

Citizens Review Board For Children



ANNUAL REPORT

FISCAL 2019

(July 1st 2018 - June 30th 2019)

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Introduction

Maryland's Citizens Review Board for Children (CRBC) is comprised of volunteer citizens and Department of Human Services (DHS) staff that provide child welfare expertise, guidance and support to the State and Local Boards.

CRBC is charged with examining the policies, practices and procedures of Maryland's child protective services, evaluating and making recommendations for systemic improvement in accordance with §5-539 and § 5-539.1 and the Federal Child Abuse and Treatment Act (CAPTA) (Section 106 (c)).

CRBC reviews cases of children and youth in out-of-home placement, monitors child welfare programs and makes recommendations for system improvements. Although CRBC is housed within the DHS organizational structure, it is an independent entity overseen by its State Board.

There is a Memorandum of Agreement (MOA) between DHR/DHS, the Social Services Administration (SSA) and CRBC that guides the work parameters by which CRBC and DHS function regarding CRBC review of cases.

The CRBC State Board reviews and coordinates the activities of the local review boards. The board also examines policy issues, procedures, legislation, resources and barriers relating to out-of-home placement and the permanency of children. The State Board makes recommendations to the General Assembly around ways of improving Maryland's child welfare system.

The local Boards meet at the local department of social services in each jurisdiction to conduct reviews of children in out-of-home placement. Individual recommendations regarding permanency, placement, safety and well being are sent to the local juvenile courts, the local department of social services and interested parties involved with the child's care.

This CRBC FY2019 Annual Report contains CRBC's findings from our case reviews, advocacy efforts, CPS panel activities and recommendations for systemic improvements.

On behalf of the State Board of the Maryland Citizens Review Board for Children (CRBC), it's staff and citizen volunteer board members, I present our Fiscal 2019 Annual Report.

Sincerely,

Nettie Anderson-Burrs
State Board Chair

Executive Summary

During fiscal year 2019, the Citizens Review Board for Children reviewed 1339 cases of children and youth in out-of-home placements. Reviews are conducted per a work plan developed in coordination with DHS and SSA with targeted review criteria based on out-of-home placement permanency plans. This report includes out-of-home placement review findings and CRBC activities including legislative advocacy and recommendations for system improvement.

Health and Education Findings for statewide reviews include:

CRBC conducted on site reviews at local department of social services statewide. Reviews included face to face interviews with local department staff and interested parties identified by the local department of social services such as parents, youth, caregivers, providers, CASA, therapists and other relevant parties to individual cases. At the time of the review local review boards requested information and documentation regarding education and health including preventive physical, dental and vision exams. Reviewers also considered medication reviews, treatment recommendations, health and mental health follow up appointments and referrals recommended by medical providers.

- The local boards found that in only 41% of the 1339 total cases reviewed, the health needs of the children/youth had been met.
- Approximately 47% of the children/youths were prescribed medication.
- Approximately 38% of the children/youths were prescribed psychotropic medication.
- The local boards found that there were completed medical records in 40% of the total cases reviewed.
- The local boards agreed that 67% of the children/youth were being appropriately prepared to meet educational goals.

Demographic findings for statewide reviews include:

- 793 (59%) of the children/youth were African American.
- 439 (33%) of the children/youth were Caucasian.
- 638 (48%) of the children/youth were male.
- 701 (52%) of the children/youth were female.

CRBC conducted 511 Reunification reviews. Findings include:

- 64 cases had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan in 95% of cases reviewed.
- The local board found that local departments made efforts to involve the family in case planning in 83% of the cases reviewed.
- The local boards found that service agreements were signed in 54% of the cases.
- The local boards agreed that 54% of the signed service agreements were appropriate to meet the needs of the child.

CRBC conducted 227 Adoption reviews. Findings include:

- 40 cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan in 100% of the cases reviewed.
- The local boards identified the following barriers preventing the adoption process or preventing progress in the child's case:
 - Pre-adoptive resources not identified.
 - Child in pre-adoptive home, but adoption not finalized.
 - Efforts not made to move towards finalization.
 - Child does not consent.
 - Appeal by birth parents.
 - Other court related barrier.

CRBC conducted 467 Another Planned Permanent Living Arrangement (APPLA) reviews. APPLA is the least desired permanency plan and should only be considered when all other permanency options have been thoroughly explored and ruled out. APPLA is often synonymous with long term foster care. Many youth with a permanency planning goal of APPLA remain in care until their case is closed on their 21st birthday. Findings include:

- 73 cases had a plan of APPLA for 3 or more years.
- The local boards agreed with the permanency plan of APPLA in 99% of the 467 cases statewide. 441 of the cases reviewed with a permanency plan of APPLA were youth between the ages of 17-20.
- A permanent connection is an identified person that a youth can rely on for assistance with support, advice and guidance as they deal with the day to day life circumstances that adulthood can bring about on a regular basis. The local boards agreed in 85% (395) cases of youth with a permanency planning goal of APPLA that a permanent connection had been identified, and the local boards agreed that the identified permanent connection was appropriate in 391 of the cases.

Barriers/Issues

The local boards identified the following barriers to permanency/issues:

- No service agreement with parents
- Non-compliance with service agreement
- No current safety or risk assessment
- Lack of concurrent planning
- Lack of follow-up (general)
- Child has behavior problems in the home
- Issues related to substance abuse
- Other physical health barrier
- Other placement barrier
- Other service resource barrier

- Other child/youth related barrier
- Youth placed outside of home jurisdiction
- Youth has not been assessed for mental health concerns
- Youth refuses mental health treatment including therapy
- Youth non-compliant with medication
- Youth engages in risky behavior

Ready By 21 (Transitioning Youth)

Age of Youth (14 years and older all permanency plans = 809 cases)

- 30% (241) of the youth reviewed were between 14-16 years old.
- 47% (382) of the youth reviewed were between 17-19 years old.
- 23% (186) of the youth reviewed were 20 years old.

Independent Living skills

- The local boards agreed that 76% (536) of the 708 eligible youths were receiving appropriate services to prepare for independent living.

Employment

- The local boards found that 36% (253) of the 706 eligible youths were employed or participating in paid or unpaid work experience.
- The local boards agreed that 60% (424) of the 706 eligible youths were being appropriately prepared to meet employment goals.

Housing

Transitioning Youth (20 and over with a permanency plan of APPLA or exiting care to independence within a year of the date of review).

- The local boards found that 47% (89) of the 188 youths had a housing plan specified.
- The local boards agreed that 66% (124) of the 188 youths were being appropriately prepared for transitioning out of care.

Concurrent Planning

Concurrent planning is an approach that seeks to eliminate delays in attaining permanent families for children in foster care. In concurrent planning, an alternative permanency plan or goal is pursued at the same time rather than being pursued after reunification has been ruled out. The Adoption and Safe Families Act (ASFA) of 1997 provided for legal sanctioning of concurrent planning in states by requiring that agencies make reasonable efforts to find permanent families for children in foster care should reunification fail and stating that efforts could be made concurrently with reunification attempts. At least 21 states have linked concurrent planning to

positive results including reduced time to permanency and establishing appropriate permanency goals, enhanced reunification or adoption efforts by engaging parents and reduced time to adoption finalization over the course of two review cycles of the Federal Child and Family Services Review (Child Welfare Information Gateway, Issue Brief 2012, Children's Bureau/ACYF). DHS/SSA Policy Directive #13-2, dated October 12, 2012 was developed as a result of Maryland reviewing case planning policy including best practices and concurrent planning as part of Maryland's performance improvement plan.

CRBC supports concurrent planning when used in accordance with state policy to achieve goals of promoting safety, well-being and permanency for children in out of home placement, reducing the number of placements in foster care and maintaining continuity of relationships with family, friends and community resources for children in out-of home care.

According to SSA Policy Directive #13-2 a concurrent plan is required when the plan is reunification with parent or legal guardian, placement with a relative for adoption or custody and guardianship, and guardianship or adoption by a non relative (prior to termination of parental rights).

The local boards found the following in statewide reviews:

- A total of 148 cases had a concurrent permanency plan identified by the local juvenile courts.
- The local boards found that in 136 (92%) of the 148 cases with concurrent permanency plans the local department was implementing the concurrent plans identified by the local juvenile courts.

CRBC Recommendations to the Department of Human Services

1. Ensure consistency in the availability and delivery of services to children and youth involved with child welfare statewide.
2. Identify gaps and areas needing improvement in the child welfare workforce. Increase efforts to improve workforce development in order to attain and maintain a highly experienced and skilled workforce to include transfer of knowledge. Develop and implement measures to retain child welfare staff by considering case and workloads, staff development and training, quality of supervision and competitive compensation.
3. Develop a system to track and verify that children and youth receive appropriate health and mental health services across jurisdictions.
4. Ensure that MD Think is shareable and collects or accesses health/mental health data including preventive physical/dental/vision exams and recommended treatment and follow-up care.
5. Coordination of services across public agencies such as primary care, behavioral health, Medicaid, juvenile criminal systems, education, and public assistance in an effort to improve health needs being met and outcomes for children in out-of-home placement.(*)
6. Ensure adequate in state resources to provide services to children and youth with intensive needs. Children with serious behavioral, emotional and medical needs that require additional structure not provided in family or other group settings in state, should receive appropriate services and level of support for their own safety, the safety of others and to help improve outcomes.
7. Ensure that concurrent planning occurs to increase the likelihood of establishing the appropriate permanency plan or goal and achieve permanency without undue delay.
8. Explore other permanency options at least every 6 months for children and youth with a permanency plan of APPLA.
9. Increase the number of relative/kin placement and permanency resources.
10. Explore adoption counseling for children and youth that have not consented to adoption.
11. Transitional planning should begin for youth at 14 to include housing, education, employment and mentoring. Plans should be developed by the youth with the assistance of the Department of Social Services worker and others identified by the youth for support. Engagement of the youth and individuals identified by the youth is important. The plan should build on the youth's strengths and support their needs. While it is important to understand and meet legislative requirements for youth transitional plans, it is crucial that child welfare professionals working with youth view transitional planning as a process that unfolds over time and through close youth engagement rather than as a checklist of items

to accomplish. ¹

12. Ensure that youth 14 and older begin to prepare for self sufficiency by providing resources for consistent independent living skills for youth statewide.
13. Ensure that youth are engaged in opportunities to use independent living skills obtained prior to transitioning out of care.
14. Ensure that a specific housing plan is identified for older youth transitioning out of care at least 6 months prior to the anticipated date of discharge or youth's 21st birthday.
15. Increase opportunities for community partnerships to connect, to use life/independent skills, to gain employment experience and to improve affordable housing options for older youth exiting care.

¹Child Welfare Information Gateway <https://www.childwelfare.gov>
(*)CRBC FY2018 Annual Report

Acknowledgements

CRBC would like to acknowledge the commitment, dedication, passion and service of all stakeholders on behalf of Maryland's most vulnerable children including:

- ★ CRBC Governor Appointed Volunteers for their tireless efforts on behalf of Maryland's most vulnerable children and youth. CRBC volunteers have been dedicated and committed to the mission, vision and goals of CRBC, conducting over 1339 on site case reviews and interviews, and providing individual case advocacy.
- ★ The Department of Human Services (DHS)
- ★ The Social Services Administration (SSA)
- ★ The Local Departments of Social Services (LDSS), Baltimore County & Montgomery County (DHHS)
- ★ The State Council on Child Abuse and Neglect (SCCAN)
- ★ The State Child Fatality Review Team (SCFRT)
- ★ The Coalition to Protect Maryland's Children (CPMC)
- ★ Maryland Essentials for Childhood
- ★ The Family Tree
- ★ The Local Juvenile Courts of Maryland
- ★ All Community Partners who strive to improve outcomes for children and youth involved with child welfare

Special Acknowledgements

CRBC would like to thank the following for their leadership, service, attention and efforts to promote safety and well-being for children and youth during Fiscal Year 2019:

- ★ Delegate CT Wilson for sponsoring bills during the legislative session that promote well-being and the prevention of maltreatment including the prevention of child sexual abuse.
- ★ Claudia Remington, SCCAN Executive Director for her advocacy regarding safety, well-being and prevention of child maltreatment, for promoting and supporting ACES education.
- ★ Wendy Lane, MD MPH for her advocacy and supporting recommendations for improvements in health care for children involved with the child welfare system.
- ★ Pat Cronin, Executive Director of The Family Tree, Board and Staff for providing ACES training and community education and for promoting safety, well-being, child protection and prevention of child maltreatment.

SSA Response to CRBC FY2018 Annual Report

(Reprinted for inclusion in Annual Report)



Larry Hogan, Governor | Boyd K. Rutherford, Lt. Governor | Lourdes R. Padilla, Secretary

May 31, 2019

Nettie Anderson-Burrs, Chairperson
Citizen's Review Board for Children
1100 Eastern Avenue
Baltimore, Maryland 21221

Dear Ms. Anderson-Burrs:

The Maryland Department of Human Services (DHS) extends its appreciation for the work of the Citizen's Review Board for Children (CRBC). The CRBC annual report provides information that is necessary for DHS to improve our services to Maryland's children. The feedback and observations found in the report, as well as the information received in meetings with the CRBC leadership, contribute a great deal to our Continuous Quality Improvement (CQI) efforts.

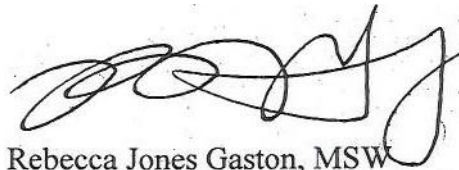
The CRBC recommendations to increase the number of relative/kin placement as well as other permanency resources in order to improve permanency outcomes will be considered within our implementation team structure. The recommendations around older youth transition planning, including planning for housing and other independent living skills are also being explored further by implementation teams. The fact that CRBC's recommendations are based on extensive case reviews is invaluable to the process of developing targeted strategies that are data-driven.

