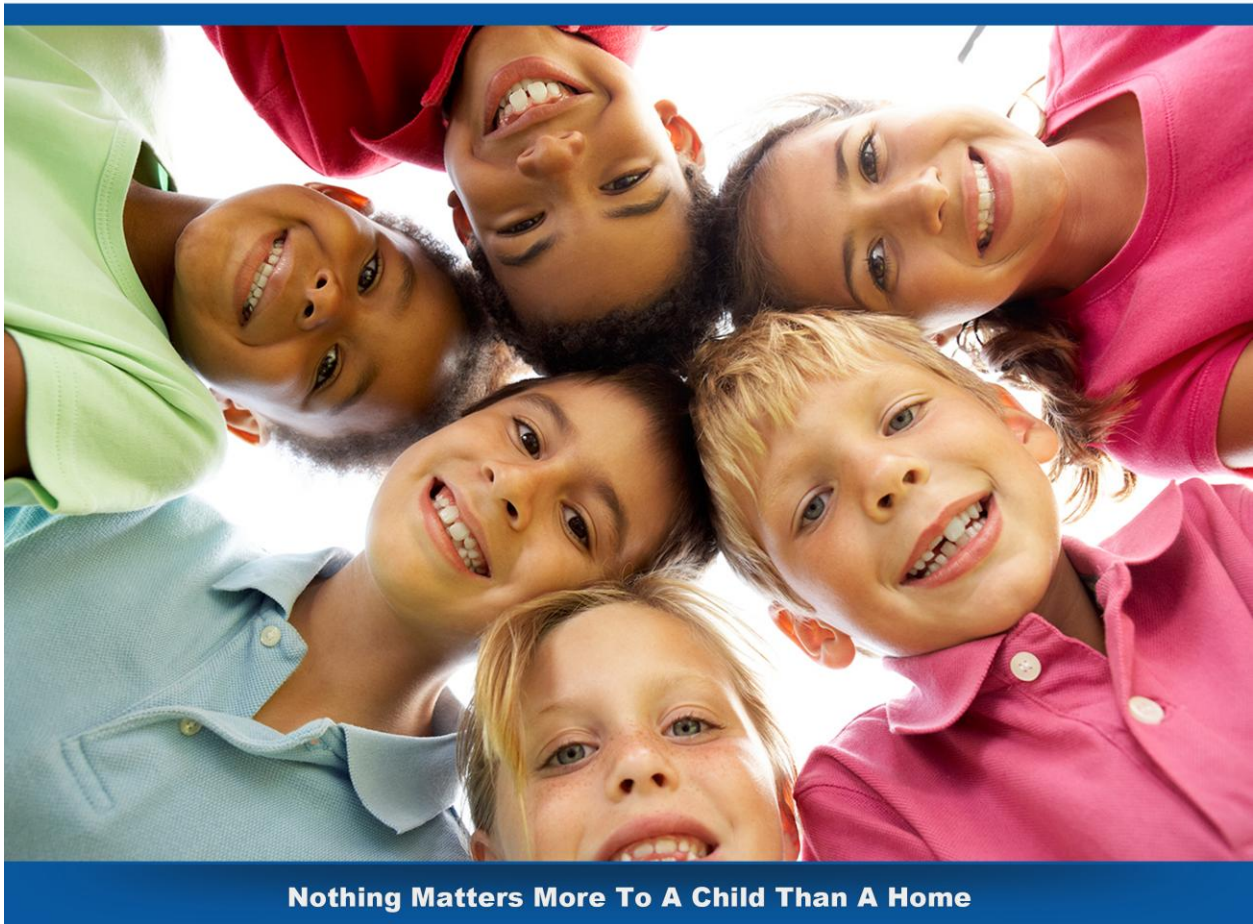


Maryland Department of Human Resources  
Title IV-B Child and Family Services Plan  
2015 Annual Progress and Services Report



Lawrence J. Hogan, Jr., Governor  
Boyd K. Rutherford, Lt. Governor  
Sam Malhotra, Secretary



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## SECTION I: MARYLAND'S CHILD WELFARE SYSTEM

### INTRODUCTION

The Maryland Department of Human Resources (DHR) is designated by the Governor as the agency to administer the Social Services Block Grant (Title XX), Title IV-B and Title IV-E Programs. DHR administers the IV-B, subpart two, Promoting Safe and Stable Families plan and oversees services provided by the 24 Local Departments and those purchased through community service providers. The Social Services Administration (SSA) under the Executive Director, has primary responsibility for the social service components of the Title IV-E plan and programs that include: A) Chafee Foster Care Independence Program, B) the Title IV-B plan and programs for children and their families funded through the Social Services Block Grant, and C) the Child Abuse Prevention and Treatment Act (CAPTA). To view the Social Services Administration's organizational structure, see Appendix A.

