTERISTICS OF CHILDREN SERVED:**

Children for whom high intensity education services are appropriate include those who present with severe to profound developmental disabilities including those with secondary mental health diagnosis and persistent behavioral problems. The children will be in special education and, for the most part, cannot be "mainstreamed" because of the severity of their disabilities and/or maladaptive behavior. Children who are appropriate for high intensity education services typically require additional staff support in the school/classroom, e.g., behavioral aides, tutors, etc. and require the regular participation of program staff to maintain their school placements.

EDUCATION PROGRAM OPTIONS AND REQUIRED STAFF SUPPORT:

Children for whom high intensity education services are appropriate are enrolled in on grounds MSDE approved nonpublic special education schools operated by the DDA licensed program for children. Such schools are equipped to educate children with severe to profound developmental disabilities, attendant secondary diagnosis and disruptive or maladaptive behaviors. High level intensity education services are an integral part of the all services provided to larger group home program. At a minimum, DDA Licensed Children's Programs providing high level intensity education services will ensure the immediate enrollment of new students. The learning objectives

for each student will be included in a written education service plan that is developed in conjunction with the student's Individual Service Plan. Schools providing high intensity education services consistently meet MSDE standards for teacher certification and faculty to student ratios. Group home staff responsible for care and supervision beyond the school day will set aside a period in their daily schedule for supervised homework and will monitor the completion of homework assignments checking frequently with teachers to ensure that students are completing assignments. Schools providing high intensity education services will ensure that the group home's recreation and socialization activities approximate the nature and purpose of extracurricular activities available to children enrolled in public schools.

HEALTH AND MEDICAL SERVICES

At a minimum, routine pediatric medical and dental services provided in accordance with the requirements for Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) are available to all children living in DDA Licensed Children's Programs. DDA Licensed Children's Programs provide medical services for children with a very broad range of medical conditions. All ALU's and DDA Licensed Children's Programs that administer medication must have an RN delegating nurse/case manager and staff administering medication must be certified as medication technician in compliance with COMAR 10.27.11. The intensity of services provided is proportionate to the scope and severity of medical needs characteristics accepted by the group home. The intensity of medical services is influenced more by the severity of children's medical conditions than the range of medical conditions accepted. All children must have a Nursing Plan of Care and at each level of intensity, the Program must have the capability to meet the medical needs characteristics of children for whom that level of care is provided.

LOW

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom low intensity health and medical services are appropriate are "healthy children" without a history of acute or chronic medical needs characteristics. Like all children, they need to be seen by Doctors at regularly prescribed intervals for "well child visits" and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care. They also need to be seen by dentists for regular check ups, at least annually, and when they have complaints. Children served in low intensity health and medical services programs may have ongoing medical conditions, i.e., asthma that requires the use of inhalers but the conditions are under control with modest staff supervision and intervention. Programs providing low intensity health and medical services will occasionally have clients with conditions that meet the level of moderate intensity services, but these will be on an exceptional basis and only if the program can provide the level of service the individual child needs.

HEALTH AND MEDICAL SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

DDA Licensed Children's Programs providing low intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT and which include policies governing medication administration and management. In accordance with applicable regulations, DDA Licensed Children's Programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. DDA Licensed Children's Programs providing low intensity medical services have the capacity to implement special diets for brief periods of time when necessary to respond to short term illnesses and related treatment, e.g. tonsillectomy, dental surgery, orthodontia, etc. Low intensity health and medical services are provided by health care providers in the community. A Registered Nurse on staff coordinates services provided in the community. A Registered Nurse or a Certified Medications Technician administers all physician prescribed medications. DDA Licensed Children's Programs are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications.

MODERATE

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom moderate intensity health and medical services are appropriate present with a broad spectrum of medical conditions that require consistent supervision and long-term medical treatment. The conditions or medical needs characteristics are listed in each DDA Licensed Children's Programs provider profile. Like children who require low intensity health and medical services, they need to be seen by Doctors at regularly prescribed intervals for check ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular check ups, at least annually, and when they have complaints. Children requiring moderate intensity health and medical services often require special medical attention, e.g., blood level monitoring, insulin injections, the use of inhalers, special diets and close dietary monitoring.

HEALTH AND MEDICAL SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

DDA Licensed Children's Programs providing moderate intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, DDA Licensed Children's Programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. DDA Licensed Children's Programs providing moderate intensity medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment, e.g. childhood diabetes, eating disorders, life threatening allergic reactions, etc. Moderate intensity health and medical services are most often provided by health care providers in the community; however, DDA Licensed Children's Programs providing this level of services must employ a registered nurse. A Registered Nurse or Certified Medication Technician administers all physician prescribed medications. DDA Licensed Children's Programs providing moderate health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. DDA Licensed Children's Programs providing moderate intensity health and medical services have staff trained in the management, safekeeping and administration of medication. Programs providing moderate health and medical services ensure that all direct care staff have knowledge of the nature and severity of the medical needs of and treatment provided to children placed with them.

HIGH

CHARACTERISTICS OF CHILDREN SERVED: Children for whom high intensity health and medical services are appropriate present with chronic and/or acute medical conditions that do not rise to the definition of "medically fragile." These children may be identified as "medically complex" and include children who are non-ambulatory or who required assistance with ambulation. The needs of children requiring high intensity health and medical services include but is not limited to such illnesses as HIV/AIDS, hepatitis, acute asthma, chronic seizure disorders diabetes and other life threatening illnesses. Children requiring high intensity health and medical services may require the supervised use of medical technologies. Such medical conditions require close and consistent supervision and long term medical treatment. Medical needs characteristics served are listed in each DDA Licensed Children's Programs provider profile. Like children who require low and intermediate intensity health and medical services, they too need to be seen by Doctors at regularly prescribed intervals for check ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular check ups, at least annually, and when they have complaints. Children with chronic and/or acute medical conditions need, in addition to medical treatment, understanding support from staff that provide care and supervision.

HEALTH AND MEDICAL SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

DDA Licensed Children's Programs providing high intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, DDA Licensed Children's Programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. DDA Licensed Children's Programs providing high intensity health and medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses. DDA Licensed Children's Programs providing high intensity health and medical services must employ a registered nurse. A Registered Nurse or Certified Medication Technician administers all physician prescribed medications. Programs providing high intensity health and medical services must employ or contract with a consulting physician who oversees the provision of medical services and supervises nurses, nurses aides, medication technicians and all other medical staff employed by the Program. DDA Licensed Children's Programs providing high intensity health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. DDA Licensed Children's Programs providing high intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens.

FAMILY SERVICES

Family Services need to be provided for children in DDA Licensed Children's Programs based on their individual needs and circumstances. Among children placed in DDA Licensed Children's Programs, there is a continuum of family involvement ranging from no contact with family members to extensive family involvement in most aspects of a child's care and treatment. Except in instances where family involvement is precluded by a Court order or a child's family refuses to have contact with the child, every DDA Licensed Children's Program must, at a minimum maintain ongoing communication with the child's family members, allow for and accommodate family visitation and permit and facilitate communication between the child and his/her family members. These actions do not constitute family services in the context of levels of program and services intensities. All DDA Licensed Children's Programs will provide a written description of the scope and intensity of the family services they offer available to all referral and placement agencies and to parents. The intensity of family services offered in DDA Licensed Children's Programs is determined by the degree to which families are involved in assessments/evaluations of their children's needs, the scope of family services available and the extent to which parent/family involvement is encouraged and supported by the program. Levels of intensity are reflective of the scope and intensity of services routinely available and not necessarily the scope or intensity of services used by any particular family, recognizing that family availability and participation may vary widely among the families of children placed in DDA Licensed Children's Programs. At the highest level of intensity, family services interact with milieu services, clinical treatment services and education/special education services. Except in instances where children have no identified family members or where family members are precluded from participation by a Court order, DDA Licensed Children's Programs make continuous efforts actively involve parents and family members in an initial and periodic assessment of their children's needs and in their development of Individual Service Plans (ISP) and Individual Education Plans (IEP) where applicable and discharge plans. Family services are provided by licensed and/or certified professionals and qualified paraprofessionals including: case managers, nurses, licensed therapists, licensed counselors, aides and transportation aides. Services may be offered individually or in combination as determined to be needed in a client service plan. Services typically available include any of, or a combination of the following:

The ***Characteristics of children*** for whom differing levels of family services are provided are not a primary factor in deciding the scope or intensity of services provided. Rather, decisions about the level and intensity of services are determined by the availability and willingness of

parents/families to participate in the treatment of their children and second, the capability or level of service offered by the group home.

LOW

FAMILY SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

DDA Licensed Children's Programs providing low intensity family services will provide a range of services designed to maintain the child's connection with his family while the child is in placement and during the transition from out-of-home care to family living when there is a plan for family reunification. Program staff provide opportunities for children to interact with parents and siblings and coordinate services for the family while their child is in care when there is a plan for family reunification. As a part of their case management services, DDA Licensed Children's Programs help families identify and access community services (family counseling, parenting education or services needed by the child to transition from placement to home) needed to support timely reunification and successful treatment outcomes.

MODERATE

FAMILY SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

In addition to services at a low intensity level, DDA Licensed Children's Programs providing moderate intensity family services provide individual and group family counseling/therapies and parenting education by qualified licensed/certified therapists/counselors. Prior to a child's discharge, the Program will help parents/families identify the appropriate school placement and other community based services and activities consistent with the goals of the child's discharge plan and will ensure that information needed to enroll in school and access services is available at the time of discharge. DDA Licensed Children's Programs providing moderate level intensity family services will provide a higher level of case management and case planning, ensuring that the needs of parents/families related to reunification are identified in a written plan (the child's ISP or a separate Family Services Plan) and will assist parents/families in identifying the service resources they need. DDA Licensed Children's Programs providing moderate level intensity family services will periodically provide opportunities for children and their families to engage in social or recreational activities provided by the Program.

HIGH

FAMILY SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

In addition to services at a low and moderate intensity levels, DDA Licensed Children's Programs providing high intensity family services will develop Family Service Plans (FSP) distinguishing the services to be provided by the group home and those to be provided by other providers, e.g., community-based mental health and/or substance abuse services, and/or supports related to housing, employment, etc. In addition to individual and family group therapies, high intensity family services will either provide or ensure access to substance abuse counseling and treatment. High intensity family services include active and ongoing case management services to the family that include assistance in identifying and accessing community services, e.g., assistance with making appointments. DDA Licensed Children's Programs providing high level family services have policies and mechanisms for inviting, and encouraging active family participation in their child's treatment. They also have policies and mechanisms to ensure parent/family involvement in the program as members of advisory groups, participants on quality assurance teams, and participation in milieu program activities. Prior to a child's discharge, the group home will help parents/families identify the appropriate school placement and other community based services and activities and will work with parents/families to ensure the timely enrollment of their children in school and enrollment/placement in community-based programs and services identified in the discharge plan. High intensity family services include formal, short term follow up - 30 to 60 days - to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes.

Scoring Matrix

Domain	High	Intermediate	Moderate	Low
Care and Supervision	26	20	14	X
Clinical Services	4	X	2	1
Educational	7	X	5	4
Health Services	10	X	6	3
Family Services	6	X	3	1

DDA Licensed Alternative Living Units and Group Homes – Checklist

Care and Supervision

Moderate Intensity Care/Supervision

Environment

- Programs are home/family like in terms of structure and nature of supervision.
- Children are continuously supervised by responsible adults (This may include non-staff school faculty and other approved adult contact)
- Staffing ratios and the deployment of staff will ensure that children involved in all prescribed treatment and support children's participation in a range of recreation and socialization and after school activities appropriate to their developmental needs.

Characteristics of Children

- Mild developmental disabilities and cognitive limitations whose need for structure and supervision typically exceeds that which is available in regular foster care
- Able to attend public and approved nonpublic schools
- Not a threat to themselves or others and they are not flight risks.
- Typically have minimal/moderate level treatment needs, e.g., children who are identified as high functioning within the range of developmental disabilities.
- Typically ambulatory and capable of oral communication.

Intermediate Intensity Care/Supervision

Environment in Addition to Moderate Intensity

- Structured milieu with significant focus on behavior modification (teaching and reinforcing normative behaviors)
- Close supervision by staffers who know children's individual needs in all activities required in ISP's
- Staffing ratios and staff deployment provide for close and consistent supervision
- Program employs one-on-one interventions to deal with short term crises that threaten continued placement and to help a child acclimate to the activities of daily living. One-on-one services are typically available as an integral part of the program

Characteristics of Children

- Moderate to severe disabilities exhibiting oppositional behavior including frequent temper tantrums who are required to have a Behavior Plan developed in accordance with COMAR 14.31.07
- Have failed to acclimate to less structured foster and group care settings
- Cannot navigate between activities of daily living without assistance
- Have limited verbal communications abilities,
- Typically require assistance with activities of daily living.
- May require assistance with ambulation, e.g., assistance with steps, walking with a canes or walker, or assistive devise
- More inclined to require medical management of behavioral needs.
- May have history of running away and may be flight risks
- Indiscriminate sexual behavior – sexual acting out

High Intensity Care/Supervision

Environment in Addition to Moderate and Intermediate Intensity

- Supervision is provided with staff to child ratio (1:1 to 1:2) by specially trained staff.
- Staffing ensures 24 hour supervision (children are always visible to supervising staff) and capability for periodic one-on-one support as an integral part of program

- Highly structured focus on behavior modification
- Established daily routines, clearly define responsibilities, expectations, and consequences for compliant/non compliant behavior.
- High level of staff participation in education programs, participating in IEP development and providing services related to IEP goals during non-school day hours.
- IEP and ISP goals and measurable objectives are coordinated and compatible
- Staff to child ratios will support participation in recreation and socialization activities appropriate to developmental needs identified in ISP's.
- One-on-one interventions are used to assist children with daily routines, the requirements of education and treatment regimens and short term crises that threaten continued placement.
- Program has written description of their recreation and socialization services, which describes the scope, and intensity of staffing used to implement such services.
- Program maintains intensive supervision for children when they are involved in community-based education, medical/dental appointments, clinical treatment and any other activities required by their ISP's.

Characteristics of Children

- Children with severe, profound and pervasive disabilities, and/or physical limitations and/or challenging behaviors including but not limited to those with secondary diagnosis, e.g., autism and mental illness.
- Inappropriate, as determined through assessment, for less structured placements
- Histories of significant or prolonged mental health treatment/hospitalization for conditions including depression, suicidal and/or homicidal ideation.
- May have Autism or Autistic Tendencies
- Consistently unable to navigate between activities of daily living without assistance
- May present risks to themselves and others.
- May be non-ambulatory, non verbal
- Typically require significant and consistent support and assistance with the skills of daily living.
- May have serious/chronic mental health treatment need,
- May have atypical medical needs
- Require close attention and a more individualized approach to care and supervision.
- May engage in dangerous behaviors, e.g., fire setting, or aggressive/predatory sexual behavior coupled with gender identification issues

Clinical Services

Low Intensity Clinical Services

Service Structure and Staffing

- Program provides comprehensive and ongoing case management services
- With the exception of case management, services are provided on an "out patient" basis by licensed and/or certified professionals in the community.
- Treatment is adjunctive and is provided to support ISP goals
- Services are available on the same basis as for a child living at home with their family or a child in traditional family foster care.

Characteristics of Children

- Severe to profound developmental disabilities, cognitive functioning and/or physical limitations without a diagnosed mental illness or serious emotional disturbance.

- Children whose clinical treatment needs can be met on an “out patient” basis.
- Typically children who do not require psychotropic medications or behavior plans.

Medium Intensity Clinical Services

Service Structure and Staffing in Addition to Low Intensity

- Services are largely provided as an integral part of the program by staff and paid consultants.
- Program provides individual counseling provided by qualified therapists/counselors.
- Psychological assessment/evaluation services and pharmacology services are routinely available.
- ISP's integrate clinical and behavioral intervention strategies in an informal behavior plan and identify the roles played by both the child and program staff to facilitate the child's involvement in treatment services.

Characteristics of Children

- Developmental disabilities coupled with a mental illness, moderate to severe emotional disturbances and social development deficits
- Need continuous case management, periodic assessment and an ongoing counseling or therapy for an extended period of period of time
- Frequently require the psychotropic medications with corresponding medication management.
- Frequently require behavior plans, particularly if psychotropic medications are part of the treatment regimen.

High Intensity Clinical Services

Service Structure and Staffing in Addition to Low and Medium Intensity

- Program provides individual therapies/counseling, cognitive behavioral and expressive therapies provided by qualified therapists/counselors
- Behavior plans required and are overseen by a licensed psychologist.
- Psychological assessment/evaluation services may be provided on an outpatient basis, but must be available.

Characteristics of Children

- Children with developmental disabilities in combination with serious and chronic mental illness and severe emotional disturbances, autism or any other axis one diagnosis including those with histories of psychiatric hospitalizations.
- Children who need continuous case management, periodic assessment, and an intensive, more highly integrated regimen of counseling/therapies for all or a significant period of time related to the reasons for their group home placement.
- Children must have a behavior plan.
- Children with a higher incidence of need for psychotropic medications and related pharmacology services.

Education Services

Low Intensity Education Services

Education Program Options and Staffing/Staff Support

- Children are enrolled in public schools principally in special education Most of these children will have Individual Education Plans (IEP).
- Program staff ensure timely enrollment, participate in the development of IEP's, maintain regular contact with teachers and are available to respond immediately to a behavioral or medical crisis.
- Programs staff set aside a period in the daily schedule for supervised homework
- Program staff support participation in extracurricular activities, providing transportation when necessary

Characteristics of Children

- Typically responsive to academic and behavioral expectations in school
- Level of support needed is consistent with that provided by parents/foster parents who take a strong interest in their children's education
- Can typically participate in classroom and extracurricular activities with adult supervision and support.

Medium Intensity Education Services

Education Program Options and Staffing in Addition to Low Intensity

- Public schools and MSDE approved nonpublic special education schools equipped to manage disruptive behaviors, cognitive disorders and other learning disabilities.
- Program has a designated staff liaison between the program and the school, ensures timely enrollment of new students, maintains regular contact with teachers and responds immediately to a behavioral or medical crisis.
- For students who participate in extracurricular activities, program staff augment school faculty/staff supervision, ensuring that children who remain at school beyond the regular school day are being properly supervised

Characteristics of Children

- Children typically have cognitive limitations, other learning disabilities and maladaptive behaviors.
- Children are enrolled in special education and have IEP's,
- Children require ongoing program staff support to sustain their enrollment and ensure academic progress

High Intensity Education Services

Education Program Options and Staffing in Addition to Low and Medium Intensity

- Children are enrolled in on grounds MSDE approved nonpublic special education schools operated by the program
- The school is equipped to educate children with severe to profound developmental disabilities, attendant secondary diagnosis and disruptive or maladaptive behaviors.
- Education services are an integral part of the overall residential program
- Learning objectives for each student are included in both IEP's and ISP's

Characteristics of Children

- Severe to profound developmental disabilities including those with secondary mental health diagnosis and persistent behavioral problems.
- Children in special education who, for the most part, cannot be "mainstreamed" because of the severity of their disabilities and/or maladaptive behavior.
- Typically require additional staff support in the school/classroom, e.g., behavioral aides, tutors, etc. and require the regular participation of program staff to maintain their school placements.

Health and Medical Services

Low Intensity Health and Medical Services

Health and Medical Service Options and Staff Support

- Comprehensive written policies govern the provision of health and medical services which comport with the requirements of EPSDT
- Policies governing medication administration and management
- Programs have formal agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services.

- Programs can provide special diets for brief periods of time when necessary to respond to short term illnesses and related treatment
- Medical services are provided by health care providers in the community
- Medical services are coordinated by a Registered Nurse on staff
- Physician prescribed medications are administered by a Registered Nurse or a Certified Medications Technician.
- Programs maintains records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications.

Characteristics of Children Served

- Children are “healthy children” without a history of acute or chronic medical needs
- May have medical conditions, i.e., asthma under control with modest staff supervision

Medium Intensity Health and Medical Services

Health/Medical Service Options in Addition to Low Intensity

- Capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment
- Program employs at least one registered nurse
- Direct care staff has demonstrated knowledge of the nature and severity of the medical needs of and treatment provided to children placed with them.

Characteristics of Children

- Children present with a broad spectrum of medical conditions that require consistent supervision and long-term medical treatment; e.g. childhood diabetes, eating disorders, life threatening allergic reactions, etc.
- Children often require special medical attention, e.g., blood level monitoring, insulin injections, the use of inhalers, special diets and close dietary monitoring.

High Intensity Health and Medical Services

Health/Medical Service Options in Addition to Low and Medium Intensity

- Must employ or contract with a consulting physician who oversees the provision of medical services and supervises nurses, nurse’s aides, medication technicians and all other medical staff employed by the Program.

Characteristics of Children

- “Medically complex” with chronic and/or acute medical conditions that do not rise to the definition of “medically fragile.”
- May be non-ambulatory or require assistance with ambulation.
- Medical needs may include but are not limited to HIV/AIDS, hepatitis, acute asthma, chronic seizure disorders diabetes and other life threatening illnesses
- May require use of mechanical medical technologies

Family Services

Low Intensity Family Services

Service Options and Required Staff Support

- Program provides services designed to maintain the child’s connection with his family
- Program provides opportunities for children to interact with parents and siblings and coordinates services for the family when there is a plan for family reunification.
- Program helps families identify and access community services to support timely reunification and successful treatment outcomes.

- Program periodically provides opportunities for children and their families to engage in social or recreational activities provided by the program.

Medium Intensity Family Services

Service Options and Required Staff Support in Addition to Low Intensity

- Program provides individual and group family counseling/therapies and parenting education by qualified licensed/certified therapists/counselors
- Prior to discharge, the program assists parents/families in identifying and accessing the appropriate school placement and other needed services
- Case management and case planning ensure that the needs of parents/families related to reunification are identified in a written plan

High Intensity Family Services

Service Options and Required Staff Support in Addition to Low and Medium Intensity

- Program provided Family Service Plans (FSP) identifying and distinguishing services provided by the program from those provided by other providers
- In addition to individual and family group therapies, program staff ensures access to substance abuse counseling and treatment
- Program has policies and mechanisms for encouraging/supporting family participation in treatment
- Program has policies and mechanisms to engage parents/families as members of advisory groups, quality assurance teams, and participation in milieu program activities
- Services include formal, short term follow up - 30 to 60 days – to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes.

SECTION C: Diagnostic, Evaluation And Treatment Programs

TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

The scope and intensity of care and supervision (milieu services) offered in Diagnostic, Evaluation, and Treatment Programs generally do not vary due to the severe or unknown disabilities and functioning of children referred to and placed. In all diagnostic and evaluation programs, the milieu or residential environment must provide, at a minimum, close supervision, diagnostic psycho-social testing, recreation, socialization, and transition services in a nurturing, culturally sensitive environment that enables and supports children's participation in needed treatment and educational services.

Staffing intensity and the scope and intensity of milieu program services is intense to meet the needs of children served. In all cases, staffing and service intensity is sufficient to ensure the maintenance of a safe and therapeutic environment. The nature of children's service needs and disabilities (physical, mental/emotional and social) are the principal factor determining the high level of milieu program intensity. This determination is also based on a child's need for structure, supervision and access to treatment.

Recreation and socialization activities essential to growth and development are an assumed part of every adequate milieu program. All diagnostic / evaluation programs must offer a range of activities appropriate to the ages, developmental levels, and physical and social skill strengths and deficits of children served. Recreation and socialization services must restrict unstructured free time and assist children in learning to identify and access recreation and cultural activities and make productive use of leisure time. Program offerings range from participation in readily available recreation and cultural activities in the community at the least intensive end of the service spectrum, to therapeutic recreation and socialization services provided and/or supervised by certified professionals as part of an overall treatment plan at the opposite end of the intensity continuum.

Transition services, defined as training and experiential learning activities, i.e., life skills training intended to foster self reliance and age appropriate independence, must also be an integral part of all diagnostic / evaluation programs. Although differentiated from clinical strategies and interventions, milieu program transition services and activities relate to and support long term goals, assisting children in making the transition to the next planned placement. Generally, the level and intensity of transition services will be very structured to correspond with the high level of milieu program intensity except where cognitive development and/or physical disabilities are a factor.

The scope of care and supervision provided in all diagnostic / evaluation programs includes the maintenance of a safe environment, ensuring that adequate shelter, food, clothing, transportation and other basic life needs are met and providing "parenting" functions consistent with the ages and developmental needs of children in care. The intensity of care and supervision routinely include staff secure (eyes-on supervision around the clock) and architecturally enhanced supervision capabilities. By these standards Diagnostic and Evaluation programs are routinely rated at a high level of intensity for the care and supervision of the children they serve and defined as follows:

HIGH

CHARACTERISTICS OF CHILDREN SERVED:

Because of diagnosis and/or extreme maladaptive behaviors, children who require high intensity care and supervision are those who need either or both a highly structured milieu and intense supervision. Children in highly structured, supervision intensive milieu programs exhibit extreme disruptive, maladaptive and delinquent behaviors and pose a clear threat to their own safety or the safety of others. Typically, they require intense around the clock supervision and immediately available crisis intervention, including access to supervised time out. Therapeutic or adaptive recreation and socialization

services consistent with the needs of the children served by the program are available within the milieu. Over-night supervision must be sufficient to deal with individual and group behavioral crisis. Other children who require intense supervision, but not necessarily a highly structured milieu include children with serious mental illness who experience episodic psychosis, severe depression, and/or suicidal behavior, and children with medical conditions that require close monitoring but do not meet the definition of "medically fragile." The behavioral and treatment needs characteristics of children for whom high intensity care and supervision is required include but are not limited to:

- A history of psychiatric hospitalization or prolonged, intensive psychiatric treatment;
- Children with severe to profound developmental disabilities including but not limited to those with secondary diagnosis, e.g., autism, mental illness, extreme behaviors, etc.;
- A history of serious and prolonged delinquent behavior resulting in loss or injury to others;
- Children with a high potential for, or history of harm to self and others;
- Children who engage in dangerous behaviors, e.g. fires setting, aggressive/predatory sexual behavior;

PROGRAM STRUCTURE AND STAFFING MODEL:

For children with challenging behaviors, programs provide staff secure settings which may include architectural features such as alarms, motion detectors and/or security cameras in common indoor and outdoor areas (staff secure means high ratio of staff to children, ranging from 1:3 to - 1:4 which permits constant 24 hour supervision, i.e., children are always visible to supervising staff, and the capability for periodic one-on-one supervision and support as an integral part of program staffing. Programs providing high intensity care and supervision for such children have 24-hour access to crisis intervention provided by staff that is specially trained and which allow children in crisis to be removed to an alternative location (not to be construed as seclusion). For children with developmental disabilities, mental illness and serious medical conditions, high intensity care and supervision are provided through a high staff to child ratio (1:1 to 1:3) by staff that are specially trained and "qualified." The staffing model permits 24-hour supervision (children are always visible to supervising staff) and the capability for periodic one-on-one supervision and support as an integral part of program staffing.

Typically, but not exclusively, children who need high intensity care and supervision will attend on ground schools, self-contained public or private education programs, alternative schools, or nonpublic special education facilities and will have their clinical treatment needs met within the facilities where they are placed. Consistent with the needs of children requiring high intensity supervision, the program offer highly structured and intensely supervised recreation and socialization activities within the program. Programs providing high intensity care and supervision must have a written description of their recreation and socialization services which identifies a scope of activities that meets the requirements outlined above and describes the scope and intensity of staffing used to implement such programs. Programs providing high intensity care and supervision must also have the ability to maintain intensive supervision for children when they are involved in community-based education, medical/dental appointments, clinical treatment and any other activities required by their individual service plans.

CLINICAL TREATMENT SERVICES

The intensity of clinical treatment services offered in diagnostic / evaluation programs is always high as the scope of professional services available, the setting(s) in which they are offered, and the degree to which they are interactive with milieu treatment services, education/special education services and/or other treatment services are available.

The appropriate level of intensity for clinical treatment services is determined by the scope and complexity of their diagnosed need for treatment and not by the nature of their residential placement.

Clinical treatment services include services provided on site by licensed and/or certified professionals. Services may be offered individually or in combination as determined to be needed in a client service plan. In addition, crisis management services are provided on-site, 24 hours per day. Services typically available include any of, or a combination of the following:

- Case Management;
- Individual and group psychotherapy;
- Professional counseling;
- Family therapy/counseling;
- Cognitive behavioral therapies
- Expressive therapies;
- Pharmacology;
- Medication management;
- Psychiatry; and
- Psychological Assessment/Evaluation;

HIGH

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom high intensity clinical treatment services are appropriate consist of children with chronic mental illness including histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTC's) and children with severe emotional disturbances. High intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for their placement. Among children who need high intensity clinical treatment services, there will be a higher incidence of need for psychotropic medications and related pharmacology services. High intensity clinical treatment services may be appropriate for children in a behavioral milieu, e.g., a program structured for juvenile offenders, when there are indications that such treatment will contribute to the goals of the placement.

SERVICE STRUCTURE AND STAFFING:

Services provided by paid staff and consultants are available on-site as an integral part of the diagnostic and evaluation process. At a minimum, high intensity clinical treatment services will provide case management services, individual and group therapies provided by qualified therapists under the supervision of a psychiatrist, psychopharmacology services, cognitive behavioral and expressive therapies as integral parts of the group home program. Psychological assessment/evaluation services may be provided on an outpatient basis, but must be available. High intensity clinical treatment services are an essential element of programs serving children with serious and chronic mental illness and severe emotional disturbances. Individual service plans must integrate clinical treatment and behavioral intervention strategies and identify the roles played by the child and youth care staff to facilitate the child's involvement in treatment services.

EDUCATION SERVICES

Diagnostic and evaluation programs provide services for all children of mandatory school age up to age 21 for special education students who have not earned a secondary school diploma, generally equivalency diploma, or certificate of completion. Education services are provided in

the least restrictive setting consistent with the students educational and treatment needs. While children's education needs and placements will be influenced or determined by the scope and intensity of service required in other domains, (e.g., care and supervision), enrollment in public schools should be the options of choice whenever possible. Options available to children in diagnostic / evaluation programs include: public elementary and secondary schools providing both general and special education programs; public schools for children with developmental disabilities; nonpublic general education schools approved by the Maryland State Department of Education (MSDE) (typically these are on-grounds schools operated as an integral part of the group home program); and nonpublic special education facilities, also approved by the MSDE.

LOW

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom low intensity education services are appropriate are typically compliant with the academic and behavioral expectations of the schools in which they are enrolled. The level of staff support needed by such students is generally consistent with that provided by parents/foster parents who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise. Children who are appropriate for low intensity education services can typically participate in classroom and extracurricular activities with a level of adult supervision and support consistent with their school peers.