Following the addition of the Child and Family Well-Being unit in 2017, the Social Services Administration (SSA) has hired a Medical Director who will identify strategies related to the recommendations of the CRBC regarding the health care needs of youth in foster care. SSA has also begun a new implementation team structure. The teams represent the overall work of SSA, including: Placement & Permanency; Integrated Practice; Family Preservation/Child Protective Services; and Service Array. These teams leverage the experiences, expertise, and insight of key individuals and organizations committed to building a comprehensive system of care. The Placement & Permanency Team members provide support and guidance on SSA's broader goals of ensuring children, youth and vulnerable adults: 1) are safe, thriving and living in least restrictive and family-based environments while in out-of-home care; 2) have timely and lasting permanency; and 3) sustained success beyond discharge (e.g., "Ready by 21", etc.).

During the 2019 Legislative Session, DHS put forth a Departmental Bill (SB24/HB 1212, Family Law-Kinship Caregivers) that was passed that expands the definition of kinship care to include fictive kin. By expanding the definition to include fictive kin, we can include those who have a significant and positive emotional connection with a child or family, but who do not have a blood or legal relationship. This legislation will increase the number of potential placement resources, and provide additional safe and nurturing homes for our children and youth as an alternative to foster care.

SSA has invested a great deal this year in creating the infrastructure for lasting systems change. These activities include the modernization of our online case management system, CJ AMS; the development and roll-out of our Integrated Practice Model; and our 5-year strategic plan which includes the addition of programming supported by the Families First Prevention Services Act. SSA, together with CRBC, our community partners, stakeholders, sister agencies and families and youth with "lived experience", will make a difference for Maryland's children, youth and families.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rebecca Jones Gaston', written over a faint, light-colored rectangular stamp or watermark.

Rebecca Jones Gaston, MSW
Executive Director
Social Services Administration

Program Description

The Citizen Review Board for Children is rooted in a number of core values, which relate to society's responsibility to children and the unique developmental needs of children. We have a strong value of believing that children need permanence within a family, and that their significant emotional attachments should be maintained. We know children develop through a series of nurturing interactions with their parents, siblings and other family members, as well as culture and environment. Therefore, a child's identity or sense of selfhood grows from these relationships.

In addition, we believe children grow and are best protected in the context of a family. If parents or kin are not able to provide care and protection for their children, then children should be placed temporarily in a family setting, which will maintain the child's significant emotional bonds and promote the child's cultural ties.

The CRBC review process upholds the moral responsibility of the State and citizenry to ensure a safe passage to healthy adulthood for our children, and to respect the importance of family and culture.

As case reviewers, CRBC values independence and objectivity, and we are committed to reporting accurately what we observe to make recommendations with no other interest in mind but what is best for children. In addition, CRBC provides an opportunity to identify barriers that can be eradicated and can improve the lives of children and their families: and improve the services of the child welfare system (CRBC, 2013).

The Citizens Review Board for Children consists of Governor appointed volunteers from state and local boards. Currently, there are 35 local review boards representing all 24 jurisdictions (23 counties and Baltimore City). There are currently 146 volunteers serving on local boards and 7 pending appointments by the Governor. CRBC reviews cases of children in out-of-home placement, monitors child welfare programs and makes recommendations for system improvements.

The State Board reviews and coordinates the activities of the local review boards. The State Board also examines policy issues, procedures, legislation, resources, and barriers relating to out-of-home placement and the permanency of children. The State Board makes recommendations to the General Assembly around ways of improving Maryland's child welfare system.

The Citizens Review Board for Children supports all efforts to provide permanency for children in foster care. The State Board provides oversight to Maryland's child protection agencies and trains volunteer citizen panels to aid in child protection efforts.

Mission Statement

To conduct case reviews of children in out-of-home care, make timely individual case and systemic child welfare recommendations; and advocate for legislative and systematic child welfare improvements to promote safety and permanency.

Vision Statement

We envision the protection of all children from abuse and neglect, only placing children in out-of-home care when necessary; and providing families with the help they need to stay intact; children will be safe in a permanent living arrangement.

Goals

Volunteer citizens review cases in order to gather information about how effectively the child welfare system discharges its responsibilities and to advocate, as necessary for each child reviewed in out-of-home care.

The Citizens Review Board for Children provides useful and timely information about the adequacy and effectiveness of efforts to promote child safety and well being, to achieve or maintain permanency for children and about plans and efforts to improve services.

The Citizens Review Board for Children makes recommendations for improving case management and the child welfare system, and effectively communicates the recommendations to decision makers and the public.

Discrimination Statement

The Citizens Review Board for Children (CRBC) renounces any policy or practice of discrimination on the basis of race, gender, national origin, ethnicity, religion, disability, or sexual orientation that is or would be applicable to its citizen reviewers or staff or to the children, families, and employees involved in the child welfare system (CRBC, 2013).

Confidentiality

CRBC local board members are bound by strict confidentiality requirements. Under Maryland Human Services Code § 1-201 (2013), all records concerning out-of-home care are confidential and unauthorized disclosure is a criminal offense subject to a fine not exceeding \$500 or imprisonment not exceeding 90 days, or both. Each local board member shall be presented with the statutory language on confidentiality, including the penalty for breach thereof, and sign a confidentiality statement prior to having access to any confidential information.

Fiscal Year 2019 Activities

Recruitment of local out-of-Home placement review board members remained a CRBC priority in order to ensure that reviews were conducted in all 23 counties and Baltimore City. Many of CRBC members have been dedicated and committed to serving on behalf of Maryland's most vulnerable children and youth for numerous years. Ongoing recruitment is necessary to account for some expected reduction to avoid attrition. There were 18 selection interviews by local selection committees and appointments by the Governor statewide to CRBC local out-of-home placement review boards. Appointments were made to Allegany, Anne Arundel, Baltimore County, Cecil, Frederick, Kent, Queen Anne's, Somerset, St. Mary's, Washington, Wicomico, counties and Baltimore City review boards.

Recruitment and Community Events

- CRBC participated in National Night Out at three locations across the state in August 2018.
- Presentations were made to Local Management Boards and sub committees in Allegany, Kent, Queen Anne's and Somerset Counties and Baltimore City.
- Participated in Alpha Kappa Alpha (AKA) Sorority, Inc. Back to School and Community Health Fair in August 2018.
- Presentation to Court Appointed Special Advocates (CASA) of Allegany County.
- Participated in The Family Tree Fam Fest in September 2018.
- Participated in the Easton Elementary School Back to School Fair in Easton, MD (Talbot County) in October 2018.
- Participated in a recruitment fair in Southern, MD in November 2018.
- Participated in Somerset County Community Holiday Event in December 2019.
- Presentation at Baltimore City Council meeting for Showcase Baltimore in January 2019.
- Participated in Montgomery County Community College Volunteer Fair.
- Hosted a CRBC Meet and Greet event in Baltimore City in March 2019.
- Held community forums in Southern and Western Maryland in May 2019.
- Held an Eastern Shore Community Forum in June 2019.

Child Welfare in Southern Maryland - A Community Discussion

Gail Radcliffe, Charles County CRBC Review Board member and Patricia Duncan, St. Mary's County CRBC Review Board member attended. Child welfare serving agencies and community partners in Southern Maryland presented the work of their agencies. Maryland Department of Health (MDH), St. Mary's County Health Department, Maryland Coalition for Families, St. Mary's County Local Care Team, Calvert Collaborative for Children and Youth, Center for Children and St. Mary's County Local Department of Social Services participated.

Child Welfare in Western Maryland - A Community Discussion

Debra Stephens, CRBC Garrett County Review Board member attended. Child welfare serving agencies and community partners in Western Maryland presented the work of their agencies. Healing Garrett, Pressley Ridge Treatment Foster Care, Allegany County Child Advocacy Center and Allegany Department of Social Services participated.

Child Welfare on the Lower Eastern Shore - A Community Discussion

Dr. Sharon Washington, CRBC Somerset County Review Board member attended. Child welfare serving agencies and community partners on the Eastern Shore presented the work of their agencies. Garland Hayworth Youth Center, Worcester County Volunteer Services, CASA of the Lower Shore, Somerset County Local Department of Social Services, Worcester County Local Department of Social Services, Wicomico County Local Department of Social Services and Wicomico County Child Advocacy Center participated.

Each of the community forums provided opportunities for open discussion on perspectives of child welfare in the regions, ideas, thoughts and suggestions for moving forward in the regions.

Training

CRBC held 5 Regional In-Service Training Sessions and volunteer appreciation events for existing members during National Child Abuse Prevention Awareness Month and Volunteer Appreciation in April 2019. Training was held in Catonsville, Hagerstown, Montgomery County, College of Southern Maryland and Chesapeake College. Topics included Substance Exposed Newborns (SENS) and Human Trafficking. Trainers and presenters included Thomas Stack, Human Trafficking Coordinator from Baltimore City Mayor's Office of Criminal Justice, Jennifer A. Thomas, BSN, RNC-NIC, Staff Development Nurse, University of Maryland Upper Chesapeake Medical Center, Dr. Judy Sheppard, Ed.D., LCADA, DHHS Montgomery County Child Welfare Services Family Preservation Team, Wendy Grier, Montgomery County DSS Assessment Supervisor/DHHS Montgomery County Child Welfare Services and members of Washington County's Local Department of Social Services SENS Assessment/Child Protection Services Unit, SENS Care Team, Child Fatality Prevention Task Force.

Citizen Review Panels

Denise Wheeler, Administrator was invited to participate on the National Citizen Review Panel Advisory Committee in November 2018. The current committee includes representatives from Georgia, Kentucky, Wyoming, New Mexico, Ohio, Minnesota, Michigan and Tennessee. Members can include representatives from areas of the continental United States, Alaska, Hawaii and Puerto Rico. The purpose of the panel includes promoting citizen review panels and the power of community to end child abuse and neglect, to coordinate communication among panels throughout the United States and to share promising practices to facilitate the work of citizen review panels. Planned activities include to serving as a resource for citizen review panels (CRP's), supporting and advocating

for the CRP community, encouraging and supporting (facilitating) inter-panel exchange of information and relationships and providing guidance and oversight for the annual national CRP conference.

Nettie Anderson-Burrs, State Board Chair and Denise Wheeler, Administrator attended and represented CRBC at The National Citizens Review Panel (NCRP) Conference hosted by the state of New Mexico in June 2019. Representatives from citizen review panels from across the country attended. The theme was: Rising To Meet The Challenge: Improving Child Protection Response Systems. The conference provided a forum for discussion of best practices and innovative ideas on enhancing public participation in protecting children. Activities included panel discussions, presentations, workshops and sessions led by or that included foster and former foster youth, individuals with expertise in various areas including child welfare, legislation and advocacy. Topics included cross system collaboration, effective training for system improvements, domestic violence, substance abuse and mental health, retention and staff turnover, youth transitioning out of care, human trafficking and community of care, child protection, child fatalities, prevention of child maltreatment, youth engagement in planning for older youth, technical support and advocacy.

Members of CRBC attended and participated in meetings hosted by the Social Services Administration and DHS. Denise Wheeler, Administrator, Jerome Findlay, IT Communications Officer and Hope Smith, IT Functional Analyst, met with Subi Muniasamy, Chief Technology Officer and Vallimananam Thirugnanam, Director of Applications for MD THINK to get an overview of the Maryland Total Human–Services Integrated Network (MD THINK). The new shared technology platform and data repository for DHS includes the Child Juvenile & Adult Management System (CJAMS) which will replace MD CHESSIE. CJAMS is a new system that will be used by child welfare workers, child welfare administrators and others. It will allow workers to view and access information, and enter data from secure smart phones and tablets and provide access to real time information. CJAMS will be used by Child Welfare, Adult Services, Office of Licensing and Monitoring (OLM) and Department of Juvenile Services (DJS). MD THINK will store data for multiple DHS programs and provide for sharing of information. CRBC staff members also had discussions with members of DHS and SSA’s Office of Technology and Executive Team regarding child welfare workers having easier access to health and mental health documentation that is crucial for case managing and planning for children and youth in out of home placement. This could potentially improve with local department of social services having necessary documentation and possibly positively impact overall CRBC health findings.

Members of CRBC participated in the Social Services Administration’s Child Protective Services and Family Preservation Implementation Team Meetings, Child Protective Services and Family Preservation Root Cause analysis Subgroup, Workforce Development Networking Meetings and Regional Supervisory Meetings.

In May 2019, Nettie Anderson-Burrs, State Board Chair, Beatrice Lee, State Board Baltimore City Representative and Denise E. Wheeler, Administrator participated in Maryland’s (DHS & SSA) Child and Family Services Review Stakeholder Interviews designed to assist Federal Partners in assessing statewide functions on systemic issues.

Beatrice Lee and Delores Alexander, State Board Vice-Chair completed two days of training and participated in DHS and SSA's Continuous Quality Improvement (CQI) CFSR reviews at local departments of social services during this fiscal year. The purpose of the review was to measure outcomes related to safety, permanency and well-being for children and families served by child welfare staff. The process included case reviews of child welfare records and interviews with participants by peer reviewers.

Members of CRBC met with the Director of Baltimore City DSS Administrators and staff of the Local Department of Social Services in Baltimore City, Baltimore and Prince George's counties several times during this fiscal year to discuss CRBC findings, to address concerns, to make recommendations for improvement and for discussion regarding the departments' plans, goals, strategies and initiatives for improving child welfare outcomes. Discussions also included the importance of documentation and working collaboratively to help improve the quality of CRBC reviews, services provided by the departments and outcomes for children in out-of-home placement. Some challenges identified by departments during meetings included getting older youth to participate in their own case planning and to follow through with local department of social services recommendations and requirements, youth with a history of running away, lack of resources and child welfare workforce.

In May 2019 Nettie Anderson-Burrs, CRBC State Board Chair, Denise E. Wheeler, Administrator and Beatrice Lee, Baltimore City State Board Representative and Child Protection Panel member met with Rebecca Jones Gaston, Executive Director of the Social Services Administration, members of her team and Dr. David Rose, Medical Director to discuss CRBC findings and recommendations including increasing relative/kin placement and permanency resources, older youth transition planning, health findings and CRBC concerns regarding lack of documentation of health services such as preventive exams (physical, dental and vision), recommended follow up and treatment by health care providers. Included in this report is the response from Rebecca Jones Gaston to CRBC's Fiscal Year 2018 Annual Report (page: 12).