**Vision:** The Maryland Department of Human Resources, Social Services Administration envisions a Maryland where all children are safe from abuse and neglect, where children have permanent homes and where families are able to meet their own needs.

**Mission:** To lead, support and enable Local Departments of Social Services in employing strategies to prevent child abuse and neglect, protect vulnerable children, preserve and strengthen families, by collaborating with state and community partners.

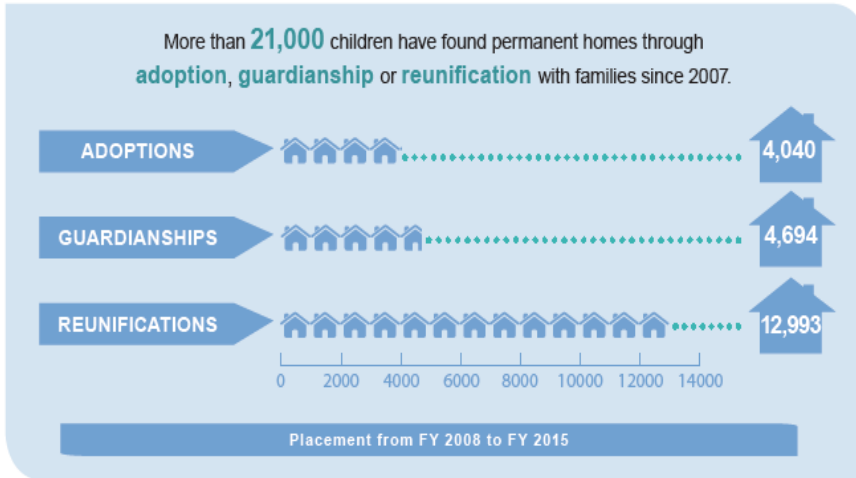
Maryland works to fulfill the vision and mission by building a system that improves family and child well-being through the provision of family-centered, child-focused, community-based services. DHR, Maryland's human services and child welfare agency, is a member of Maryland's Children's Cabinet which, for more than 30 years, has provided leadership for and commitment to achieving a collaborative system of care for Maryland's children and families. The Children's Cabinet is comprised of the Secretaries of the Department of Health and Mental Hygiene (DHMH), DHR, Department of Juvenile Services (DJS), and Maryland Department of Disabilities (MDOD), the Superintendent of the Maryland State Department of Education and the Executive Director of the Governor's Office for Children. The Children's Cabinet provides a vehicle for interagency planning and collaboration on behalf of children and families with the most complex and challenging needs.

Since 2007, Maryland has been systematically enhancing and improving its child welfare system through broad initiatives (Place Matters, Ready by 21), practice model improvements (Family Centered Practice, Youth Matter, Alternative Response), program improvement policies (Guardianship Assistance Program, Tuition Waivers, Kinship Navigators), and innovative and evidence-based programmatic improvements (Family Finding, Family Involvement Meetings, Family Unification Program Vouchers). Over the next 4 years, Maryland is poised to utilize these wide-ranging initiatives under the IV-E Waiver Demonstration (implementation to commence July 1, 2015) to reduce entries and re-entries into out-of-home care and reduce lengths of stay for youth in out-of-home care, ultimately achieving greater safety, permanency, and well-being for Maryland's children and families.

*Place Matters*, in place since 2007 promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of Place Matters is designed to improve the continuum of services for children and families, and places emphasis on preventing children from coming into care when possible, while ensuring that children are

appropriately placed when they enter care. Place Matters also shortens the length of time youth are placed in out-of-home care.