EDUCATION PROGRAM OPTIONS AND REQUIRED STAFF SUPPORT:

Children receiving low-level education services are enrolled in public schools, including some with special education programs designed to respond to cognitive or other learning disabilities. At a minimum, diagnostic program staff will ensure their timely enrollment, maintain regular contact with their teachers, be available to respond immediately to a behavioral or medical crisis, set aside a period in their daily schedule for supervised homework and support their participation in extracurricular activities, providing transportation when necessary.

MEDIUM

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom medium intensity education services are appropriate include those with school phobias, histories of truancy and other school related discipline problems that resulted in frequent detention and/or suspensions and children in special education because of a diagnosed mental illness, serious emotional disturbance or developmental disability. Children for whom medium level intensity education services are appropriate include those who require ongoing staff support to sustain their enrollment and ensure academic progress. These children typically require consistent support from designated diagnostic staff who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise.

EDUCATION PROGRAM OPTIONS AND REQUIRED STAFF SUPPORT:

Children for whom medium intensity education services are appropriate are enrolled in public schools and MSDE approved nonpublic general and special education schools, including some with special education programs equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities. At a minimum, diagnostic / evaluation programs providing medium level intensity education services will have a designated staff liaison between the diagnostic center and the school to serve as an active participant in the child's educational plan, and will ensure the timely enrollment of new students,

maintain regular contact with their teachers and be available to respond immediately to a behavioral or medical crisis. In addition, the diagnostic program will arrange transportation to the school; coordinate clinical, behavioral, and educational issues into their treatment plans.

For students receiving medium level intensity education services who participate in extracurricular activities, diagnostic staff will augment school faculty/staff supervision, maintaining regular contact with coaches and/or other faculty, ensuring that children who remain at school beyond the regular school day are where they are supposed to be and providing transportation when necessary. Finally, the diagnostic program will provide school uniforms and other supplies as needed by the child.

HIGH

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom high intensity education services are appropriate include those who present with serious and persistent behavioral problems characterized by frequent suspensions and/ or expulsion and children in special education who, for the most part, cannot be "mainstreamed" because of the severity of their maladaptive behavior and/or the extent of their mental illness, serious emotional disturbance or developmental disability. Children who are appropriate for high intensity education services typically require additional staff support in the school/classroom, e.g., behavioral aides, tutors, etc.

EDUCATION PROGRAM OPTIONS AND REQUIRED STAFF SUPPORT:

Children for whom high intensity education services are appropriate are enrolled in on-grounds; MSDE approved nonpublic general and special education schools, operated by the diagnostic program. Such schools are equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities. These on-ground schools are an integral part of the diagnostic / evaluation program. At a minimum, diagnostic programs providing high-level intensity education services will ensure the immediate enrollment of new students. The learning objectives for each student will be included in a written education service plan that is developed in conjunction with the student's Individual Service Plan. Schools providing high intensity education services consistently meet MSDE standards for teacher certification and faculty to student ratios. Diagnostic staff responsible for care and supervision beyond the school day will set aside a period in their daily schedule for supervised homework and will monitor the completion of homework assignments checking frequently with teachers to ensure that students are completing assignments. Schools providing high intensity education services will ensure that the group home's recreation and socialization activities approximate the nature and purpose of extracurricular activities available to children enrolled in public schools.

HEALTH AND MEDICAL SERVICES

At a minimum, routine pediatric medical and dental services provided in accordance with the requirements for Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) are available to all children living in diagnostic / evaluation programs. Diagnostic / evaluation programs also provide medical services for children with a very broad range of medical conditions. All programs that administer medication must have an RN delegating nurse/case manager and staff administering medication must be certified as medication technician in compliance with COMAR 10.27.11. The intensity of services provided is proportionate to the scope and severity of medical needs characteristics accepted by the diagnostic / evaluation program. The intensity of medical services is influenced more by the severity of children's medical conditions than the range of medical conditions accepted.

LOW

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom low intensity health and medical services are appropriate are “healthy children” without a history of acute or chronic medical needs characteristics. Like all children, they need to be seen by Doctors at regularly prescribed intervals for “well child visits” and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care. They also need to be seen by dentists for regular check ups, at least annually, and when they have complaints. Children served in low intensity health and medical services programs may have ongoing medical conditions, i.e., asthma that requires the use of inhalers but the conditions are under control with modest staff supervision and intervention. Programs providing low intensity health and medical services will occasionally have clients with conditions that meet the level of medium intensity services, but these will be on an exceptional basis and only if the program can provide the level of service the individual child needs.

HEALTH AND MEDICAL SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

Diagnostic / evaluation programs providing low intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT and which include policies governing medication administration and management. In accordance with applicable regulations, diagnostic / evaluation programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Diagnostic / evaluation programs providing low intensity medical services have the capacity to implement special diets for brief periods of time when necessary to respond to short term illnesses and related treatment, e.g. tonsillectomy, dental surgery, orthodontia, etc. Low intensity health and medical services are provided entirely by health care providers in the community. Diagnostic / evaluation programs are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Diagnostic / evaluation programs providing low intensity health and medical services employ staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens.

MEDIUM

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom medium intensity health and medical services are appropriate present with a broad spectrum of medical conditions that require consistent supervision and long-term medical treatment. The conditions or medical needs characteristics are listed in each program’s provider profile. Like children who require low intensity health and medical services, they need to be seen by Doctors at regularly prescribed intervals for check ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular check ups, at least annually, and when they have complaints. Children requiring medium intensity health and medical services often require special medical attention, e.g., blood level monitoring, insulin injections, the use of inhalers, special diets and close dietary monitoring. Children with conditions like enuresis need understanding support from staff that provides care and supervision.

HEALTH AND MEDICAL SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

Diagnostic / evaluation programs providing medium intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication

administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, diagnostic / evaluation programs have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Diagnostic / evaluation programs providing medium intensity medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment, e.g. childhood diabetes, eating disorders, life threatening allergic reactions, etc. Medium intensity health and medical services are most often provided by health care providers in the community; however, diagnostic / evaluation programs providing this level of services will have a contractual relationship with a consulting physician who will oversee the provision of medical services. These programs also may have specialized equipment for certain client needs and an infirmary available for the treatment of medical conditions under the supervision of a physician. Diagnostic / evaluation programs providing medium intensity health and medical services also employ or contract with a nurse(s) or other qualified medical staff whose qualifications are commensurate with the medical needs characteristics of children served by the group home. Diagnostic / evaluation programs providing medium health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Diagnostic / evaluation programs providing medium intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self-administration regimens. Diagnostic / evaluation programs serving children who cannot self-administer their medications with supervision employ staff trained to administer medications to these children. Programs providing medium health and medical services ensure that all direct care staff have knowledge of the nature and severity of the medical needs of and treatment provided to children placed with them.

HIGH

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom high intensity health and medical services are appropriate present with chronic and/or acute medical conditions that do not rise to the definition of “medically fragile.” This includes such illnesses as HIV/AIDS, acute asthma, conditions that limit ambulation and conditions that require the supervised use of medical technologies. Such medical conditions require close and consistent supervision and long-term medical treatment. Medical needs characteristics served are listed in each group homes provider profile. Like children who require low and intermediate intensity health and medical services, they too need to be seen by Doctors at regularly prescribed intervals for check ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular check ups, at least annually, and when they have complaints. Children with chronic and/or acute medical conditions need, in addition to medical treatment, understanding and support from staff that provide care and supervision.

HEALTH AND MEDICAL SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

Diagnostic / evaluation programs providing high intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, group homes have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. These programs are highly structured and may use a medical model, able to care for technology dependent

populations. Specialized equipment may also be available for medical emergencies but the program is not designed as an acute hospital setting. Diagnostic / evaluation programs providing high intensity health and medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment. Diagnostic / evaluation programs providing high intensity health and medical services employ or contract with a consulting physician who oversees the provision of medical services and supervises nurses, nurses aides, medication technicians and all other medical staff employed by the group home. Diagnostic / evaluation programs providing high intensity health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Diagnostic / evaluation programs providing high intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens. Diagnostic / evaluation programs serving children who cannot self-administer their medications with supervision employ staff trained to administer medications to these children.

FAMILY SERVICES

Family Services need to be provided for children in diagnostic / evaluation programs based on their individual needs and circumstances. Among children placed in diagnostic / evaluation programs, there is a continuum of family involvement ranging from no contact with family members to full family in most aspects of a child's care and treatment. Except in instances where family involvement is precluded by a Court order or a child's family refuses to have contact with the child, every group home must, at a minimum maintain ongoing communication with the child's family members, allow for and accommodate family visitation and permit and facilitate telephone and letter communication between the child and his/her family members. These actions do not constitute family services in the context of levels of program and services intensities. All diagnostic / evaluation programs will provide a written description of the scope and intensity of the family services they offer available to all referral and placement agencies and to parents.

The intensity of family services offered in diagnostic / evaluation programs is determined by the degree to which families are involved in assessments/evaluations of their children's needs, the scope of family services available and the extent to which parent/family involvement is encouraged and supported by the program. Levels of intensity are reflective of the scope and intensity of services routinely available and not necessarily the scope or intensity of services used by any particular family, recognizing that family availability and participation may vary widely among the families of children placed in group homes. At the highest level of intensity, family services interact with milieu services, clinical treatment services and education/special education services. Except in instances where children have no identified family members or where family members are precluded from participation by a Court order, group homes make continuous efforts actively involve parents and family members in an initial and periodic assessment of their children's needs and in their development of Individual Service Plans (ISP) and Individual Education Plans (IEP) where applicable and discharge plans.

Family services are provided by licensed and/or certified professionals and qualified para-professionals including: case managers, licensed therapists, licensed counselors, childcare workers and transportation aides. Services may be offered individually or in combination as determined to be needed in a client service plan. Services typically available include any of, or a combination of the following:

The **Characteristics of children** for whom differing levels of family services are provided are not a primary factor in deciding the scope or intensity of services provided. Rather, decisions about the level and intensity of services are determined by the availability and willingness of parents/families to

participate in the treatment of their children and second, the capability or level of service offered by the diagnostic / evaluation programs.

LOW

FAMILY SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

Diagnostic / evaluation programs providing low intensity family services will provide a range of services designed to maintain the child's connection with his family while the child is in placement and during the transition from out-of-home care to family living. This includes facilitating family visits and allowing regularly scheduled phone calls. Diagnostic / evaluation programs staff provide opportunities for children to interact with parents and siblings and coordinate services for the family while their child is in care. As a part of their case management services, diagnostic / evaluation programs help families identify and access community services (family counseling, parenting education or services needed by the child to transition from placement to home) needed to support timely reunification and successful treatment outcomes. Services also include referrals to family services providers.

MEDIUM

FAMILY SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

In addition to services at a low intensity level, diagnostic / evaluation programs providing medium intensity family services will assess the family dynamics and provide individual and group family therapies and parenting education. Prior to a child's discharge, the diagnostic / evaluation programs will help parents/families identify the appropriate school placement and other community based services and activities and, with the appropriate consents, ensure that information needed to enroll in school and access services is available at the time of discharge. Diagnostic / evaluation programs providing medium level intensity family services will provide a higher level of case management and case planning, ensuring that the needs of parents/families related to reunification are identified in a written plan (the child's ISP or a separate Family Services Plan) and will assist parents/families in identifying the service resources they need. Diagnostic / evaluation programs providing medium level intensity family services will periodically provide opportunities for children and their families to engage in social or recreational activities provided by the diagnostic / evaluation program.

HIGH

FAMILY SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

In addition to services at a low and medium intensity levels, group homes providing high intensity family services will develop Family Service Plans (FSP) distinguishing the services to be provided by the diagnostic / evaluation programs and those to be provided by other providers, (e.g., community-based mental health and/or substance abuse services, and/or supports related to housing, employment, etc.). These services will be designed to preserve, re-unify, or develop family relations. In addition to individual and family group therapies, high intensity family services will either provide or ensure access to substance abuse counseling and treatment. High intensity family services include active and ongoing case management services to the family that include assistance in identifying and accessing community services, (e.g., assistance with making appointments). In addition, they provide crisis management and coping skills that will provide the family the tools and insight in maintaining the child in their care. Diagnostic / evaluation programs providing high level family services have policies and mechanisms for inviting, and encouraging active family participation in their child's treatment. They also have policies and mechanisms to ensure parent/family involvement in the program as members of advisory groups, participants on quality assurance teams, and participation in milieu program activities. Prior to a child's discharge, the diagnostic / evaluation programs will help parents/families identify the appropriate school placement and other community based services and activities and will work with parents/families to ensure the timely enrollment of their children in school and enrollment/placement in community-based programs and services identified in the discharge

plan. High intensity family services include formal, short term follow up - 30 to 60 days – to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes. Finally, high intensity family services provide the family parenting classes.

		Low	Medium	High
1.	24 hour milieu	Eliminated	Eliminated	12
2.	Clinical Services	Eliminated	Eliminated	6
3.	Education	0	1	1
4.	Health / Medical	1	2	3
5.	Family Support	2	3	4

Diagnostic and Evaluation Program Levels of Intensity Checklist

Agency _____ **Date** _____

1. _____ Care and Supervision – High for all Diagnostic and Evaluation Programs

2. _____ **Clinical Services** - High for all Diagnostic and Evaluation Programs

3. _____ Low Educational Services

Public schools

Timely enrollment

Regular contact / availability with teachers

Available to respond to behavioral or medical needs

Scheduled time for supervising / assisting with homework

Support participation in extra-curricular activities

Or

_____ Medium Educational Services

Public or MSDE approved non-public general or special education school

Agency is an active participant in the child's educational plan (IEP)

- coordinates with local education agency to ensure placement and is liaison to the school

- designated staff liaison

Agency arranges for transportation to the school

Agency coordinates clinical, behavioral, and educational issues into their treatment plan

Agency provides school uniforms and supplies

and

_____ **High Educational Services**

Maintains certified teachers on staff

Maintains a non-public / Type III school

Equipped to manage disruptive behaviors exhibited by children with serious mental illness of

emotional disturbances, or developmental disabilities

4. _____ Low Health and Medical Services

Policies and provisions of health services consistent with EPSDT and medication management

Liaisons established with community pediatricians/physician providers, dentists, etc.

Access to community services is available through program staff, and/or public transportation

Capacity to implement special diets for a short period of time

Maintain and administer records and appointments with health care professionals

Staff trained in the management, safekeeping, and administration of medications

and

_____ **Medium Health and Medical Services**

Capacity to implement special diets for a prolonged period of time

Direct care staff have knowledge of the severity of medical needs of children placed with them

May have specialized equipment for certain clients as needed

May have an infirmary available for treatment of medical conditions under supervision of

physician

and

_____ **High Health and Medical Services**

Structured; may use medical model, able to care for technology dependent populations
Availability of specialized equipment for medical emergencies but not designed as an acute hospital setting

5. _____ **Low Family Support Services**

Allows and facilitates family visits and connections to family of origin

including phone contact, visits, and referrals to family services

and

_____ **Medium Family Support Services**

Provides direct individual and family counseling

Assesses family dynamics

Assist family in identifying an appropriate school placement and ensure information needed to

enroll the child and access services

Provide case management services

Provide opportunities for children and their families to engage in social or recreational activities

and

_____ **High Family Support Services**

Policies to ensure parent / family involvement in milieu of program activities

Goal of service delivery is to assess family dynamics and develop a Family Service Plan (FSP)

to preserve, reunify, or develop family relations

Provide individual and family therapy

Ensure access to substance abuse counseling and treatment

Develop crisis management and coping skills

Identify appropriate services following discharge

Develop formal short term follow up (30 – 60 days) to access schools and community services

Provide case management services to include assistance in identifying and accessing community services

Provide parenting classes

Diagnostic Center Name
Form

Signature of Person Completing

SECTION D: Group Homes

Group Homes

The largest number of programs serving the largest number of children in out-of-home placements are large and small group homes. Small group homes are designed for 12 or fewer children, although they too can have multiple units co-located at the same site. the same as a DHR “group home”. The DDA “group home” is a larger version of the DDA ALU. Large group homes provide for more than 12 children, typically at one site or a “campus” setting. Group care programs in these classifications currently serve from 4 to 175 children. For the purpose of Levels of Intensity, these programs are categorized as “group homes.”

Unlike other out-of-home care categories, which tend to be defined by the needs of subsets of the child population, group homes serve a heterogeneous population ranging from infants to older adolescents. Children served in “group homes” have significantly varied needs for care and supervision, individual and group treatment, recreation and socialization services, and the full range of available educational settings, because of factors ranging from:

- A broad range of cognitive abilities and functioning;
- Medical conditions ranging from the “healthy child to children with chronic and/or acute needs that do not meet the definition of medically fragile;
- A broad spectrum of mental illness and emotional disturbances;
- Varied needs for general and special education services provide through State Department of Education approved public and nonpublic general and special education facilities including those which are operated as an integral part of some group home programs; and
- Behaviors ranging from age appropriate and responsive to community norms at one end of the continuum, to non-compliant, aggressive, assaultive, impulsive and/or dangerously compulsive or manipulative at the deep end of the behavior continuum.

Children are placed in “group homes” by, in order of numbers and frequency: Local Departments of Social Services (LDSS) because of abuse, neglect and/or abandonment, the Department of Juvenile Services (DJS) because of a broad spectrum of delinquent behaviors (many of the behaviors and treatment needs of adjudicated delinquents and children placed by LDSS are indistinguishable); Local Management Boards (LMB); Core Service Agencies (CSA) and Local School Systems (LSS). While the greatest number and percentage of children placed in “group homes” are Court committed to the custody of one or more public agency, a small number of children whose parents have unlimited/unrestricted guardianship are in “voluntary placements.”

Although “group homes” have enough in common to group them into a service type for Levels of Intensity, they are by no means all alike. Differences are best understood by looking both at individual program profiles in combination with levels of intensity. These two separate but related constructs serve as tools for caseworkers and other seeking to match the needs of children with the most appropriate services available.

The intensity of services across domains varies among group homes. For example, one group home may provide high intensity care and supervision while offering low to moderate intensity services in other domains. Conversely, another may offer high intensity clinical treatment and/or medical services in a low to moderate intensity care and supervision environment. These variations in the intensity of services offered are designed to respond to the needs of children served as an alternative to providing a narrowly defined set of services based on the type of program.

At the low end of the needs spectrum children are placed in “group homes” when less structured and restrictive options, e.g. in-home care with wraparound services or traditional and treatment foster homes cannot provide either the intensity of care and supervision needed, or an adequately integrated scope of treatment and education services or both. “Group homes” are sometimes the option of choice for children at the low end of the spectrum of care and

supervision and treatment needs, particularly when they are resistant to foster care or other more intimate family settings, e.g., older children and adolescents who have had multiple failed placements or who choose to be in group care settings.

At the high end of the needs spectrum children are placed in “group homes” because of challenging behaviors rising to a level of serious threat to self or others and/or treatment and education needs which are too great to be met in less structured and intensive service environments. At this end of the needs spectrum, children are placed when they do not need more highly structured and/or service intensive programs; e.g., hospitalization, long-term treatment in a Residential Treatment Center (RTC/PTRF) or a secure residential facility for adjudicated delinquents.

In between the high and low ends of the spectrum children placed in group homes have quite varied needs across the five domains for which Levels of Intensity are established. The scope and intensity of services for each “group home” program and the spectrum of treatment and education services provided are more unique to individual programs in the “group home” category than is typical of programs in other categories. There is also less consistency in the scope and levels of intensity across domains among group homes. For example a group home that provides the highest level of care and supervision, but the lowest level of clinical treatment and medical services or one that high intensity medical services but low intensity care and supervision.

There are two important tenants inherent in the established levels of intensity for “group homes”:

- The level of intensity in any domain is to be reflective of the capability of the program and the needs characteristics of a majority of the children served but does not imply that children whose needs across all domains are not consistent with established levels of intensity are inappropriate for the program.
- Programs with the capability to provide services at any level of intensity can capably provide services at each lower level of intensity in accordance with intensity definitions for the five domains for which levels of intensity have been established.

Children who require higher levels of care and supervision at the time of placement who progress to a point where they need less care and supervision do not necessarily require a change in placement nor is the provider required to continue an unnecessarily restrictive care and supervision regimen.

TWENTY-FOUR HOUR MILIEU CARE AND SUPERVISION

The scope and intensity of care and supervision (milieu services) offered in group homes will vary based on the abilities, disabilities and functioning of children referred to and placed. In all group homes, the milieu or residential environment must provide, at a minimum; adequate supervision, recreation, socialization and transition services in a nurturing, culturally sensitive environment that enables and supports children’s participation in needed treatment and educational services.

Staffing intensity and the scope and intensity of milieu program services is proportionate to the needs of children served. In all cases, staffing and service intensity is sufficient to ensure the maintenance of a safe and therapeutic environment. The nature of children’s service needs and disabilities (physical, mental/emotional and social) are not the principal factor determining the appropriate level of milieu program intensity. Instead, this determination is based on a child’s need for structure, supervision and access to treatment.

Recreation and socialization activities essential to growth and development are an assumed part of every adequate milieu program. All “group homes” must offer a range of activities appropriate to the ages, developmental levels, and physical and social skill strengths and deficits of children

served. Recreation and socialization services at all levels of intensity must minimize unstructured free time and teach children how to find and access recreation and cultural activities and make productive use of leisure time. Program offerings range from participation in readily available recreation and cultural activities in the community at the least intensive end of the service spectrum, to therapeutic recreation and socialization services provided and/or supervised by certified professionals as part of an overall treatment plan at the opposite end of the intensity continuum.

Transition services, defined as training and experiential learning activities, i.e., life skills training intended to foster self reliance and age appropriate independence, must also be an integral part of all group home programs. Although differentiated from clinical strategies and interventions, milieu program transition services and activities relate to and support long term goals, assisting children in making the transition to home, to the next planned placement, or to independent living. The nature of transition services varies among group homes depending on the needs of children individually and in certain homogenous groupings depending on variables including, disabilities, cognitive functioning, and atypical or deviant behaviors. Generally, the level and intensity of transition services will correspond with the overall level of milieu program intensity. Milieu programs at all levels of intensity must offer transition services responsive to the developmental needs of clients served.

The scope of care and supervision provided in all “group homes” includes the maintenance of a safe environment, ensuring that adequate shelter, food, clothing, transportation and other basic life needs are met and providing “parenting” functions consistent with the ages and developmental needs of children in care. The intensity of care and supervision ranges from staff secure (eyes-on supervision around the clock) and architecturally enhanced supervision capabilities at the most restrictive end of the spectrum, to the maintenance of a minimally restrictive, most home/family like therapeutic environment at the other end. Among the 124 group homes licensed in June 2006, there are significant variations in the structure, organization and staffing of programs. They are distinguished by four Levels of Intensity for care and supervision as follows:

**LOW
CHARACTERISTICS OF CHILDREN:**

Regardless of diagnosis or reasons for placement, children who require low intensity care and supervision are those whose need for structure and supervision typically exceeds that which is available in less structured settings, e.g., foster care, or whose needs are better met in a group setting as opposed to the intimacy of a family setting. Their need for supervision and direction related to school and other community involvements requires little more support than is available in less structured settings (Typically such children can spend some time in the community, beyond school, without direct adult supervision). Children for whom low level care and supervision is appropriate are not a threat to themselves or others and they are not flight risks.

These may be children who need short term residential placement prior to transitioning to a less restrictive environment, e.g., foster care, reunification with family or aging out to independent living. This may include those who have been “stepped-down” from more restrictive levels of care. Children who require low intensity care and supervision will most often have minimal/low level treatment needs, which can be met on an outpatient basis and attend school regularly with minor and infrequent behavioral difficulties. Children for whom low level intensity care and supervision is appropriate include children with easily managed developmental disabilities and mild cognitive limitations, e.g., children who are identified as high functioning within the range of developmental disabilities.

The behavioral characteristics of children for whom low level intensity care and supervision is appropriate include but are not limited to:

- Low self-esteem
- Poor peer relationship
- Verbally oppositional at times including occasional temper tantrums

- Frequently sad
- Withdrawn or overly clingy
- Difficulty attaching or forming helpful relationships
- Difficulty following rules without frequent/repeated prompting (includes children with attention deficits)
- Age inappropriate expression of emotions and behaviors

PROGRAM STRUCTURE AND STAFFING MODEL:

Programs providing low intensity care and supervision are the most home/family like in terms of structure and nature of supervision. In these programs, children have the freedom, with consideration for their ages and the nature of their abilities and disabilities, to walk to school, participate in extracurricular school activities, visit friends in the community and play with neighbor children without direct staff supervision, hold jobs in the community, etc. Staffing ratios and the deployment of staff will ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs.

MODERATE CHARACTERISTICS OF CHILDREN:

Children who require a moderate level intensity of care and supervision require a predictable and consistent structure with clear rules and a level of supervision necessary to ensure compliant behavior and participation in the full range of prescribed treatment, education, recreation and socialization activities. Often, such children have failed to acclimate to the expectations of less structured foster and group care settings or are assessed to need this level of care and supervision. Children needing moderate intensity care and supervision include those who act out excessively in less structured environments, are not able to navigate between activities of daily living without assistance, and whose behavior, while not presenting serious risks to self or others, nevertheless requires consistent supervision. Children with developmental disabilities and cognitive functioning limitations whose behaviors are consistent with those identified below are appropriate candidates for Moderate Intensity Care and Supervision. The behavioral characteristics of children for whom moderate level intensity care and supervision is appropriate include but are not limited to:

- Low self-esteem;
- Poor impulse control;
- Poor relationships with peers and adults;
- Difficulty attaching or forming helpful relationships;
- Oppositional behavior including occasional temper tantrums;
- Behaviors that require frequent redirection;
- Withdrawn with tendencies toward depression;
- Difficulty following rules without frequent/repeated prompting (includes children with attention deficits);
- Age inappropriate expression of emotions and behaviors;
- Children who are flight risks but who have not put the community or other children at risk because of this behavior;
- Children who are likely to confine their acting out behavior to home or to school based on circumstances.
- Lying and stealing
- Sexually acting out behavior (This level of care can pertain to children with indiscriminate sexual behavior, risky sexual behavior, etc. Group home care and supervision at all levels of intensity accept and work with children should be able to provide services to children manifesting these behaviors.

PROGRAM STRUCTURE AND STAFFING MODEL:

Programs providing moderate intensity care and supervision have a structured milieu with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations,

and natural and logical consequences for compliant/non compliant behavior. Programs providing moderate level care and supervision are structured to vary the intensity of supervision to correspond to the needs of individual children and their responsiveness to the structure and behavioral expectations of the milieu and their participation in school, treatment, recreation and socialization activities. Depending on their level of development and responsiveness to structure, children may have the freedom, with consideration for their ages and the nature of their abilities and disabilities, to walk to school, participate in extracurricular school activities, visit friends in the community and play with neighbor children without direct staff supervision. They may also hold jobs in the community. However, staffing ratios and the deployment of staff will be sufficient to provide close and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs. This level of care is responsive to the individual child's behavioral needs to the extent that the program is flexible enough to modify program procedures to restrict the above freedoms on a temporary basis. Programs providing a moderate level of care and supervision may occasionally employ the use of one-on-one interventions to deal with short term crises that threaten continued placement or that are necessary to help a child acclimate to the new activities or treatment regimens. One-on-one services are not typically available as an integral part of programs providing moderate intensity care and supervision.

INTERMEDIATE CHARACTERISTICS OF CHILDREN:

Children who require an intermediate level intensity of care and supervision require a highly structured environment and close supervision at all times because of their behaviors or the severity of their disabilities. Most often, children requiring intermediate level care and supervision have failed to acclimate to the expectations of less structured group care settings or have been determined upon assessment to need this level of care and supervision. This includes children with histories of hospitalization and residential treatment center (RTC) placements. Children needing intermediate intensity care and supervision include those who act out consistently, are not able to navigate between activities of daily living without assistance and whose behaviors present risks to themselves and others. Children with serious developmental disabilities and significant cognitive functioning limitations whose behaviors are consistent with those identified below are appropriate candidates for Intermediate Intensity Care and Supervision.

Intermediate level care and supervision is provided for children who have exceptional mental health treatment needs, atypical medical needs, atypical educational support needs, mild to moderate developmental delays or disabilities or some combination of the above. These children require close attention and a more individualized approach to care and supervision, or supervision that is typical of a clinical rather than behavioral milieu.

Intermediate level care and supervision is also provided for children who require close supervision because of acting out behavior which does pose a significant risk or threat to the safety of self and/or others in a behavioral milieu which includes and balances individual and group treatment and supervision regimens. The behavioral characteristics of children for whom intermediate level intensity care and supervision is appropriate include but are not limited to:

- Low self-esteem;
- Impulsive risk taking behaviors;
- History of significant or prolonged mental health treatment/hospitalization.
- History of suicidal and/or homicidal ideation without a plan
- Depression;
- Suicidal Ideation;
- History of self injurious behavior
- Manipulative/triangulating behaviors;
- Compulsive stealing;
- Compulsive lying;
- Sexual acting out;
- Experimenting with drugs/alcohol;

- Gender identification issues;
- Poor impulse control;
- Poor relationships with peers and adults;
- Difficulty attaching or forming helpful relationships;
- Oppositional and defiant behavior;
- Verbal and/or physical aggression toward peers and/or adults;
- Behaviors that require frequent redirection;
- Withdrawn or Socially isolated;
- Consistent difficulty following rules without frequent/repeated prompting (includes children with attention deficits);
- Age inappropriate expression of emotions and behaviors;
- Children with histories of running away and who have or may put themselves or the community at risk because of this behavior;

PROGRAM STRUCTURE AND STAFFING MODEL:

Programs providing intermediate intensity care and supervision have highly structured, milieu programs with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior.

Twenty-four hour staff supervision is intensive including staffing necessary to support children's participation in education and treatment activities within and outside of the program's facilities. Programs of intermediate level care and supervision are largely self-contained, providing most or all of their services as integral parts of the larger program. Some intermediate level care and supervision programs operate on-grounds schools. Those that do not, provide extraordinary supervision and supports for children who attend public or off-grounds nonpublic schools. Programs providing intermediate level care and supervision are structured to vary the intensity of supervision to correspond to the individualized needs of children and their individual responses to the structure and behavioral expectations of the milieu and their participation in school, treatment, recreation and socialization activities. As with moderate level care and supervision, children may, depending on their level of development and responsiveness to structure and with consideration for their ages and the nature of their abilities and disabilities, participate in extracurricular school activities, and engage in activities in the community with modified supervision regimens. Staffing ratios and the deployment of staff will be sufficient to provide close and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs. Programs providing an intermediate level of care and supervision will employ the use of one-on-one interventions to assist children in acclimating to daily routines, the requirements of education and treatment regimens and to deal with short term crises that threaten continued placement. One-on-one services may or may not be available as an integral part of programs providing intermediate intensity care and supervision. Typically the level of care and supervision needed requires the availability of treatment and recreation services within the program but clients may also be appropriate to receive services in the community.