Promoting Well-Being and Prevention of Maltreatment

Pam Dorsey, Harford County Local Review Board Member and Denise E. Wheeler, Administrator participated with Maryland's other CAPTA citizen panels, the State Council on Child Abuse and Neglect (SCCAN) and the State Child Fatality Review Team (SCFRT) on the Maryland Child Abuse & Neglect Fatalities (MCANF) Work Group. The purpose of the work group is to make recommendations to prevent future child abuse and neglect fatalities and near fatalities. Goals include:

- Reviewing child death cases in order to develop accurate cross-system aggregate data to understand causes (risk factors, substance abuse, domestic violence, mental illness, etc.) of child abuse and neglect fatalities.
- Developing recommendations to improve policies, programs, practices and training within child and family serving agencies (health care providers, hospitals, WIC, Early Care and Learning,

parental mental health and substance abuse services, law enforcement, CPS, schools, etc.) to prevent child abuse and neglect and related fatalities and near fatalities.

CRBC Legislative Activities

The State Board has a Children's Legislative Advocacy Committee (CLAC) which weighs in on legislation and makes recommendations to the State Board.

The Children's Legislative Action Committee (CLAC) reviews child welfare related legislation. Members of CLAC weigh in on and make recommendations regarding legislation.

CRBC also coordinates legislative advocacy efforts with child welfare advocates and stakeholders with input from CLAC members.

CRBC is an organizational member of the Coalition to Protect Maryland's Children (CPMC). CPMC is a consortium of Maryland organizations and individuals with similar missions who support the mission, goals and activities of the Coalition.

During the 2019 legislative session CRBC continued its legislative child welfare advocacy efforts by being an active organizational member of the Coalition to Protect Maryland's Children (CPMC). CRBC reviewed approximately 43 pieces of legislation and supported 21 of them.

The Social Services Administration filled the Medical Director position created as a result of HB 1582 which CRBC supported based on CRBC findings. One of the Medical Director's role is to identify strategies related to recommendations of CRBC regarding the health care needs of children and youth in foster care. Nettie Anderson-Burrs, State Board Chair, Denise E. Wheeler, Administrator and Beatrice Lee, Baltimore City State Board representative met with members of DHS and SSA including Dr. David Rose in May 2019 to address findings and concerns.

Out-of-Home Placement Reviews

Targeted Review Criteria

The Department of Human Services (DHS), formerly the Department of Human Resources (DHR), Social Services Administration (SSA) and the Citizens Review Board for Children (CRBC) together have created a review work plan for targeted reviews of children in out-of-home-placement. This work plan contains targeted review criteria based on out-of-home-placement permanency plans.

Reunification:

- Already established plans of Reunification for children 10 years of age and older. CRBC will conduct a review for a child 10 years of age and older who has an established primary permanency plan of Reunification, and has been in care 12 months or longer.

Adoption:

- Existing plans of Adoption. CRBC will conduct a review of a child that has had a plan of Adoption for over 12 months. The purpose of the review is to assess the appropriateness of the plan and identify barriers to achieve the plan.
- Newly changed plans of Adoption. CRBC will conduct a review of a child within 5 months after the establishment of Adoption as a primary permanency plan. The purpose is to ensure that there is adequate and appropriate movement by the local departments to promote and achieve the Adoption.

Another Planned Permanent Living Arrangement (APPLA):

- Already established plans of APPLA for youth 16 years of age and younger. CRBC will conduct a full review of a child 16 years of age and younger who has an established primary permanency plan of APPLA. The primary purpose of the review is to assess appropriateness of the plan and review documentation of the Federal APPLA requirements.
- Newly established plans of APPLA. CRBC will conduct a review of a child within 5 months after the establishment of APPLA as the primary permanency plan. Local Boards will review cases to ensure that local departments have made adequate and appropriate efforts to assess if a plan of APPLA was the most appropriate recourse for the child.

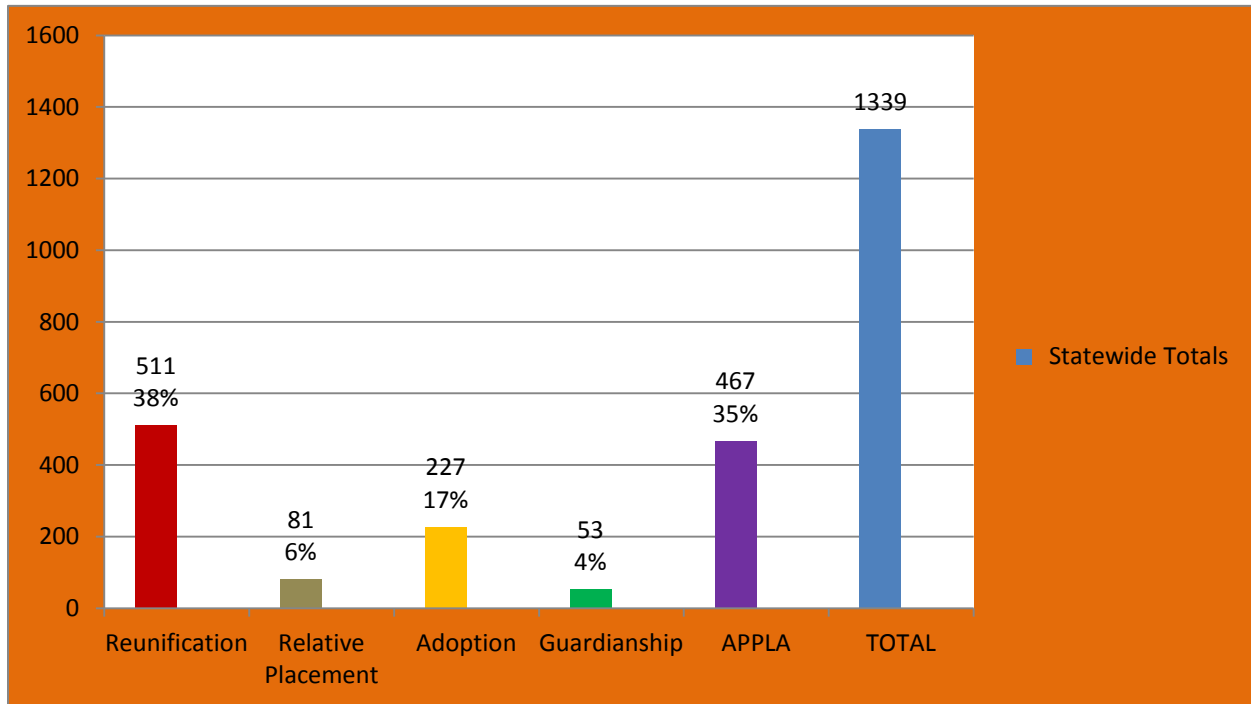
Older Youth Aging Out

- Older youth aging-out or remaining in the care of the State at age 17 and 20 years old. CRBC will conduct a review of youth that are 17 and 20 years of age. The primary purpose of the review is to assess if services were provided to prepare the youth to transition to successful adulthood.

Re-Review Cases:

- Assessment of progress made by LDSS. CRBC will conduct follow-up reviews during the fourth quarter of the current fiscal year of any cases wherein the local board identified barriers that may impede adequate progress. The purpose of the review is to assess the status of the child and any progress made by LDSS to determine if identified barriers have been removed.

FY2019 Review Findings Percentages by Permanency Plan



Gender Totals (1339)

Male	Female
638 (48%)	701 (52%)

Male (638)

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
253 (40%)	35 (5%)	119 (19%)	29 (4%)	202 (32%)

Female (701)

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
258 (37%)	46 (7%)	108 (15%)	24 (3%)	265 (38%)

*(Note: Relative Placement is the combined total of Relative Placement for Adoption and Relative Placement for Custody/Guardianship)

Ethnicity Overall (1339)

African American	Caucasian	Asian	Other
793 (59%)	439 (33%)	11 (<1%)	96 (7%)

Age Range by Permanency Plan

[RE] = Reunification

[RA] = Relative Placement for Adoption

[RG] = Relative Placement for Custody & Guardianship

[AD] = Non Relative Adoption

[CG] = Non Relative Custody & Guardianship

[AP] = Another Planned Permanent Living Arrangement (APPLA)

AGE RANGE	RE	RA	RG	AD	CG	AP	Totals
age 1 thru 5	80	12	13	94	5	0	204
age 6 thru 10	88	4	15	54	4	0	165
age 11 thru 13	98	3	11	35	14	0	161
age 14 thru 16	151	3	16	26	19	26	241
age 17 thru 19	85	0	4	17	11	265	382
age 20	9	0	0	1	0	176	186
Totals	511	22	59	227	53	467	1339

Case Reviews by Jurisdiction

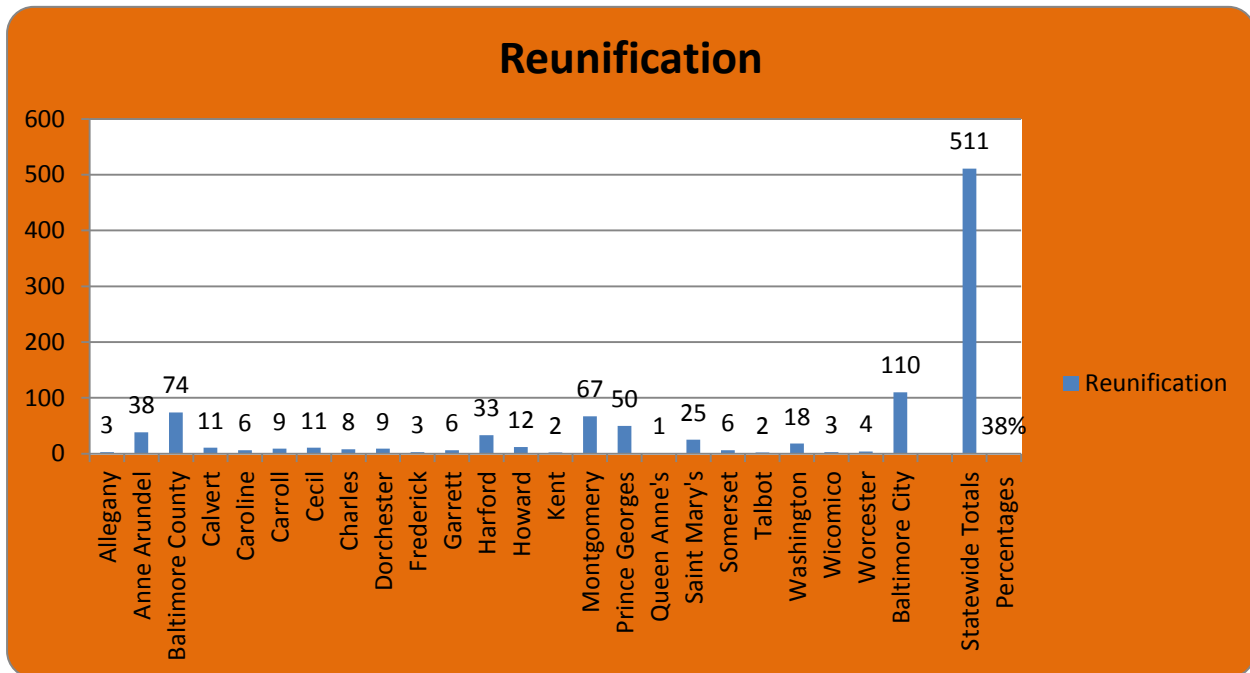
Jurn #	County	Reunification	Relative Placement	Adoption	Custody Guardianship	APPLA	TOTAL
01	Allegany	3	8	6	0	6	23
02	Anne Arundel	38	0	29	1	19	67
03	Baltimore County	74	0	29	4	59	166
04	Calvert	11	4	3	4	9	31
05	Caroline	6	0	7	0	1	14
06	Carroll	9	0	2	0	3	14
07	Cecil	11	3	12	2	11	39
08	Charles	8	0	3	3	9	23
09	Dorchester	9	0	4	0	5	18
10	Frederick	3	5	13	1	12	34
11	Garrett	6	0	2	0	1	9
12	Harford	33	1	12	2	20	68
13	Howard	12	0	1	1	9	23
14	Kent	2	0	0	2	1	5
15	Montgomery	67	22	24	6	33	152
16	Prince Georges	50	8	22	3	65	148
17	Queen Anne	1	0	3	0	0	4
18	Saint Mary's	25	1	4	0	3	33
19	Somerset	6	3	5	0	1	15
20	Talbot	2	2	2	0	4	10
21	Washington	18	0	11	1	11	41
22	Wicomico	3	2	6	1	3	15
23	Worcester	4	2	5	0	6	17
49	Baltimore City	110	20	42	22	176	370
24	Statewide Totals	511	81*	227	53	467	1339
24	Percentages	38%	6%	17%	4%	35%	100%

*(Note: Relative Placement is the combined total of Relative Placement for Adoption = 22; and Relative Placement for Custody/Guardianship = 59)

CRBC conducted a total of 1339 individual out-of-home case reviews (each case reviewed represents 1 child/youth) in all 24 Jurisdictions on 191 boards that held reviews during fiscal year 2019.

Reunification Case Reviews

The permanency plan of Reunification is generally the initial goal for every child that enters out-of-home placement and appropriate efforts should be made to ensure that the child/youth is receiving the services that are necessary to reunite with their family and have permanency. It is equally as important to make sure that reasonable efforts have been made with the identified parent or caregiver to promote reunification without undue delay.