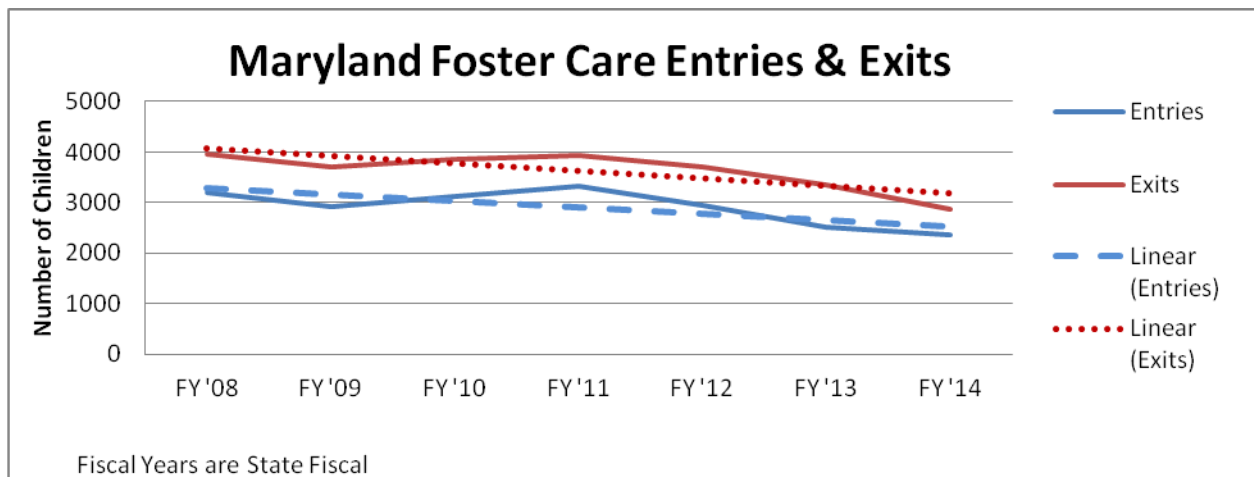
*Family Centered Practice:* DHR attributes much of the success to its Family Centered Practice (FCP)



model, which is at the core of Maryland’s child welfare model and consistent with the service planning models outlined in the Interagency Strategic Plan. FCP includes the utilization of the Family Involvement Meeting (FIM) to encourage children, family members and community partners to be actively involved in case planning decisions. Maryland has partnered

with families, including kin and fictive kin, to move children out of foster care and into permanency. More than 21,000 children have moved to permanent homes through reunification, adoption, or guardianship since 2007.

Maryland’s success in reducing foster care through Place Matters is driven by exits exceeding entries from year to year. Entries have generally been consistent over time, with only occasional increases, as illustrated in Figure 1 below.



**Figure 1: Maryland Foster Care Entries & Exits, July 2007-July 2014**

**Source: Maryland Department of Human Resources. 03 File - Trends data**

Although Maryland has experienced a decrease in entries in the past two years, the challenge is to focus on a continued reduction of entries into foster care by determining the factors that lead to placement

and the services required to prevent placement. Place Matters, therefore, is shifting its focus to narrowing foster care's front door.

*Alternative Response:* In July 2012, Maryland passed landmark legislation permitting the development and implementation of an alternative response system to address low risk cases of child abuse and neglect. **Alternative Response** permits DHR to intervene to ensure safety and address risk without the stigma of a finding of maltreatment being attached to the parent. The cornerstone of Alternative Response is family engagement; families work with DHR to address the issues that place children at-risk. Maryland provides Consolidated In-Home Services to families where risk of maltreatment is identified, and the availability of targeted community services to meet the needs of families and children is integral to the success of Alternative Response. In July 2014, Alternative Response was available statewide as an alternative to traditional, investigative responses, when appropriate.

*Ready by 21:* Nearly half of the youth in care in Maryland are between the ages of 14-20, with almost 30% of youth in care aged 18-20. This group of youth presents unique needs as they prepare to transition from foster care to young adulthood. **Ready by 21** is Maryland's initiative to ensure that youth are prepared for the transition into adulthood. Focusing on the five core areas of housing, education, finances, health, and mentoring, Ready by 21 provides a framework and key strategies that are implemented at the local level by the LDSS and their community partners. Ready by 21 is designed to ensure that youth have the necessary skills and resources to integrate back into their homes and communities when they reunify with the families or to be successful if they emancipate from care at 21.



Maryland has been innovative in its work with transition-aged youth, recognizing that the supports that are provided to youth ages 14-17 has an impact on their permanency and well-being as they move into adulthood. While some states are only just starting to consider expanding foster care up through age 21, Maryland has permitted youth to remain in foster care up to their 21<sup>st</sup> birthday for over 25 years if they do not reunify with their families or enter guardianship or adoption prior to their 18<sup>th</sup> birthday. While the child welfare system is no substitute for a family, the resources and supports that DHR provides to these youth as they move into adulthood serve as a critical safety net.

*Youth Matter:* Finally, the **Youth Matter** Practice Model is an important piece of Maryland's Ready by 21 initiative, focusing on understanding the process and importance of actively engaging and teaming with youth. LDSS use Family Involvement Meetings (FIM), advisory boards, and other local opportunities to engage youth in both the practice and policy levels of the child welfare system.