HIGH

CHARACTERISTICS OF CHILDREN SERVED:

Because of diagnosis and/or extreme maladaptive behaviors, children who require high intensity care and supervision are those who need either or both a highly structured milieu and intense supervision. Children in highly structured, supervision intensive milieu programs exhibit extreme disruptive, maladaptive and delinquent behaviors and pose a clear threat to their own safety or the safety of others. Typically, they require intense around the clock supervision and immediately available crisis intervention, including access to supervised time out. Therapeutic or adaptive recreation and socialization services consistent with the needs of the children served by the program are available within the milieu. Over-night supervision must be sufficient to deal with individual and group behavioral crisis. Other children who require intense supervision, but not

necessarily a highly structured milieu include children with serious mental illness who experience episodic psychosis, severe depression, and/or suicidal behavior, and children with medical conditions that require close monitoring but do not meet the definition of “medically fragile.” The behavioral and treatment needs characteristics of children for whom high intensity care and supervision is required include but are not limited to:

- A history of psychiatric hospitalization or prolonged, intensive psychiatric treatment;
- Children with severe to profound developmental disabilities including but not limited to those with secondary diagnosis, e.g., autism, mental illness, extreme behaviors, etc.;
- A history of serious and prolonged delinquent behavior resulting in loss or injury to others;
- Children with a high potential for, or history of harm to self and others;
- Children who engage in dangerous behaviors, e.g. fires setting, aggressive/predatory sexual behavior;

PROGRAM STRUCTURE AND STAFFING MODEL:

For children with challenging behaviors, programs provide staff secure settings which may include architectural features such as alarms, motion detectors and/or security cameras in common indoor and outdoor areas (staff secure means high ratio of staff to children, ranging from 1:3 to - 1:4 which permits constant 24 hour supervision, i.e., children are always visible to supervising staff, and the capability for periodic one-on-one supervision and support as an integral part of program staffing. Programs providing high intensity care and supervision for such children have 24 hour access to crisis intervention provided by staff who are specially trained and which allow children in crisis to be removed to an alternative location (not to be construed as seclusion). For children with developmental disabilities, mental illness and serious medical conditions, high intensity care and supervision are provided through a high staff to child ratio (1:1 to 1:3) by staff that are specially trained and “qualified.” The staffing model permits 24 hour supervision (children are always visible to supervising staff) and the capability for periodic one-on-one supervision and support as an integral part of program staffing.

Typically, but not exclusively, children who need high intensity care and supervision will attend on ground schools, self contained public or private education programs, alternative schools, or nonpublic special education facilities and will have their clinical treatment needs met within the facilities where they are placed. Consistent with the needs of children requiring high intensity supervision, the program offer highly structured and intensely supervised recreation and socialization activities within the program. Programs providing high intensity care and supervision must have a written description of their recreation and socialization services which identifies a scope of activities that meets the requirements outlined above and describes the scope and intensity of staffing used to implement such programs. Programs providing high intensity care and supervision must also have the ability to maintain intensive supervision for children when they are involved in community-based education, medical/dental appointments, clinical treatment and any other activities required by their individual service plans.

CLINICAL TREATMENT SERVICES

The intensity of clinical treatment services offered in group homes is determined by the scope of professional services available, the setting(s) in which they are offered, and the degree to which they are interactive with milieu treatment services, education/special education services and/or other treatment services.

The appropriate level of intensity for clinical treatment services is determined by the scope and complexity of their diagnosed need for treatment and not by the nature of their residential placement. Thus, a child placed in a program providing a low level intensity of care and supervision may require high intensity clinical treatment services.

Clinical treatment services include services provided by licensed and/or certified professionals. Services may be offered individually or in combination as determined to be needed in a client service plan. Services typically available include any of, or a combination of the following:

- Case Management;
- Individual and group psychotherapy;
- Professional counseling;
- Family therapy/counseling;
- Cognitive behavioral therapies
- Expressive therapies;
- Pharmacology;
- Medication management;
- Psychiatry; and
- Psychological Assessment/Evaluation;

LOW

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom low intensity clinical treatment services are appropriate include those whose needs can be met on an “out patient” basis. This includes children who, in spite of their diagnosis and treatment needs, can function with low level care and supervision and who typically comply with their prescribed treatment regimen. Low level intensity clinical treatment services are appropriate for children in a behavioral milieu who do not have a diagnosed mental illness and serious emotional disturbance. This circumstance would be most typical of a group home serving delinquent youth. Low level intensity clinical treatment services are also appropriate for children with severe to profound developmental disabilities and cognitive functioning limitations.

SERVICE STRUCTURE AND STAFFING:

Services are provided on an “out patient” basis in the community where the child lives. Treatment is adjunctive and is provided in support of the child’s group home placement and the goals of their individual service plan. Services are available on the same basis as for a child living at home with their family or a child in traditional family foster care. With the exception of case management, licensed and/or certified professionals in the community provide services.

MEDIUM

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom medium intensity clinical treatment services are appropriate include children with mental illness, moderate to severe emotional disturbances, social development deficits that will respond to clinical treatment interventions. Medium intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment, and an ongoing regimen of therapies for all or a significant period of time related to the reasons for their group home placement. It would not be uncommon for children in this medium intensity level to require the administration of psychotropic medications with corresponding medication management. Medium level intensity clinical treatment services may be appropriate for children in a behavioral milieu, e.g., a program structured for juvenile offenders, when there are indications that such treatment will contribute to the goals of the placement.

SERVICE STRUCTURE AND STAFFING:

Services are largely though not exclusively provided as an integral part of the group home program by staff and paid consultants. At a minimum, group homes providing medium level intensity clinical services will provide case management services and individual and group therapies provided by qualified therapists under the supervision of a psychiatrist. Psychological assessment/evaluation services and pharmacology services may be provided on an outpatient basis, but must be available. Medium intensity clinical treatment services are an essential element of programs serving children with diagnosed mental illness and serious emotional

disturbances. Individual service plans integrate clinical and behavioral intervention strategies and identify the roles played by both the child and youth care staff to facilitate the child's involvement in treatment services.

HIGH

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom high intensity clinical treatment services are appropriate consist of children with chronic mental illness including histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTC's) and children with severe emotional disturbances. High intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for their group home placement. Among children who need high intensity clinical treatment services, there will be a higher incidence of need for psychotropic medications and related pharmacology services. High intensity clinical treatment services may be appropriate for children in a behavioral milieu, e.g., a program structured for juvenile offenders, when there are indications that such treatment will contribute to the goals of the placement.

SERVICE STRUCTURE AND STAFFING:

Services provided by paid staff and consultants are available as an integral part of the group home program. At a minimum, group homes providing high intensity clinical treatment services will provide case management services, individual and group therapies provided by qualified therapists under the supervision of a psychiatrist, psychopharmacology services, cognitive behavioral and expressive therapies as integral parts of the group home program. Psychological assessment/evaluation services may be provided on an outpatient basis, but must be available. High intensity clinical treatment services are an essential element of programs serving children with serious and chronic mental illness and severe emotional disturbances. Individual service plans must integrate clinical treatment and behavioral intervention strategies and identify the roles played by the child and youth care staff to facilitate the child's involvement in treatment services.

EDUCATION SERVICES

Group homes provide access to education services for all children of mandatory school age up to age 21 for special education students who have not earned a secondary school diploma, generally equivalency diploma, or certificate of completion. Education services are provided in the least restrictive setting consistent with the students' educational and treatment needs. While children's education needs and placements will be influenced or determined by the scope and intensity of service required in other domains, e.g., care and supervision, enrollment in public schools should be the options of choice whenever possible. Options available to children in group homes include: public elementary and secondary schools providing both general and special education programs; public schools for children with developmental disabilities; nonpublic general education schools approved by the Maryland State Department of Education (MSDE) (typically these are on-grounds schools operated as an integral part of the group home program); and nonpublic special education facilities, also approved by the MSDE.

LOW

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom low intensity education services are appropriate are typically compliant with the academic and behavioral expectations of the schools in which they are enrolled. The level of staff support needed by such students is generally consistent with that provided by parents/foster parents who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise. Children who are appropriate for low intensity education services can typically participate in classroom and extracurricular activities with a level of adult supervision and support consistent with their school peers.

EDUCATION PROGRAM OPTIONS AND REQUIRED STAFF SUPPORT:

Children receiving low level education services are enrolled in public schools, including some with special education programs designed to respond to cognitive or other learning disabilities. At a minimum, group home staff will ensure their timely enrollment, maintain regular contact with their teachers, be available to respond immediately to a behavioral or medical crisis, set aside a period in their daily schedule for supervised homework and support their participation in extracurricular activities, providing transportation when necessary.

MEDIUM**CHARACTERISTICS OF CHILDREN SERVED:**

Children for whom medium intensity education services are appropriate include those with school phobias, histories of truancy and other school related discipline problems that resulted in frequent detention and/or suspensions and children in special education because of a diagnosed mental illness, serious emotional disturbance or developmental disability. Children for whom medium level intensity education services are appropriate include those who require ongoing group home staff support to sustain their enrollment and ensure academic progress. These children typically require consistent support from designated group home staff who take a strong interest in their children's education, who meet regularly with their teachers and who make themselves readily available to school faculty if academic performance and/or behavioral issues arise.

EDUCATION PROGRAM OPTIONS AND REQUIRED STAFF SUPPORT:

Children for whom medium intensity education services are appropriate are enrolled in public schools and MSDE approved nonpublic general and special education schools, including some with special education programs equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities. At a minimum, group homes providing medium level intensity education services will have a designated staff liaison between the group home and the school, which will ensure the timely enrollment of new students, maintain regular contact with their teachers and be available to respond immediately to a behavioral or medical crisis. Group home staff set aside a period in their daily schedule for supervised homework and will monitor the completion of homework assignments checking frequently with teachers to ensure that students are completing assignments. For students receiving medium level intensity education services who participate in extracurricular activities, group home staff will augment school faculty/staff supervision, maintaining regular contact with coaches and/or other faculty, ensuring that children who remain at school beyond the regular school day are where they are supposed to be and providing transportation when necessary.

HIGH**CHARACTERISTICS OF CHILDREN SERVED:**

Children for whom high intensity education services are appropriate include those who present with serious and persistent behavioral problems characterized by frequent suspensions and/ or expulsion and children in special education who, for the most part, cannot be "mainstreamed" because of the severity of their maladaptive behavior and/or the extent of their mental illness, serious emotional disturbance or developmental disability. Children who are appropriate for high intensity education services typically require additional staff support in the school/classroom, e.g., behavioral aides, tutors, etc.

EDUCATION PROGRAM OPTIONS AND REQUIRED STAFF SUPPORT:

Children for whom high intensity education services are appropriate are enrolled in on-grounds, MSDE approved nonpublic general and special education schools, operated by the group home. Such schools are equipped to manage disruptive behaviors exhibited by students with mental illness and serious emotional disturbances, cognitive disorders and other learning disabilities. These on-ground schools are an integral part of the larger group home program. At a minimum, group homes providing high level intensity education services will ensure the immediate

enrollment of new students. The learning objectives for each student will be included in a written education service plan that is developed in conjunction with the student's Individual Service Plan. Schools providing high intensity education services consistently meet MSDE standards for teacher certification and faculty to student ratios. Group home staff responsible for care and supervision beyond the school day will set aside a period in their daily schedule for supervised homework and will monitor the completion of homework assignments checking frequently with teachers to ensure that students are completing assignments. Schools providing high intensity education services will ensure that the group home's recreation and socialization activities approximate the nature and purpose of extracurricular activities available to children enrolled in public schools.

HEALTH AND MEDICAL SERVICES

At a minimum, routine pediatric medical and dental services provided in accordance with the requirements for Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) are available to all children living in group homes. Group homes provide medical services for children with a very broad range of medical conditions. All ALU's and group homes that administer medication must have an RN delegating nurse/case manager and staff administering medication must be certified as medication technician in compliance with COMAR 10.27.11. The intensity of services provided is proportionate to the scope and severity of medical needs characteristics accepted by the group home. The intensity of medical services is influenced more by the severity of children's medical conditions than the range of medical conditions accepted.

LOW

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom low intensity health and medical services are appropriate are "healthy children" without a history of acute or chronic medical needs characteristics. Like all children, they need to be seen by Doctors at regularly prescribed intervals for "well child visits" and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care. They also need to be seen by dentists for regular check ups, at least annually, and when they have complaints. Children served in low intensity health and medical services programs may have ongoing medical conditions, i.e., asthma that requires the use of inhalers but the conditions are under control with modest staff supervision and intervention. Programs providing low intensity health and medical services will occasionally have clients with conditions that meet the level of medium intensity services, but these will be on an exceptional basis and only if the program can provide the level of service the individual child needs.

HEALTH AND MEDICAL SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

Group homes providing low intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT and which include policies governing medication administration and management. In accordance with applicable regulations, group homes have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Group homes providing low intensity medical services have the capacity to implement special diets for brief periods of time when necessary to respond to short term illnesses and related treatment, e.g. tonsillectomy, dental surgery, orthodontia, etc. Low intensity health and medical services are provided entirely by health care providers in the community. Group homes are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Group homes providing low intensity health and medical services employ staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens.

MEDIUM

CHARACTERISTICS OF CHILDREN SERVED:

Children for whom medium intensity health and medical services are appropriate present with a broad spectrum of medical conditions that require consistent supervision and long-term medical

treatment. The conditions or medical needs characteristics are listed in each group homes provider profile. Like children who require low intensity health and medical services, they need to be seen by Doctors at regularly prescribed intervals for check ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular check ups, at least annually, and when they have complaints. Children requiring medium intensity health and medical services often require special medical attention, e.g., blood level monitoring, insulin injections, the use of inhalers, special diets and close dietary monitoring. Children with conditions like enuresis need understanding support from staff that provide care and supervision.

HEALTH AND MEDICAL SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

Group homes providing medium intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication administration and management and correspond with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, group homes have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Group homes providing medium intensity medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment, e.g. childhood diabetes, eating disorders, life threatening allergic reactions, etc. Medium intensity health and medical services are most often provided by health care providers in the community; however, group homes providing this level of services will have a contractual relationship with a consulting physician who will oversee the provision of medical services. Group homes providing medium health and medical services also employ or contract with a nurse(s) or other qualified medical staff whose qualifications are commensurate with the medical needs characteristics of children served by the group home. Group homes providing medium health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Group homes providing medium intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self-administration regimens. Group homes serving children who can not self administer their medications with supervision employ staff trained to administer medications to these children. Programs providing medium health and medical services ensure that all direct care staff have knowledge of the nature and severity of the medical needs of and treatment provided to children placed with them.

HIGH

CHARACTERISTICS OF CHILDREN SERVED: Children for whom high intensity health and medical services are appropriate present with chronic and/or acute medical conditions that do not rise to the definition of “medically fragile.” This includes such illnesses as HIV/AIDS, acute asthma, conditions that limit ambulation and conditions that require the supervised use of medical technologies. Such medical conditions require close and consistent supervision and long term medical treatment. Medical needs characteristics served are listed in each group homes provider profile. Like children who require low and intermediate intensity health and medical services, they too need to be seen by Doctors at regularly prescribed intervals for check ups and periodically when they contract normal childhood illnesses that require diagnosis and pediatric care and that do not necessarily relate to a more serious, long term illness or disability. They also need to be seen by dentists for regular check ups, at least annually, and when they have complaints. Children with chronic and/or acute medical conditions need, in addition to medical treatment, understanding support from staff that provide care and supervision.

HEALTH AND MEDICAL SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

Group homes providing high intensity health and medical services have comprehensive policies governing the provision of health and medical services which comport with the requirements of EPSDT, include policies governing medication administration and management and correspond

with the medical needs characteristics of children accepted by their program. In accordance with applicable regulations, group homes have agreements with physicians, dentists and hospitals to ensure that children in their care have access to routine and emergency medical services. Group homes providing high intensity health and medical services have the capacity to implement special diets for prolonged periods of time to respond to chronic or acute illnesses and related treatment. Group homes providing high intensity health and medical services employ or contract with a consulting physician who oversees the provision of medical services and supervises nurses, nurses aides, medication technicians and all other medical staff employed by the group home. Group homes providing high intensity health and medical services are responsible for maintaining records of appointments with doctors, dentists and other health care practitioners, all medical and dental treatments provided and all the use of all prescribed medications. Group homes providing high intensity health and medical services have staff trained in the management, safekeeping and administration of medication, including supervised self administration regimens. Group homes serving children who can not self administer their medications with supervision employ staff trained to administer medications to these children.

FAMILY SERVICES

Family Services need to be provided for children in group homes based on their individual needs and circumstances. Among children placed in group homes, there is a continuum of family involvement ranging from no contact with family members to full family in most aspects of a child's care and treatment. Except in instances where family involvement is precluded by a Court order or a child's family refuses to have contact with the child, every group home must, at a minimum maintain ongoing communication with the child's family members, allow for and accommodate family visitation and permit and facilitate telephone and letter communication between the child and his/her family members. These actions do not constitute family services in the context of levels of program and services intensities. All group homes will provide a written description

of the scope and intensity of the family services they offer available to all referral and placement agencies and to parents. The intensity of family services offered in group homes is determined by the degree to which families are involved in assessments/evaluations of their children's needs, the scope of family services available and the extent to which parent/family involvement is encouraged and supported by the program. Levels of intensity are reflective of the scope and intensity of services routinely available and not necessarily the scope or intensity of services used by any particular family, recognizing that family availability and participation may vary widely among the families of children placed in group homes. At the highest level of intensity, family services interact with milieu services, clinical treatment services and education/special education services. Except in instances where children have no identified family members or where family members are precluded from participation by a Court order, group homes make continuous efforts actively involve parents and family members in an initial and periodic assessment of their children's needs and in their development of Individual Service Plans (ISP) and Individual Education Plans (IEP) where applicable and discharge plans. Family services are provided by licensed and/or certified professionals and qualified paraprofessionals including: case managers, licensed therapists, licensed counselors, child care workers and transportation aides. Services may be offered individually or in combination as determined to be needed in a client service plan. Services typically available include any of, or a combination of the following:

The ***Characteristics of children*** for whom differing levels of family services are provided are not a primary factor in deciding the scope or intensity of services provided. Rather, decisions about the level and intensity of services are determined by the availability and willingness of parents/families to participate in the treatment of their children and second, the capability or level of service offered by the group home.

LOW

FAMILY SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

Group homes providing low intensity family services will provide a range of services designed to maintain the child's connection with his family while the child is in placement and during the

transition from out-of-home care to family living. Group home staff provide opportunities for children to interact with parents and siblings and coordinate services for the family while their child is in care. As a part of their case management services, group homes help families identify and access community services (family counseling, parenting education or services needed by the child to transition from placement to home) needed to support timely reunification and successful treatment outcomes.

MEDIUM

FAMILY SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

In addition to services at a low intensity level, group homes providing medium intensity family services provide individual and group family therapies and parenting education. Prior to a child's discharge, the group home will help parents/families identify the appropriate school placement and other community based services and activities and, with the appropriate consents, ensure that information needed to enroll in school and access services is available at the time of discharge. Group homes providing medium level intensity family services will provide a higher level of case management and case planning, ensuring that the needs of parents/families related to reunification are identified in a written plan (the child's ISP or a separate Family Services Plan) and will assist parents/families in identifying the service resources they need. Group homes providing medium level intensity family services will periodically provide opportunities for children and their families to engage in social or recreational activities provided by the group home.

HIGH

FAMILY SERVICE OPTIONS AND REQUIRED STAFF SUPPORT:

In addition to services at a low and medium intensity levels, group homes providing high intensity family services will develop Family Service Plans (FSP) distinguishing the services to be provided by the group home and those to be provided by other providers, e.g., community-based mental health and/or substance abuse services, and/or supports related to housing, employment, etc. In addition to individual and family group therapies, high intensity family services will either provide or ensure access to substance abuse counseling and treatment. High intensity family services include active and ongoing case management services to the family that include assistance in identifying and accessing community services, e.g., assistance with making appointments. Group homes providing high level family services have policies and mechanisms for inviting, and encouraging active family participation in their child's treatment. They also have policies and mechanisms to ensure parent/family involvement in the program as members of advisory groups, participants on quality assurance teams, and participation in milieu program activities. Prior to a child's discharge, the group home will help parents/families identify the appropriate school placement and other community based services and activities and will work with parents/families to ensure the timely enrollment of their children in school and enrollment/placement in community-based programs and services identified in the discharge plan. High intensity family services include formal, short term follow up - 30 to 60 days – to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes.

	Low	Moderate	Intermediate	High
24 hour milieu	14	18	22	26
Clinical Services	1	4	X	7
Education	1	4	X	6
Health/Medical	1	3	X	6
Family Support	1	3	X	6

Group Homes – Checklist

Care and Supervision

Low

_____ Children served are typically not a threat to themselves or others and they are not flight risks (i.e. children spend time in the community, without direct adult supervision have the freedom, with consideration for their ages and the nature of their abilities and/or disabilities to walk to school, participate in extracurricular school activities, visit friends in the community and play with neighborhood children without direct staff supervision, hold jobs in the community, etc.)

_____ Program provides age appropriate supervision and direction related to school and other community activities

Moderate

_____ Children require a predictable and consistent structure with clear rules

_____ Program provides a structured milieu with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non-compliant behavior

_____ Program is structured to vary the intensity of supervision to correspond to the needs of individual children and their responsibilities to the structure and behavioral expectations of the milieu and their participation in school, treatment, recreation and socialization activities

_____ Staffing ratios and the deployment of staff are sufficient to provide close and consistent supervision for all children served by the program

Intermediate

_____ Children include those who act out consistently, and are not able to navigate between activities of daily living without assistance and whose behaviors present risks to themselves and others

_____ Children served are those who have exceptional mental health treatment needs, atypical medical needs, atypical educational support needs, mild to moderate developmental delays or disabilities or some combination of the above

_____ Children often require close attention and a more individualized approach to care and supervision, or supervision that is typical of a clinical rather than behavioral milieu

_____ Children require close supervision because of acting out behavior which does pose a significant risk or threat to the safety of self and/or others in a behavioral milieu which includes and balances individual and group treatment and supervision regimens

_____ Program provides a highly structured environment with close supervision at all times because of children's behaviors or the severity of their disabilities

_____ Program has a highly structured milieu program with significant focus on behavior modification (teaching and reinforcing normative behaviors)

_____ Program is characterized by well established daily routines, clearly defined responsibilities and expectations

_____ Twenty-four hour staff supervision is intensive; including staffing necessary to support children's participation in education and treatment activities within and outside of the program's facilities

_____ Programs are largely self-contained providing most or all of their services as integral parts of the larger program

_____ Programs are structured to vary the intensity of supervision to correspond to the individualized needs of children and their individual responses to the structure and behavioral expectations of the milieu and the participation in school, treatment, recreation and socialization activities

High

_____ Children exhibit extreme disruptive, maladaptive and delinquent behaviors and pose a clear threat to their own safety or the safety of others

_____ Children require intense around the clock supervision and immediately available crisis intervention including access to supervised time out

_____ Over-night supervision must be sufficient to deal with individual and group behavior crisis

_____ Programs provide staff secure settings that may include architectural features such as alarms, motion detectors and/or security cameras in common indoor and outdoor areas

_____ Programs provide for a high ratio of staff to children, ranging from 1:3 to 1:4 that permits constant 24 hour supervision

_____ Program has the capability for periodic one-on-one supervision and support as an integral part of the program

_____ Program offers a highly structured and intensely supervised recreation and socialization activities within the program

_____ Programs provide high intensity care and supervision must have the ability to maintain intensive supervision for children when they are involved in community-based education, medical/dental appointment, clinical treatment and any other activities required by their individual service plans

Clinical Services

Low

_____ Treatment services, when available, are provided on an “out patient” basis by properly credentialed professionals in the community

Medium

The program can show evidence:

_____ That an adequate number of staff have been properly trained and certified in medication administration and scheduled for all shifts as needed;

_____ That case management services are being provided for each resident;

_____ Of individual and group therapy on a regular basis by an LCSW-C or LCPC;

_____ Of the availability of psychological assessment services;

_____ Of the availability of pharmacological services;

_____ That ISPs are in place for each resident in care in which clinical and behavioral intervention strategies are identified with the roles played by both the child and the youth care staff

High

In addition to meeting all of the evidences in the Medium Services category a program providing high intensity clinical services will also show evidence of:

_____ A working relationship with a Maryland licensed psychiatrist to provide medication monitoring to the residents in care and clinical supervision to the professional therapists working with children and youth in care;

_____ Individual and group therapies are being provided on at least a weekly basis by credentialed therapists under supervision of licensed psychiatrist;

_____ Documentation of a program of expressive therapy (art, dance, music) being conducted on a regular basis by properly credentialed therapists.

Education

Low

_____ Children are enrolled in a public school system.

_____ Children may require special education program services to respond to cognitive or other learning disabilities.

_____ Staff maintains contact with teachers and provides support to respond to behavioral or medical crisis.

_____ Staff maintains a daily schedule to assist with homework and school assignments.

_____ Staff provides transportation to and from school and participates in extra-curriculum activities as necessary.

Medium

_____ Children are enrolled in public schools and MSDE approved nonpublic general and special education school settings.

_____ Children enrolled in school settings that are equipped to manage disruptive behaviors, exhibited by students with mental illnesses and serious emotional disturbances, cognitive disorders and other learning disabilities.

_____ Program has designated staff that maintains regular contact with school personnel to ensure students stability and respond to behavioral or medical crisis immediately.

_____ Program has designated staff to assist with homework and school assignments and check with school to ensure students are competing assignments.

_____ Staff provides transportation to and from school and maintains regular contact with coaches and/or faculty when students are participating in extra-curriculum activities and provide transportation as necessary.

High

_____ Children are enrolled in on-grounds schools and MSDE approved nonpublic general and special education schools or job training centers, operated by the group home.

_____ On-ground schools are equipped to manage disruptive behaviors exhibited by students with mental illnesses and serious emotional disturbances, cognitive disorders and other learning disabilities.

_____ On-ground schools employ MSDE certified teachers

_____ Group home has designated staff that is responsible for care and supervision beyond the school day for supervised homework and monitor completion of homework assignments.

_____ Program staff, vocational instructors and academic instructors consistently provide job training and socialization skills.

_____ Students have a written education service plan developed in conjunction with the Individualized Service Plan.

Family Services

Low

Programs:

_____ Provide a range of services to assist child in maintaining a connection with his family

_____ Provide opportunities for a child to interact with parents and siblings

_____ Coordinate services for the family of the child in their care

_____ Help families identify and access community resources to support reunification and successful treatment outcomes

Medium

Do all of the above and ...

_____ Provide individual and family therapies and parent education

_____ Help parents identify appropriate school placements and community based services/activities prior to discharge

_____ Offer a higher level of care management and case planning

_____ Assure that the needs of the parents/families are reflected in written plans

_____ Periodically provide recreational or school activities or social activities for children and their families

High

Programs do all of the above and ...

_____ Develop Family Service Plans that outline group home responsibilities and other provider's responsibilities to the family

_____ Provide or ensure access to substance abuse treatment

_____ Provide active and ongoing case management services

_____ Have policies and mechanisms to encourage active family participation in their child's treatment

_____ Have policies and mechanisms to ensure parent involvement in the group home program

_____ Include formal short term follow-up services to assist family with maintaining school and community placements

Health and Medical

Low

Children Served:

- _____ Do not have a history of acute or chronic medical needs.
- _____ Are seen by Doctors for regular “well child visits”.
- _____ Contract normal childhood illnesses requiring pediatric diagnosis and care
- _____ Have ongoing medical conditions requiring modest supervision (i.e. asthma)
- _____ Are seen for regular dental care at least annually
- _____ Have occasional oral complaints or issues

Programs:

- _____ Have comprehensive policies governing health and medical services
- _____ Have policies governing the administration and management of medication
- _____ Have agreements with hospitals and medical professionals to assure routine care
- _____ Can implement special diets
- _____ Can respond to short term illnesses and related treatment
- _____ Medical services offered entirely by professionals in the community
- _____ Maintain records of medical appointments, medical treatments and medications
- _____ Staff trained in medication management, administration, and supervised self-administration

Medium

Children Served:

- _____ Have medical conditions that require consistent supervision and long-term medical treatment
- _____ Have conditions or medical needs listed in the provider profile
- _____ Are seen by Doctors for regular “well child visits”.
- _____ Are seen for regular dental care at least annually
- _____ Have occasional oral complaints or issues

_____ Often require special medical attention (e.g. blood level monitoring injections, respiratory monitoring, dietary monitoring, enuresis)

Programs:

_____ Have comprehensive policies governing health and medical services

_____ Have policies governing the administration and management of medication

_____ Have agreements with hospitals and medical professionals to assure routine care

_____ Can implement special diets to respond to chronic or acute illnesses

_____ Have a contractual relationship with a consulting physician for medical oversight

_____ Maintain records of medical appointments, medical treatments and medications

_____ Staff trained in medication management, administration, and supervised self-administration

_____ Staff employed to administer medication to residents who can not self-administer

_____ Have direct care staff that are knowledgeable about the medical severity, needs and treatment of residents

_____ Employ or contract with a nurse or medical professional to tend to special medical needs

High

Children Served:

_____ Have chronic or acute medical conditions that do not equate to “medically fragile”

_____ Have conditions that require consistent supervision use of medical technologies

_____ May have HIV/AIDS, acute asthma, limited ambulation

_____ Have medical conditions that require close, consistent supervision and long-term medical treatment

_____ Have conditions or medical needs listed in the provider profile.

_____ Are seen by Doctors for regular “well child visits”.

_____ Contract normal childhood illnesses requiring pediatric diagnosis and care

_____ Are seen for regular dental care at least annually

_____ Have occasional oral complaints or issues

Programs:

_____ Have comprehensive policies governing health and medical services

_____ Have policies governing the administration and management of medication

_____ Have agreements with hospitals and medical professionals to assure routine and emergency care

_____ Can implement special diets to respond to chronic or acute illnesses

_____ Employ or contract with a consulting physician for medical oversight and supervision of all other medical personal employed by the group home

_____ Maintain records of medical appointments, medical treatments and medications

_____ Staff trained in medication management, administration, and supervised self-administration

_____ Have direct care staff that are knowledgeable about the medical severity, needs and treatment of residents

_____ Employ or contract with a nurse or medical professional to tend to special medical needs

_____ Employ staff who administer medication to residents who can not self-administer

SECTION E: Independent Living

Independent Living Programs

Independent Living Programs represent a different philosophy than nearly any other type of service. The goal of these program is not to directly provide all services "in-house" as much as it is to teach the young person how to access services in a way that they will be able to continue to access these services once they are on their own. The goal is to teach self-sufficiency such that youth are no longer dependent upon State assistance once they achieve the age of 21.