Age Range	Totals	Reunification	Percentage
Age 1 thru 5	204	80	39%
Age 6 thru 10	165	88	53%
Age 11 thru 13	161	98	61%
Age 14 thru 16	241	151	63%
Age 17 thru 19	382	85	22%
Age 20	186	9	5%
Total	1339	511	38%

Permanency

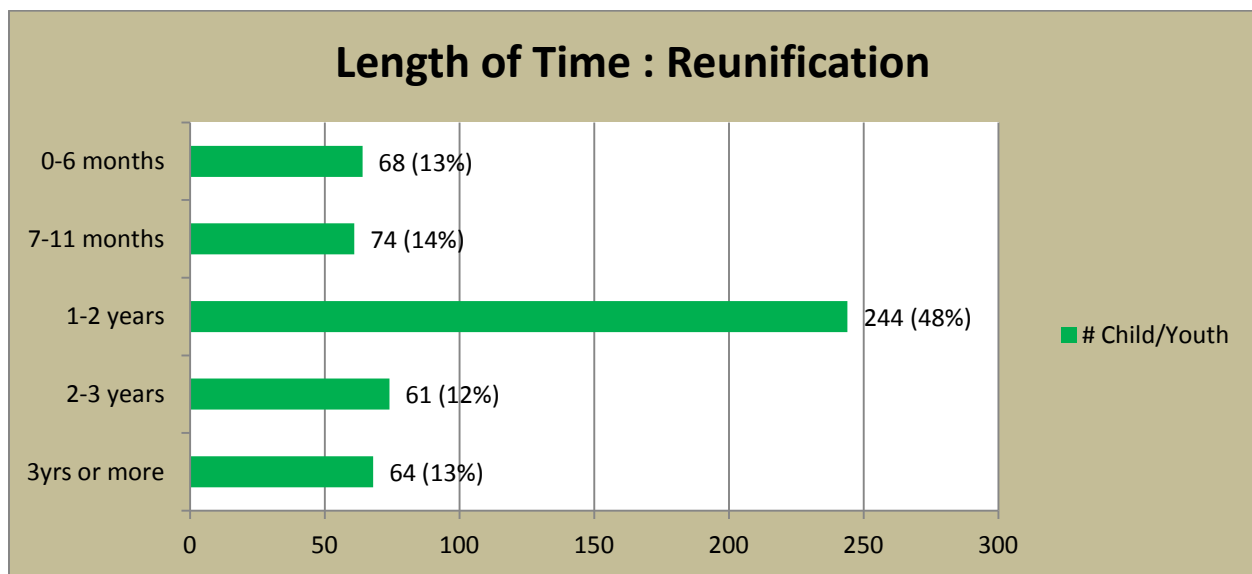
The local boards agreed with the permanency plan of reunification in 377 (74%) of the 511 cases reviewed.

The local juvenile courts identified concurrent permanency plans for 95 (19%) of the 511 cases reviewed. The concurrent permanency plans identified were Relative Placement for Adoption (8 cases), Relative Placement for Custody & Guardianship (34 cases), Non Relative Adoption (6 cases), Non Relative Custody & Guardianship (39 cases) and APPLA (8 cases).

The local departments were implementing the concurrent plans set by the local juvenile courts in 91 of the 95 cases.

Length of Time a Child/Youth had a plan of Reunification

Of the 511 Reunification cases reviewed the local boards found that the length of time the child/youth had a plan of Reunification were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local departments held family involvement meetings prior to entry for 336 (66%) of the 511 cases reviewed.

Service Agreements: The local departments had signed service agreements for 272 (53%) of the 511 cases and 4 cases were Post-TPR children under the age of 14. Efforts to involve the families in the service agreement process were made for 421 cases.

The local boards agreed that the service agreements were appropriate for the 272 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/ Living Arrangement (LA)
31	Formal Kinship Care
2	Intermediate Foster Care
1	Pre Finalized Adoptive Home
76	Regular Foster Care
37	Restricted (Relative) Foster Care
9	Treatment Foster Care
137	Treatment Foster Care (Private)
1	Alternative Living Unit
25	Residential Group Home
7	Teen Mother Program
53	Therapeutic Group Home
5	Independent Residential Living Program
33	Residential Treatment Center
1	Relative
2	Psychiatric Respite
8	Diagnostic Center
1	Correctional Institution (LA)
1	Own Home/Apartment (LA)
1	Inpatient Psychiatric Care (LA)
1	Inpatient Medical Care (LA)
11	Runaway (LA)
5	Secure Detention Facility (LA)
56	Trial Home Visit (LA)
1	Unapproved Kinship Home (LA)
3	Unapproved Living Arrangement (LA)
3	Other (LA)

In 240 (47%) of the 511 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 488 (95%) of the 511 cases reviewed.

Placement Stability

The local boards found that in 284 (56%) of the cases reviewed there were changes in placement within the 12 months prior to the review. 113 (40%) of the 284 cases had 1 placement change, 103

(36%) had 2 placement changes, 40 (14%) had 3 placement changes and 28 (10%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 157 (55%) of the 284 cases.

The following levels of care were found for the 284 most recent placement changes:

- 103 (36%) were in less restrictive placements
- 68 (24%) were in more restrictive placements
- 98 (35%) had the same level of care
- 11 (4%) child on runaway
- 4 (1%) unknown, information not available

The local boards found that the primary positive reasons for the 284 most recent placement changes were:

- transition towards a permanency goal for 107 cases
- placement with relatives for 15 cases
- placement with siblings for 4 cases

Provider specific issues for the most recent placement changes were:

- Provider home closed: 5 cases
- Provider requests: 6 cases
- Allegation of provider abuse/neglect: 10 cases
- Incompatible match: 27 cases

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 78 cases
- Health: 1 case
- Threats of harm to self/others: 2 cases
- Sexualized: 3 cases
- Delinquent behavior: 5 cases
- Runaway: 11 cases
- Hospitalization: 3 cases
- Child/youth requests removal: 4 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

a) Yes, for 268 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

a) Yes, for 260 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 114 (22%) of the 511 children/youths reviewed had developmental or special needs.
- Current Physical: 378 (74%) children/youths had a current physical exam.
- Current Vision: 295 (58%) children/youths had a current vision exam.
- Current Dental: 283 (55%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 105 (58%) of 180 children/youths.
- Completed Medical Records: The local departments reported that 198 (39%) children/youths had completed medical records in their case files.
- Prescription Medication: 256 (50%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for 251 of the 256 children/youths.
- Psychotropic Medication: 224 (44%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for 219 of the 224 children/youths.
- Mental Health Issues: 353 (69%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 323 (91%) of the 353 children/youths.
- Mental Health Issues/Transitioning/Services: 7 of the 9 youths with mental health issues who were transitioning out of care, had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 42 (8%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 14 (33%) of the 42 children/youths.
- Behavioral Issues: 259 (51%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 234 (90%) of the 259 children/youths.

The local boards found that the health needs of 197 (39%) of the 511 children/youths had been met and 25 children/youths refused to comply with standard health exams.

Education

422 (83%) of the 511 children/youths reviewed were enrolled in school or another educational/vocational program. 417 of the 422 children/youths were in Pre-K thru 12th grade. 1 of the 422 was in college and 4 were enrolled in a GED program. 10 of the 89 children/youths not enrolled in school or another educational/vocational program had already graduated high school, 23 refused to attend school and 56 were under the age of 5.

220 (52%) of the 422 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 178 (81%) of the 220 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 283 (67%) of the 422 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 401 (95%) of the 422 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 247 cases)

34 (14%) of the 247 youths were employed or participating in paid or unpaid work experience. 6 youths were unable to work due to being medically fragile, 38 were unable to work due to mental health issues, 3 were in a juvenile detention facility and 1 was in a correctional facility.

The local boards agreed that the youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 247 cases)

The local boards agreed that 123 (50%) of the 247 youths were receiving appropriate services to prepare for independent living.

6 youths were unable to participate due to being medically fragile, 38 due to mental health issues, 3 due to being in a juvenile detention facility and 1 due to being in a correctional facility.

➤ Housing (Transitioning Youth – 10 cases)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Housing had been specified for 2 of the 10 youths transitioning out of care. Alternative housing options were also provided for the 2 youths.

The local boards agreed that the 2 youths were being appropriately prepared to transition out of care.

Child's Consent to Adoption

The age of consent for adoption in the State of Maryland is ten. Children 10 and older must consent to be adopted. 1 child/youth with a plan of reunification and a concurrent plan of adoption consented to adoption and was placed in a pre-adoptive home.

Pre-Adoptive Services, Placements and Resources

The family structure of the 1 child/youth placed in a pre-adoptive home was comprised of a single female. The relationship to the pre-adoptive child/youth was a non relative foster parent.

Length of time in the pre-adoptive placement was as follows:

- 1 case(s) 21 months or more

An adoptive home study was completed and approved for the case.

The local boards agreed that appropriate services and supports were in place for the pre-adoptive family to meet the identified needs of the child/youth.

The local boards found that the pre-adoptive placement was appropriate for the child/youth.

Adoptive Recruitment (none)

Not applicable. Child/youth placed in pre-adoptive home.

Post-Adoptive Services and Resources

Post-adoptive services were needed for the child/youth. The service that was needed was medical.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 486 (95%) of the 511 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 178 (35%) of the 511 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	340	125
No	171	386

Frequency of Visits	With Parents	With Relatives
Daily	8	6
Once a week	111	27
More than once a week	38	8
Once a month	66	20
More than once a month	83	35
Quarterly	19	7
Yes, but undocumented	15	22

Supervision of Visits	With Parents	With Relatives
Supervised	165	35
Unsupervised	175	90

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	113	16
Other Agency Representative	18	5
Biological Family Member	11	4
Foster Parent	11	6
Other	12	4

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	94	67
LDSS Visitation Center	74	13
Public Area	78	26
Child's/Youth's Placement	68	15
Other	26	4

Overnight Stays	With Parents	With Relatives
Yes	84	51
No	256	74

The local boards found that 288 (56%) of the 511 children/youths had siblings in care. 177 (61%) of the 288 had visits with siblings in care who did not reside with them.

Barriers/Issues

The local boards identified the following barriers to permanency/issues:

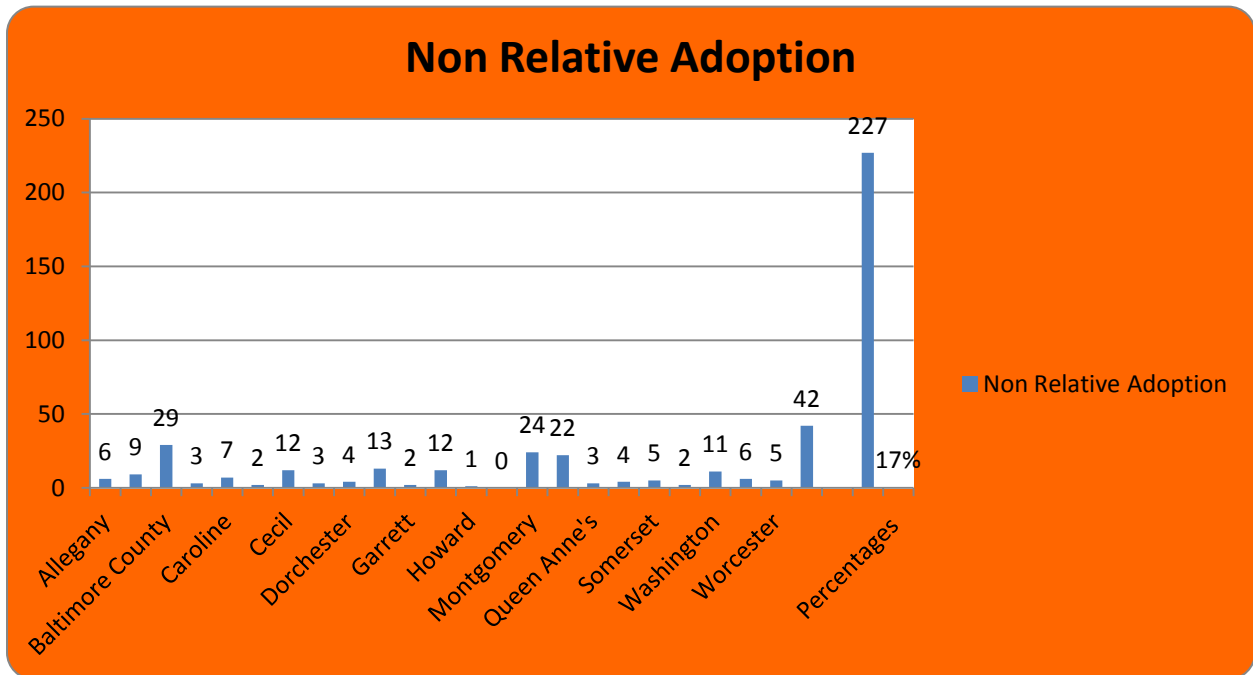
- No service agreement with parents.
- No service agreement with youth.
- Missing or lack of documentation.
- Annual physicals not current.
- Board does not agree with current permanency plan.
- Dentals not current.
- Vision not current.
- No current IEP.
- Other child/youth related barrier.
- Other agency related barrier.
- Other independence barrier.
- Other education barrier.
- Youth has not been assessed for mental health concerns.
- Poor coordination within DSS.
- Worker did not submit referral for needed resource/service.
- Lack of concurrent planning.
- Youth not enrolled in school.
- Child has behavior problems in the home.
- Youth not attending school or in GED program.
- Other physical health barrier.
- No follow up on medical referrals.
- Other placement barrier.
- Transitional housing has not been identified.
- Inadequate preparation for independence (general).
- Youth engages in risky behavior.
- No current Safe-C/G.
- Other court related barrier.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- Youth placed outside of home jurisdiction.
- Youth not employed and transitioning out of care.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 454 (89%) of the 511 children reviewed

Non Relative Adoption Case Reviews

When parental rights are terminated (TPR) Adoption becomes the preferred permanency plan. There are a number of factors to consider when a plan of adoption has been established, ranging from the termination of parental rights to what post adoption services are made available to the adoptive families. Reasonable efforts should be made to identify adoptive resources and provide appropriate services identified to remove barriers to adoption and achieve permanency for the child/youth in a timely manner.