For example, care and supervision of youth in Independent Living requires that staff planfully allow the youth to develop increasing levels of responsibility and freedom as they go through the program. The opportunity to make mistakes and to have the necessary support to learn from the mistakes is a significant part of independent living programming. With regard to Clinical Treatment, it is important to not only teach a young person how to address their mental health needs, but equally important to teach them how to function as a responsible adult while addressing these needs. Educational Services include the need to teach the young person skills necessary to obtain gainful employment as an adult, adequate to support him or herself. Programs must develop relationships with schools and training programs to address all of the needs the youth may present. Programs must have knowledge in the area of financial aid to allow for the youth to access appropriate programming. Health and Medical Services are primarily accessed within the community in order to teach youth how to take care of themselves as an adult. Family support services include not only youth's biological family, but also other members of the youth's support system that they have developed over the years that are not necessarily biological family.

Each category is defined specifically as it relates to Independent Living Programs. Each definition is then followed by categories of low, medium and high, with definitions of each category as well as the staff necessary to carry out the services that are provided.

CARE AND SUPERVISION/24 HOUR MILIEU PROGRAM SERVICES

The scope and intensity of care and supervision - milieu services offered in residential programs for children and youth will vary based on the type of program offered and the needs of children and youth served. In all residential programs, the milieu or residential environment must provide, at a minimum; care, supervision, recreation, socialization and transition services in an environment that enables and supports client participation in needed treatment and educational services. Staffing intensity and the scope and intensity of milieu program services should be proportionate to the needs of children served. In all cases, staffing and service intensity should be sufficient to ensure the maintenance of a safe and therapeutic environment. Disabilities -- physical, mental/emotional and social -- should not be the principal factor determining the appropriate level of milieu program intensity. Instead, this determination should be based on a child's need for structure, supervision and access to treatment.

Intensity of care and supervision can range greatly depending upon the needs of the youth. There are potentially many variations in the structure, organization and staffing of programs within a responsive continuum. A widely accepted assessment tool should be utilized in determining the level of supervision needed by each youth.

Recreation and socialization essential to growth and development are an assumed part of every adequate milieu program. Residential programs must offer a range of activities appropriate to the ages, developmental levels, cultures and physical and social skill deficits of children served. Recreation and socialization services at all levels of intensity must minimize unstructured free time and teach children how to find and access recreation and cultural activities and make productive use of leisure time. Appropriate program offerings can range from participation in a

diverse range of readily available recreation and cultural activities in the community, to therapeutic recreation and socialization services provided and/or supervised by certified professionals as part of an overall treatment plan.

Transition services are defined as training and experiential learning activities; i.e. life skills training, intended to foster self reliance and age appropriate independence. Although differentiated from clinical strategies and interventions, milieu program transition services and activities should relate to and support discharge planning goals, assisting the child in making the transition to home, to the next planned placement, or to independent living. The range and intensity of transition services needed will vary among children individually and in certain homogenous groupings depending on variables including, physical handicaps, cognitive ability, degree of socialization, under socialization and behavior. Generally, the level and intensity of transition services will correspond with the overall level of milieu program intensity except where cognitive development and/or physical handicaps are a factor. Milieu programs at all levels of intensity must offer transition services responsive to the developmental needs of clients served.

Programs for disabled and disadvantaged children should be formed around a well articulated philosophy and mission that demonstrate understanding of the needs of children served. Of necessity, there will be differences in program structure, staffing and the array of milieu program services offered. With respect for these differences and the need to maintain the uniqueness of programs that are based on sound philosophies of care and treatment, milieu programs will be identified at three levels of intensity - low, medium and high.

LOW

1. ENVIRONMENT

Independent Living Program is designed to provide face-to-face contact one time per day with each individual client. Clients in the program receive life-skills classes as defined in the Private Independent Living Program regulations (07.05.04). The Independent Living Program has a defined recreational schedule with at least one planned activity per month for all clients. Independent Living Staff are scheduled 24-hours per day, 7 days per week, although not necessarily on duty at the specific client apartment sites at all times.

2. POPULATION SERVED

Youth must be able to voluntarily commit to being in an Independent Living Program, and have the capability of pursuing their educational goals, as well as pursuing employment. Youth may require a supportive environment in order to attain their educational or employment goals. Youth require basic life skills training in all areas, as defined by their life-skills assessment.

3. STAFF CATEGORIES

Direct care supervisors, Direct care workers, Life-skills training staff, Case Management Staff, 24-hour availability of LCSW staff

MEDIUM

1. ENVIRONMENT

Independent Living Program employs adequate staffing to allow the capability for face-to-face contact with each individual client 2-3 times per day as determined by client assessment. Clients in the program receive life-skills classes as defined in the Private Independent Living Program regulations (07.05.04), with additional classes being provided as identified by the program and as determined by the assessment of each client. The Independent Living Program has a defined recreational schedule with at least two planned activities per month for all clients. Independent Living staff are scheduled 24-hours per day, 7 days per week, on-site at each complex in which clients are residing. Program Policies and Procedures allow for the opportunity to develop a

transition plan for an individual youth to take some degree of responsibility for their own support, depending upon the level of self-sufficiency the youth can be expected to develop by the time of discharge (i.e. paying a portion of their rent or electric bill, forgoing a weekly stipend so that they may purchase groceries and personal items from own earnings).

2. POPULATION SERVED

Youth must be able to voluntarily commit to being in the Independent Living Program, and have the capability of pursuing their educational goals, as well as pursuing employment. Youth may require a supportive environment in order to attain their educational or employment goals. Youth require basic life skills training in all areas, as defined by their life-skills assessment.

3. STAFF CATEGORIES

Direct care supervisors, Direct care workers, Life-skills training staff, Case Management Staff, 24-hour availability of LCSW staff

HIGH

1. ENVIRONMENT

Independent Living Program employs staffing to allow the capability for face-to-face contact with each individual client 4 or more times per day as determined by client assessment, including the capacity to provide acute crisis coverage for an individual client who may be dealing with a time-limited episode and needs continuous supervision for that period of time. Clients in the program receive life-skills classes as defined in the Private Independent Living Program regulations (07.05.04), with additional classes being provided as identified by the program and as determined by the assessment of each client. The Independent Living Program has a defined recreational schedule with 3 or more planned activities per month for all clients. Independent Living staff are scheduled 24-hours per day, 7 days per week, on-site at each complex in which clients are residing. Program Policies and Procedures allow for the opportunity to develop a transition plan for an individual youth to take some degree of responsibility for their own support, depending upon the level of self-sufficiency the youth can be expected to develop by the time of discharge (i.e. paying a portion of their rent or electric bill, forgoing a weekly stipend so that they may purchase groceries and personal items from own earnings). The Independent Living Program Offers a continuum of apartment-based environments to allow clients to progressively develop independent living skills, including having the opportunity to live in an apartment with their own name on the lease while still residing in the Program.

2. POPULATION SERVED

Youth must be able to voluntarily commit to being in the Independent Living Program, and have the capability of pursuing their educational goals, as well as pursuing employment. Youth may require a supportive environment in order to attain their educational or employment goals. Youth require basic life skills training in all areas, as defined by their life-skills assessment.

3. STAFF CATEGORIES

Direct care supervisors, Direct care workers, Life-skills training staff, Case Management Staff, 24-hour availability of LCSW staff

CLINICAL TREATMENT SERVICES

The intensity of clinical treatment services offered in Independent Living Programs is determined by the scope of professional services available and the setting(s) in which they are offered.

Clinical treatment services include services offered by trained, licensed and/or certified professionals. Services may be offered individually or in combination as determined to be

needed in a client transition plan. Services typically available include any of, or a combination of the following:

Individual Counseling,
Group counseling,
Family therapy,
Cognitive therapy,
Individual and group psychotherapy,
Expressive therapies,
Pharmacology, Medical management of psycho tropic drugs,
Psychiatry,
Psychological services,
Diagnostic evaluation.

LOW

1. ENVIRONMENT

Clinical Treatment services are provided off-site, as identified in each client's transition plan. The case manager, with a minimum of a Bachelor's degree, under the supervision of an LCSW-C on staff, identify the needed treatment and make the appropriate referrals to the community based treatment center.

2. POPULATION SERVED

Youth whose clinical treatment needs can be met on an "out patient" basis if they are in a stable and supportive living arrangement that provides adequately for their other service needs.

3. STAFF CATEGORIES

Case Management services are provided by unlicensed Bachelors Level staff, under the supervision of an LCSW-C Program Director.

4. STAFF LICENSING AND QUALIFICATIONS WHERE APPROPRIATE

Treatment services are provided by licensed, certified clinical staff with appropriate degrees in a social science, medicine, etc, (e.g. LCSW, nurse, psychologist or psychiatrist).

MEDIUM

1. ENVIRONMENT

Clinical Treatment services are provided off-site as identified in each client's transition plan. The case manager, with a minimum of a Master's degree, under the supervision of an LCSW-C on staff, identify the needed treatment and make the appropriate referrals to the community based treatment center through established relationships with community providers. Program staff aids in scheduling and transporting as needed to assist with these clients needs being met.

2. POPULATION SERVED:

Youth with moderate to severe emotional disturbances and/or social development deficits, whose needs can be met on an "out patient" basis if they are in a stable and supportive living arrangement that provides adequately for their other service needs.

3. STAFF CATEGORIES:

Case Management services are provided by a Masters Level staff or licensed Bachelors level staff, under the supervision of an LCSW-C Program Director

4. STAFF LICENSING AND QUALIFICATIONS, WHERE APPROPRIATE:

Treatment services are provided by a licensed certified clinical staff with appropriate degrees in a social science, medicine, etc. (i.e. LCSW, nurse, psychologist or psychiatrist).

HIGH

1. ENVIRONMENT

Clinical Treatment services must be available both off-site and on the independent living program site, depending upon the youth's ability to attend treatment in the community.

The case manager, with a minimum of a Master's degree and appropriate Maryland Licensure, under the supervision of an LCSW-C on staff, identify the needed treatment and make the appropriate referrals to the community based treatment center through established relationships with community providers. Program staff aids in scheduling and transporting as needed to assist with these clients needs being met.

2. POPULATION SERVED

Youth with moderate to severe emotional disturbances and/or social development deficits whose needs can be met on an "out patient" basis if they are in a stable and supportive living arrangement that provides adequately for their other service needs.

3. STAFF CATEGORIES

Case Management services are provided by a licensed social work staff, under the supervision of an LCSW-C Program Director

4. STAFF LICENSING AND QUALIFICATIONS, WHERE APPROPRIATE

Treatment services are provided by a licensed certified clinical staff with appropriate degrees in a social science, medicine, etc. (i.e. LCSW, nurse, psychologist or psychiatrist).

EDUCATION SERVICES

The intensity of educational services offered in Independent Living Program is determined by the scope of professional services available and the setting (s) in which they offered.

Educational services include services offered by trained, licensed, and/or certified professionals. Educational services may offer individually or in combination as determined to be needed in a resident's written service plan. Resident between the aged 16 through 20 in a private independent program shall participate in an educational program that is accredited and approved, private career schools attended by resident are approved by the Maryland Higher Education Commission.

LOW

1. Environment:

Educational services are provided off site. Resident is enrolled in a high school, graduation equivalency diploma (GED) program, college, university program or private career school program. Resident is capable to participate and benefit from an educational program provided by an approved and accredited school with minimal program support. Case management staff documents that resident are enrolled in a full-time or part-time, educational program or a vocational program for special needs.

2. Staff Categories:

Case Management services are provided by a Bachelor level or Master level social worker, under the supervision of a LCSW-C social worker.

MEDIUM

1. Environment:

Students require staff support in identifying or locating an educational program based on individual needs assessment. Students require staff support in completing necessary paperwork for educational services. Students may require tutoring services to maintain standards in the educational program. Agency staff identifies the student educational needs and make appropriate community referrals. Program staff identifies community resources and has direct liaisons for continuing educational service needs.

Program staff assists with transportation and scheduling appointments as needed.

2. Staff Categories, Licensing and Qualifications:

Direct Care Staff – shall have an AA degree or Bachelor's Degree in a Human Services Related Field and supervised by a State Licensed graduate or certified social worker.

Case Management – shall have a master's degree from an accredited school of social worker and be State licensed as a graduate social worker or be State licensed as a social work associate and supervised by a State Licensed graduate or certified social worker.

Teachers – Maryland certification and licensure requirements.

HIGH

1. Environment:

Agency staff offers individual classes, group classes and other instructional materials to assist students in preparation or continuing educational services. Agency provides group or individual classes in tutoring, computer or educational instructional technical assistance. Agency has onsite a computer lab equipped with sufficient computers for all students and is accessible at designated and suitable times for students in the program.

Agency provides individual or group classes on preparation for higher learning instructions, financial aid, vocational testing, etc. Agency has on staff certified teachers to provide educational assistance and instructions. The agency establishes liaison with community resources to assist students with available educational service resources.

Agency invites DSS workers, child advocates, child's legal attorneys or other interest parties to staffing to identify and maintain students educational services at least every six months and maintain documentation.

2. Staff Categories, Licensing and Qualifications:

3. Case Management – shall have a master's degree from an accredited school of social worker and be State licensed as a graduate social worker or be State licensed as a social work associate and supervised by a State Licensed graduate or certified social worker.

Teachers – Maryland certification and licensure requirements.

HEALTH AND MEDICAL SERVICES

To prepare and assist resident between the ages of 16 and 20 make the transition to living as independent citizens certain medical and dental services must be provided to all children in Independent Living Programs in accordance with family law. Depending on the degree of severity of physical, emotional and medical services of a resident in this population, medical services will be provided at the three levels of intensity.

LOW

1. ENVIRONMENT:

Resources are established with community pediatric/physicians' providers, dentist, etc. Access to community services is available through program staff assistance. Residents are responsible for maintaining health and medical appointments with limited assistance. Resident demonstrates the ability to self-medicate under the written documentation of a certified physician's order, i.e. inhalers, allergy medications. Program staff is responsible for developing written plan for resident's health/medical requirements. Program staff is responsible for providing mandatory instructions on health and medications. Program staff is responsible for monitoring resident' annual medical and dental care, etc. Program staff is responsible for developing written plan for resident' health care. Residents are able to travel to and from appointments (Public or own transportation.)

2. POPULATION SERVED:

Residents are medically stable, no significant medical problems that need professional management. Residents are capable of scheduling and keeping appointments. Program staff is responsible for providing mandatory instructions on health and medical care. Program staff is responsible for documenting and identifying resident' medical history. Program staff is responsible for documenting in the case plan resident progress with health and medical staff.

3. STAFF CATEGORIES:

Trained direct care staff, program designated staff, child placement worker.

4. STAFF LICENSING AND QUALIFICATIONS:

A.A., BSW, MSW, non- licensed staff, associate level, graduate and clinical level social workers.

MEDIUM

1. ENVIRONMENT:

Residents live in an independent living program. Residents may have specific health problems, i.e. controlled asthma, controlled diabetes, psychiatric diagnosis, psychotropic medications, HIV+ diagnosis, allergies. Residents are capable of administering own medications without daily reminders. Residents' illness requires physician follow-up visits. Residents may have female/male recurring symptoms. Residents may require the use of an epipen syringe.

2. POPULATION SERVED:

Clients are medically stable for the majority of the time spent in the program. May require assistance with scheduling medical/health appointments, transportation to and from appointments. May require assistance with medications management (refilling prescriptions, charting medications management), reporting to staff medical compliance. Resident may need assistance with selecting a physician or health care provider. Resident may require ongoing therapy or health/medical care appointments.

3. STAFF CATEGORIES:

Case Management – Certified and trained in medication management. Direct child care staff – certified in medication management, CPR/Red Cross, epipen usage. Staff available on-call, evenings and holidays to assist with medical crisis; Staff available as needed to monitor for medical conditions. Staff is capable of administering medications (prescription and epipen medications under direction of the physician.) Agency has linkage to 24-hour accessibility and connections to medical providers on as needed basis.

4. STAFF LICENSING AND CREDENTIALS:

Direct care staff is trained and certified in medication administration. Caseworker staff is trained in Red Cross/CPR. Social Work staff receives at least 5 CEU's specific to health care.

HIGH

1. ENVIRONMENT

Resident experiences recurring medical crisis that may require 24-hour availability of designated program staff. Resident requires the use of specialized equipment for medical emergencies; Resident may have one of the following medical conditions: disabilities that require handicap accessibility living arrangements, nebulizer machine, diabetes that require injections or special medical technology, physician ordered equipments. Resident may suffer from sickle cell anemia, adolescence enuresis, and physical disability. The agency requires a memorandum of understanding with specific medical provider in case record.

2. POPULATION SERVED:

Resident suffers from serious medical/health conditions. Lifelong illnesses that have recurrences of episodes that may require hospitalization during the recurrences. Resident can be maintain in an independent living setting but may require more supervision than one face-to-face monitoring.

3. STAFF CATEGORIES:

24-Hour emergency on-call staff that is certified in medical crisis.

24-Hour liaison and accessibility to a RN/LPN nurse that is available for medical consultation. 24-Hour liaison and accessibility to a MD Board Certified, Licensed Physician that is available for medical consultation. Specifically trained direct care staff who can meet the needs of resident that do not require direction ongoing physician/nurse services. Case Manager capable of understanding and provide supportive services to resident in medical crisis as needed. Staff has been trained in the medical model.

4. STAFF/LICENSING AND QUALIFICATIONS:

Specially trained, direct child care staff trained and certified in medication administration. Caseworker staff is trained in Red Cross/CPR. Social Work staff receives at least 5 CEU's specific to health care.

FAMILY SUPPORT SERVICES

Many youth entering Independent Living Programs have little or no contact with biological parents, and their permanency plans do not call for reunification with family. Nonetheless, youth generally do have some connection with members of their biological family, possibly including parents. In many cases, the youth will need support in relation to how they will interact with their family members as an adult rather than as a child. In addition, there are many connections that a youth develops through their time in care with adults who are not members of the biological family, yet do play a significant role in the support system for the youth.

For Independent Living youth, we are re-defining use of the word "family" to include any positive adult role-models, as identified by the youth, who will be a permanent connection after the youth ages out of the system. Research demonstrates that one of the best predictors of success for this population is the presence of a permanent adult mentor/role-model to provide a support network for the youth. The goal of Family Support Services within an Independent Living Model is to identify, support and nurture these relationships with biological family members as well as any other permanent adult fixtures as identified by the youth. Providers may be low, medium or high in the category of Family Support Services, based on the degree of services offered to identify and support these relationships. The program's commitment to family support services

should be clearly established in the Program policies and procedures, and clearly documented in the youth's transition plan.

LOW

1. ENVIRONMENT

Independent living programs in this category provide services to the youth that help to identify the biological family members and other non-family adult supports and mentors, although do not provide intensive services to support these relationships.

2. POPULATION SERVED

Youth in this category are those who are primarily able to establish and maintain relationships with their adult support system, including biological family and others identified by the youth, without staff assistance and support. Staff will document these relationships and supports in the transition plan.

3. STAFF CATEGORIES

Case Manager – Bachelor's degree
Social Worker - Graduate degree and Maryland licensing
Direct Care Staff

4. STAFF LICENSING AND QUALIFICATIONS, WHERE APPROPRIATE

Bachelors level case management under the supervision of LCSW

MEDIUM

1. ENVIRONMENT

Services are designed to maintain the youth's connection with the family and overall support system. The staff will provide support for regular contact between the youth and family and coordinate services for the family as appropriate to support the youth's transition to living in community. Identified adults and efforts to support these relationships will be documented in the transition plans for the youth.

2. POPULATION SERVED

Youth in this category are those who require assistance in their interactions with family members. Many times youth need to learn how to re-engage their family members in their new role as an adult. Youth in this category also need assistance in identifying positive role-models and mentors who may become members of a permanent support system for the youth once aging out of care.

3. STAFF CATEGORIES

Case Manager, Social Worker with Graduate degree and Maryland licensing
Direct Care Staff

4. STAFF LICENSING AND QUALIFICATIONS, WHERE APPROPRIATE

licensed social work staff, under the supervision of an LCSW-C Program Director

HIGH

1. ENVIRONMENT

Staff will provide enhanced information and services to youth's family and adult support network. The goal of service delivery is to preserve and/or enhance support capability of key adult relationships for the youth as he/she transitions to living in community. Case management is crucial for coordinating and documenting services, and when appropriate, for ensuring a smooth transition from the Independent Living Program to the community. All services and support towards the family and other relationships shall be documented in the youth's transition plan.

2. POPULATION SERVED

Youth, family members and other identified adults who are part of the youth's support network that require a high degree of service and support in order to maintain relationships that will support the youth beyond the age of 21.

3. STAFF CATEGORIES

Social Worker with Graduate degree and licensure, Direct Care Staff

4. STAFF LICENSING AND QUALIFICATIONS, WHERE APPROPRIATE

Case Management services are provided by a licensed social work staff, under the supervision of an LCSW-C Program Director

**Levels of Intensity - Independent Living Services
Scoring Matrix**

The following matrix identifies each category as it relates to Independent Living Programs in Maryland. Our goal in determining the weighting was to indicate the level of agency resources, including staff intervention and support, involved in establishing the ranking within each category. In addition, we considered the relevance of each category as it relates to the ability of each youth to successfully achieve self-sufficiency. Overall, one of the most significant changes we made was to increase the relative value of the education category.

For instance, compared to the weighting in the old system, Education is ranked much more highly. This is a result of the way in which Education was defined for Independent Living Services. Given that Education is one of the best predictors of success for young people, the level of energy put into the area of education is very high. Even though programs do not directly provide educational programs, it is imperative that a program provides a high level of support and commitment to education.

We also considered the idea that as programs continually strive to improve themselves, this scoring matrix would assist these programs in identifying the relevant areas in which to focus their resources. It is certainly more relevant to the success of the youth for the programs to develop a fuller continuum of living environments than it would be to build resources devoted to healthcare. Certainly we are not minimizing the importance of healthcare for our youth, although with regard to relevance to their long-term success, most of our youth are young and physically healthy. It is imperative that we have the ability to meet the needs of youth with specific medical issues; although compared to the degree of resources committed to Life-Skills Training, it is a small commitment. We also need to teach the importance of maintaining their health, yet this is also a small degree of what we do compared to mental health and clinical support. We have also created a greater degree of separation in the 24-hour milieu category based on our discussion that a high level of resources committed to this area should be worth a greater amount.

The following is our recommendation for the scoring matrix:

Independent Living Levels of Intensity Scoring Matrix			
	Low	Medium	High
24-hour Milieu	6	10	14
Clinical Services	3	5	7
Education	2	4	6
Health/Medical	1	2	3
Family Support	2	3	4

INDEPENDENT LIVING

CHECKLIST FOR LEVELS OF INTENSITY

CARE AND SUPERVISION

LOW

- ___ 1. Provide face-to-face contact at least one time per day with each client
- ___ 2. Clients received life skills classes as defined in COMAR 07.05.04
- ___ 3. Program offers at least one planned all client activity per month
- ___ 4. Staff are scheduled 24-hours per day, although not necessarily on duty at the specific client apartment sites at all times
- ___ 5. 24-hour availability of on-call LCSW staff

MEDIUM

- ___ 1. Employ adequate staffing to allow capability of 2-3 face-to-face contacts with each individual client as determined by client assessment
- ___ 2. Clients received life skills classes as defined in COMAR 07.05.04, with additional classes provided as determined by the program and assessed client needs
- ___ 3. Defined recreation schedule with at least two planned activities per month for all clients
- ___ 4. Staff are scheduled 24-hours per day on site at each complex where clients are residing
- ___ 5. Program Policies and Procedures allow for the opportunity to develop a transition plan for a youth to take some degree of responsibility for their own support
- ___ 6. 24-hour availability of on-call LCSW staff

HIGH

- ___ 1. Employ adequate staffing to allow capability of four or more face-to-face contacts with each individual client as determined by client assessment, including the capacity to provide acute crisis coverage for an individual who may be dealing with a time-limited episode and is in need of temporary constant supervision
- ___ 2. Clients received life skills classes as defined in COMAR 07.05.04, with additional classes provided as determined by the program and assessed client needs
- ___ 3. Defined recreation schedule with three or more planned activities per month for all clients
- ___ 4. Staff are scheduled 24-hours per day on site at each complex where clients are residing
- ___ 5. Program Policies and Procedures allow for the opportunity to develop a transition plan for a youth to take some degree of responsibility for their own support
- ___ 6. Program offers a continuum of apartment-based environments to allow clients to progressively develop IL skills, having the opportunity to live in an apartment with their own name on the lease while still residing in the program
- ___ 7. 24-hour availability of on-call LCSW staff

CLINICAL TREATMENT SERVICES

LOW

- ___ 1. Off-site clinical services coordinated and referred by Licensed Bachelor's level staff
- ___ 2. Case Management staff under the supervision of an LCSW-C Program Director.

MEDIUM

- ___ 1. Off-site clinical services coordinated and referred by Licensed Master's level staff
- ___ 2. Case Management staff under the supervision of an LCSW-C Program Director.

HIGH

- ___1. On-site of the Independent Living Program or off-site clinical services coordinated, referred, and/or provided by Licensed Master's level staff
- ___2. Case Management staff under the supervision of an LCSW-C Program Director.

EDUCATION SERVICES

LOW

- ___1. Educational services are provided off-site.
- ___2. Residents are enrolled in a high school, graduation equivalency diploma (GED) program, college, university program or private career school program.
- ___3. Resident is capable to participate in an educational program with minimal program support.
- ___4. Staff documents in child record that residents are enrolled in a full-time or part-time program.
- ___5. Case management staff is licensed bachelor or master level social workers, under the supervision of a LCSW-C social worker.

MEDIUM

- ___1. Residents require staff support in identifying an educational program based on individual needs assessment.
- ___2. Residents require staff support in completing necessary paperwork for educational services.
- ___3. Agency staff identifies the student educational needs and make appropriate community referrals.
- ___4. Agency staff had direct liaisons for continuing educational services needs.
- ___5. Agency staff assists with transportation on and scheduling appointments as needed.
- ___6. Case management staff is licensed bachelor or master level social workers, under the supervision of a LCSW-C social worker.
- ___7. Direct child care staff has AA degrees or Bachelor's degree in a Human Services Related Field, under the supervision of a LGSW, LCSW, or LCSW-C social worker.

HIGH

- ___1. Agency staff offers individual classes, group classes and other instructional materials to assist students in preparation or continuing educational services.
- ___2. Agency provides group or individual classes in tutoring, computer or educational instructional technical assistance.
- ___3. Agency has onsite computer lab equipped with sufficient computers for all students and is accessible at designated and suitable times for students.
- ___4. Agency provides individual or group classes on preparation for higher learning instructors, financial aid, vocational testing, etc.
- ___5. Agency has on staff certified teachers to provide educational assistance and instructions.
- ___6. Agency establishes liaison with community resources to assist students with available educational service resources.
- ___7. Agency invites DSS workers, child advocates, child's legal attorney or other interest parties to staffing to identify and maintain students educational services at least every six months and maintain documentation.
- ___8. Case Management staff is State licensed graduate or certified social workers.
- ___9. Agency has on staff a Maryland certified and license teacher.

HEALTH AND MEDICAL SERVICES

LOW

- ____ 1. Agency establishes resources with community pediatric/physicians' providers, dentist, etc.
- ____ 2. Residents are responsible for maintaining health and medical appointments with limited assistance.
- ____ 3. Residents demonstrate the ability to self-medicate under the written documentation of a certified physician's order.
- ____ 4. Program staff is responsible for providing mandatory instructions on health and medications.
- ____ 5. Program staff is responsible for monitoring residents' annual medical and dental care.
- ____ 6. Residents are medically stable, no significant medical problems that need professional management.
- ____ 7. Residents are capable of scheduling and keeping appointments.

MEDIUM

- ____ 1. Residents may have specific health problems, i.e. controlled asthma, controlled diabetes, psychiatric diagnosis, psychotropic medications, HIV+ diagnosis, allergies.
- ____ 2. Residents are capable of administering own medications without reminders.
- ____ 3. Resident illness requires follow-up visits.
- ____ 4. Residents are medically stable for the majority of the time spent in the program.
- ____ 5. Residents may require assistance with scheduling medical/health appointments, selecting a physician or health care provider, transportation to and from appointments.
- ____ 6. Residents may require assistance with medication management; require ongoing therapy or health/medical appointments, reporting to staff medical compliance.
- ____ 7. Case management and direct child care staff are certified and trained in medication management.
- ____ 8. Staff available on-call, evenings and holidays to assist with medical crisis.
- ____ 9. Agency has linkage to 24-hour accessibility and connections to medical providers on as needed basis.

HIGH

- ____ 1. Resident experiences recurring medical crisis that may require 24-hour availability of designated program staff.
- ____ 2. Resident requires the use of specialized equipment for medical emergencies.
- ____ 3. Resident may have one of the following medical conditions: disabilities that require handicap accessibility living arrangements, nebulizer machine, diabetes that require injections or special medical technology, physicians ordered equipments.
- ____ 4. Agency requires a memorandum of understanding with specific medical provider in case record.
- ____ 5. Resident suffers from serious medical/health conditions, lifelong illnesses that have recurrences of episodes that may require hospitalization.
- ____ 6. Agency has 24-hour emergency on-call staff that is certified in medical crisis.
- ____ 7. Agency has 24-hour liaison and accessibility to a RN/LPN nurse, Licensed Physician that is available for medical liaison and accessibility to a MD Board Certified, Licensed Physician that is available for medical consultation.
- ____ 8. Agency has trained direct care staff who can meet the needs of resident that do not require consultation.
- ____ 9. Agency has been trained in the medical model.
- ____ 10. Agency has trained direct child care staff and certified in medication administration.
- ____ 11. Agency has trained case managers in Red Cross/CPR and licensed social worker staff receives at least 5 CEU's specific to health care.

FAMILY SUPPORT SERVICES

LOW

- ___1. Identification of family members and non-family supports assisted by Bachelor's level
- ___2. Case Management staff under the supervision of an LCSW-C Program Director.

MEDIUM

- ___1. Family services and staff supported contact offered to youth to maintain relationships with family and other supports, and provided by Master's level
- ___2. Case Management staff under the supervision of an LCSW-C Program Director.

HIGH

- ___1. Enhanced family services designed to preserve and augment the relationships with key family and non-family adults, and provided by Master's level
- ___2. Case Management staff under the supervision of an LCSW-C Program Director.

SECTION F: Medically Fragile Programs

Medically Fragile Programs

Medically Fragile ALU/Residential Group Homes serve children with medical conditions that require specialized care and developmental disabilities may be one of the diagnoses. Many of the children have multiple disabilities and may be dually diagnosed with an emotional or behavioral disorder as well. The treatment of medically fragile children can include multiple medical, nursing, psychological, social services, occupational & physical therapy, and technological interventions. They may additionally require individual or family therapy or psychiatric services.

Children who are medically fragile require technology, special treatment and services, or some form of medical support and intervention to help reach their level of success in the community. Medically Fragile children in ALU/Residential Group Home care can be placed in three distinct levels of care: low, medium and high. These levels are differentiated from one another by the degree of supervision, structure and intensity of services provided to the client.

The children who meet the criteria for the medically fragile population for the levels of low, medium and high will be served according to the Children's Regulation 14.31.05.03.24 below:

(24) "Medically fragile child" means a child who is dependent upon any combination of the following:

- (a) Mechanical Ventilation for at least part of the day;
- (b) Intravenous administration of nutritional substances or drugs;
- (c) Other device based respiratory or nutritional support on a daily basis, including tracheotomy tube care, suctioning or oxygen support;
- (d) Other medical devices that compensate for vital body functions including:
 - (i) Apnea or cardio respiratory monitors;
 - (ii) Renal dialysis; or
 - (iii) Other mechanical devices; or
- (e) Substantial nursing care in connection with disabilities.
- (f) May qualify for a REM (Rare and Expensive Management) rate with Medicaid

CARE AND SUPERVISION

LOW

1. POPULATION:

Children in the low intensity Care and Supervision in this category have mild disabilities requiring 24-hour care without intense nursing intervention. The Certified Medication Technician (CMT) and Certified Nursing Assistant (CNA) will need to demonstrate a clear understanding of the child's medical history and current conditions.

2. ENVIRONMENT:

- The environment will be structured. Physical plant may need to be tailored specifically to the individual child's needs and adaptations may be necessary (wheelchair ramp, adaptive equipment space requirements, etc.) If the building is large, and the needs of the children require close supervision, additional staff may be necessary to provide adequate supervision.

- The licensee shall provide a community based residential setting that may use a medical model able to care for technology dependent populations as defined in the Children's Regulation 14.31.07.07.C. (1-3), 14.31.06.07. D. (1-5) & 14.31.07.07 D & E.
 - C. Physical Plant
 - (1) If specializing equipment is necessary for a child the licensee shall provide adequate square footage space in excess of the minimum standards otherwise required by COMAR 14.31.06.
 - (2) The licensee shall equip the physical plant with sufficient electrical service and outlets for assistive technology or special equipment.
 - (3) The licensee shall maintain a back up generator for electrical outages and if necessary, provide for emergency sources of heat.
 - D. Living Areas. The licensee shall ensure that each building that houses children.
 - (1) Has adequate space for informal and recreational use by children;
 - (2) Is not used as a primary residence for any individual other than children placed in the program;
 - (3) Is a smoke free and other air pollutant free environment;
 - (4) Has walls that are:
 - (a) Regularly cleaned or painted; and
 - (b) Kept free of perforations, cracks, or punctures; and
 - (5) Is maintained in a clean and orderly manner.
 - D. Emergency Medical Plan. The licensee shall ensure that each child's individual service plan includes a child-specific emergency protocol that is immediately accessible to employees.
 - E. Emergency Management Plan. As part of its emergency management plan, the licensee shall notify public utilities of the existence of the program.
- The medically fragile must have registered and licensed nursing staff; Certified Medication Technicians and Certified Nursing Assistants pursuant to the Children's Regulations 14.31.05. and the Maryland Nurse Practice Act 10.27.11.
- All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).
- The licensee must have a Registered Nurse/Delegating/Case manager, may have a Certified Nursing Assistant (CNA) and/or Certified Medication Technician (CMT) who is under the supervision of an RN per the Maryland Nurse Practice Act 10.27.11 and the Children's Regulations 14.31.05. The licensee may need to employ other medical disciplines as identified in the Individual Service Plan (ISP), i.e. Psychologists, Licensed Social Workers, Physical Therapist, Occupational Therapist, Respiratory Therapist, Nutritionists, and any other professional staff the child's needs would dictate. Training related to those disciplines may also be in-serviced to staff.

3. SUPERVISION AND STRUCTURE.

A Registered Nurse/Delegating nurse/Case manager will be assigned for monitoring and supervision of health care needs per 10.27.11. the Maryland Nurse Practice Act.

- Periodic safety risks above what is expected for the chronological age of the child. May manifest minor or transient episodes of emotional and behavioral problems.
- Will most likely have incontinence of bowel and bladder that requires diaper changes every two hours and as needed.

- Mild physical and/or developmental disabilities are either stable or will require time-limited intervention, with the ability to express choices and satisfaction in a limited manner.
- At least two trained staff at all times.

4. SERVICES:

- The licensee shall provide clinical treatment services pursuant to Children's Regulations 14.31.07.08.C may be outpatient, onsite consultant or full spectrum of services. The licensee shall provide any child who has a challenging behavior with a Behavior Treatment Plan pursuant to Children's Regulations. 14.31.06.17.D.
- The licensee shall provide licensed practitioner services pursuant to the Children's Regulations 14.31.06.17 D (2).

MEDIUM

1. POPULATION:

Children served in Medium Intensity programs present with advanced medical and social needs related to various illnesses and syndromes. Staff will require specific training to perform daily care and supervision functions.

2. ENVIRONMENT:

The ALU/Residential Group Home's physical environment will need to be adapted to accommodate the child's needs, including installation of adaptive equipment or modifications for accessibility.

- The environment will be structured. Physical plant may need to be tailored specifically to the individual child's needs and adaptations may be necessary (wheelchair ramp, adaptive equipment space requirements, etc.) If the building is large, and the needs of the children require close supervision, additional staff may be necessary to provide adequate supervision.
- The licensee shall provide a community based residential setting that may use a medical model able to care for technology dependent populations as defined in the Children's Regulation 14.31.07.07.C. (1) (2) & (3), 14.31.06.07. D. (1-5), & 14.31.07.07.D & E.
 - C. Physical Plant
 - (1) If specializing equipment is necessary for a child the licensee shall provide adequate square footage space in excess of the minimum standards otherwise required by COMAR 14.31.06.
 - (2) The licensee shall equip the physical plant with sufficient electrical service and outlets for assistive technology or special equipment.
 - (3) The licensee shall maintain a back up generator for electrical outages and if necessary, provide for emergency sources of heat.
 - D. Living Areas. The licensee shall ensure that each building that houses children.
 - (1) Has adequate space for informal and recreational use by children;
 - (2) Is not used as a primary residence for any individual other than children placed in the program;
 - (3) Is a smoke free and other air pollutant free environment;
 - (4) Has walls that are:
 - (a) Regularly cleaned or painted; and

- (b) Kept free of perforations, cracks, or punctures; and
- (5) Is maintained in a clean and orderly manner.

- D. Emergency Medical Plan. The licensee shall ensure that each child's individual service plan includes a child-specific emergency protocol that is immediately accessible to employees.
 - E. Emergency Management Plan. As part of its emergency management plan, the licensee shall notify public utilities of the existence of the program.
-
- The medically fragile must have registered and licensed nursing staff; Certified Medication Technicians and Certified Nursing Assistants pursuant to the Children's Regulations 14.31.05. and the Maryland Nurse Practice Act 10.27.11.
 - All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).
 - The licensee must have a Delegating Registered Nurse, may have a Certified Nursing Assistant (CNA) and/or Certified Medication Technician (CMT) who is under the supervision of an RN per the Maryland Nurse Practice Act 10.27.11 and the Children's Regulations 14.31.05. The licensee may need to employ other medical disciplines as identified in the Individual Service Plan (ISP), i.e. Psychologists, Licensed Social Workers, Physical Therapist, Occupational Therapist, Respiratory Therapist, Nutritionists, and any other professional staff the child's needs would dictate. Training related to those disciplines may also be in-serviced to staff.

3.SUPERVISION AND STRUCTURE.

A registered nurse/delegating nurse/case manager will be assigned for monitoring and supervision of health care needs per the Maryland Nurse Practice Act 10.27.11.

- Periodic safety risks above what is expected for the chronological age of the child. May manifest minor or transient episodes of emotional and behavioral problems.
- Will most likely have incontinence of bowel and bladder that requires diaper changes every two hours and as needed.
- Mild physical and/or developmental disabilities are either stable or will require time-limited intervention, with the ability to express choices and satisfaction in a limited manner.
- At least two trained staff at all times.

4. SERVICES:

- 24 hour nursing supervision with assessments and interventions as required by the Maryland Nurse Practice Act 10.27.11.
- The licensee shall provide technical, medical supports necessary to support & maintain health and well being of the child as identified by the licensed health care practitioner as defined in Children's Regulation 14.31.07.07. B. (1) & (2)

5. STAFF:

The licensee shall provide technical, medical supports necessary to support & maintain health and well being of the child as identified by the licensed health care practitioner as defined in Children's Regulation 14.31.06.13. A-J

- B. Staff. The licensee shall.
 - (1) Ensure that a health care professional licensed to practice in the State trains child care staff, based on the individual needs of each child; and
 - (2) Obtain consultation services from a pediatric medical specialist for input on the placement of and ongoing care decisions regarding children.

- Appropriate registered, licensed and/or certified staff or consultants authorized by the state to provide specific clinical treatment. The medically fragile must have registered and licensed nursing staff and Certified Medication Technicians who are certified nursing assistants pursuant to the Children's Regulations 14.31.05.03.24, 14.31.07.07(B) and the Maryland Nurse Practice Act 10.27.11.
- All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).

HIGH

1. POPULATION:

Children served in ALU/Residential Group Homes High Intensity programs present with serious medical and /or physical challenges that are debilitating or life-threatening. Staff requires highly skilled specialized training with on-going reinforcement from medical and nursing staff. The ALU/Residential Group Home is equipped or modified with specialized medical equipment to accommodate the child's special needs.

2. SERVICES:

The licensee must have a Delegating Registered Nurse, may have a Certified Nursing Assistant (CNA) and/or Certified Medication Technician (CMT) who is under the supervision of an RN per the Maryland Nurse Practice Act 10.27.11 and the Children's Regulations 14.31.05. The licensee may need to employ other medical disciplines as identified in the Individual Service Plan (ISP), i.e. Psychologists, Licensed Social Workers, Physical Therapist, Occupational Therapist, Respiratory Therapist, Nutritionists, and any other professional staff the child's needs would dictate. Training related to those disciplines may also be in-serviced to staff.

The licensee shall comply with the Children's Regulations 14.31.06.13., Health Care. The medically fragile must have registered and licensed nursing staff; certified medication technicians and certified nursing assistants, pursuant to the Children's Regulations 14.31.05 and the Maryland Nurse Practice Act 10.27.11.

3. SUPERVISION AND STRUCTURE:

Intensive and continuous levels of structure, supervision, and monitoring are necessary to provide adequate care.

Will, in most cases, require two staff to effectively accomplish activities of daily living, manage assistive devices, and minimize the individual's safety risks.

May require two primary trained staff (Registered Nurse {RN} or Certified Nursing Assistant {CNA}) in attendance to accomplish activities of daily living and to accompany children on their medical appointments especially children with vents and oxygen.

May require awake/overnight monitoring 24-hours per day, in addition to assistance with multiple devices.

Severe to profound developmental and/or physical disabilities require continuous care, in addition to significant observation in order to assess individual's preferences and level of satisfaction.

Two trained staff to one individual manages most care and the RN delegating nurse/case manager manages the supervision needs.

4. ENVIRONMENT:

The environment will be highly structured. Physical plant may need to be tailored specifically to the individual child's needs and adaptations may be necessary (wheelchair ramp, adaptive equipment space requirements, etc.) If the building is large, and the needs of the children require close supervision, additional staff may be necessary to provide adequate supervision.

The licensee shall provide a community based residential setting that may use a medical model able to care for technology dependent populations as defined in the Children's Regulation 14.31.07.07.C. (1-3), 14.31.06.07. D. (1-5) & 14.31.07.07 D & E.

C. Physical Plant

(1) If specializing equipment is necessary for a child the licensee shall provide adequate square footage space in excess of the minimum standards otherwise required by COMAR 14.31.06.

(2) The licensee shall equip the physical plant with sufficient electrical service and outlets for assistive technology or special equipment.

(3) The licensee shall maintain a back up generator for electrical outages and if necessary, provide for emergency sources of heat.

D. Living Areas. The licensee shall ensure that each building that houses children.

(1) Has adequate space for informal and recreational use by children;

(2) Is not used as a primary residence for any individual other than children placed in the program;

(3) Is a smoke free and other air pollutant free environment;

(4) Has walls that are:

(a) Regularly cleaned or painted; and

(b) Kept free of perforations, cracks, or punctures; and

(5) Is maintained in a clean and orderly manner.

D. Emergency Medical Plan. The licensee shall ensure that each child's individual service plan includes a child-specific emergency protocol that is immediately accessible to employees.

E. Emergency Management Plan. As part of its emergency management plan, the licensee shall notify public utilities of the existence of the program.

The medically fragile must have registered and licensed nursing staff; Certified Medication Technicians and Certified Nursing Assistants pursuant to the Children's Regulations 14.31.05. and the Maryland Nurse Practice Act 10.27.11.

All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).

The licensee must have a Delegating Registered Nurse, may have a Certified Nursing Assistant (CNA) and/or Certified Medication Technician (CMT) who is under the supervision of an RN per the Maryland Nurse Practice Act 10.27.11 and the Children's Regulations 14.31.05. The licensee may need to employ other medical disciplines as identified in the Individual Service Plan (ISP), i.e. Psychologists, Licensed Social Workers, Physical Therapist, Occupational Therapist, Respiratory Therapist, Nutritionists, and any other professional staff the child's needs would dictate. Training related to those disciplines may also be in-serviced to staff.

The medically fragile must be in a structured medical model setting. However, adaptations may be required to accommodate specific medical needs. Hubber tubs may be needed for baths and shower chairs in an adapted bathroom, additional space to accommodate equipment; wheelchair ramps are examples of the adaptations that may be required. Space may be needed for oxygen storage, ventilators, nebulizers, oxygen humidifiers, generators, hydraulic lifts, and scales.

5. STAFF CATEGORIES:

Children's Regulation 14.31.07.07.B

B. Staff. The licensee shall:

Ensure that a health care professional licensed to practice in the State trains child care staff, based on the individual needs of each child; and

Obtain consultation services from a pediatric medical specialist for input on the placement of ongoing care decisions regarding the children.

Executive Director/Program Administrator 14.31.06.06.A2(a)(b)
Program Manager
Pediatric Med. Specialist

Social Worker/LCSW 14.31.06.06.C(1-6)
Human Resources Dir.
Registered Nurse/Delegating Nurse/Case Manager Maryland Nurse Practice Act 10.27.11
Certified Nursing Assist. (CNA) Maryland Nurse Practice Act 10.27.11
Certified Medication Technician (CMT) Maryland Nurse Practice Act 10.27.11
Trainer for Specific Skill Needs Related to ISP 14.31.06.05F

Staff must have specific training in the medical care needs of the child. Collaboration between the registered nurse and physician are crucial in meeting the needs of this group. Licensee may have to hire additional staff to meet the medically fragile child's needs .

Delegation of certain functions may not be allowed unless specially approved by the Board of Nursing.

All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).

Registered Nurses/ delegating nurse/ case manager, certified medical technician and certified nursing assistant will all be licensed and certified to practice in the State of Maryland.

HEALTH AND MEDICAL SERVICES

LOW

1.HEALTH AND MEDICAL.

Basic health care interventions are necessary, such as medication administration and the coordination and delivery of various rehabilitative and habilitative therapies i.e. coordinating clinical appointments and supplies; complete activities of daily living; repositioning for preventative skin breakdown; and passive range of motion to prevent contractures.

2.SERVICES:

The licensee shall provide technical, medical supports necessary to support & maintain health and well being of the child as identified by the licensed health care practitioner as defined in Children's Regulation 14.31.06.13. A-J Children's Regulations 14.31.07.07. The licensee shall provide technical, medical supports necessary to support & maintain health and well being of the child as identified by the licensed health care practitioner as defined in Children's Regulation 14.31.07.07. B. (1) & (2 The licensee shall provide clinical treatment services pursuant to Children's Regulations 14.31.07.08.C may be outpatient, onsite consultant or full spectrum of services. The licensee shall provide any child who has a challenging behavior with a Behavior Treatment Plan pursuant to Children's Regulations. 14.31.06.17.D.

3. STAFF.

The licensee shall.

(1) Ensure that a health care professional licensed to practice in the State trains child care staff, based on the individual needs of each child; and

(2) Obtain consultation services from a pediatric medical specialist for input on the placement of and ongoing care decisions regarding children.

Services:

The licensee shall provide licensed practitioner services pursuant to the Children's Regulations 14.31.06.17 D (2).

Each Medically Fragile–ALU/Residential Group Home must have a Pediatric Medical Specialist who is either on staff or a Consultant. 24-hour shift nursing may be required at ALU/Residential Group Home depending on the needs of the child.

Staff Categories may include:

Children’s Regulations 14.31.07.07

Executive Director/Program Administrator 14.31.06.06.A2(a)(b)
Program Manager
Pediatric Med. Specialist
Social Worker/LCSW 14.31.06.06.C(1-6)
Human Resources Dir.
Registered Nurse/Delegating Nurse/Case Manager Maryland Nurse Practice Act 10.27.11
Certified Nursing Assist. (CNA) Maryland Nurse Practice Act 10.27.11
Certified Medication Technician (CMT) Maryland Nurse Practice Act 10.27.11
Trainer for Specific Skill Needs Related to ISP 14.31.06.05F

Staff must have specific training in the medical care needs of the child.
All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).
Registered Nurses/ delegating nurse/ case manager, certified medical technician and certified nursing assistant will all be licensed and certified to practice in the State of Maryland.

MEDIUM

1. POPULATION:

Children served in Medium Intensity programs present with advanced medical and social needs related to various illnesses and syndromes. Staff will require specific training to perform daily care and supervision functions. Children in the medium intensity Care and Supervision in this category have moderate disabilities requiring 24-hour care without intense nursing intervention and may have some additional behavior issues that need to be addressed.

2. ENVIRONMENT:

The environment will remain a structured medical model to meet the medical needs of the medically fragile child. Physical plant may need to be tailored specifically to the individual child’s needs and adaptations may be necessary (wheelchair ramp, adaptive equipment space requirements, etc.) If the building is large, and the needs of the children require close supervision, additional staff may be necessary to provide adequate supervision.

Biological parents;
Siblings;
Other relatives of children in placement;
Persons designated as family representatives by the child and agency;
Important family members identified by the child in care who play a significant role in his or her life.

Family members identified by the child who are not blood relatives.

Staff persons provide regular outreach to biological families.

Outreach includes documented home visits to the family along with classes/and or group meetings for families of children in care and documented referrals for family therapy, counseling, or other needed services.

The biological family is invited to participate in staffing and development of the permanent plan for the child in care.

A biological family member sees the child in care at least once every month.

Agency Surrogate parents are instructed by the agency on the need to encourage biological family members to visit the child in care and, when possible, to take the child on excursions and other events.

If parents are incarcerated, dead, prohibited by the courts from seeing the child or otherwise unavailable, the agency designates a "family representative," based on the child's wishes and a thorough background check and interview with an agency social worker.

3. SERVICES:

The licensee shall provide technical, medical supports necessary to support & maintain health and well being of the child as identified by the licensed health care practitioner as defined in Children's Regulation 14.31.06.13. A-J

Requires minimal behavioral interventions. Services are a support to the ISP goals for the child. These services may include community outreach programs and/or in-house trained staff.

Biological parents may need ISP specific services, counseling and psychiatric services. Families may be disorganized, dysfunctional, extended, and/or combined. ALU/Residential Group Homes will assist social service agencies and other community resources to provide the services needed for families seeking reunification goals for a significant number of the children in care.

4. STAFF CATEGORIES:

Children's Regulations 14.31.07.07.B

B. Staff. The licensee shall.

(1) Ensure that a health care professional licensed to practice in the State trains child care staff, based on the individual needs of each child; and

(2) Obtain consultation services from a pediatric medical specialist for input on the placement of and ongoing care decisions regarding children.

Executive Director/Program Administrator 14.31.06.06.A2(a)(b)
Program Manager
Pediatric Med. Specialist
Social Worker/LCSW 14.31.06.06.C(1-6)
Human Resources Dir.
Registered Nurse/Delegating Nurse/Case Manager Maryland Nurse Practice Act 10.27.11
Certified Nursing Assist. (CNA) Maryland Nurse Practice Act 10.27.11
Certified Medication Technician (CMT) Maryland Nurse Practice Act 10.27.11
Trainer for Specific Skill Needs Related to ISP 14.31.06.05F

Appropriate licensed and/or certified staff or consultants authorized by the state to provide specific clinical treatment. The medically fragile must have registered and licensed nursing staff and certified medication technicians who are certified nursing assistants pursuant to the Children's Regulations 14.31.05.03.24 and the Maryland Nurse Practice Act 10.27.11, 14.31.07.07 (B).

All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).

5.

HEALTH AND MEDICAL.

Require the management of a host of health care interventions, which include medication administration, health care follow-up, and the coordination and delivery of various rehabilitative and habilitative therapies.

Will in most instances require assistive devices to maintain health.

May require private-duty nursing in the school due to intense medical needs, but may not require private-duty nursing in the residential setting.

Require periodic visits and assessments by the RN delegating nurse according to COMAR Regulations 14.31.05 and Nurse Practice Act 10.27.11.

6. SUPERVISION AND STRUCTURE.

Moderate physical and/or developmental disabilities are relatively stable, but require ongoing structure and supervision.

May be impaired in expressing preferences and satisfaction either verbally or nonverbally.

Staff in the residential setting may need to be trained specifically to the individual child's needs and adaptation to the individual's verbal and nonverbal responses.

Require moderate levels of assistance in accomplishing age-appropriate activities of daily living, and will periodically need the assistance of more than one person for such undertakings.

May require several visits to medical appointments accompanied by a trained care giver for example:

Annual Physical

GI Clinic

Dental Clinic

ENT Clinic

Neurology Clinic

PT/OT

Speech Clinic

Audiology Clinic

Ophthalmology Clinic

Others

May present moderate, or intermittent emotional and behavioral challenges, may have a psychiatric diagnosis and safety risks that require frequent attention from a trained staff. Behavior Plans are implemented by staff. {Reference Children's Regulations 14.31.07.17.D}

May lack age-appropriate ambulatory abilities and age-appropriate bladder and bowel control, or are able to do so with the assistance of one staff.

At least two trained staff to manage most care and supervision needs.

7. COMMUNITY INTEGRATION.

Participation in the community requires portable medical technology devices such as nebulizers, oxygen tanks, feeding pumps, or ventilators. Recreation requires assistance and supervision by a specially medically trained caregiver.

Transportation may need to be wheelchair accessible, and supervision during transportation usually requires specialized medical training.

HIGH

1. POPULATION

Children in the high intensity Care and Supervision in this category have severe disabilities requiring 24-hour nursing care with intense nursing intervention. Some children may manifest serious or episodically severe episodes of emotional or behavioral challenges.

The Registered Nurse/delegated nurse/case manager, Certified Medication Technician and Certified Nursing Assistant will need to demonstrate a clear understanding of the child's medical history and current conditions. {Reference definition of Medically Fragile Child below}; Children's Regulation 14.31.05.03.24.

2. SERVICES:

Children in the high intensity program requires 24-hour nursing care and intervention.

The licensee shall comply with the Children's Regulations 14.31.06.13., Health Care. The medically fragile must have a registered nurse/delegated nurse/case manager, certified medication technicians and certified nursing assistants, pursuant to the Children's Regulations 14.31.05 and the Maryland Nurse Practice Act 10.27.11.

- Intensive and continuous levels of structure, supervision, and monitoring are necessary to provide adequate care.
- Will, in most cases, require two staff to effectively accomplish activities of daily living, manage assistive devices, and minimize the individual's safety risks.
- May require two primary trained staff (Registered Nurse {RN}, Certified Nursing Assistant {CNA} or Certified Medication Technician {CMT}) in attendance to accomplish activities of daily living and to accompany children on their medical appointments especially children with vents and oxygen.
- May require awake/overnight monitoring 24-hours per day, in addition to assistance with multiple devices.
- Severe to profound developmental and/or physical disabilities require continuous care, in addition to significant observation in order to assess individual's preferences and level of satisfaction.
- Two trained staff to one individual manages most care and the RN delegating nurse/case manager manages the supervision needs.

HEALTH AND MEDICAL. Require intensive levels of therapeutic on-site assessments and interventions.

- May have illnesses that are unstable or deteriorating.
- Require the management of a host of health care interventions in the home and community, which may include frequent oral suctioning, administration of multiple medications, Nebulization treatments, chest PT via vest and manual, monitoring of oxygen intake, monitoring ventilation support, catheterization.
- Require significant coordination of health provider services and delivery of various rehabilitative and habilitative therapies.
- May require 24-hour intense nursing care and intervention in the residential setting and will need a nurse to accompany to school.
- May Require Multiple visits to medical appointments with different specialist accompanied by two trained caregivers; one of which is a licensed nurse. Some children may require more than forty (40) appointments in one year. An example of an appointment schedule for John Doe:

APPOINTMENT	DATE PRIOR (HISTORY)	NEXT APPT. FOLLOW-UP/COMMENTS
ADMISSION	7/2/2005	
ANNUAL PHYSICAL		5/3/2006 @3PM
AUDIOLOGY		4/24/06 – CALL FOR APPT CALENDAR
BLOOD WORK	1/25/2006; 4/26/06	F/U 8//2006
BONE DENSITY	8/12/2005; 1/13/06	F/U 8/2006
DENTAL	8/29/2005	5/24/05 @10AM
DERMATOLOGY		
ENDOCRINE	3/13/2006	5/19/2006@9:30AM
EAR NOSE THROAT	9/2/2005; 4/18/06; 4/27/06	
EVOKED RESPONSE		
GASTRO INTESTINAL	1/24/06	6/20/2006@2:30PM
NEPHROLOGY	4/11/2006	
NEUROLOGY	8/2/2005	10/10/2006@10AM
NEURO-SURGERY	11/1/2005;4/18/2006	
OPHTHAMOLOGY	4/14/2006	5/23/06 EYE EXAM @9AM; 6/7/06 SURGERY
ORTHROPEdic	4/14/2006	DUE DEXA SCAN IN AUGUST
OSTEO IMPERFECTA CLINIC.	11/3/2005	INFUSION #6 DONE
OCCUPATIONAL THERAPY PHYSICAL THERAPY		7/7/06 IN AREA; IF NOT KEPT THEN 7/20/2006
PHYSICAL MEDICINE	Q 2-3 MONTHS	7/7/06 @1PM
PODIATRY	4/13/2006	F/U
PULMONARY	7/20/2006	F/U OCTOBER 2006
REHAB ORTHOTICS		SEE OT/PT
URGENT CARE		
UROLOGY	5/4/2006	F/U 5/15/06@10:15AM/ SCHD SURGERY
ULTRASOUND ONGOING...	5/11/2006 @9:30AM	RADIOLOGY

4. CLINICAL:

Clinical services include those offered by licensed professionals, nurses, therapists, psychiatrists, social workers, and Pediatric Medical Specialist. Services can include, but are not limited to: individual therapy, family therapy, group counseling, assessment, treatment planning and medication management. All services are specified on the child's treatment plan and indicate frequency, modality and service provider.

5. ENVIRONMENT:

The ALU/Residential Group Home's physical environment will need to be adapted to accommodate the child's needs, including installation of adaptive equipment or modifications for accessibility.

- The environment will be structured. Physical plant may need to be tailored specifically to the individual child's needs and adaptations may be necessary (wheelchair ramp, adaptive equipment space requirements, etc.) If the building is large, and the needs of

the children require close supervision, additional staff may be necessary to provide adequate supervision.

- The licensee shall provide a community based residential setting that may use a medical model able to care for technology dependent populations as defined in the Children's Regulation 14.31.07.07.C.(1-3), 14.31.06.07.D.(1-5), & 14.31.07.07.D & E.
 - C. Physical Plant
 - (1) If specializing equipment is necessary for a child the licensee shall provide adequate square footage space in excess of the minimum standards otherwise required by COMAR 14.31.06.
 - (2) The licensee shall equip the physical plant with sufficient electrical service and outlets for assistive technology or special equipment.
 - (3) The licensee shall maintain a back up generator for electrical outages and if necessary, provide for emergency sources of heat.
 - D. Living Areas. The licensee shall ensure that each building that houses children.
 - (1) Has adequate space for informal and recreational use by children;
 - (2) Is not used as a primary residence for any individual other than children placed in the program;
 - (3) Is a smoke free and other air pollutant free environment;
 - (4) Has walls that are:
 - (a) Regularly cleaned or painted; and
 - (b) Kept free of perforations, cracks, or punctures; and
 - (5) Is maintained in a clean and orderly manner.
 - D. Emergency Medical Plan. The licensee shall ensure that each child's individual service plan includes a child-specific emergency protocol that is immediately accessible to employees.
 - E. Emergency Management Plan. As part of its emergency management plan, the licensee shall notify public utilities of the existence of the program.
- The medically fragile must have registered and licensed nursing staff; Certified Medication Technicians and Certified Nursing Assistants pursuant to the Children's Regulations 14.31.05. and the Maryland Nurse Practice Act 10.27.11.
- All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).
- The licensee must have a Delegating Registered Nurse, may have a Certified Nursing Assistant (CNA) and/or Certified Medication Technician (CMT) who is under the supervision of an RN per the Maryland Nurse Practice Act 10.27.11 and the Children's Regulations 14.31.05. The licensee may need to employ other medical disciplines as identified in the Individual Service Plan (ISP), i.e. Psychologists, Licensed Social Workers, Physical Therapist, Occupational Therapist, Respiratory Therapist, Nutritionists, and any other professional staff the child's needs would dictate. Training related to those disciplines may also be in-serviced to staff.
- The medically fragile must be in a structured medical model setting. However, adaptations may be required to accommodate specific medical needs. Hubber tubs may be needed for baths and shower chairs in an adapted bathroom, additional space to accommodate equipment; wheelchair ramps are examples of the adaptations that may be required. Space may be needed for oxygen storage, ventilators, nebulizers, oxygen humidifiers, generators, hydraulic lifts, and scales.

6. STAFF CATEGORIES:

- Children's Regulation 14.31.07.07.B

- B. Staff. The licensee shall:
 - (1) Ensure that a health care professional licensed to practice in the State trains child care staff, based on the individual needs of each child; and
 - (2) Obtain consultation services from a pediatric medical specialist for input on the placement of ongoing care decisions regarding the children.

Executive Director/Program Administrator 14.31.06.06.A2(a)(b)
Program Manager
Pediatric Med. Specialist
Social Worker/LCSW 14.31.06.06.C(1-6)
Human Resources Dir.
Registered Nurse/Delegating Nurse/Case Manager Maryland Nurse Practice Act 10.27.11
Certified Nursing Assist. (CNA) Maryland Nurse Practice Act 10.27.11
Certified Medication Technician (CMT) Maryland Nurse Practice Act 10.27.11
Trainer for Specific Skill Needs Related to ISP 14.31.06.05F

- Staff must have specific training in the medical care needs of the child. Collaboration between the registered nurse and physician are crucial in meeting the needs of this group. Licensee may have to hire additional staff to meet the medically fragile child's needs .
- Delegation of certain functions may not be allowed unless specially approved by the Board of Nursing.
- All staff will be trained in medication administration, storage, documentation, and in First Aid and CPR (infant, child, adult CPR as determined by the CPR Certified Trainer).
- Registered Nurses/ delegating nurse/ case manager, certified medical technician and certified nursing assistant will all be licensed and certified to practice in the State of Maryland.