Age Range	Totals	Adoption	Percentage
Age 1 thru 5	204	94	46%
Age 6 thru 10	165	54	33%
Age 11 thru 13	161	35	22%
Age 14 thru 16	241	26	11%
Age 17 thru 19	382	17	4%
Age 20	186	1	< 1%
Total	1339	227	17%

Permanency

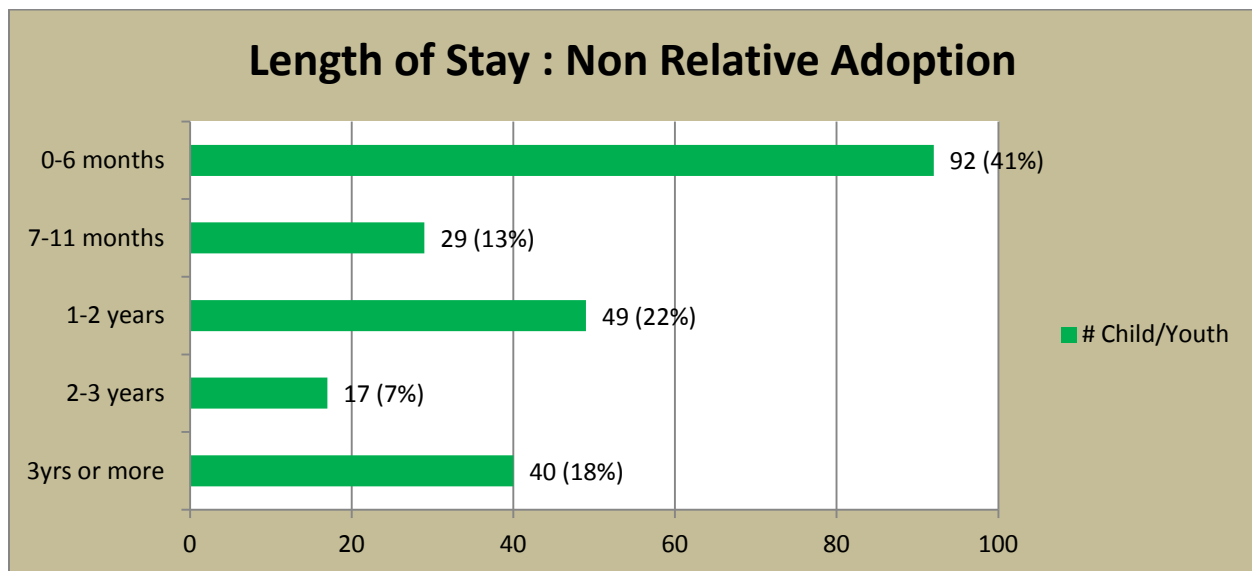
The local boards agreed with the permanency plan of Non Relative Adoption in 214 (94%) of the 227 cases reviewed.

The local juvenile courts identified concurrent permanency plans for 23 (10%) of the cases reviewed. The concurrent permanency plans identified were Reunification (7 cases), Relative Placement for Adoption (3 cases), Relative Placement for Custody & Guardianship (4 cases), Non Relative Custody & Guardianship (8 cases) and APPLA (1 case).

The local departments were implementing the concurrent plans set by the local juvenile courts in 19 (83%) of the 23 cases.

Length of time Child/Youth had a plan of Adoption

Of the 227 Non Relative Adoption cases reviewed the local boards found that the length of time the child/youth had a plan of Adoption were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local departments held family involvement meetings prior to entry for 164 (72%) of the 227 cases reviewed.

Service Agreements: The local departments had signed service agreements for 37 (16%) of the 227 cases and 86 cases were Post-TPR children under the age of 14. Efforts to involve the families in the service agreement process were made for 77 cases.

The local boards agreed that the service agreements were appropriate for the 37 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
2	Formal Kinship Care
3	Intermediate Foster Care
118	Pre-Finalized Adoptive Home
47	Regular Foster Care
1	Restricted (Relative) Foster Care
1	Treatment Foster Care
39	Treatment Foster Care (Private)
4	Residential Group Home
5	Therapeutic Group Home
4	Residential Treatment Center
2	Diagnostic Center
1	Inpatient Medical Care (LA)

In 143 (63%) of the 227 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for all 227 (100%) cases reviewed.

Placement Stability

The local boards found that in 56 (25%) of the cases reviewed there was a change in placement within the 12 months prior to the review. 38 (68%) of the 56 cases had 1 placement change, 12 (21%) had 2 placement changes, 4 (7%) had 3 placement changes and 2 (4%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 43 (78%) of the 56 cases.

The following levels of care were found for the 56 most recent placement changes:

- 18 (32%) were in less restrictive placements
- 5 (9%) were in more restrictive placements
- 33 (59%) had the same level of care

The local boards found that the primary positive reasons for the 56 most recent placement changes were:

- transition towards a permanency goal for 29 cases

- placement with relatives for 1 case

Provider specific issues for the most recent placement changes were:

- Provider home closed: 2 cases
- Allegation of provider abuse/neglect: 6 cases
- Incompatible match: 6 cases

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 15 cases
- Threats of harm to self/others: 1 case
- Hospitalization: 1 case

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

b) Yes, for 53 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

b) Yes, for 54 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 51 (22%) of the 227 children/youths reviewed had developmental or special needs.
- Current Physical: 199 (88%) children/youths had a current physical exam.
- Current Vision: 169 (74%) children/youths had a current vision exam.
- Current Dental: 159 (70%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 64 (73%) of 88 children/youths.
- Completed Medical Records: The local departments reported that 134 (29%) children/youths had completed medical records in their case files.
- Prescription Medication: 97 (43%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for 96 of the 97 children/youths.

- Psychotropic Medication: 66 (29%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for all 66 children/youths.
- Mental Health Issues: 118 (52%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 112 (95%) of the 118 children/youths.
- Mental Health Issues/Transitioning/Services: 1 youth with mental health issues who was transitioning out of care, had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 5 (2%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 4 (80%) of the 5 children/youths.
- Behavioral Issues: 92 (41%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 91 (99%) of the 92 children/youths.
- The local boards found that the health needs of 137 (60%) of the 227 children/youths had been met and 4 children/youths refused to comply with standard health exams.

Education

156 (69%) of the 227 children/youths reviewed were enrolled in school or another educational/vocational program. 154 of the 156 children/youths were in Pre-K thru 12th grade and 2 of the 156 were in college. 4 of the 71 children/youths not enrolled in school or another educational/vocational program refused to attend school and 67 were under the age of 5.

87 (56%) of the 156 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 70 (45%) of the 156 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 109 (70%) of the 156 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 152 (97%) of the 156 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 45 cases)

9 (20%) of the 45 youths were employed or participating in paid or unpaid work experience.

1 youth was unable to participate due to being medically fragile and 4 were unable to participate due to mental health issues.

The local boards agreed that the youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 45 cases)

The local boards agreed that 28 (62%) of the 45 youths were receiving appropriate services to prepare for independent living.

1 youth was unable to participate in independent living services due to being medically fragile and 4 youths were unable to participate due to mental health issues.

➤ Housing (Transitioning Youth – 1 case)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Housing had been specified for the 1 youth transitioning out of care and alternative housing options were also provided for the youth.

The local boards agreed that the youth was being appropriately prepared to transition out of care.

Child’s Consent to Adoption

The age of consent for adoption in the State of Maryland is ten. Children 10 and older must consent to be adopted. The local boards found that 56 (25%) of the 227 children/youths consented to adoption and 11 (5%) children/youths consented with conditions.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child’s Consent to Adoption	Cases
Yes	56
Yes, with conditions	11
Child did not want to be Adopted	5
N/A under age of consent	130
No, Medically Fragile, unable to consent	6
No, Mental Health Issues, unable to consent	3
Unknown	16

Pre-Adoptive Services, Placements and Resources

161 (71%) of the 227 children/youths with a plan of adoption were placed in pre-adoptive homes. The family structure was comprised of a married couple for 107 (66%) of the 161 cases, an

unmarried couple for 5 (3%) and a single female for 49 (30%). The relationship to the pre-adoptive children/youths was a relative foster parent in 11 (7%) cases, a non-relative foster parent in 148 (92%) and a fictive kin foster parent in 2 (1%) cases.

Lengths of time in the pre-adoptive placements were as follows:

- 11 case(s) from 1 to 3 months
- 9 case(s) from 4 to 6 months
- 10 case(s) from 7 to 9 months
- 10 case(s) from 10 to 12 months
- 15 case(s) from 13 to 15 months
- 22 case(s) from 16 to 20 months
- 84 case(s) 21 months or more

An adoptive home study was completed and approved for 133 (83%) of the 161 cases.

The local boards agreed that appropriate services and supports were in place for the pre-adoptive families to meet the identified needs of the children/youths in 159 (99%) cases.

The local boards found that the pre-adoptive placements were appropriate for the 159 (99%) cases.

Adoptive Recruitment (66 cases)

The local boards found that the local department had documented efforts to find an adoptive resource for 40 (60%) of the 66 children/youths not placed in a pre-adoptive home. Some of the adoptive recruitment resources were Adopt Us Kids, Bark Foundation, Digital Me, Heart & Gallery, Wednesdays Child, Adoption Together and Wendy's Wonderful Child.

The local boards agreed that the adoptive recruitment efforts were appropriate for 39 (59%) of the 66 children/youths.

Post-Adoptive Services and Resources

Post-adoptive services were needed for 175 (77%) of the 227 children/youths. This includes 14 of the 66 children/youths not placed in a pre-adoptive home.

Some of the services that were needed for the 175 children/youths were Medical for 164 cases, Mental Health services for 90 cases, Educational services for 74 cases, Respite Services for 10 and DDA services for 9 cases.

Post-adoptive subsidies were needed for 145 (64%) of the 227 children/youths.

The local boards agreed that the post-adoptive services and resources were appropriate for the 175 children/youths.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 222 (98%) of the 227 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 82 (36%) of the 227 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	90	46
No	137	181

Frequency of Visits	With Parents	With Relatives
Daily		
Once a week	10	7
More than once a week	4	1
Once a month	37	23
More than once a month	21	4
Quarterly	16	8
Yes, but undocumented	6	3

Supervision of Visits	With Parents	With Relatives
Supervised	83	23
Unsupervised	7	23

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	64	13
Other Agency Representative		1
Biological Family Member	5	4
Foster Parent	13	5
Other	1	

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	3	22
LDSS Visitation Center	39	5

Public Area	23	10
Child's/Youth's Placement	18	7
Other	7	2

Overnight Stays	With Parents	With Relatives
Yes	2	8
No	88	38

The local boards found that 122 (54%) of the 227 children/youths had siblings in care. 63 (52%) of the 122 had visits with siblings in care who did not reside with them.

Barriers/Issues

The local boards identified the following barriers to permanency/issues:

- No service agreement with youth.
- Missing or lack of documentation.
- Child has behavior problems in the home.
- TPR not granted.
- Child in pre-adoptive home but adoption not finalized.
- Disrupted finalized adoption.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Board does not agree with current permanency plan.
- Other independence barrier.
- Pre-Adoptive resources not identified.
- Other education barrier.
- Lack of concurrent planning.
- Youth placed outside of home jurisdiction.
- No current Safe-C/G.
- Postponement or continuation of hearings.
- Appeal by birth parents.

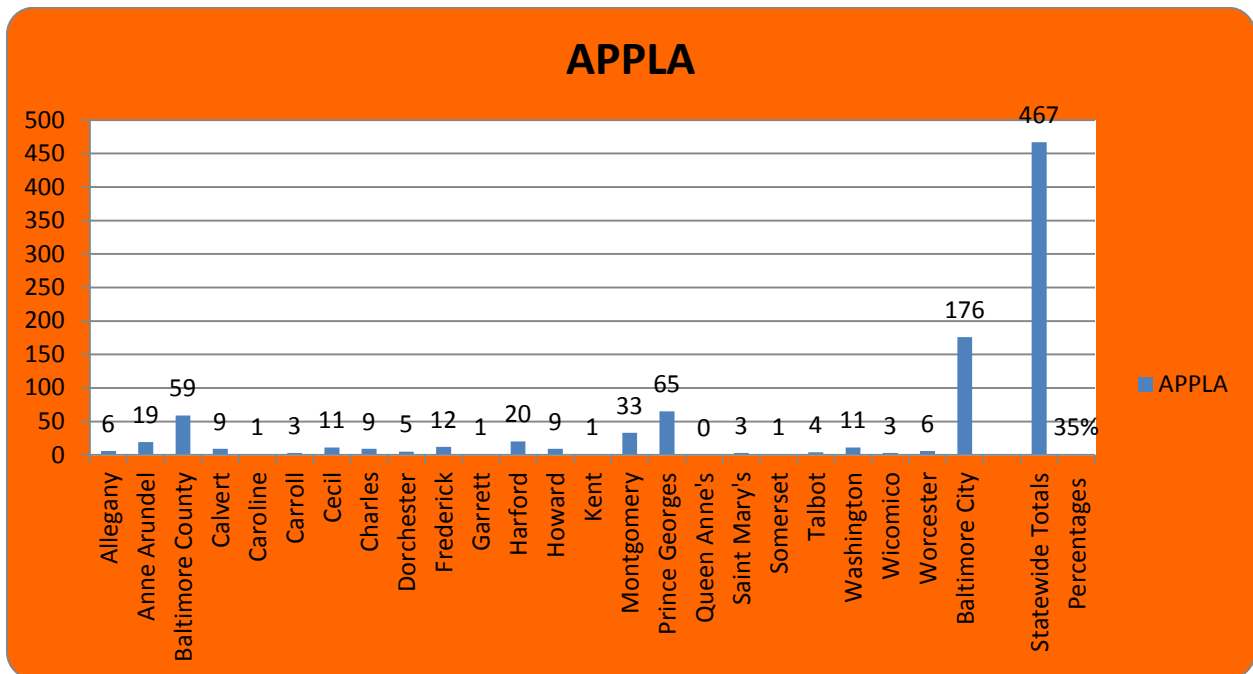
Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 223 (98%) of the 227 children reviewed.

APPLA Reviews (Another Planned Permanent Living Arrangement)

APPLA is the least desired permanency plan. All efforts should be made to rule out all other permanency plans including reunification with birth family, relative placement for custody and guardianship or adoption, adoption to a non-relative and guardianship to a non relative before a child/youth's permanency plan is designated as APPLA.

Out of the total number of 1339 cases reviewed, 467 (35%) of the cases had a plan of APPLA. Baltimore City had the most (176 cases) 38%, Prince George's County (65) 14%, Baltimore County (59) 13% and Montgomery County (33) 7%. All other counties had five percent or less. Many of the cases reviewed were cases of older youth, between 17 and 20 years of age who are expected to remain in care until they age out on their 21st birthday.



Age Range	Totals	APPLA	Percentage
Age 1 thru 5	204	0	N/A
Age 6 thru 10	165	0	N/A
Age 11 thru 13	161	0	N/A
Age 14 thru 16	241	26	11%
Age 17 thru 19	382	265	69%

Age 20	186	176	95%
Total	1339	467	35%

Permanency

The local boards agreed with the permanency plan of APPLA in 461 (99%) of the 467 cases reviewed.

Category of APPLA plan

The local boards found the following categories for the APPLA plans:

- Emancipation/Independence: 414 (89%) cases
- Transition to an Adult Supportive Living Arrangement: 51 (11%) cases
- Other: 2 (<1%) cases

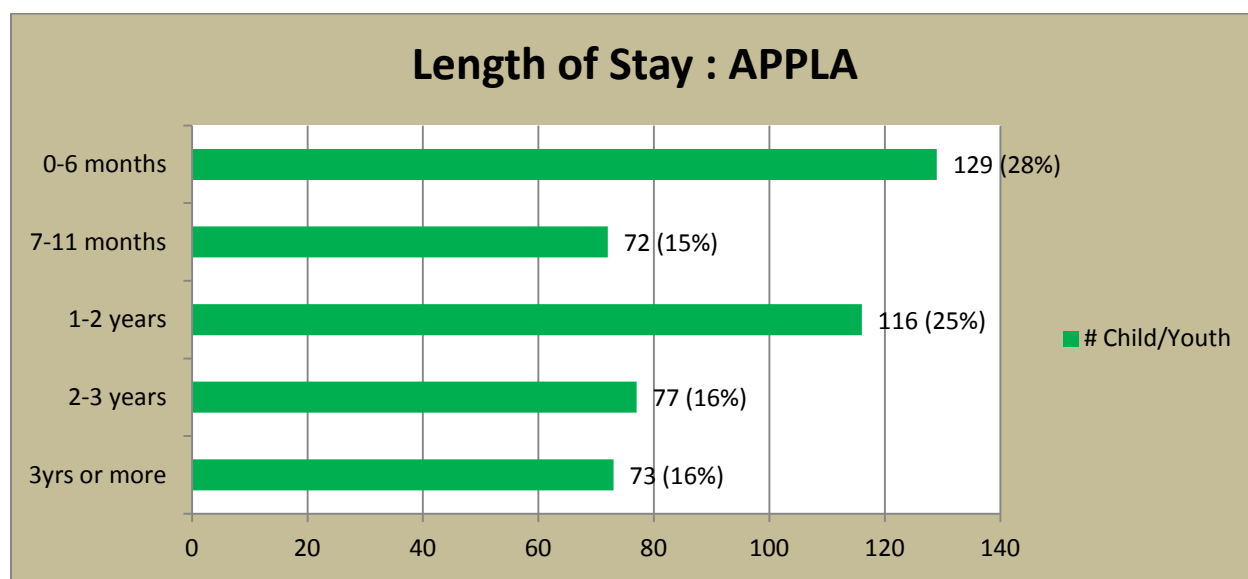
Permanent Connections

A permanent connection is an identified person that a youth can rely on for assistance with support, advice and guidance as they deal with the day to day life circumstances that adulthood can bring about on a regular basis.

The local boards found that in 395 (85%) of the 467 cases reviewed, a permanent connection had been identified for the children/youths by the local departments and that the identified permanent connection was appropriate in 391 (99%) cases.

Length of time Child/Youth had a plan of APPLA

Of the 467 APPLA cases reviewed the local boards found that the length of time the child/youth had a plan of APPLA were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 245 (52%) of the 467 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 364 (78%) of the 467 cases reviewed and had a signed service agreement for 273 (75%) cases.

The local boards found that the service agreement was appropriate for 271 of the signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/ Living Arrangement (LA)
4	Formal Kinship Care
1	Intermediate Foster Care
19	Regular Foster Care
8	Restricted (Relative) Foster Care
5	Treatment Foster Care
132	Treatment Foster Care (Private)
18	Residential Group Home
24	Teen Mother Program
42	Therapeutic Group Home
82	Independent Residential Living Program
12	Residential Treatment Center
9	Relative

12	Non Relative
31	Own Dwelling
2	Diagnostic Center
1	DDA Group Home
1	DDA Youth Home
	Living Arrangement (LA)
11	College (LA)
3	Correctional Institution (LA)
1	Homeless Shelter (LA)
4	Own Home/Apartment (LA)
1	Inpatient Psychiatric Care (LA)
4	Job Corp (LA)
6	Runaway (LA)
6	Secure Detention Facility (LA)
3	Trial Home Visit (LA)
2	Unapproved Kinship Home (LA)
18	Unapproved Living Arrangement (LA)
2	Other (LA)

In 247 (53%) of the 467 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 434 (93%) of the cases reviewed.

Placement Stability

The local boards found that for 249 (53%) cases reviewed there was a change in the placement in the last 12 months prior to being reviewed. 110 (44%) of the 249 cases reviewed had 1 placement change, 79 (32%) had 2 placement changes, 40 (16%) had 3 placement changes and 20 (8%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 114 (46%) of the 249 cases.

- 135 (54%) were in less restrictive placements
- 34 (14%) were in more restrictive placements
- 69 (28%) had the same level of care
- 6 (2%) on runaway

The local boards found that the primary positive reasons for the 249 most recent placement changes were:

- Transition towards a permanency goal for 122 cases
- Placement with relatives for 5 cases
- Placement with siblings for 1 case

Provider specific issues for the most recent placement changes were:

- Provider home closed: 6 cases
- Provider request: 1 case
- Allegation of provider abuse/neglect: 1 case
- Incompatible match: 17 cases

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 58 cases
- Threats of harm to self/others: 1 case
- Sexualized: 2 cases
- Delinquent behavior: 7 cases
- Runaway: 6 cases
- Hospitalization: 1 case
- Child/youth request removal: 2 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

c) Yes, for 221 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

c) Yes, for 202 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 95 (20%) of the 467 children/youths reviewed had developmental or special needs.
- Current Physical: 293 (63%) children/youths had a current physical exam.
- Current Vision: 238 (51%) children/youths had a current vision exam.
- Current Dental: 210 (45%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 72 (48%) of 150 children/youths.

- Completed Medical Records: The local departments reported that 146 (31%) children/youths had completed medical records in their case files.
- Prescription Medication: 194 (42%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for 189 of the 194 children/youths.
- Psychotropic Medication: 155 (33%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for 152 of the 155 children/youths.
- Mental Health Issues: 340 (73%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 250 (74%) of the 340 children/youths.
- Mental Health Issues/Transitioning/Services: 40 of the 340 youths with mental health issues who were transitioning out of care, had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 113 (24%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 28 (25%) of the 113 children/youths.
- Behavioral Issues: 210 (45%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 164 (78%) of the 210 children/youths.
- The local boards found that the health needs of 148 (32%) of the 467 children/youths had been met and 56 children/youths refused to comply with standard health exams.

Education

264 (57%) of the 467 children/youths reviewed were enrolled in school or another educational/vocational program. 183 of the 264 were in Pre-K through 12th grade, 15 were enrolled in a GED program, 62 were in college and 4 were in trade school. 145 of the 203 children/youths not enrolled in school or another educational/vocational program had already graduated high school and 58 refused to attend school.

123 (47%) of the 264 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 97 (37%) of the 264 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 115 (70%) of the 264 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 241 (91%) of the 264 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 467 cases)

205 (44%) of the 467 youths were employed or participating in paid or unpaid work experience. 5 youths were unable to participate due to being medically fragile, 28 were unable to participate due to mental health issues, 1 was in a Juvenile Justice Facility and 3 were in a Correctional Facility.

The local boards agreed that the 297 youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 467 cases)

The local boards agreed that 358 (77%) of the 467 youths were receiving appropriate services to prepare for independent living.

5 youths were unable to participate in independent living services due to being medically fragile, 28 due to mental health issues, 1 due to being in a Juvenile Justice Facility and 3 due to being in a Correctional Facility.

➤ Housing (Transitioning Youth – 177 cases)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Housing had been specified for 86 youths transitioning out of care. Alternative housing options were also provided for the 86 youths.

The local boards agreed that the 86 youths were being appropriately prepared to transition out of care.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 427 (91%) of the 467 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 128 (27%) of the 467 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	224	161
No	243	306

Frequency of Visits	With Parents	With Relatives
Daily	3	11
Once a week	33	23
More than once a week	19	11
Once a month	54	25
More than once a month	49	32
Quarterly	20	18
Yes, but undocumented	46	41

Supervision of Visits	With Parents	With Relatives
Supervised	23	7
Unsupervised	201	154

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	14	3
Other Agency Representative	3	3
Biological Family Member	1	
Foster Parent	2	
Other	3	1

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	126	126
LDSS Visitation Center	7	1
Public Area	50	18
Child's/Youth's Placement	22	7
Other	19	9

Overnight Stays	With Parents	With Relatives
Yes	91	79
No	133	82

The local boards found that 103 (22%) of the 467 children/youths had siblings in care. 67 (65%) of the 103 had visits with siblings in care who did not reside with them.

Barriers/Issues

The local boards identified the following barriers to permanency/issues:

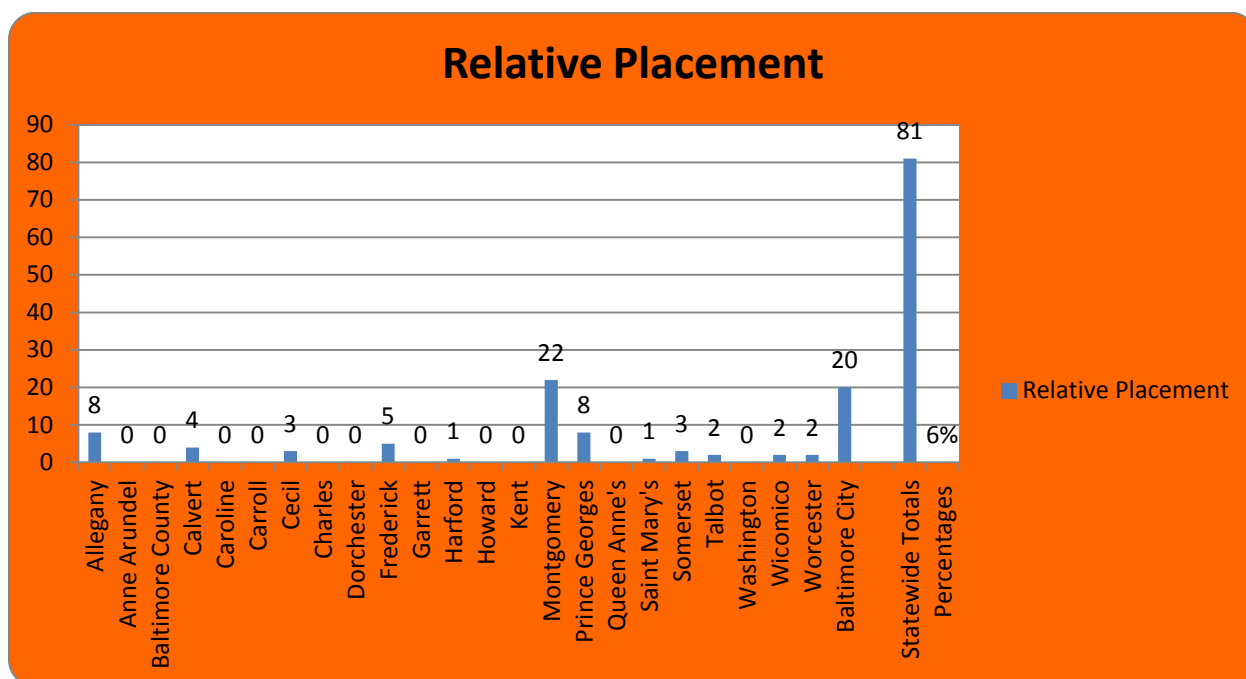
- No service agreement with parents.
- No service agreement with youth.
- Youth placed outside of home jurisdiction.
- Missing or lack of documentation.
- Child has behavior problems in the home.
- Issues related to substance abuse.
- Not following up on referrals.
- Youth not enrolled in school.
- Youth not attending school or in GED program.
- Youth not receiving adequate services.
- No current IEP.
- Board does not agree with current permanency plan.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- No follow up on medical referrals.
- Transitional housing has not been identified.
- Inadequate preparation for independence (general).
- Youth not employed and transitioning out of care.
- Other education barrier.
- Other independence barrier.
- Other placement barrier.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- No current Safe C/G.
- Youth engages in risky behavior.
- Other mental health barrier.
- Other legal barrier.
- Other child/youth related barrier.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 409 (88%) of the 467 children reviewed.

Relative Placement Case Reviews

It is the responsibility of the local departments to seek out opportunities for placement with a blood relative or explore other permanency resources including fictive kin when reunification is not possible.