EDUCATION SERVICES

LOW

Children in Alternative Living Unit Residential Group Home often have special academic needs, due to their multiple traumas, disabilities and histories of unstable living environments. They are entitled to a free, appropriate education and it is the responsibility of the Alternative Living Unit Residential Group Home to enroll the child in school and to work with educators and the child's guardians to ensure academic success according to the agency's policy or provide services in home. Each child should be appointed an education surrogate.

1. POPULATION SERVED:

- Educational services must be available to medically fragile children up to the age of 21.

Children in the low Education category have educational needs that can be generally met in their community school. They may need some accommodations in order to succeed academically, but those accommodations are minimal. Surrogate or biological parents may be involved in ensuring the child's academic success, but the amount of time and effort involved is close to what is considered age appropriate. Examples of low intensity include:

- Students who have IEP plan to address transportation, emotional, medical and educational needs;
- Student receives regular or special education services that require minimal modification to setting or curriculum
- Students who have occasional behavior problems
- Student is achieving in school in accordance with his/her level of development

Educational services are provided in a setting required by MSDE (Maryland State Department of Education)

2.STAFF:

- Teachers in special education programs which may include speech and language therapists, occupational therapists, physical therapists, social workers, psychologists, psychiatrists and any other appropriate professional staff as identified and required to implement the (IEP). All professions must be certified and licensed in the State of Maryland as their individual profession requires pursuant to Maryland State Department of Education.

3. ENVIRONMENT:

The Local School System (LSS) is responsible for providing the special education and related services in the least restrictive environment to implement the Individualized Education Program (IEP) and facilitate a successful educational program.

Parent Involvement {Reference Children's Regulation 14.31.06.17.C2(f)}

- Surrogate or biological parent enrolls the child in school.
- Surrogate or biological Parent attends routine meetings (annual IEP, parent-teacher conferences);
- Spends the necessary amount of time assisting children in their age appropriate level to complete schoolwork assignments.

MEDIUM

1. POPULATION:

- Educational services must be available to medically fragile children up to the age of 21.

Children in the Moderate Education category have educational needs that can be generally met in their community school. They may need some accommodations in order to succeed academically. Surrogate or biological parents may be involved in ensuring the child's academic success, but the amount of time and effort involved is close to what is considered age appropriate. Examples of low intensity include:

- Students who have IEP plan to address transportation, emotional, medical and educational needs;
- Student receives regular or special education services that require moderate modification some examples may include: may level 4 or level 5 services
- Students who have occasional behavior problems
- Student is achieving in school in accordance with his/her level of development
- Educational services are provided in a setting required by MSDE (Maryland State Department of Education)

2. ENVIRONMENT:

Children in the moderate Education category have educational needs that require multiple accommodations in order to succeed academically. These children may be served in their local school, but will require more assistance to be maintained there. They often will require behavioral interventions in school and during transportation. Surrogate or biological parents must have regular, ongoing involvement in ensuring the child's academic success. Examples of moderate intensity include:

- Students who receive regular or special education services that require moderate modification to setting or curriculum and in-home services from Infant & Toddlers Developmental Services.
- Students may have behavior modification, crisis intervention, social work, PT, OT, speech or medical services available, but can function within their school setting;
- Students may have frequent behavior problems or;
- Ongoing bus problems;
- Students may be resistant to school attendance or work;
- Students may have occasional suspensions that require agency parent supervision or additional program resources;
- Students who are not placed in an appropriate educational setting;

Special education and related services are provided in the least restrictive environment in which the IEP can be implemented

3. SERVICES:

- The medically fragile child will attend public school with the necessary medical supports in place (ventilator, oxygen, feeding pumps, and any other adaptive equipment as identified in the nursing care plan, as ordered by the physician and listed in the ISP).

4. STAFF:

- Teachers in special education programs which may include speech and language therapists, occupational therapists, physical therapists, social workers, psychologists, psychiatrists and any other appropriate professional staff as identified and required to implement the (IEP). All professions must be certified and licensed in the State of Maryland as their individual profession requires pursuant to the Maryland State Department of Education (MSDE). Staff supports may include home tutoring, transportation assistants and classroom aides.

HIGH

1. POPULATION:

Educational services must be available to medically fragile children up to the age of 21. These children have educational needs that cannot be met by the public schools due to the high intensity of medical and nursing needs.

2. SERVICES:

The non-public educational programs for these children must be approved by the Maryland State Department of Education (MSDE) and operated by the licensee.

3. ENVIRONMENT:

A high level of intensity educational program is provided solely by the private provider in the private provider's facility. The private provider must hold a certificate of approval from the Maryland State Department of Education to operate a nonpublic school. The private provider must have appropriate curriculum, instructional materials and equipment and certified teachers to implement the instructional program pursuant to Maryland State Department of Education (MSDE) guidelines.

4. STAFF:

Teachers, and in special education programs, speech and language therapists, occupational therapists, physical therapists, psychologists, social workers, nurses, psychiatrists, and other related service professionals as required to implement the IEPs of students enrolled.

FAMILY SUPPORT SERVICES

LOW

1. POPULATION:

- Medically fragile children and families (parents, siblings, and significant relatives) in need of low services are usually not candidates for reunification due to high medical needs.

2. SERVICES:

- Parent coping skills training, behavior management strategies, specific training in medical care; as well as high level of case management is required. Family participation in treatment is required if reunification is planned. Specific trainings may need to be provided to staff working with the child as well as to family members. Services may need to be provided off site in the family home as reunification approaches. Information related to the child's care and needs are provided to families/agencies as requested.

3. ENVIRONMENT:

- The licensee will provide supports for all medically fragile children with behavioral issues along with parent coping skills training for the family members of medically fragile children.

4. STAFF:

- The staff working with the medically fragile may or may not have an associate degree due to the information being conveyed to the families is very general.

MEDIUM

1. POPULATION:

- Medically fragile children and their families (parents, siblings, and significant relatives) may need services and interventions.

Agency Surrogate Parent Involvement – Children’s Regulation 14.31.06.17.C.2.(f)

- Surrogate or biological parent enrolls the child in school.
- Surrogate or biological parent attends routine meetings (annual IEP, parent-teacher conferences);
- Intervenes with school issues regularly, either by phone, in writing or in person;
- Spends more than an age appropriate amount of time assisting the child with schoolwork.

2. ENVIRONMENT:

- Providing a safe, homelike environment for the children.

3. SERVICES:

- Parent coping skills training, behavior management strategies, specific training in medical care; as well as high level of case management is required. Family participation in treatment is required if reunification is planned. Specific trainings may need to be provided to staff working with the child as well as to family members. Services may need to be provided off site in the family home as reunification approaches. Information related to the child’s care and needs are provided to families/agencies as requested.

4. STAFF:

- The licensee’s staffing may also include licensed professionals and certified medication technicians and certified nursing assistants with specialized training.

HIGH

1. POPULATION:

Medically fragile children and their families (parents, siblings, and significant relatives) may need services and interventions.

Agency Surrogate Parent Involvement – Children’s Regulation 14.31.06.17.C.2.(f)

Surrogate or biological parent enrolls the child in school.

Surrogate or biological parent attends routine meetings (annual IEP, parent-teacher conferences);

Intervenes with school issues regularly, either by phone, in writing or in person;

Spends more than an age appropriate amount of time assisting the child with schoolwork.

2. SERVICES:

Parent coping skills training, behavior management strategies, specific training in medical care; as well as high level of case management is required. Family participation in treatment is required if reunification is planned. Specific trainings may need to be provided to staff working with the child as well as to family members. Services may need to be provided off site in the family home as reunification approaches. Information related to the child’s care and needs are provided to families/agencies as requested.

3. ENVIRONMENT:

Providing a safe, homelike environment for the children.

4. STAFF:

The case managers working with the medically fragile must have a bachelor's degree, the Social Worker must have a graduate degree and be licensed by the State of Maryland. The transportation aid may not have less than an Associates Degree because medically fragile children and their families have emotional, behavioral, psychiatric problems and transporting them requires some training in working with and responding to this client population. Only a LCSW-C can provide direct services to the family such as family therapy.

The licensee's staffing may also include licensed professionals and certified medication technicians and certified nursing assistants with specialized training.

	Low	Medium	High
Care and Supervision	7	14	21
Medical	7	14	21
Education	1	2	3
Family Support	1	2	3

SECTION G: Shelter Care

Shelters

Role of Shelters: The role of shelters in the Maryland's system of children's services is primarily to provide a temporary safe, healthy, and productive living environment for children and youth who are unable to live in their natural homes, the homes of relatives, or in regular out-of-home placements licensed by the State. Regular out-of-home placements typically require some lead-time to arrange and there are admission processes that require time to complete. Shelter care is most typically needed on an emergency basis to give families, placement agencies, and various public authorities an opportunity to determine the ongoing services that may be needed by the child and family. By regulation children and youth cannot typically reside in shelter care for longer than 90 days, and 30 to 60 days is the preferred limit to the length of stay in a shelter. The committee would, however, like to recommend that consideration be given to modifying state regulations in such a way as to allow for longer than 90 day stays in shelter care. This might occur when longer-term appropriate placement is immediately pending or when ongoing treatment recommends that the child remain in the same placement.

One of the unique skills and features of shelter care programs is their ability to address and meet the needs of a continuously changing and transient population. Shelters must move quickly to stabilize the living environment for children and youth who may be coming from unsafe, dangerous, and inappropriate living situations. Shelters serve as refuges for reassurance and safety, as well as accountability and planning. They are involved in helping children, families, and placement agencies begin to focus on future directions through establishing a culture of support, nurture, and personal responsibility.

Population Served: There are typically two populations of youth served by Maryland shelters: Youth from the child welfare system who on an emergency basis cannot live in their natural homes, or other out-of-home placements due to abuse, neglect, absent or deceased caregivers, and other similar situations are referred to emergency shelters licensed by either the Department of Human Resources or Department of Juvenile Services. Youth from the juvenile justice system who have been adjudicated and or charged with delinquent as well as status offenses that are temporarily unable to return home for a variety of reasons, and are not deemed as needing detention are most typically placed in structured shelters licensed by the State Department of Juvenile Services. At times the DJS may also place a child in an emergency shelter when she/he is deemed not to be a risk to the community.

The population referred for shelter care services represents the entire spectrum of youth requiring special out-of-home services in that shelters are the funnel through which a wide spectrum of youth pass on their way to other homes, residences, and treatment programs. Shelters are often faced with incomplete histories, background information, or assessment/diagnostic reports at the time a youth arrives. It is not unusual that youth arrive without medical assistance cards, adequate clothing and personal items, medication, and the like. Children and youth referred to shelters may exhibit a variety of maladaptive, disruptive, and/or delinquent behavior and may pose a clear threat to their own safety or the safety of others. In all instances they require intense around the clock supervision and immediately available crisis intervention, including access to supervised time-out. In these regards shelters are often asked to work with the widest of issues, and a spectrum of personal, mental health, social, and family problems without background information and with limited financial resources when compared to other types of care. The population continuously changes in shelter care. This requires program staff to be able to quickly establish rapport, manage the absence of background information and personal items, (e.g., medication, clothing, personal hygiene supplies), and provide initial screenings and needs assessment on a rapid basis.

Many children and youth who come into shelter care services are determined able to quickly return to natural families and nonresidential care with supportive community involvement, while

others require various levels of ongoing evaluation and residential care that at times includes long-term specialized treatment.

Children and youth coming into shelter care have divergent levels of family involvement and support, and families are of varying levels of needed assistance. Shelters accept the fact that families come in many varieties and may include parents, grandparents, other care-giving relatives, surrogates, and guardians.

Levels of Care and Supervision in Shelter Care

MEDIUM

1. ENVIRONMENT

Children live in structured community and campus based group residential programs that are intended to provide as much as possible a homelike environment, with 24/7 awake staff oversight. Shelters must be capable of assessing and providing for emergency needs of residents and must provide a health evaluation within 24 hours of admission by a medical practitioner. Service Plans are required for each youth. Residents of shelter care attend campus-based approved educational programs or public and private non-residential schools in the community with support and supervision. The shelter may provide special transportation and/or supervision to and from school, remedial instruction, and/or adaptive supports for children with special needs, etc. Recreation and socialization activities typically take place in adult supervised settings, and may take place at the program or in the community.

2. POPULATION

The shelter serves youth referred by DSS and may also serve as an alternative to detention for DJS placed youth when determined that they do not pose an undue risk to the community.

3. STAFF

The majority of ongoing care and supervision is provided by direct care staff that range in background experience and education. Minimally direct care staff possess a high school equivalency and often will possess a bachelor's degree or even graduate training in that programs often utilize part-time, second-job direct care staff. Ongoing training is required of direct care staff in conformity to COMAR regulations. Direct care staff coverage at the low level of intensity meets the level that is necessary to provide 24/7 support and monitoring services for the size and scope of the program.

HIGH

1. ENVIRONMENT

Children live in highly structured staff secure environments that serve as an alternative to detention. Shelter care may be provided in community or within campus based group residential programs that are intended to provide as much as possible a homelike environment, with 24/7 awake staff oversight. Shelters must be capable of assessing and providing for emergency needs of residents and must provide a health evaluation within 24 hours of admission by a medical practitioner. Service Plans are required for each youth. Children and youth may attend a program-based school or attend school in the community. Since the shelter serves as an alternative to juvenile justice detention the vast majority of services are provided on-grounds or in appropriately supervised off-grounds situations. Community based recreation and socialization activities are available for individuals and small groups under close adult supervision when clients are behaviorally ready and appropriate security can be

maintained. Structured shelters operate from a restorative justice philosophy and community service programming is required. The majority of ongoing care and supervision is provided by direct care staff that range in background experience and education.

2. POPULATION

Structured shelter care is designated as an alternative to detention and all of the youth are placed by DJS, when determined that they do not pose a threat to the community

3. STAFF

Minimally direct care staff possess a high school equivalency and often will possess a bachelor's degree or even graduate training in that programs often utilize part-time, second-job direct care staff. Ongoing training is required of direct care staff in conformity to COMAR regulations. Direct care staff coverage at Level 2 in this domain meets the level that is necessary to provide 24/7 support and monitoring services for the size and scope of the program. Furthermore they provide the minimum of at least two direct care staff on during every shift.

Levels of Clinical Treatment Services in Shelter Care

LOW

1. SERVICES

The shelter, on an in-house basis, by its own staff is capable of providing prevention, identification of risk concerns, and referral to outside professional service providers. The low level of clinical treatment service provides for limited screening services through guided and structured interview questionnaires, formal approved screening instruments (e.g., SASSI, MAYSI, BSI, etc.), and the like. The program is capable of providing in-house psycho-educational experiences, guided group interactions, crisis intervention, and case coordination and management. Psychiatric emergencies are met through referral to a hospital emergency room or other emergent care facility.

2. STAFF

At a minimum, low intensity clinical treatment services require a licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed

MEDIUM

1. SERVICES

The shelter, on an in-house basis, by its own staff is capable of providing a wider range of behavioral health services ranging from prevention, to early intervention, and short-term treatment. In addition to the services available at the low level of clinical treatment services, medium intensity provides psychosocial assessment services, evaluation of suicide risk potential, and more formalized mental health screening and assessment. In addition to the activities offered at low intensity, the medium intensity program is capable of providing regular and routine time-limited/short-term individual, group, and family counseling/therapy. When clinical staff are on duty, psychiatric emergencies are met first in-house and otherwise as needed through referral to a hospital emergency room or other emergent care facility.

2. STAFF

At a minimum medium intensity clinical treatment services require a licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed.

HIGH

1. SERVICES

The shelter, on an in-house basis, by its own staff is capable of providing a wider range of behavioral health services ranging from prevention, to early intervention, and short-term treatment. In addition to the services available at low and medium intensities, high intensity clinical treatment offers routinely accessible psychiatric interventions and psychological evaluation. When clinical staff are on duty, psychiatric emergencies are met first in-house and otherwise and subsequently as needed through referral to a hospital emergency room or other emergent care facility.

2. STAFF

At a minimum high intensity clinical treatment services require a licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed as well as the regular services of a psychiatrist, psychologist, and/or nursing personnel. Services at this level of care may be provided at a campus based healthcare unit.

Levels of Educational Services in Shelter Care

LOW

1. SERVICES

Educational programming for youth is most typically provided through an approved educational program in an off-site private or public school not operated by the provider. In this instance the educational program is arranged and paid for by the school and not the shelter provider. The shelter provides assistance, transportation, and supervision as needed for youth to attend school. The shelter may provide assistance with homework, remedial learning activities, and cultural educational activities to supplement the educational program provided at school.

MEDIUM

1. SERVICES

Educational programming for youth is always provided through an in-house MSDE approved, Type III school that is most typically operated by and financially supported through the providers core shelter funding. Services to youth with an IEP are required to be coordinated with the local school system. The educational program is individualized and an attempt is made to coordinate educational services with the home school for each youth. The in-house school is required to provide all MSDE mandated testing in accordance with the required testing schedule. The shelter may provide assistance with homework, remedial learning activities, and cultural educational activities to supplement the educational program at school.

2. STAFF

The education program component must employ teachers certified by MSDE.

Levels of Medical Services in Shelter Care

LOW

Medical services are designed to be offered as close to a homelike venue as feasible and no direct medical services are provided by the shelter. The shelter program operates from a non-medical model and relies on community healthcare providers for the majority of services. Access to community medical care is available through program staff, DSS/DJS worker, or family transportation, and/or public transportation when appropriate. Emergency medical care is provided via hospital based or similar emergent care providers in the community. Somatic and psychiatric medications that may be prescribed by a licensed medical practitioner will be made available to youth who will self-administer under trained staff monitoring and/or through administration by a licensed somatic healthcare practitioner.

MEDIUM

Medical services may be available at times via an on-campus health unit that is staffed by a licensed healthcare professional. Such services may be provided on a contractual, as needed basis, for medical assessments and screening, medication monitoring, provision of unimpeded access to medical services, and oversight of medical records and procedures. Such arrangements should allow the shelter to provide services to a youth who may require specialized medical intervention or monitoring, equipment, and the like that necessitates some level of professional oversight, servicing, and/or monitoring. Shelter services themselves operate from a non-medical model and medical care beyond that which can be provided by the health unit are provided by community healthcare providers. Emergency medical care is provided via hospital based or similar emergent care providers in the community. Somatic and psychiatric medications that may be prescribed by a licensed medical practitioner may be made available to youth who self-administer under trained staff monitoring

Levels of Services to Families of Children and Youth in Shelter Care

LOW

Shelter programs are designed in such a manner as to maintain a child or youths connection with his or her family while he or she is in residence whenever this is appropriate, reasonable, and possible. At a minimum the program provides for on-site visitation, phone calls, and under appropriate circumstances off-site visits with families. Family contact typically requires approval of the placement agency. Services to families are reactive at the low intensity level. That is to say that if a family expresses the need of referral services for social, mental health, or other services, the shelter provides such information and referral as is possible.

MEDIUM

Shelter programs are designed in such a manner as to maintain a child or youths connection with his or her family while he or she is in residence whenever this is appropriate, reasonable, and possible. At a minimum the program provides for on-site visitation, phone calls, and under appropriate circumstances off-site visits with families. Family contact typically requires approval of the placement agency. Services to families are active at the medium intensity level. That is to say in addition to providing families information and referral for social, mental health, or other services as possible, medium intensity services to families would also include offering regularly scheduled parent or family support groups, limited program-based family counseling, and ongoing family case management when needed and a family avails themselves of the service.

Staff who typically perform these activities will at a minimum be licensed social workers and/or professional counselors working as required under regular clinical supervision.

HIGH

Shelter programs are designed in such a manner as to maintain a child or youths connection with his or her family while he or she is in residence whenever this is appropriate, reasonable, and possible. At a minimum the program provides for on-site visitation, phone calls, and under appropriate circumstances, off-site visits with families. Family contact typically requires approval of the placement agency. Services to families are proactive at the high intensity level: That is to say, in addition to providing families information and referral for social, mental health, or other services as possible, at high intensity level, the shelter employs staff to work aggressively with families both on-site and through out-reach, in the community and in home settings. On-sight services will include regularly scheduled parent or family support groups, professional family counseling, and intensive case management whenever reasonable and possible.

Staff who typically perform these activities will at a minimum be licensed social workers and/or professional counselors working as required under regular clinical supervision.

Shelter Levels of Intensity Matrix

Care and Supervision		Medium= 10	High= 12
Clinical Treatment Services	Low= 2	Medium= 4	High= 6
Educational Services	Low= 2	Medium= 4	
Medical Services	Low= 2	Medium= 4	
Family Services Level	Low= 2	Medium= 3	High= 4

CHECKLIST FOR LEVELS OF INTENSITY FOR SHELTERS

CARE & SUPERVISION

MEDIUM

1. ____ Community or campus based setting that provide as much homelike environment as possible.
2. ____ 24/7 structured supervision
3. ____ Recreation and socialization activities take place in adult supervised settings, including the community.

HIGH

1. ____ Highly structured, staff secure environment
2. ____ Minimum of two staff on every shift
3. ____ Serves as alternative to detention for youth who are not at threat to the community
4. ____ Majority of services provided on site
5. ____ Community based recreation and socialization activities available for individuals and small groups when clients are behaviorally ready

CLINICAL TREATMENT SERVICES

LOW

1. ____ The shelter on an in house basis will provide at a minimum, low intensity clinical treatment services such as screening and structured interviews.
2. ____ The program is capable of providing in-house psycho-educational experiences, guided group interactions , crisis intervention and case coordination and management.
3. ____ A licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed is required.
4. ____ Psychiatric emergencies are met through referral to a hospital or emergent care facility.

MEDIUM

1. ____ In addition to the activities offered at low intensity, the medium intensity provides psychosocial assessment services and evaluation of suicide risk.
2. In addition to the activities offered at low intensity, the medium intensity program is capable of providing regular and routine time-limited/short-term individual, group, and family counseling/therapy.
3. ____ A licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed is required.
4. ____ When clinical staff is on duty, psychiatric emergencies are met first in-house, otherwise as needed through referral to hospital or emergent care facility.

HIGH

1. ____ In addition to services offered at the low and medium intensity, the high intensity offers routinely accessible psychiatric interventions and psychological evaluation.
2. ____ A licensed mental health professional at least at the graduate level (i.e., LGSW or LGPC) working under appropriate supervision as needed is required.
3. ____ Regular services of a psychiatrist, psychologist and/or nursing personnel are available.
4. ____ Services at this level may be provided by a campus based healthcare unit.
5. ____ When clinical staff is on duty, psychiatric emergencies are met first in-house, otherwise as needed through referral to hospital or emergent care facility

EDUCATIONAL SERVICES

LOW

1. ____ Educational programming is typically provide by public schools or off-site private schools not operated by the provider.
2. ____ Educational services are not paid for by the provider.

3. ____ The shelter provides assistance, transportation and supervision as needed for youth to attend school.
4. ____ The shelter may provide assistance with homework, remedial learning activities and cultural educational activities to supplement what is provided by the schools.

MEDIUM

1. ____ Educational programming for youth is always provided through an in-house MSDE approved, Type III School that is most typically operated by and financially supported through the providers core shelter funding.
2. ____ Services to youth with IEPs are coordinated with the local school system.
3. ____ The educational program is individualized and attempts are made to coordinate educational services with the home school system for each youth.
4. ____ The educational program provides all MSDE mandate testing in accordance with the required schedule.
5. ____ The shelter may provide assistance with homework, remedial learning activities and cultural educational activities to supplement what is provided by the schools.
6. ____ The shelter hires only MSDE certified teachers.

MEDICAL SERVICES

LOW

1. ____ No direct medical services are provided by the shelter.
2. ____ Youth are referred to health care facilities or doctors in the community.
3. ____ Emergency medical care is provided via the hospital or emergent care facility.
4. ____ Medications are made available to youth who will self-administer under trained monitoring or administered by a licensed health care practitioner.

MEDIUM

1. ____ Medical services such as medical assessments and screening, medication monitoring, oversight of medical records and procedures may be available at times via an on site health unit that is staffed by a licensed healthcare professional.
2. ____ Clients will be referred to the hospital or to other off campus healthcare facilities as needed.
3. ____ Emergency medical care is provided via the hospital or emergent care facility.
4. ____ Medications are made available to youth who will self-administer under trained monitoring or administered by a licensed health care practitioner

SERVICES TO FAMILIES

LOW

1. ____ The shelter provides for on-site visitation, phone calls and under appropriate circumstances off-site visits with family.
2. ____ Services to families are reactive at this level that is the shelter provides referrals for social, mental health or other services if the family expresses a need.

MEDIUM

1. ____ In addition to providing families services at the low level, medium intensity services to families would also include offering regularly scheduled parent or family support groups, limited program-based family counseling, and ongoing family case management when needed and a family avails themselves of the service.
2. ____ Staff who typically perform these activities will at a minimum be licensed social workers and/or professional counselors working as required under regular clinical supervision.

HIGH

1. ____ In addition to providing families services at the medium level, at high intensity level, the shelter employs staff to work aggressively with families both on site and through out reach, in the community and in home settings.

2. _____ On site services will include regularly scheduled parent or family support groups, professional family counseling and intensive case management whenever reasonable and possible. _____ Staff persons who typically perform these activities will at a minimum be licensed social workers and/or professional counselors working as required under regular clinical supervision

SECTION H: Teen Mother Programs

Teen Mother Programs

Teen mother programs serve adolescent girls who are pregnant and/or girls who have infants. Services are delivered in a variety of settings including treatment foster families, group homes and independent living arrangements. Services vary in intensity depending on the maturity level and clinical needs of the girl, but typically include pre-natal care when necessary, independent living skills and parenting skills

Teen Mother Programs- Levels of Intensity

CARE AND SUPERVISION

LOW

1. **Environment:** Teen mother and child live in a minimally structured setting, such as a foster home or independent living apartment (that does not have 24 hour on site staff). They access all community based services. Youth will regularly use community based facilities/programs to meet recreational needs. There is regular/on-going contact with agency staff. Youth and foster parents can access staff during after hours via emergency pager. Daycare for the teen mother's child is provided in the community by a licensed daycare provider.
2. **Population Served:** Teen mothers who do not represent a threat to themselves or others and can spend time each day with minimal supervision as appropriate to their age. Youth typically are attending high school or a post secondary educational program within the community and/or are employed in the community.
3. **Staff Categories:** Foster parents, child care workers, child care supervisors, social workers, recreation therapists, recreation workers
4. **Staff Licensing and Qualifications (Where appropriate):** Maryland certification and licensure requirements.

MEDIUM

1. **Environment:** Teen mother and child live in a structured foster home, group home, campus based or independent living apartment (with 24 hour on site staff) setting.
- 2. Population Served:** Teen mothers who typically exhibit disruptive, maladaptive and delinquent behaviors, including aggression that would require close and consistent supervision, quick access to crisis intervention and awake overnight supervision. Medium intensity programs need to be staffed, structured and organized to support involvement in prescribed treatment. Recreation and socialization services consistent with the needs of the youth may be available on site, community based or both. Assurance that during daytime hours the youth's child is in a child care center or home licensed under State law. During evening hours there may be some cases in which a youth's child may be cared for by another youth resident as long as the youth assumes care of no more than one other child in addition to her own at any time and the youth discusses the expectations of the caregiver which include duration of the childcare, the child's nutritional and toileting needs and any arrangements for compensation or exchange of baby-sitting. All arrangements are reviewed and approved by the program administrator or designee.

3. Staff Categories: Foster parents, child care workers, child care supervisors, social workers, recreation therapists, and recreation workers

4. Staff Licensing and Qualifications: (Where appropriate), Maryland certification and licensure requirements.

HIGH

1. **Environment:** Teen mothers and their child live in a highly structured staff secure environment. Mostly all services are provided on site. Community based education and treatment services are only accessed on an individual basis under close adult supervision. Community based recreation and socialization activities could be available for individuals or small groups under close adult supervision when youth are behaviorally ready.
2. **Population Served:** Teen mothers who typically exhibit extreme disruptive, maladaptive and delinquent behaviors and pose a clear threat to their own safety or the safety of others. They typically require intense around the clock supervision and immediately available crisis intervention. Awake over-night supervision is required. Assurance that during daytime hours the youth's child is in a child care center or home licensed under State law. During evening hours there may be some cases in which a youth's child may be cared for by another youth resident as long as the youth assumes care of no more than one other child in addition to her own at any time and the youth discusses the expectations of the caregiver which include duration of the childcare, the child's nutritional and toileting needs and any arrangements for compensation or exchange of baby-sitting. All arrangements are reviewed and approved by the program administrator or designee.
3. **Staff Categories:** child care workers, child care supervisors, social workers, recreation therapists, recreation workers

Staff Licensing and Qualifications (Where appropriate): Maryland certification and licensure requirements.

CLINICAL TREATMENT SERVICES

LOW

1. ENVIRONMENT

Services are provided on an outpatient basis in the community where the teen parent lives. Treatment is adjunctive and is provided in support of their residential placement and the goals of their service plan. Services are available on the same basis that they would be if they were living with a family in the community. Case Management services are provided by qualified program staff. For teen mothers in foster homes or independent living, all services are offered in the community. Services include individual counseling, group counseling, family services, psychological services and/or psychiatric services. Other services may be accessed based on the youth's service plan.

2. POPULATION SERVED

Teen parents and children whose clinical treatment needs can be met on an outpatient basis if they are in a stable and supportive living arrangement that provides adequately for their other service needs, such as education/special education and family services.

3. STAFF CATEGORIES

Community based practitioners who are licensed and certified.

Qualified case managers who are licensed LGSW or BSW.

Primary caretakers such as foster parents, child care workers, life skills counselors, who ensure access to prescribed treatment and basic counseling services.

4. STAFF LICENSING AND QUALIFICATIONS WHERE APPROPRIATE

Treatment services are provided by licensed, certified clinical staff with appropriate degrees in a social services field, such as LCSW, nurse, psychologist or psychiatrist. Clients go out to licensed, community-based practitioners for clinical services. Agency staff do not provide clinical services.

MEDIUM

1. ENVIRONMENT

Services are provided on-site by qualified staff and are routinely available to all youth in the program. Services are provided as part of a service plan. Clinical treatment services will be available either directly or through agreements with community-based facilities. Case Management services are provided by qualified program staff. Services are provided either on-site or in the community. Services include individual counseling, group counseling, family services, psychological services and/or psychiatric services. Other services may be accessed based on the youth's service plan.

2. POPULATION SERVED:

Teen mothers and their children who present a clinical profile of moderate to severe emotional disturbances and/or social development deficits.

3. STAFF CATEGORIES:

Qualified case managers who are licensed social workers.

Appropriate licensed, and/or certified professional staff or consultants such as licensed social worker, licensed certified psychologist, licensed nurse practitioner, and licensed certified psychiatrists.