Category of Relative Placement

- Relative placement for Adoption: 22 cases
- Relative placement for Custody/Guardianship: 59 cases

Age Range	Totals	Relative Placement	Percentage
Age 1 thru 5	204	25	12%
Age 6 thru 10	165	19	12%
Age 11 thru 13	161	14	9%
Age 14 thru 16	241	19	8%
Age 17 thru 19	382	4	1%
Age 20	186	0	N/A
Total	1339	81	6%

Permanency

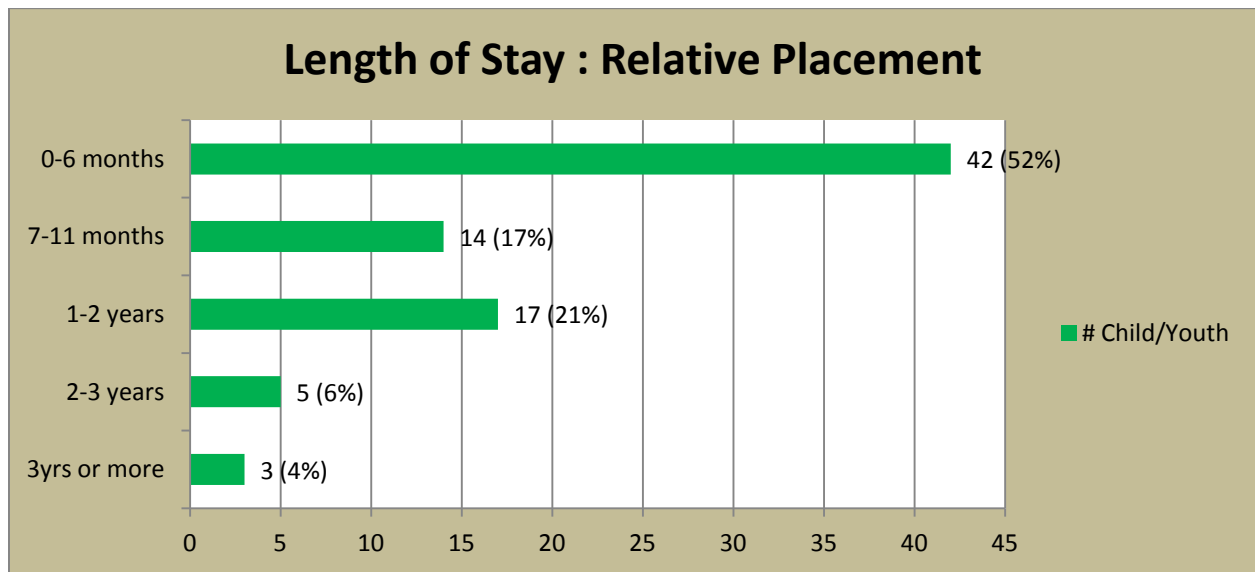
The local boards agreed with the permanency plan of relative placement for adoption in 21 (95%) of the 22 cases reviewed and relative placement for custody/guardianship in 54 (92%) of the 59 cases.

The local juvenile courts identified concurrent permanency plans for 22 (27%) of the 81 cases reviewed.

The local departments were implementing the concurrent plans set by the local juvenile courts in 19 of the 22 cases.

Length of time child/youth had a plan of Relative Placement

Of the 81 cases reviewed the local boards found that the length of time the child/youth had a plan of Relative Placement for custody/guardianship or adoption was as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 43 (53%) of the 81 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 43 (53%) of the 81 cases reviewed and had a signed service agreement for 24 (36%) of 66 cases. 15 cases were Post-TPR children under the age of 14.

The local boards found that the service agreements were appropriate for the 24 signed cases.

Placement

Number of Cases	Placement/Living Arrangement (LA)
24	Formal Kinship Care
13	Pre-Finalized Adoptive Home
6	Regular Foster Care
4	Restricted (Relative) Foster Care
14	Treatment Foster Care (Private)
1	Residential Group Home
5	Therapeutic Group Home
5	Residential Treatment Center
1	Relative
3	Diagnostic Center
1	Medical Group Home
2	Runaway (LA)
1	Unapproved Kinship Home (LA)
1	Unapproved Living Arrangement (LA)

The local boards found that in 41 (51%) of the 81 cases reviewed the children/youths were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the placement plan in 78 (96%) of the 81 cases reviewed.

Placement Stability

The Local boards found that in 35 (43%) cases reviewed there was a change in placement within the 12 months prior to the review. 10 (29%) of the 35 cases had 1 placement change, 19 (54%) had 2 placement changes, 5 (14%) had 3 placement changes and 1 (3%) had 4 or more changes.

A family involvement meetings took place with the most recent placement changes for 19 (54%) of the 35 cases.

The following levels of care were found for the 35 most recent placement changes:

- 11 (31%) were in less restrictive placements
- 9 (26%) were in more restrictive placements
- 12 (34%) had the same level of care
- 2 (6%) child/youth on runaway

The local boards found that the primary positive reasons for the 35 most recent placement changes were:

- transition towards a permanency goal for 12 cases
- placement with relatives for 7 cases

Provider specific issues for the most recent placement changes were:

- Provider home closed: 3 cases
- Allegation of provider abuse/neglect: 1 case
- Incompatible match: 1 case

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 9 cases
- Runaway: 2 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

- Yes, for 29 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

- Yes, for 32 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 19 (23%) of the 81 children/youths reviewed had developmental or special needs.
- Current Physical: 66 (81%) children/youths had a current physical exam.
- Current Vision: 57 (70%) children/youths had a current vision exam.
- Current Dental: 47 (58%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 11 (58%) of 19 children/youths.
- Completed Medical Records: The local departments reported that 40 (49%) children/youths had completed medical records in their case files.
- Prescription Medication: 45 (56%) children/youths were taking prescription medication.

- Prescription Medication Monitored: Prescription medication was being monitored regularly for the 45 children/youths.
- Psychotropic Medication: 37 (46%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for the 37 children/youths.
- Mental Health Issues: 51 (63%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 46 (90%) of the 51 children/youths.
- Mental Health Issues/Transitioning/Services: 1 of 4 youths with mental health issues who was transitioning out of care, did not have an identified plan to receive services in the adult mental health system.
- Substance Abuse: 5 (6%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 1 (20%) of the 5 children/youths.
- Behavioral Issues: 36 (44%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 34 (94%) of the 36 children/youths.
- The local boards found that the health needs of 44 (54%) of the 81 children/youths had been met and 3 children/youths refused to comply with standard health exams.

Education

60 (74%) of the 81 children/youths reviewed were enrolled in school or another educational/vocational program. All 60 were in Pre-K through 12th grade. 2 of the 21 children/youths not enrolled in school or another educational/vocational program refused to attend school and 19 were under the age of 5.

32 (53%) of the 60 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 27 (45%) of the 60 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 42 (70%) of the 60 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 57 (95%) of the 60 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 23 cases)

None of the 23 youths were employed or participating in paid or unpaid work experience. 1 youth was unable to participate due to mental health reasons. 8 youths were referred to summer or year round training and employment opportunities by caseworkers.

The local boards agreed that 8 youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 23 cases)

The local boards agreed that 10 (43%) of the 23 youths were receiving appropriate services to prepare for independent living.

1 youth was unable to participate in independent living services due to mental health issues.

➤ Housing (Transitioning Youth – None)

Not applicable.

Child's Consent to Adoption

The age of consent for adoption in the State of Maryland is ten. Children 10 and older must consent to be adopted. The local boards found that 5 (23%) of the 22 children/youths with a plan of relative placement for adoption consented.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child's Consent to Adoption	Cases
Yes	4
Yes, with conditions	1
Child did not want to be Adopted	0
N/A under age of consent	14
No, Medically Fragile/Mental Health	0
No, Concurrent Plan is Reunification	0
No, Relative Placement	0
Unknown	3

Pre-Adoptive Services, Placements and Resources

18 (82%) of the 22 children/youths with a plan of relative placement for adoption were placed in a pre-adoptive home. The family structure was comprised of a married couple for 7 (39%) of the 18 cases, an unmarried couple for 2 (11%) cases and a single female for 9 (50%) cases. The relationship to the pre-adoptive children/youths was a relative foster parent for 17 (94%) cases, and a non-relative foster parent for 1 (6%) case.

Lengths of time in the pre-adoptive placements were as follows:

- 3 case(s) from 7 to 9 months
- 4 case(s) from 10 to 12 months
- 3 case(s) from 13 to 15 months
- 1 case(s) from 16 to 20 months
- 7 case(s) 21 months or more

An adoptive home study was completed and approved for 13 (72%) of the 18 cases.

The local boards agreed that appropriate services and supports were in place for the pre-adoptive families to meet the identified needs of the children/youths for 17 (94%) of the 18 cases.

The local boards found that the pre-adoptive placements were appropriate for all 18 (100%) cases.

Adoptive Recruitment

The local boards found that the local departments had documented efforts to find an adoptive resource for 1 of the 4 children/youths not placed in a pre-adoptive home. The adoptive recruitment resource was a cousin for the 1 case.

The local boards agreed that the adoptive recruitment efforts were not appropriate for the 4 children/youths.

Post-Adoptive Services and Resources

Post-adoptive services were needed for 19 (86%) of the 22 children/youths. Some of the services that were needed for the 19 children/youths were Medical for all, Mental Health services for 7, Educational services for 8 and Respite Services for 2 cases.

The local boards agreed that the post-adoptive services and resources were appropriate for the 19 children/youths.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 73 (90%) of the 81 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 26 (32%) of the 81 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	38	44
No	43	37

Frequency of Visits	With Parents	With Relatives
Daily		4
Once a week	11	9
More than once a week	4	3
Once a month	13	12
More than once a month	5	9
Quarterly	5	1
Yes, but undocumented		6

Supervision of Visits	With Parents	With Relatives
Supervised	28	7
Unsupervised	10	37

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	8	3
Other Agency Representative	5	1
Biological Family Member	8	2
Foster Parent		1
Other	7	
Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	3	26
LDSS Visitation Center	7	2
Public Area	6	3
Child's/Youth's Placement	14	13
Other	8	

Overnight Stays	With Parents	With Relatives
Yes	1	11
No	37	33

The local boards found that 54 (67%) of the 81 children/youths had siblings in care. 28 (52%) of the 54 had visits with siblings in care who did not reside with them.

Barriers/Issues

The local boards identified the following barriers to permanency/issues:

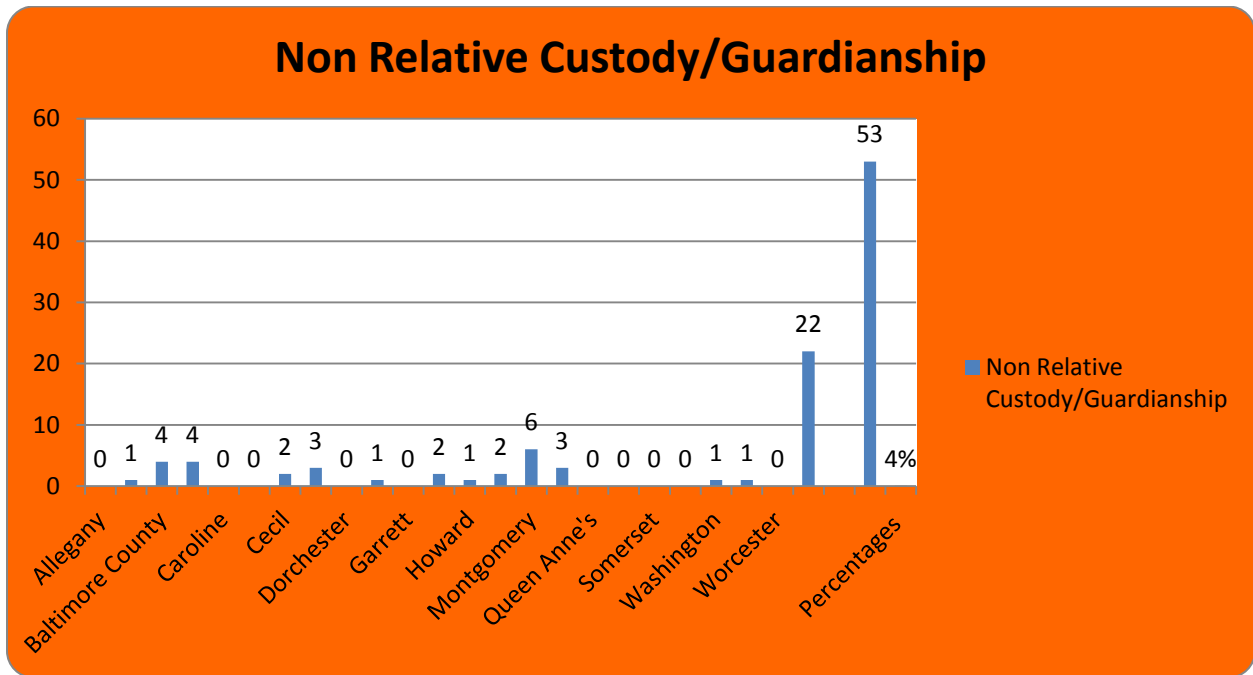
- Youth placed outside of home jurisdiction.
- Lack of concurrent planning.
- No service agreement with youth.
- Missing or lack of documentation.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Child has behavior problems in the home.
- Not following up on referrals.
- Other child/youth related barrier.
- No follow up on medical referrals.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 75 (93%) of the 81 children reviewed.

Non-Relative Custody/Guardianship Reviews

Custody and guardianship is another option that local departments can explore for permanency, and that is made available to a caregiver that would like to provide a permanent home for a child/youth, without having the rights of the parents terminated. This plan allows the child/youth to have a connection with their external family members.