4. STAFF LICENSING AND QUALIFICATIONS, WHERE APPROPRIATE:

Treatment services are provided by licensed, certified clinical staff with appropriate degrees in a social services field such as LCSW, nurse, psychologist or psychiatrist. Clients go out to licensed, community-based practitioners for clinical services. Agency staff do not provide clinical services.

HIGH

1. ENVIRONMENT

The full spectrum of clinical treatment services, including diagnostic services, is available through the program and is provided by qualified staff and/or consultants. Case Management services are provided by qualified program staff. Psychiatric consultation is a routine part of service plan development and progress evaluation. Psychotropic medications are prescribed and administered by licensed medical staff. All clinical treatment services, including psychiatric services are available on-site. Services include individual counseling, group counseling, family services, psychological services and/or psychiatric services. Other services may be accessed based on the youth's service plan.

2. POPULATION SERVED

Teen mothers who present a clinical profile that indicates on-site clinical services are necessary.

3. STAFF CATEGORIES

Qualified case managers who are licensed LCSW or MSW.

Appropriate licensed and/or certified professional staff or consultants, i.e. licensed social worker, licensed certified psychologist, licensed certified psychiatrists, child care workers, teen parenting staff, director of clinical services.

4. STAFF LICENSING AND QUALIFICATIONS, WHERE APPROPRIATE

Treatment services such as individual, group and family therapy is provided by licensed clinical staff with an appropriate degree in a social science such as an LCSW-C, psychologist or psychiatrist.

EDUCATION

LOW

- 1. Environment:** A low level educational environment is an environment where the youth receives educational services off site. The educational program can include public school, non-public school, GED, vocational or college. In addition, educational enrichment activities are provided to the teen mother's child (age appropriate learning activities). These activities are offered off site by a licensed daycare provider, head start program or pre-school educational program.
- 2. Population Served:** Teen mothers and their child who reside in a foster home, independent living program or small group home setting and are able to participate and benefit from the educational program to meet general or special education objectives.
- 3. Staff Categories:** N/A. Staff from a low level of intensity would not be providing educational services as these services are received off site.
- 4. Staff Licensing and Qualifications:** N/A

Medium

- 1. Environment:** A medium level educational environment is an environment where the youth receives educational services off site in addition to educational supportive services on site (i.e. Life skills training, job training, vocational training). In addition, educational enrichment activities are provided to the teen mother's child (age appropriate learning activities). These activities are offered on site by program staff or off site by a licensed daycare provider, head start program or pre-school educational program.
- 2. Population Served:** Teen mothers and their child who reside in a foster home, independent living program or small group home setting for whom additional supportive educational services are deemed appropriate.
- 3. Staff Categories:** Teachers, social workers, counselors, foster parents and other related service professionals.

4. **Staff Licensing and Qualifications: (Where appropriate):** Maryland certification and licensure requirements.

HIGH

1. **Environment:** A high level educational environment is provided on site of the program's facility. The program must hold a certificate of approval from the Maryland State Board of Education to operate a nonpublic school. The program must have appropriate curriculum, instructional materials and equipment. In addition, educational enrichment activities are provided to the teen mother's child (age appropriate learning activities). These activities are offered on site by program staff.
4. **Population Served:** Teen mothers and their child who resides on a campus based/large group home setting and whose educational needs can not be met off site.
5. **Staff Categories:** Teachers, and in special education programs, speech and language therapists, occupational therapists, physical therapists, psychologists, social workers, nurses, psychiatrists and other related service professionals.
6. **Staff Licensing and Qualifications (Where appropriate):** Maryland certification and licensure requirements.

HEALTH AND MEDICAL

LOW

1. ENVIRONMENT

Teen mothers and their child living in a foster home. Liaisons are established with community pediatric/physicians/ dentists and hospitals. Access to the community services is available through foster parent and/or public transportation. Mothers over 18 can self administer meds to themselves and their child. Mother makes own medical appointments. All babies are seen for regular pediatric appointments on regular schedule. Dental appointments after age 3 are annual.

2. POPULATION SERVED

Teen mothers and their child who can live in a foster-home and community setting. May have serious to few medical problems.

3. Staff from agency are available to the foster parent by telephone if an emergency occurs.

4. Foster Parent and child care worker qualifications are trained in medication administration, first aid and CPR.

MEDIUM

1. **ENVIRONMENT-** Teen mothers and child live in independent apartments or a small a group home.

Liaisons are established with community pediatric/physicians, dentists and other health specialists as needed (i.e, speech pathologist) Pediatric visits for all babies and toddlers are

done on schedule and dental appointments are made on children 3 and over on an annual basis. Teen mother self administers meds for herself and her child.

2. **POPULATION SERVED-** clients are teen-aged (16-21)mothers with one or two children ages (0-5 years). Most are healthy, but a few may require specialized medical care(i.e., aids, diabetes, asthma, post partum depression)
3. **STAFF CATEGORIES** physicians available at community clinics and hospitals. On call direct care staff.
4. **STAFF QUALIFICATIONS** –need to be trained in CPR, First Aid and medication administration

HIGH

1. ENVIRONMENT

Teen mothers (16-21) and their child (0-3yrs) live in a structured setting such as a large group home. There is a continuum of services offered. Medical appointments are made by nurse on staff when feasible. Mothers over 18 will self administer meds to themselves and their child. Transportation is provided by staff or mothers may take child in taxi or other public transportation.

2.POPULATION

Pre and postal natal services are provided by a community hospital. Specialized pediatric services are also provided by this hospital. Parenting staff make specialized referrals for unique health problems of the child (speech, learning, etc.)

3.STAFF CATEGORIES

Physicians and pediatricians available through contract or local hospital. RN on duty during day shift and on call evenings and holidays. Psychiatrist may be available several hours per week. Child care staff are able to administer meds in the evenings. The teen mother is taught by staff to administer meds to herself and her child.

34. STAFF QUALIFICATIONS

Md. Board certified and licensed by MD.
RN licensed by Md.
LPN licensed to practice in Maryland
Child Care Staff have a B.S. degree and are trained in CPR and First aid training and medication administration.

FAMILY SERVICES

LOW-

1. ENVIRONMENT

Mother and child live in program environment and the program and its staff is sole support of resources. They have little or no consistent contact with family either biological or foster.

2. POPULATION SERVED:

Mother and child who live in the program environment. Family members as identified by the mother child and social workers, both in the program and DSS would also be a part of the population served.

3. STAFF:

Staff from the program- social worker, childcare workers, DSS worker and staff from programs in the community with whom the mother and child interface. Staff works with mother to assist her in developing the coping skills and behaviors to accept her limited family involvement. At the same time staff can also continue to keep family informed of mother-child progress in program to assess if they are able to provide a higher level of support.

STAFF LICENSING:

The program social worker (LGSW), childcare worker (BS degree or AA degree) and DSS social worker.

MEDIUM

1. ENVIRONMENT

Mother and child live in program environment with program and its staff being primary source of resources, however, family is part of the service/treatment plan and provides a consistent resource or need. Contact with family is minimally monthly but more likely bi-weekly and family is seen as an active source of support.

2. POPULATION SERVED:

Mother and child and other family members as identified by the program teams and/or the mother and child.

3. STAFF:

Staff from the program social worker, childcare worker, DSS worker, and staff from the programs in the community with whom the mother and child interface. Staff works with all identified members of the family and each has goals to accomplish in behalf of the permanency plan of the mother-child unit. Staff works to assist the family members with obtaining concrete services; i.e. financial, housing, drug treatment, etc. as well as counseling, parenting classes, etc. Team meets regularly to assess program and to look at gaps in services.

STAFF LICENSING:

Dependent upon program staff, however at a minimum the program social worker (MSW), childcare worker and DSS worker.

HIGH

1.ENVIRONMENT

Mother and child live in program environment and program and its staff being primary sources of services, however, family is integral part of service/treatment plan with consistent visits whenever it is possible for approved extended periods and family is seen as long term resource for mother-child once they are no longer a part of the program or the state system. Family provides needed resources consistently and assumes responsibilities for addressing the needs and concerns of the mother-child unit.

2.POPULATION SERVED:

Mother and child and the family members who are designated in her treatment plan. Focus is on obtaining the needed services for all members of the population served. Family is higher functioning and able to obtain some of the resources needed after being directed to the appropriate resources by members of the program staff.

STAFF:

Staff from the program, childcare workers, DSS social worker and persons in the community identified as resources.

STAFF LICENSING:

Dependent upon the program's staffing, however at a minimum the program social worker (LGSW or LCSW), lead childcare worker and DSS worker all of whom should be at the highest level of competency.

	Low	Medium	High
24 hour milieu:	8	10	12
Clinical services	2	4	8
Education	2	4	6
Health Medical	3	6	9
Family Support	2	3	4

Checklist for Levels of Intensity for Teen-Mother Programs

CARE & SUPERVISION

_____ **Low Care & Supervision**

1. Teen mother & child live in minimally structured setting such as foster home or independent living apartment without 24 hour on site supervision
2. Staff is both professional and paraprofessional, where needed met Md. Certification and licensure dependent upon program plan

_____ **Medium Care & Supervision**

1. Teen mother & child live in structured foster home, campus based or independent living apartment (with 24 hour staff) setting
2. Program is organized to support involvement in prescribed treatment, recreation and socialization for youth may be available on site, community based or both

_____ **High Care & Supervision**

1. Teen mother & child live in highly structured staff secure environment, mostly all services are provided on site
2. Staff is both professional and paraprofessional, where needed met Md. Certification and licensure requirements dependent upon program plan

CLINICAL SERVICES

_____ **Low Clinical Services**

1. Services are provided to teen mother & child in outpatient community based services by qualified case managers at minimum BA level

_____ **Medium Clinical Services**

1. On site clinical services routinely available to all clients
2. Case managers are licensed social workers

Or

1. On site clinical services routinely available to all clients
2. All staff LCSW or LCSW-C
3. Minimum of 8 hours of psychiatric services per month

_____ **High Clinical Services**

1. Full spectrum of clinical treatment services including diagnostic services is available through the program & is provided by qualified staff and/or consultants including psychiatrists, psychologists, etc.
2. Psychiatric consultation routine part of service staff
3. All staff at highest level of professional credentialing and Md. Certification

EDUCATION

_____ **Low Education**

1. Teen mothers attend local public school and receive school-based services.

_____ **Medium Education**

1. Teen mothers attend local public schools & receive education supportive services on site

2. Educational activities are provided to the teen mother's child i.e. age-appropriate learning activities on site by program staff or off site by licensed daycare provider, Head Start program or pre-school education program

_____ **High Education**

1. Teen mothers attend a high level education environment provided on site and the program holds a certificate of approval from the Md. State Board of Education

HEALTH AND MEDICAL SERVICES

_____ **Low Health & Medical Services**

1. Teen mother & child live in foster home & mother makes medical appointments with providers in the community

_____ **Medium Health and Medical Services**

1. Teen mother & child live in independent apartments or a small group home. Liaisons are established with medical providers in the community for appropriate medical appointments, which are done on schedule.

And/Or

1. Full time RN on staff daily and other hours dependent on program needs
2. Teen mother either administers her own medication & that of her child or has it administered by trained and certified staff according to COMAR regulations

_____ **High Health & Medical Services**

1. Teen mother & child live in structured setting such as large group home
2. Continuum of health service care services provided

FAMILY SERVICES

_____ **Low Family Services**

1. Teen mother & child live in the program environment & program & its staff is sole support, resource.
2. Staff of program, DSS worker, and staff from community resources work with mother & child

_____ **Medium Family Services**

1. Teen mother & child live in the program environment & its staff being the primary source of resources, available family is part of the service/treatment plan & provides a consistent resource or need
2. Staff is at a minimum MSW, childcare workers & DSS worker. Family therapy and encourage family visits.

_____ **High Family Services**

1. Teen mother & child live in the program environment, receive family therapy weekly and parent education and/or parent groups weekly.
2. Extensive family outreach
3. LGSW or LCSW staff or other licensed professional and credentialed staff

SECTION I: Therapeutic Group Homes

Therapeutic Group Homes

Therapeutic Group Homes were created as an alternative to Residential Treatment Centers, and as such are the most intensive community-based services available. Therapeutic Group Homes serve youth aged 6-12 and 12-18 evidencing behavioral and psychiatric problems. Youth referred for placement in Therapeutic Group Homes are typically stepping down from more restrictive environments such as RTC's, Juvenile Justice Facilities, In-patient hospitalizations, High-Intensity Respite, or Diagnostic Centers.

TGH's are designed to promote age-appropriate interpersonal skills, self-sufficiency, and personal responsibility by utilizing an interdisciplinary approach and an individualized range of services that may include individual, group, milieu, family, educational, and behavioral treatment approaches. The programs seek to provide a protective and nurturing environment where each resident can develop the skills necessary for successful re-entry into their home, treatment foster home, or Independent Living Program.

All Therapeutic Group Homes have a 1:3 staff to resident ratio, a licensed mental health professional on-site, and 24 hour awake overnight staff. All children receive individual and group therapy. Family therapy and medication management is available to every child as needed.

CARE AND SUPERVISION/24 HOUR MILIEU

All Therapeutic Group Homes (TGHs) are required by COMAR to offer the intensity of care and supervision described below. Therefore, there is only one level of intensity for care and supervision for TGHs.

HIGH

1. ENVIRONMENT

Children live in structured community or campus based group residential programs, attend campus-based schools (approved educational programs) or community-based public and nonpublic schools with support and supervision such as remedial instruction, staff monitoring of academic progress and participation in all school meetings, and the capacity to provide transportation and/or supervision to and from school when needed. Recreation and socialization activities must take place in adult supervised setting until the child/youth has consistently demonstrated that they can safely participate in unsupervised activities according to program policies. TGH programs need to be staffed, structured and organized to support involvement in prescribed treatment. Staffing ratios of at least one staff person per three children/youth must be maintained during all times when residents are present and awake. Awake over-night supervision is required. Therapeutic and adaptive recreation and socialization services consistent with the needs of children/youth may be made available in-house, in the community and through a combination of both.

2. POPULATION SERVED

Children/youth in TGH programs typically exhibit disruptive, maladaptive and delinquent behaviors, including serious aggression, and require close and consistent supervision, quick access to crisis intervention and awake over-night supervision. Children/youth who are able to be maintained safely in a structured, community-based setting that provides the opportunity to earn graduated levels of independence, such as volunteer work and jobs in the community.

3. STAFF CATEGORIES

Child and Youth Care Workers (Residential Counselors), Recreation Therapists, Child and Youth Care Supervisors. TGH Programs have highly structured, milieu programs with significant focus on behavior modification (teaching and reinforcing normative behaviors) characterized by well

established daily routines, clearly defined responsibilities and expectations, and natural and logical consequences for compliant/non compliant behavior.

Twenty-four hour staff supervision is intensive including staffing necessary to support children's participation in education and treatment activities within and outside of the program's facilities. TGH Programs are largely self-contained, providing most or all of their services as integral parts of the larger program., TGH Programs are structured to vary the intensity of supervision to correspond to the individualized needs of children and their individual responses to the structure and behavioral expectations of the milieu and their participation in school, treatment, recreation and socialization activities. Children may, depending on their level of development and responsiveness to structure and with consideration for their ages and the nature of their abilities and disabilities, participate in extracurricular school activities, and engage in activities in the community with modified supervision regimens. Staffing ratios (of at least 1:3) and the deployment of staff will be sufficient to provide close and consistent supervision for all children served by the program and to ensure that children are fully involved in all prescribed treatment and will adequately support children's participation in a range of recreation and socialization activities appropriate to their ages and developmental needs. Programs will employ the use of one-on-one interventions to deal with short term crises that threaten continued placement. One-on-one services may or may not be available as an integral part of TGH programs. Typically the level of care and supervision needed requires the availability of treatment and recreation services within the program but clients may also be appropriate to receive services in the community.

CLINICAL TREATMENT SERVICES:

The intensity of clinical treatment services offered in therapeutic group homes is determined by the scope of professional services available, the setting(s) in which they are offered, and the degree to which they are interactive with milieu treatment services.

MODERATE

1. ENVIRONMENT

Therapy services are provided on an outpatient basis in a community setting, and are routinely available to all children in the program. Services are provided as part of an overall treatment plan. The goals of clinical treatment services are compatible with and reinforce the accomplishment of overall treatment goals for the child or youth. Individual, group and family counseling/therapy is available and provided as prescribed in each child or youth's treatment/service plan. Psychiatric consultation and psychopharmacology services are a routine part of treatment. Psychological services are available as needed, provided either by program staff or external consultants. Clinical treatment services to respond to acute crisis will be available through agreements with community-based facilities and providers in a manner that precludes long term or permanent disruption in the child or youth's placement.

2. POPULATION SERVED

Children or youth who have a diagnosis of mental illness or are seriously emotionally disturbed, including histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTC's), and who now can respond to effective clinical intervention outside of a hospital or residential treatment center setting.

3. STAFF CATEGORIES

Half-Time Clinical Coordinator and Part Time Psychiatrist who meet qualifications of COMAR 10.21.07.14 C & D

4. STAFF LICENSING AND QUALIFICATIONS

Treatment services are provided by licensed mental health professionals in an outpatient clinic or private practice not affiliated with the TGH.

INTERMEDIATE

1. ENVIRONMENT

Therapy services are provided by employees and consultants of the TGH or parent organization, and are available as an integrated part of the group home program. Services are provided as part of an overall treatment plan. The goals of clinical treatment services are compatible with and reinforce the accomplishment of overall treatment goals for the child or youth. Individual, group and family counseling/therapy is available and provided as prescribed in each child or youth's treatment/service plan. Psychiatric consultation and psychopharmacology services are a routine part of treatment. Psychological services are available as needed, provided either by program staff or external consultants. Clinical treatment services to respond to acute crisis will be available through agreements with community-based facilities and providers in a manner that precludes long term or permanent disruption in the child or youth's placement.

2. POPULATION SERVED

Children or youth who have a diagnosis of mental illness or seriously emotionally disturbed including histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTC's) and who now can respond to effective clinical intervention outside of a hospital or residential treatment center setting.

3. STAFF CATEGORIES

Half-Time Clinical Coordinator and Part Time Psychiatrist who meet qualifications of COMAR 10.21.07.14 C & D

4. STAFF LICENSING AND QUALIFICATIONS

Treatment services are provided by licensed mental health professionals who are paid staff or consultants of the TGH or parent organization.

HIGH

1. ENVIRONMENT

Same as Intermediate, plus, the TGH has a Full Time Clinical Coordinator who is available to the program to provide treatment services, case management, clinical consultation and supervision to program staff and otherwise enhances the clinical intensity of the milieu.

OR

Half Time Clinical Coordinator plus additional specialty treatment services, e.g. expressive therapies, delivered by a licensed mental health professional, who works on a minimum of a Half Time basis.

2. POPULATION SERVED

Children or youth who have a diagnosis of mental illness or seriously emotionally disturbed including histories of psychiatric hospitalizations and/or placements in residential treatment centers (RTC's) and who now can respond to effective clinical intervention outside of a hospital or residential treatment center setting. High intensity clinical treatment services are appropriate for children who need continuous case management, periodic assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for their group home placement. High intensity clinical treatment services may be appropriate for children in a behavioral milieu, e.g., a program structured for juvenile offenders, when there are indications that such treatment will contribute to the goals of the placement of such youth.

3. STAFF CATEGORIES

Services provided by paid staff and consultants are available as an integral part of the group home program. At a minimum, therapeutic group homes providing high intensity clinical treatment services will provide case management services, individual and group therapies provided by qualified therapists under the supervision of a psychiatrist, and psychopharmacology services, as integral parts of the group home program. Psychological assessment/evaluation services may be provided on an outpatient basis, but must be available. High intensity clinical treatment services are an essential element of programs serving children with serious mental illness and severe emotional disturbances. Individual service plans must integrate clinical treatment and behavioral intervention strategies and identify the roles played by the child and youth care staff to facilitate the child's involvement in treatment services.

In order to be considered High Intensity, TGH programs must at a minimum employ:

Full Time Clinical Coordinator and Part Time Psychiatrist (staff or consultant) who meet qualifications of COMAR 10.21.07.14 C & D.

OR

Half Time Clinical Coordinator and Part Time Psychiatrist (staff or consultant) plus an additional Half Time credentialed mental health practitioner who provides specialty treatment services, e.g. expressive therapies.

4. STAFF LICENSING AND QUALIFICATIONS

Treatment services are provided by licensed mental health professionals who are paid staff or consultants of the TGH or parent organization.

EDUCATION SERVICES:

TGH programs shall be classified as moderate or low for education services when they are able to provide access to types of services and settings described below for their residents. A TGH shall be classified as high only if it provides a high intensity educational setting in the group home facility or on the campus adjacent to the TGH.

LOW

1. ENVIRONMENT

A low level intensity educational program is an educational program provided by the public schools.

2. POPULATION SERVED

Students who are able to participate and benefit from an educational program provided by the public schools to meet general or special education objectives.

MODERATE

1. ENVIRONMENT

A TGH shall be classified as moderate level intensity for educational services if it is able to access for its residents either regular, alternative or special education services in a public school setting or a nonpublic school setting as appropriate for the child or youth's needs, and also offers tutoring to residents during non school hours in weeks that school is in session. TGH Staff provide consistent supervision and supports for children who attend public or off-grounds nonpublic schools, e.g. maintaining regular communication with school staff regarding students'

academic progress and behavior in school, consistently attending school meetings regarding residents' educational needs, and advocating continuously for the educational needs of residents. All such activities are intended to integrate residents' education with the overall TGH program.

2. POPULATION SERVED

Students for whom community-based public or nonpublic school settings and regular, alternative or special education services are deemed appropriate.

3. STAFF CATEGORIES

Staff assigned to provide liaison with school personnel should have sufficient understanding of residents' educational needs, their educational rights under the law and have the requisite communication skills to advocate effectively and tactfully with school personnel. Tutors may be professional staff employed solely for the purpose of providing tutoring or may be direct care staff who are competent to provide tutoring, but may not be part of the direct care staff complement while they are providing tutoring.

HIGH

1. ENVIRONMENT

A high level of intensity educational program is provided solely by the TGH provider in the TGH facility or on the adjacent campus. The educational program shall include special education services for those children and youth who require this level of service. The TGH provider or its parent organization must hold a certificate of approval from the Maryland State Board of Education to operate a nonpublic school. The educational program must have appropriate curriculum, instructional materials and equipment and certified teachers to implement the instructional program. The TGH also offers tutoring to residents during non school hours .

2. POPULATION SERVED

Students whose educational needs cannot be met by community-based public or nonpublic schools.

3. STAFF CATEGORIES

All professional specialties required to implement the IEPs of students enrolled.

4. STAFF LICENSING AND QUALIFICATIONS

Meet all Maryland certification and licensure requirements

HEALTH AND MEDICAL SERVICES:

Certain medical and dental services must be provided to all children in residential care, including treatment foster care, in accordance with Family Law. All therapeutic group homes that administer medication must have an RN delegating nurse/case manager and staff administering medication must be certified as medication technician in compliance with COMAR 10.27.11. Depending on the degree of severity of physical handicaps and medical service needs of child populations served, medical services will be provided at the two levels of intensity.

LOW

1. ENVIRONMENT

Environment is designed to be as close to "home-like" as feasible. Non-medical model is utilized. Liaisons are established with community pediatric/physician providers, dentists, etc. Access to

community services is available through program staff, and/or public transportation with staff to accompany child.

2. POPULATION SERVED

Clients are medically stable. No significant medical problems that need daily professional management (M.D., R.N., etc.) Clients with stable somatic conditions can be served (i.e. diabetes, asthma)

3. STAFF CATEGORIES

Trained child-care staff administer (or monitor youth self-administration according to program policy) non-prescription medication and prescription medication at a physician's direction for somatic illness or to assist in the ongoing management of chronic physical, behavioral and/or emotional disorders.

4. STAFF LICENSING AND QUALIFICATIONS, WHERE APPROPRIATE

Staff will be trained in medication administration (or medication monitoring, of youth self-administration according to program policy), storage and reporting, and in first aid and CPR.

MODERATE

1. ENVIRONMENT

Environment as close to home-like as possible. May have specialized equipment for certain clients as needed (e.g. oxygen, specialized medications) and may have infirmary available for treatment of medical conditions under supervision of physician.

2. POPULATION SERVED

Clients are medically stable for the majority of the time spent in the program. May require specialized medical care (e.g. youths with AIDS, oxygen dependency, asthma, diabetes, etc.).

3. STAFF CATEGORIES

Physician is available on call, through contract, or clients are treated by their personal physician. RN available to come on-site as needed during days, and on call evenings and holidays for telephone consultation. Nursing services provided must include on-site services such as medication record review/monitoring, staff training and consultation on a minimum of a monthly basis. Physician, nurse, physical therapist, are available to clients as needed for specialized medical conditions. Staff able to administer prescription medications, except that only an RN may administer injectables; but on direction of physician, an RN may train the youth to inject somatic medications.

4. STAFF LICENSING AND QUALIFICATIONS, WHERE APPROPRIATE

M.D.'s - board Certified, licensed to practice in Maryland

R.N.'s - licensed to practice in Maryland

Staff will be trained in medication administration, storage and reporting, and in first aid and CPR.

FAMILY SUPPORT SERVICES:

Family Services need to be provided for children in therapeutic group homes based on their individual needs and circumstances. Among children placed in therapeutic group homes, there is a continuum of family involvement ranging from no contact with family members to full family in most aspects of a child's care and treatment. Except in instances where family involvement is precluded by a Court order or a child's family refuses to have contact with the child, every group home must, at a minimum maintain ongoing communication with the child's family members, allow for and accommodate family

visitation and permit and facilitate telephone and letter communication between the child and his/her family members. These actions do not constitute family services in the context of levels of program and services intensities. All therapeutic group homes will provide a written description of the scope and intensity of the family services they offer available to all referral and placement agencies and to parents.

The intensity of family services offered in therapeutic group homes is determined by the degree to which families are encouraged and enabled to be involved in assessments/evaluations of their children's needs, the scope of family services available and the extent to which parent/family involvement in treatment is encouraged and supported by the program. Levels of intensity are reflective of the scope and intensity of services routinely available and not necessarily the scope or intensity of services used by any particular family, recognizing that family availability and participation may vary widely among the families of children placed in therapeutic group homes. At the highest level of intensity, family services interact with milieu services, clinical treatment services and education/special education services. Except in instances where children have no identified family members or where family members are precluded from participation by a Court order, therapeutic group homes make continuous efforts to actively involve parents and family members in an initial and periodic assessment of their children's needs and in their development of Individual Treatment Plans (ITPs) and Individual Education Plans (IEPs) where applicable, and discharge plans.

Family services are provided by licensed and/or certified professionals and qualified para-professionals including: case managers, licensed therapists, licensed counselors, child care workers and transportation aides. Services may be offered individually or in combination as determined to be needed in a client treatment plan. Services typically available include any of, or a combination of the following:

The Characteristics of children for whom differing levels of family services are provided are not a primary factor in deciding the scope or intensity of services provided to particular children/youth. Rather, decisions about the level and intensity of services are determined by the availability and willingness of parents/families to participate in the treatment of their children and second, the capability or level of service offered by the therapeutic group home.

MODERATE

1. ENVIRONMENT

These services are designed to maintain the child or youth's connection with his family while he/she is in placement. The staff will provide opportunities for regular contact between the child or youth and family and coordinate services for the family while their child is in care. The staff will also help families access services. Direct services to families will be provided through family therapy either at the TGH site or at their home through in-home intervention services. The goal of service delivery is typically to preserve or reunify the family. Case management is crucial, not only for accessing and coordinating services, but also for ensuring the smooth transition from the service delivery system to the community at large.

2. POPULATION SERVED

Parents, guardians, and in some cases siblings, and other relatives providing kinship care of children and youth in placement. The parents may primarily need concrete services or they may need counseling and psychiatric services. Many families may be part of a broad, extended family system or the individual parent may have complex needs. Families who need to learn to manage children/youth with complex behaviors, e.g. seriously emotionally disturbed (SED) children and youth require this intensity of service.

3. STAFF CATEGORIES

Residential Care Specialists (Youth Counselors)
Case Manager - minimum of Bachelor's Degree

Clinical Coordinator - must have Master's Degree in a behavioral science and be a licensed mental health professional according to Maryland law.

4. STAFF LICENSING AND QUALIFICATIONS

If providing direct clinical services to families, must be a licensed mental health professional, as defined by Maryland law.

HIGH

1. ENVIRONMENT

In addition to services at moderate intensity level, therapeutic group homes providing high intensity family services will provide parent support or parent education groups on a regular (at least monthly) basis. In addition, they will develop Family Service Plans (or will include the same information in the Family section of the ITP) which distinguish the services to be provided to the family by the therapeutic group home and those to be provided by other providers, e.g., community-based mental health and/or substance abuse services, and/or supports related to housing, employment, etc. They will either provide or facilitate access to substance abuse counseling and treatment whenever needed. High intensity family services include active and ongoing case management services to the family that include assistance in identifying and accessing community services, e.g., assistance with making appointments. Therapeutic group homes providing high level family services have policies and mechanisms for inviting, and encouraging active family participation in their child's treatment. They also have policies and mechanisms to ensure parent/family involvement in the program as members of advisory groups, participants on quality assurance teams, and participation in milieu program activities. Prior to a child's discharge, the therapeutic group home will help parents/families identify the appropriate school placement and other community based services and activities and will work with parents/families to ensure the timely enrollment of their children in school and enrollment/placement in community-based programs and services identified in the discharge plan. High intensity family services include short term follow up - 30 to 60 days – to assist the child and family with their connection to schools and community-based services to optimize the potential for positive outcomes.

2. POPULATION SERVED

Same as Moderate, plus, parents who need additional parenting skills and greater understanding of the behaviors presented by their SED children/youth beyond what can be provided through family counseling alone.

3. STAFF CATEGORIES

Same as Moderate, plus, Parent Educator - minimum of Bachelor's Degree.

4. STAFF LICENSING AND QUALIFICATIONS

Same as Moderate

	LOW	MODERATE	INTERMEDIATE	HIGH
Care/Supervision	X	X	X	10
Clinical Services	X	6	10	16
Education	0	1	X	2
Health/Medical	1	2	X	X
Family Support	X	2	X	5

(Revised 10-26-07)

(FORM A)

**CSA CHECKLIST FOR CURRENT LEVELS OF INTENSITY
THERAPEUTIC GROUP HOMES**

_____/_____/_____

TGH

Date:

(1) _____ **CARE & SUPERVISION** High for all therapeutic group homes
One staff member for every 3 children in TGH [COMAR 10.21.07.13 B
(1)]

(2) _____ **MODERATE CLINICAL SERVICES**
Licensed Clinical Coordinator on duty at each TGH *at least half time*
Therapy services are provided on an outpatient basis in a
community setting (e.g., OMHC or private practice).