Age Range	Totals	Custody/Guardian	Percentage
Age 1 thru 5	204	5	2%
Age 6 thru 10	165	4	2%
Age 11 thru 13	161	14	9%
Age 14 thru 16	241	19	8%
Age 17 thru 19	382	11	3%
Age 20	186	0	N/A
Total	1339	53	4%

Permanency

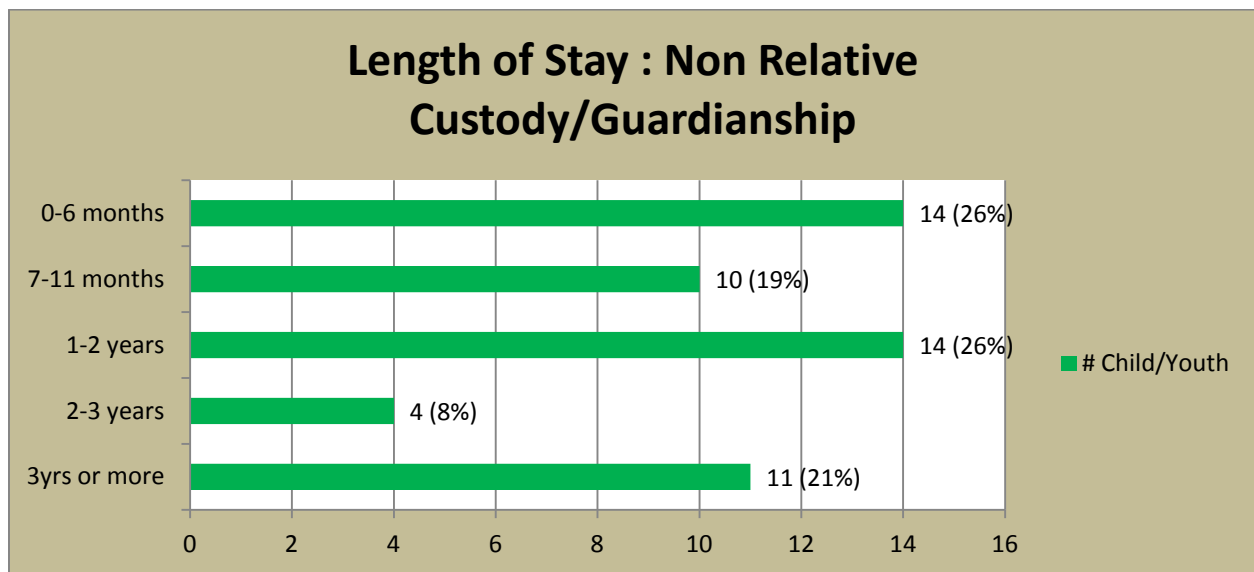
The local boards agreed with the permanency plan of non relative custody/guardianship for 44 (83%) of the 53 cases reviewed.

The local juvenile courts identified a concurrent permanency plan for 8 (15%) of the 53 cases reviewed. The concurrent plans identified were Reunification for 2 cases, Non Relative Adoption for 3 cases and APPLA for 3 cases.

The local departments were implementing the concurrent plans set by the local juvenile courts in 7 (88%) of the 8 cases.

Length of time child/youth had a plan of Non Relative Custody/Guardianship

Of the 53 cases reviewed the local boards found that the length of time the child/youth had a plan of Non Relative Custody/Guardianship were as follows:



Case Planning

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 29 (55%) of the 53 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 32 (69%) of 46 cases reviewed and 7 cases were Post-TPR children/youths under the age of 14. A signed service agreement was in place for 19 (41%) of the 46 cases.

The local boards found that the service agreement was appropriate for 18 of the 19 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
1	Formal Kinship Care
12	Regular Foster Care
2	Restricted (Relative) Foster Care
1	Treatment Foster Care
27	Treatment Foster Care (Private)
1	Residential Group Home
3	Therapeutic Group Home
2	Independent Residential Living Program
1	Residential Treatment Center
1	Diagnostic Center
1	Runaway (LA)
1	Secure Detention Facility (LA)

The local boards found that in 31 (58%) of the 53 cases reviewed the children/youths were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the placement plan in 51 (96%) of the 53 cases reviewed.

Placement Stability

The Local boards found that in 14 (26%) cases reviewed there was a change in placement within the 12 months prior to the review. 6 (43%) of the 14 cases had 1 placement change and 8 (57%) had 2 placement changes.

A family involvement meeting took place with the most recent placement changes for 6 of the 14 cases.

The following levels of care were found for the 14 most recent placement changes:

- 2 (14%) were in less restrictive placements
- 1 (7%) were in more restrictive placements
- 10 (71%) had the same level of care
- 1 (7%) runaway

The local boards found that the primary positive reason for the 14 most recent placement changes was:

- transition towards a permanency goal for 5 cases

Provider specific issues for the most recent placement changes were:

- Allegation of provider abuse/neglect: 2 cases
- Incompatible match: 3 cases

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 3 cases
- Delinquent behavior: 1 case

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

d) Yes, for 11 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

d) Yes, for 13 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 15 (28%) of the 53 children/youths reviewed had developmental or special needs.
- Current Physical: 38 (72%) children/youths had a current physical exam.
- Current Vision: 34 (64%) children/youths had a current vision exam.
- Current Dental: 28 (53%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 9 (45%) of 20 children/youths.
- Completed Medical Records: The local departments reported that 20 (38%) children/youths had completed medical records in their case files.
- Prescription Medication: 34 (64%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for 33 of the 34 children/youths.
- Psychotropic Medication: 29 (55%) children/youths were taking psychotropic medication.

- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for all 29 children/youths.
- Mental Health Issues: 41 (77%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 38 (93%) of the 41 children/youths.
- Mental Health Issues/Transitioning/Services: Not applicable. None of the youths with mental health issues, were transitioning out of care.
- Substance Abuse: 5 (9%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 1 (20%) of the 5 children/youths.
- Behavioral Issues: 28 (53%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 26 (93%) of the 28 children/youths.
- The local boards found that the health needs of 20 (38%) of the 53 children/youths had been met and 3 children/youths refused to comply with standard health exams.

Education

45 (85%) of the 53 children/youths reviewed were enrolled in school or another educational/vocational program. All 45 were in Pre-K through 12th grade. 4 of the 8 children/youths not enrolled in school or another educational/vocational program refused to attend school and 4 were under the age of 5.

26 (58%) of the 45 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 20 (44%) of the 45 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 28 (62%) of the 45 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 40 (89%) of the 45 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 30 cases)

5 (17%) of the 30 youths were employed or participating in paid or unpaid work experience. 1 youth was unable to participate due to being medically fragile, 2 youths due to mental health reasons and 1 youth due to being in a Juvenile Justice facility. 12 youths were referred to summer or year round training and employment opportunities by caseworkers.

The local boards agreed that 14 youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 30 cases)

The local boards agreed that 17 (57%) of the 30 youths were receiving appropriate services to prepare for independent living.

1 youth was unable to participate in independent living services due to being medically fragile, 2 youths due to mental health reasons and 1 youth due to being in a Juvenile Justice facility.

Housing (Transitioning Youth – None)

Not applicable.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for all 53 (100%) children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 21 (40%) of the 53 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	17	7
No	36	46

Frequency of Visits	With Parents	With Relatives
Daily		
Once a week	3	1
More than once a week	1	
Once a month	4	2
More than once a month	5	3
Quarterly		1
Yes, but undocumented	4	

Supervision of Visits	With Parents	With Relatives
Supervised	9	2
Unsupervised	8	5

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	8	1
Other Agency Representative		
Biological Family Member		1
Foster Parent	1	
Other		

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	6	2
LDSS Visitation Center	6	
Public Area	2	3
Child's/Youth's Placement	3	2
Other		

Overnight Stays	With Parents	With Relatives
Yes	2	2
No	15	5

The local boards found that 25 (47%) of the 53 children/youths had siblings in care. 16 (64%) of the 53 had visits with siblings in care who did not reside with them.

Barriers/Issues

The local boards identified the following barriers to permanency/issues:

- Lack of concurrent planning.
- No service agreement with youth.
- No current IEP.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Youth placed outside of home jurisdiction.
- Board does not agree with current permanency plan.
- Inadequate preparation for independence.
- Other independence barrier.
- Other education barrier.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 42 (79%) of the 53 children reviewed.

Child Protection Panels

CRBC became a citizen review panel in response to the Federal Child Abuse Prevention and Treatment Act (CAPTA) and state law requiring citizen oversight of the child protection system. Local child protection panels may be established in each jurisdiction. Panel members are appointed by the local appointing authority and local child protection panels report findings and recommendations to the CRBC State Board.

There are local child protection panels in Baltimore City, Baltimore County and Montgomery County. The following report findings and recommendations were reported to CRBC for the fiscal year 2019.

Baltimore City Child Protection Panel

In FY2019, the Baltimore City Child Protection Panel completed reviews that addressed outcomes as adapted from the DHR/DHS approved Child and Family Services Review (CFSR) review instrument. The panel made some of the same recommendations as previously because concerns and/or issues continue to exist based on review findings.

Recommendations:

- The department should improve with documentation regarding involvement with biological fathers in the provision of services, especially when the father is living in the home or is involved with the children.
- The department should ensure appropriate documentation of referrals, especially school or medical records mentioned in Local Department of Social Services (LDSS) records. LDSS frequently fails to follow up on mental health and substance abuse referrals for parents so there is no evidence that the parent actually benefited from the referral.
- The department should ensure that complete medical and educational records are included in the record.
- Ensure that the target child/children in a case are intervened.
- Only actual face to face contacts should be documented as such. Notes by workers indicating contacts when they are actually visits without contact create the appearance that there had been a face to face in person visit.
- The department should document interviews with children and children should be interviewed out of the presence of the parents when home visits occur. Document discussion of case plan goals with children interviewed.
- The panel reported concerns about the cases where the children were not interviewed at all.

Members

Beatrice Lee (CRBC State Board Member), Jackie Donowitz, Joan Little, Sheila Jessup, Carolyn Finney

Baltimore County Child Protection Panel (FY 2019)

Membership:

Mark Millspaugh, Deputy Director, Baltimore County Department of Social Services, Chair
Brynez Roane (Baxter), Arrow Child & Family Ministries
April Lewis, Baltimore County Public Schools
Pat Cronin, Executive Director, Family Tree
Bambi Glenn, Assistant County Attorney
Dr. Scott Krugman, Vice Chair, Department of Pediatrics, Herman & Walter Samuelson Children's Hospital at Sinai
Lisa Fox Dever, Office of the State's Attorney
Nancy Slaterbeck
Laura S. Steele, M.A.M.S., State Citizens Review Board
Lt. Michael Peterson, Baltimore County Police Department

Meetings Held

- July 25, 2018
- November 28, 2018
- March 27, 2019
- May 29, 2019
- July 31, 2019

SFY 2019 Accomplishments

- The Child Protection Panel continues to focus its efforts in the following areas:
 - Improving and expanding capacity for medical evaluation and reporting of child abuse and neglect in Baltimore County.
 - Educating the medical community regarding child abuse/neglect.
 - Advocating for more Child Protection Teams at area hospitals.
 - Prevention and services to runaways, including sex trafficking.
- Conducted case review involving runaway and sex trafficking and developed recommendations based upon the information gathered.
- Reviewed the Safe Harbor report and submitted a letter of support to Secretary of State Wobensmith for numerous recommendations included in that report that align with the results of the Baltimore County Child Protection Panel case review.

Montgomery County Child Protection Panel

The Mission of the Montgomery County Citizen's Advisory Panel is to examine the extent to which the County Child Welfare Agency effectively implements the child protection standards and State plan under Child Abuse and Neglect Federal legislation, 42 USC section 5106a(b).

The Panel is a multidisciplinary group of expert professionals and private citizens whose responsibility is to ensure that maltreated children receive the services and support they need. The panel has members with varied backgrounds, all committed to the safety and welfare of children and they work collaboratively with the County's Child Welfare Agency.

In FY19 the Panel focused on providing input to improving mental health services for children who have been maltreated and on the training and support that foster parents receive in caring for maltreated children. They continue to help monitor the housing and service needs of older youth who are 'transitioning out' of foster care.

The primary focus in FY19 continued to address child safety issues in light of the growing drug and alcohol epidemic. This effort included assessing the pervasiveness of the problem, safety planning, safety concerns, decision making, and resource needs.

The primary focus was on three key issues:

- **Data and data quality:** The goal is to obtain better data on substance abuse across child welfare children, parents, and foster parents to provide timely and effective services. The State is currently developing a new data management system. The Panel worked with Child Welfare to enhance those processes left to the County to help develop a set of standardized questions related to substance and alcohol abuse that can be reliably asked and captured.
- **Resources:** During interviews with staff a number of resource requests were put forth. In particular the Panel is helping to identify alternative substance abuse treatment for youth.
- **Collaboration, Outreach, and Training:** The focus is on collaboration across community agencies and boards working with drug abuse and mental health problems as well as ensuring our community partners consider the substance abuse issues of child welfare clients.

Members

Marci Roth, Chair, Ronna Cook, Leslie Shedlin, Jenn Carson, Lawrence Washington, Laura Coyle, George Gable, Pam Littlewood, Jane Steinberg, Sarah Stanton, Kay Farley (CRBC State Board Member), Deanna McCray-James, Stacy McNeely, Lisa Merkin/Angela English (agency staff persons)

Fiscal 2019 CRBC Metrics

	YTD
Total # of Children - Scheduled on the Preliminary:	2541
Total # of Children - Closed, Non Submission & Rescheduled:	1074
Total # of Children - Eligible for Review:	1467
Total # of Children - Reviewed at the Board:	1339
Total # of Children - Not Reviewed at the Board:	128
Percentage of Children Reviewed for the Period:	91%
Percentage of Children Not Reviewed for the Period:	9%
Recommendation Reports - Number Sent	1339
Recommendation Reports - Number Sent on Time	1250
Recommendation Reports - Percent Sent on Time	93%
Recommendation Reports - Number Received – DSS Response	765
Recommendation Reports - Percent Received % - DSS Response	57%
Recommendation Reports - Number Received on Time - DSS Response	244
Recommendation Reports - Percent Received on Time % - DSS Response	32%
Number of Boards Held	191
Recommendation Reports - # of DSS Agreement	742
Recommendation Reports - Percent of DSS Agreement	97%
Recommendation Reports - # of DSS Disagreement	22
Recommendation Reports - Percent of DSS Disagreement	3%
Recommendation Reports - # Blank/Unanswered	1
Recommendation Reports - Percent # Blank/Unanswered	<1%
Percentage of REUNIFICATION Children Reviewed for the Fiscal Year	38%
Percentage of RELATIVE PLACEMENT – Adoption Children Reviewed:	2%
Percentage of RELATIVE PLACEMENT – C & G Children Reviewed:	4%
Percentage of ADOPTION Children Reviewed for the Period:	17%
Percentage of CUSTODY/GUARDIANSHIP Children Reviewed for the Period:	4%
Percentage of APPLA Children Reviewed for the Period:	35%

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