_____ **INTERMEDIATE CLINICAL SERVICES**
Integrated (agency owned) therapy services provided by a
licensed mental health practitioner who is an employee or
consultant of the TGH or parent organization.

_____ **HIGH CLINICAL SERVICES**
Licensed Clinical Coordinator on duty at each TGH for 40 hours a week
(or 32 or 35 hours a week if that is the standard for "full time"
employment in that organization) **OR**

_____ **HIGH CLINICAL SERVICES**
Licensed Clinical Coordinator on duty at each TGH *at least half time*
AND
A specialty therapist on-site at least half-time provides one of
these commonly recognized modalities: _____ art therapy
_____ music therapy _____ movement therapy
(These expressive therapies are an enhancement to the client's
treatment plan and are delivered by a professionally trained and
properly credentialed person.)

(3) _____ **LOW EDUCATION SERVICES**
Education is provided by the local public school.

_____ **MODERATE EDUCATION SERVICES**

- Agency has contact notes for the previous 3 months of tutoring services. Tutoring assistance with academic needs is beyond the regular supervised homework time, is identified as a need in the treatment plan, is regularly scheduled, and is provided **at least once a week for at least one student during the regular school year (summer/extended holidays excluded)**. Qualified agency staff may do the tutoring but the staffing must be in addition to the 3:1 supervision ratio.
- Agency is an active participant in the child's IEP
- Agency Coordinates with LEA to ensure placement, and acts as liaison to school
- Agency arranges for school transportation
- Agency coordinates clinical, behavioral, and educational issues into their treatment plan
- Agency provides school uniforms and supplies as needed

_____ **HIGH EDUCATION SERVICES**

Agency or its parent organization holds a certificate from MSDE to operate a non-public school ***that offers special education services and provides tutoring as stated above in moderate education services.***

(4) _____

LOW HEALTH & MEDICAL SERVICES

Youth are medically stable and staff is trained to monitor the youth's self-administration of medications taken by mouth.

MODERATE HEALTH & MEDICAL SERVICES

RN available ***to come on-site as needed during day shifts and on-call 24/7 for telephone consultation. The nursing services must include on-site services such as medication review/monitoring,, staff training, and consultation on a monthly basis (minimum).*** Only a nurse may administer injectable medication but under a physician's order, an RN may train the youth to inject somatic medication.

(5) _____

MODERATE FAMILY SUPPORT SERVICES

Agency offers family therapy & shows documentation.

HIGH FAMILY SUPPORT SERVICES

Offers family therapy plus **at least once a month** the agency supplies a licensed mental health professional or a qualified person who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision. This person invites parents and delivers at a scheduled time either: _____ a parent education group **OR** _____ a parent support group

CSA Printed Name

CSA

Signature

(Revised 10-1-07)

SECTION J: Treatment Foster Care

Treatment Foster Care

Treatment Foster Care is a family-based service for children and adolescents in out-of-home care with a variety of needs that require specialized care. Youth can be diagnosed with emotional or behavioral disorders, medical conditions, developmental disabilities and delinquency as well. The youth are served through an integrated constellation of treatment and services with key interventions and supports provided by treatment parents who are trained, supervised and supported by qualified staff. The treatment of youth is individualized and can include multiple services, provided by a team of professionals, led by qualified agency staff. The treatment parents are specifically trained to provide key interventions in the home and community to promote the youths' physical and mental health, development, community integration and permanency plan. The program provides support and treatment to the youths' family of origin, involving them in the care and treatment of the youth while promoting the permanency plan of the youth.

The Level of Intensity Scale defines the scope and array of services that may be available within a program to meet the needs of youth and their families. The Service Intensity Levels will distinguish capabilities in five service domains. These are placed on a continuum of low, medium and high. The low level meets the standards as set by COMAR, while medium and high includes the provision of additional services. The five domains are:

- Care and Supervision
- Clinical Services
- Health and Medical
- Family Support Services
- Educational

It is important to note that these scales are measuring program services offered, not the needs of individual youth or the services provided to individual youth. Of necessity, there will be differences in programs structure that will affect the array and provision of treatment services. Treatment foster care programs should be formed around a well-articulated philosophy and mission, which demonstrate understanding of the needs of children serviced. It is understood that treatment is individualized to each child's needs and not all children placed in a particular program will receive all the services a program has to offer. Each child's needs should be part of a formal evaluation process by the child's treatment team as least quarterly or as determine by the specific needs of the child given current circumstances.

Treatment Foster Care Level of Intensity Scales

Treatment Foster Care is a family-based service for children and adolescents in out-of-home care with a variety of needs that require specialized care and treatment. Youth can be diagnosed with emotional or behavioral disorders, medical conditions, developmental disabilities and delinquency as. The youth are served through an integrated constellation of treatment and services with key interventions and supports provided by treatment parents who are trained, supervised and supported by qualified staff. The treatment of youth is individualized and can include multiple services, provided by a team of professionals, led by TFC agency staff. The treatment parents are specifically trained to provide therapeutic interventions in the home and community to promote the youths' physical and mental health, development, community integration and permanency plan. The program provides support and treatment to the youths' family of origin, involving them in the care and treatment of the youth while promoting the permanency plan of the youth.

The Level of Intensity Scale defines the scope and array of services that may be available within a program to meet the needs of youth and their families. The Service Intensity Levels will distinguish capabilities in five service domains. These are placed on a continuum of low, medium and high. The low level meets the standards as set by COMAR, while medium and high includes the provision of additional services. The five domains are:

- Care and Supervision
- Clinical Services
- Health and Medical

Family Support Services Educational

A further description of each domain is found in the introduction to the individual domains.

The Service Intensity Levels recognizes and encourages program development that is based on the needs of the children rather than a pre-existing set of services based on the type of program. Levels will further our ability to:

- Match youth with appropriate program
- Identify resource gaps and program development needs.
- Structure the monitoring and licensing processes.
- Design and conduct meaningful outcome studies.
- Distinguishes between programs within program groups

It is important to note that these scales are measuring program services offered, not the needs of individual youth or the services provided to individual youth. Of necessity, there will be differences in programs structure that will affect the array and provision of treatment services. Treatment foster care programs should be formed around a well-articulated philosophy and mission, which demonstrate understanding of the needs of children serviced. It is understood that treatment is individualized to each child's needs and not all children placed in a particular program will receive all the services a program has to offer. Each child's needs should be part of a formal evaluation process by the child's treatment team as least quarterly or as determine by the specific needs of the child given current circumstances.

Care and Supervision

The care and supervision of the child must provide at a minimum, care, supervision, recreation, and socialization and transition services in an environment, which enables and supports the child's participation in treatment, educational services and the community. In all cases, care and supervision by the treatment parent should be sufficient to ensure the maintenance of a safe and therapeutic environment. Disabilities –physical, mental/emotional, developmental and social- should not be the principal factor determining the appropriate level of intensity of care and supervision of the child. Instead, this determination should be based on the child's need for structure and supervision to ensure participation in treatment, school and the community. The treatment parent(s), independently or in concert with another certified and approved adult care taker, will be available to the child on a twenty four hour a day basis and will ensure that the child receives close supervision consistent with his/her developmental age and functioning and individual needs. The treatment parent(s) will also ensure that the child is engaged in developmentally appropriate activities in the community and with developmentally appropriate adult supervision, and in treatment services as they are prescribed. The treatment parents(s) will ensure that the child is engaged in the necessary and appropriate transition services to ensure functioning as independently as possible in the community. The treatment parent(s) will work in concert with the child's caseworker, teacher, and involved clinicians as needed and as prescribed in the child's service plan. When, and to the extent that contact with biological family members is part of a service plan, treatment parents will facilitate and supervise visits. At regularly prescribed intervals, the treatment parent(s) will play a key role in evaluating the level of care and supervision required by the child. In addition, the number of placements in the treatment families and the size of social worker caseloads must be adjusted to meet the needs of the children.

Low:

Population Served. Children in the low intensity Care and Supervision category have mild symptomology related to their behaviors, emotions, developmental status or medical conditions. The treatment parent will need to demonstrate a clear understanding of the child's specific needs and demonstrate capacities necessary in effectively managing symptoms presented. The treatment parent(s) home environment will meet COMAR regulations. Examples of low intensity children may include:

- infrequent temper tantrums
- Poor peer relationship
- Verbally oppositional at times
- Sad frequently

1/30/2008

Withdrawn or overly clingy
Difficulty attaching
Difficulty following structure or rule without minor intervention
Age inappropriate expression of emotions and behaviors
Asymptomatic HIV disease
Failure to thrive
Apnea
Intra-uterine drug exposure
Mild seizure disorders
Mild complications related to premature birth

Program Structure & Staffing

Case loads for licensed social workers are 10
More than ½ of Treatment foster homes have 2+ Treatment Foster Care children (w/ waivers if over 2)
and/or more than ½ have single-working parents
Program offers no respite for Treatment Foster Care youth

Treatment parent Qualifications

Certified treatment parent (s) have a completed home study by a licensed child placement agency, holds a high school diploma, and maintains documentation of 24 hours of pre-service training and 20 hours of annual in-service training.

Medium:

Population Care Needs. Children in the medium intensity Care and Supervision category have moderate symptomology relate to their behaviors, emotions, developmental status or medical conditions. In addition, the treatment parent(s) will demonstrate a clear understanding for the child's specific needs and the capacity to manage behaviors and proscribed interventions. They will require specific training to address the complexity and intensity of the child's needs. Examples of medium intensity children may include:

Frequent temper tantrums
Aggressive behaviors with peers
Oppositional behaviors
Depression
Stealing
Lying
Sexually provocative behavior
Does not respond to discipline
Risk taking behaviors
Infrequent alcohol and/or drug use
Infrequent AWOL
History of psychiatric hospitalization
HIV disease with advanced medical needs
Reactive Airway Disease
Burns requiring Jobst garments
Obstructive apnea
Gastrostomy tube dependency
Insulin-dependent diabetes
Mild to Severe Autism
Siblings (2)

Program Structure & Staffing

Case loads for licensed social workers are 9
More than ½ of Treatment foster homes with 2 Treatment Foster Care children have two working parents
Respite is provided for Treatment Foster Care youth at least 12 days per year

Treatment Parent Qualifications

Certified treatment parents receive at least 4 additional hours of training above the requirement for Low.

High:

Population Served. Children served in high intensity Care and Supervision category have serious symptomology related to their behaviors, emotions, developmental status or medical conditions. Youth exhibit destruction behaviors on a regular basis, which may pose a possible threat to self or others or have serious medical conditions that pose a threat to their life. Youth will often require extensive assistance to function in the home and community. The treatment parent(s) will provide constant interventions based on the treatment plan and part of a prescriptive treatment model or curriculum that ensures safety of the child, the family, and community. Example of high intensity children may include:

Destructive behaviors

Verbally and physical threatening to peers and adult

Episodic aggression towards peers and adults with episodic isolative behavior

Extreme and constant withdrawn behavior

Suicidal ideation with or without plan

History of psychotic symptoms control with medication

Extreme risk taking behaviors

Frequent alcohol/and or drug use

Chronic AWOL

Criminal behavior

Two or more recent disruptive placements due to behavior

Sexual acting out with episodic sexual aggressive behavior

Psychiatric hospitalization with in previous 6 months

Debilitating Cerebral Palsy

Abdominal Peritoneal dialysis

Tracheotomy tube dependency

Ventilator dependency

Total parenteral nutrition (TPN)

Oxygen dependency

Terminal stages of illness

AIDS with ongoing exacerbations

Seizure disorder not controlled by medication

Autism accompanied by self-injurious behavior

Multiple siblings (3 or more) or siblings with multiple special needs

Program Structure & Staffing

Program consistently uses Therapeutic Crisis intervention, other certified intervention, behavioral system, or system/methodology with all youth in the program (documentation on chart)

Program employs a nurse, psychiatrist or other medical professional for consultation

Case loads for licensed social workers are 8 or below

More than ½ of treatment foster homes have only 1 Treatment Foster Care child and/or one-stay-at-home parent

Program is accredited by COA, JCAHO or CARF

Program provides programming for youth w/ severe behavioral disturbances or medical conditions and has provisions for 24-hour care

Respite is provided more than 12 days per year to treatment foster care youth

Agency requires 25+ hours of training and has programming to offer extensive training curriculum to foster parents

Treatment Parent Qualifications

Certified treatment parents complete an additional five hours of training above the Low requirement annually.

1/30/2008

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Clinical

The clinical domain comprises the mental health needs of the child, the diagnosis of the child and the services provided by the Treatment Foster Care agency. Clinical services include those offered by licensed professionals, including but not limited to nurses, therapists and psychiatrists. Services can include, but are not limited to: individual therapy, family therapy, group counseling, assessment, treatment planning and medication management. All services are specified on the child's treatment plan and indicate frequency, modality and service provider. Higher levels of clinical care will be well integrated into the child's treatment team, with the treating clinicians as fully participating members of the treatment team.

Low:

Population Served. Agencies in this intensity level meet the minimum COMAR requirements for Treatment Foster Care. These children will have relatively low clinical needs but still have more needs than average youth. Examples of low intensity needs include:

Axis I (Rule-Out or NOS)

Clients may have suspected history of sexual, physical or neglect abuse (no active symptoms)

Clients have history of trauma, but have developed a strong ability to attach

Clients may be prescribed psychotropic medication to control symptoms of ADHD or mild depression

Client have a GAF of 60+

Clients were referred from group home or community

Clients' first-time in care

Clients referred as part of sibling group

Clients awaiting adoption and symptoms have stabilized

Client may present with a mild developmental delay

Families rarely uses 24/7 on-call service provided by the agency

Therapeutic Services.

All therapeutic interventions are offered by consultation (no direct employees/limited to case management Home visits/clinical services are provided at least twice per month (per COMAR)

Staff Categories, Licensing and Qualifications:

Staffing requirements meet COMAR

Medium:

Population Served. Agencies at this intensity will serve children that need moderate agency supports to be maintained in a community setting. These children will have moderate clinical needs that require specialized services that are either provided by the agency or through a referral resource. Examples of medium intensity needs include:

Axis I or II diagnosis (Rule-Out acceptable)

Clients typically have confirmed/suspected history of sexual, physical or neglect abuse

Clients may have history of hallucinations: auditory, sensory or visual

Clients may have sexually acting out behaviors that are non-aggressive

Clients prescribed psychotropic medication to control symptoms

Clients may have history of drug/alcohol use/abuse

Client have a GAF of 40 – 60 or a moderate score on a standardized behavioral tool

Clients have a history of trauma and a moderate ability to attach

History of 2 or less placements in the last two years

Client's development is moderately below his/her chronological age

Families periodically uses 24/7 on-call service provided by the agency

Therapeutic Services. Youth seen for therapeutic services more than twice monthly by master's level licensed social worker employed by Treatment Foster Care agency

OR

Group interventions provided by agency (support group, IL groups, therapy groups)

Staff Categories, Licensing and Qualifications:

Staffing requirements meet COMAR

High:

Population Served. Agencies that qualify for the highest level of care in this domain would typically serve children that may otherwise be referred to a more restrictive level of care. Additionally, these agencies would include in their programming intensive clinical services to the children and families to maintain difficult to place children safely in the community. Further, programs would have the capability to take referrals of clients that are "hard-to-place." In the highest level, children's clinical symptomology is typically acute or chronic and requires constant supervision by the treatment parent to be safely maintained in the foster home. These agencies would typically employ therapists, psychiatrists, and other specialists to serve the complexity of these children's needs. Examples of high intensity needs include:

More than one Axis I diagnosis (not Rule-outs)

Axis II diagnosis

Clients typically have confirmed, recent history of severe sexual, physical abuse or neglect

Clients have history of aggressive sexually acting out or perpetrating behaviors that requires constant supervision

Clients have a history of trauma and an impaired ability to attach

Clients demonstrate a resistance to therapy or medication compliance that poses serious safety risks

Clients have demonstrated suicidal ideation, suicide attempts or self-mutilation, which requires constant monitoring by the treatment foster parent

Clients are actively using/detoxing from drugs or alcohol that requires constant monitoring and/or drug testing

Client have a GAF of 40 or below or score on the low-end of a standardized tool (CAFAS, CANAI, etc)

Clients have more than one psychiatric hospitalization

History of 3 or more placements in the last two years

History of fire setting or animal cruelty that requires constant monitoring by foster parent

Client's development is significantly below his/her chronological age

Clients have an ICD-9 diagnosis that is potentially life threatening

.Families frequently uses 24/7 on-call service provided by the agency

Therapeutic Services. Program provides weekly clinical services/interventions to clients and consults with clinical provider of child's therapy. Additionally, the child's therapist is a member of an interdisciplinary treatment team (this is evidenced in the treatment plan and progress notes).

Staff Categories, Licensing and Qualifications:

Program employs predominately LGSW's with experience or LCSW-C social workers. Program employs specialists in trauma, PTSD, etc to provide therapy to children (not by consultation)

Outcome Monitoring

Agency has outcome system implemented that demonstrates improved behavior symptomology and/or stabilization of placement

Health and Medical

Children in Treatment Foster Care may present with a variety of health concerns, ranging from routine medical care to ongoing psychiatric monitoring up to multiple technological interventions in order to preserve the child's life. It is the responsibility of the TFC program to ensure compliance with medical orders and to coordinate medical care in the context of the child's Individual Treatment Plan.

Low:

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Population Served. Children in the low intensity Health and Medical category have mild symptomology and limitations related to a range of illnesses and syndromes. However, the children are medically stable. The treatment parent will need to demonstrate a clear understanding of the child's medical history and current conditions. The treatment parent's home environment will meet the basic COMAR standards. Health services for youth in the low category include:
Basic health care interventions are necessary, such as medication administration.

Medium:

Population Served. Children served in medium intensity programs present with advanced medical and social needs related to various illnesses and syndromes. Foster parents will require specific training to perform daily care and supervision functions. The treatment home's physical environment may need to be adapted to accommodate the child's needs, including installation of adaptive equipment or modifications for accessibility. Health services for youth in the medium category include youth who:
Youth in the program present with advanced medical needs and requires care by a specialist
Youth in program require daily medication administration OR a specialized diet OR are struggling w/ withdrawal symptoms
Youth require visiting nurses, but do not require shift nursing in home or school
Youth require moderate level of assistance with activities of daily living (ADL's)

High:

Population Served. Children served in high intensity programs present with serious medical and /or physical challenges that are debilitating or life-threatening. The treatment parent's skill-base is highly technical and requires the support of a trained back-up treatment parent. Foster parents require intense training from health care providers with on-going reinforcement from a TFC agency nurse. The treatment home's physical environment is frequently outfitted with specialized medical equipment and often requires modifications to accommodate the child's immobility. Health services for youth in the high category include youth who: Youth present with serious medical and/or physical challenges that are debilitating or life-threatening
Agency employs or contracts a nurse for consultation, home-visits and assessment
Foster parents require intensive, specialized training to care for the youth in their homes
Youth require private-duty awake care shift nursing for home and school
Youth require total/significant assistance with activities of daily living (ADL's)

Family Support Services

Permanency is of paramount importance to all youth in foster care, including treatment foster care. Children in a treatment foster care home need continual contact and reinforcement with their biological families. Biological families should, even if restricted by the courts, be encouraged to visit with their children and, if necessary, do so under careful supervision. Even if parental rights are terminated, it is often helpful for the child to maintain a relationship with the biological family. At least, it is useful for the child to obtain closure with a biological family member. In addition, there are often cases where the child identifies non-biological connections that are as important to them as biological relatives. These relationships should be addressed as well.

Low:

Environment.

Supports permanency work of placing agency

Population Served.

Biological Parents, and in some cases siblings, and other relatives of children in placement.

Parents may need concrete services or counseling and psychiatric services offered through referral to community resources.

Medium:

Environment.

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Offers family therapy & shows documentation
Involves the birth family in treatment planning (evidenced in treatment plan)
Treatment parent/social worker is actively involved in facilitating/ supervising visitation with the goal of permanency (evidenced in progress notes and treatment plan)

Population Served: Biological parents may need concrete services, counseling and psychiatric services. Families may be disorganized, dysfunctional, extended, and/or combined. Specific population categories are:

Biological parents;
Siblings;
Other relatives of children in placement;
Persons designated as family representatives by the child and agency;
Important family members identified by the child in care who play a significant role in his or her life.
Family members identified by the child who are not blood relatives.

High:

Environment: Program will support the provision of best practices models of permanency planning, such as Group Family Decision Making and Team Decision Making, by the Local Departments of Social Services. The birth family will have an active role in all aspects of the treatment of the youth as outlined in program model, policies procedure and is document in the ISP and case notes. TFC program staff will have the primary role in integrating the birth family in the treatment of the child. TFC staff may provide direct service as outlined in the ISP. This could include: family therapy plus **at least once a month** the agency supplies a licensed mental health professional or a qualified person who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision.

This person invites parents and delivers at a scheduled time either a parent education group or a parent support group_

Agency employs a parent-aid to assist biological family with visitation, advocacy, compliance with LDSS service plan, transportation

Population Served: In addition to the population served described in Medium, This population is predominately in need of multiple services including counseling, therapy, and other services designed for families in crisis. Most of these families are seriously damaged and dysfunctional. Many of the families may be Drug and/or alcohol abusers. Many of the families may have open child protective service cases. A significant number of the biological families may have had their parental rights terminated. Reunification may not be a goal for most of these children. However, resolving family issues and strengthening family interactions with the child are viewed by the agency as essential for the child's healthy growth and development.

Education

Children in Treatment Foster Care often have special academic needs due to their multiple traumas, handicaps and histories of unstable living environments. They are entitled to a free, appropriate education and it is the responsibility of the Treatment Foster Care agency to enroll the child in school and to work with educators and the child's guardians to ensure academic success.

Low:

Population Served. Children in the low Education category have educational needs that can be generally met in their community school. They may need some accommodations in order to succeed academically, but those accommodations are minimal. Treatment parents must be involved in ensuring the child's academic success, but the amount of time and effort involved is close to what is considered age appropriate for most children.

Treatment Parent Involvement.

Parent enrolls the child in school.
 Parent attends routine meetings (,e.g., parent-teacher conferences);
 Parent spends an age appropriate amount of time assisting the child with schoolwork.

Medium:

Population Served. Children in the medium Education category have educational needs that require multiple accommodations in order to succeed academically. These children may be served in their local school, but will require more assistance to be maintained there. They often will require behavioral interventions in school and during transportation. Treatment parents must have regular, ongoing involvement in ensuring the child’s academic success. Examples of medium intensity include:
 Tutoring assistance with academic needs is beyond the regular supervised homework time, is identified as a need in the treatment plan, and is regularly scheduled and is provided at least once a week for at least one student. Qualified agency staff may do the tutoring.
 At least 33% of youth in care have an IEP (this is evidenced in the child’s chart)
 Youth require consistent interventions in school which include but are not limited to: frequent visits w/ school by social worker or foster parent, frequent suspensions, IEP’s, 504 plans, etc.

Treatment Parent Involvement.

Parent enrolls the child in school.
 Parent attends routine meetings (annual IEP, parent-teacher conferences);
 Intervenes with school issues regularly, either by phone, in writing or in person;
 Spends more than an age appropriate amount of time assisting the child with schoolwork.

High:

Population Served. Children in the high Education category have educational needs that require extensive accommodations to succeed academically. They usually need self- contained classrooms or non-public schools and are not likely to be served by their local school. They usually have extensive behavior problems as well as academic problems. Examples of high intensity include: Agency or its parent organization holds a certificate from MSDE to operate a non public school
 At least 51% of school-aged of youth in care are enrolled in agency’s self-contained school (formerly known as level 5) or other MD self-contained school (this is evidenced in the treatment plan and progress notes)
 Over 50% of youth placed are not in the appropriate school-setting, which requires constant intervention from the Treatment Foster Care agency

Treatment Parent Involvement.

Parent enrolls the child in school.
 Parent attends routine meetings (annual IEP, parent-teacher conferences) and spends significant time intervening with school issues and may have daily contact with the school;
 Parent must spend substantially more that age appropriate time assisting the youth with schoolwork.

Draft Number	Low	Medium	High
Care & Supervision	7	8	9
Clinical	2	4	6
Health/Medical	2	4	6
Family Support	2	4	6
Educational	2	4	6

**CHECKLIST FOR LEVELS OF INTENSITY
for
TREATMENT FOSTER CARE**

_____ TFC Date: ____/____/____

Check each item that applies to your program. For each domain, the level with the most items checked is your program's level.

1. CARE AND SUPERVISION

_____ **HIGH CARE AND SUPERVISION**

- Caseloads for licensed social workers are 8 or below
- More than half of Treatment foster homes have only one Treatment foster care child and/or one stay-at-home parent
- Program provides more than 12 days of Respite per year to Treatment foster care youth
- Program requires 25+ hours of training and has programming to offer training curriculum to foster parents
- Program employs a nurse, psychiatrist or other medical professional for consultation
- Program provides supervision consistent with severe behavioral, emotional, or medical needs (see narrative for description of youth in this category)

_____ **MEDIUM CARE AND SUPERVISION**

- Caseloads for licensed social workers are 9
- More than half of Treatment foster homes with two Treatment foster care youth have two working parents
- Program provides at least 12 days of Respite per year to Treatment foster care youth
- Program requires 25+ hours of training and does not have programming to offer training curriculum to foster parents
- Program contracts with a nurse, psychiatrist or other medical professional for consultation
- Program provides supervision consistent with moderate behavioral, emotional, or medical needs (see narrative for description of youth in this category)

_____ **LOW CARE AND SUPERVISION**

- Caseloads for licensed social workers are 10
- More than two-thirds of Treatment foster homes have two Treatment foster care youth (with waivers if over 2) and/or more than half have single working parents

- Program requires 20 hours of training
- Program does not employ or contract with a nurse, psychiatrist, or other medical professional for consultation
- Program offers less than 12 days of respite to Treatment foster care youth
- Program provides age-appropriate supervision (see narrative description for youth in this category)

2. CLINICAL SERVICES

_____ HIGH CLINICAL SERVICES

- Program has outcome system implemented that demonstrates improved behavioral symptomology and/or stabilization of placement
- Program employs predominately LGSWs with experience or LCSW social workers
- Program provides weekly clinical services/interventions to youth and consults with clinical provider of youth's therapy. Additionally, the youth's therapist is a member of the interdisciplinary treatment team, as evidenced by the treatment plan and progress notes
- Program employs specialists in trauma, PTSD, etc to provide therapy to youth (not by consultation)
- Program provides treatment that addresses trauma history

_____ MEDIUM CLINICAL SERVICES

- Program has identified an outcome system and is in the initial stages of implementation OR Program has outcome system and has begun to gather data to assess impact of services on placement
- Program employs predominately LGSWs
- Program provides therapeutic services to youth more than twice monthly by a master's level licensed social worker employed by the TFC agency
- Program provides group interventions (support groups, IL groups, therapy groups) as its primary treatment modality
- Program utilizes referral treatment sources that address trauma history

_____ LOW CLINICAL SERVICES

- Program has no outcomes system implemented that demonstrates improved behavioral symptomology and/or stabilization of placement
- Program offers all therapeutic interventions by consultation (direct employees are limited to case management)
- Program provides home visits/clinical services at least twice a month (per COMAR)

- Program does not address trauma

3. EDUCATION SERVICES

_____ HIGH EDUCATION SERVICES

- Program or its parent organization holds a certificate from MSDE to operate a non-public school
- Over half of school-aged youth in care are enrolled in agency's self-contained school (formerly known as Level 5) or other Maryland self-contained school, as evidenced in the treatment plan and progress notes
- Program provides intensive case management services to facilitate youths' appropriate school placements

_____ MEDIUM EDUCATION SERVICES

- Program provides tutoring assistance with academic needs which is beyond the regular supervised home work time, is identified as a need in the treatment plan, and is regularly scheduled and provided at least once a week for at least one student. Qualified agency staff may provide the tutoring
- At least one-third of youth in care have an IEP as evidenced in the youth's chart
- Program provides interventions in school with include but are not limited to: frequent visits with school by social worker or foster parent, managing frequent suspensions, attending IEP/504 Plan meetings, etc.

_____ LOW EDUCATION SERVICES

- School-aged youth attend public schools without IEPs
- Program provides no additional educational services
- Program provides age-appropriate academic support

4. HEALTH AND MEDICAL SERVICES

_____ HIGH HEALTH AND MEDICAL SERVICES

- Program provides interventions consistent with the needs of youth with severe medical and/or physical challenges (see narrative for description of youth in this category)
- Program employs or contracts with a nurse for consultation, home visits and assessments
- Program provides foster parents with intensive, specialized medical training to care for the youth in their homes
- Program arranges for private-duty awake-care shift nursing for home and school

- ❑ Program monitors foster parents' provision of total/significant assistance with activities of daily living (ADLs)

_____ MEDIUM HEALTH AND MEDICAL SERVICES

- ❑ Program provides interventions consistent with the needs of youth with moderate medical and/or physical challenges (see narrative for description of youth in this category)
- ❑ Program provides foster parents with on-going training in the care of youth with medical conditions.
- ❑ Program arranges for visiting nurses, but not shift nursing in the home or school
- ❑ Program monitors foster parents' provision of moderate assistance with activities of daily living (ADLs)

_____ LOW HEALTH AND MEDICAL SERVICES

- ❑ Program provides interventions consistent with the needs of youth who are medically and physically stable (see narrative for description of youth in this category)
- ❑ Program provides foster parents with basic training in medication administration and well child care
- ❑ Program does not arrange for visiting or shift nursing in the home or school
- ❑ Program monitors foster parents' provision of age-appropriate assistance with activities of daily living (ADLs)

5. FAMILY SUPPORT SERVICES

_____ HIGH FAMILY SUPPORT SERVICES

- ❑ Program supports the provision of best practices models of permanency planning, such as Group Family Decision Making and Team Decision Making, by the LDSS
- ❑ Program gives birth family an active role in all aspects of the treatment of youth as outlined in program model, policies and procedures, and as evidenced by the treatment plan and progress notes
- ❑ Program staff may provide direct services such as family therapy and monthly provision of a licensed mental health professional or other qualified professional who has completed training in the facilitation of parent education groups and/or parent support groups and who receives regular supervision. This professional schedules and invites birth family to either a parent education group or a parent support group. This activity is evidenced in the treatment plan and progress notes.
- ❑ Program employs a parent-aide to assist birth family with visitation, advocacy, compliance with LDSS service plan, and transportation

_____ MEDIUM FAMILY SUPPORT SERVICES

- ❑ Program offers family therapy as evidenced by the treatment plan and progress notes

- Program involves birth family in treatment planning as evidenced by the treatment plan
- Program foster parent or social worker is actively involved in facilitating/supervising birth family visitation, as evidenced by the treatment plan and progress notes

_____ LOW FAMILY SUPPORT SERVICES

- Program supports the permanency work of the placing agency
- Birth family is not involved in treatment planning
- Program's staff do not facilitate or supervise visitation

CSA Signature

Date

CSA Printed Name