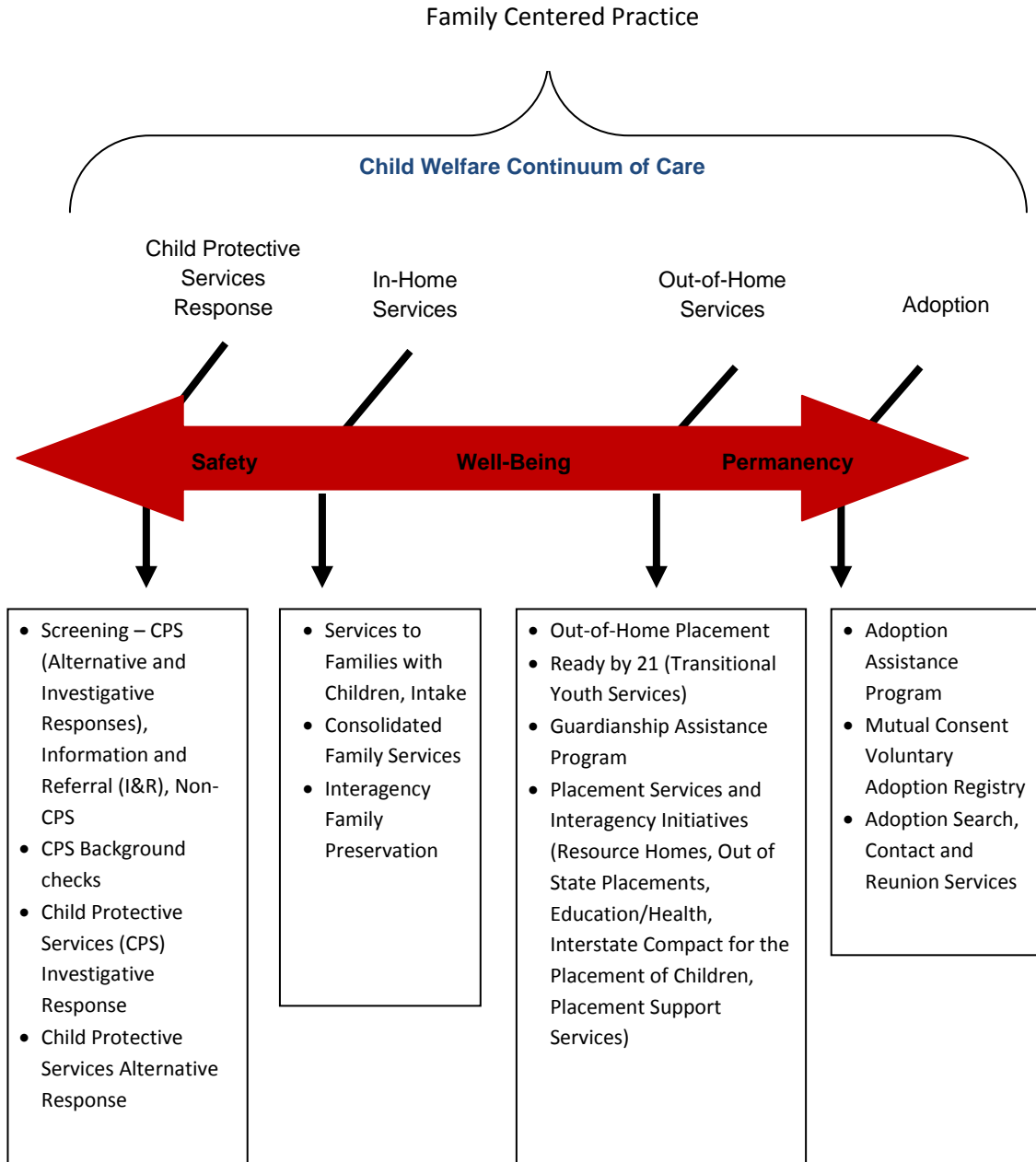
*Going Forward:* Maryland plans to build on the successes of Place Matters, Family Centered Practice, Youth Matter, Alternative Response and Ready by 21 with the Title IV-E Waiver Demonstration. Since October 2014, SSA has formed a IV-E Waiver Council with membership including sister agencies, local jurisdiction representation, provider and non-profits that impact the safety, permanency and well-being of children to provide advice on the preparation and implementation of the IV-E Waiver services. SSA has conducted a Readiness Assessment and is on the cusp of implementation which will provide the means for innovative programs and practices to reduce entries and re-entries into the child welfare

system. The shift to fund enhancements for community-based services for children and families will build on Maryland's foundation for safety, permanence and well-being for children. Details of the IV-E Waiver Demonstration plan are discussed in the IV-E Waiver Demonstration section of this report.



**CONTINUUM OF CARE**

The programs under the Social Services Administration provide a continuum of care of the Goals: Safety, Permanence and Well-Being as displayed in the Graphic, Child Welfare Continuum of Care.

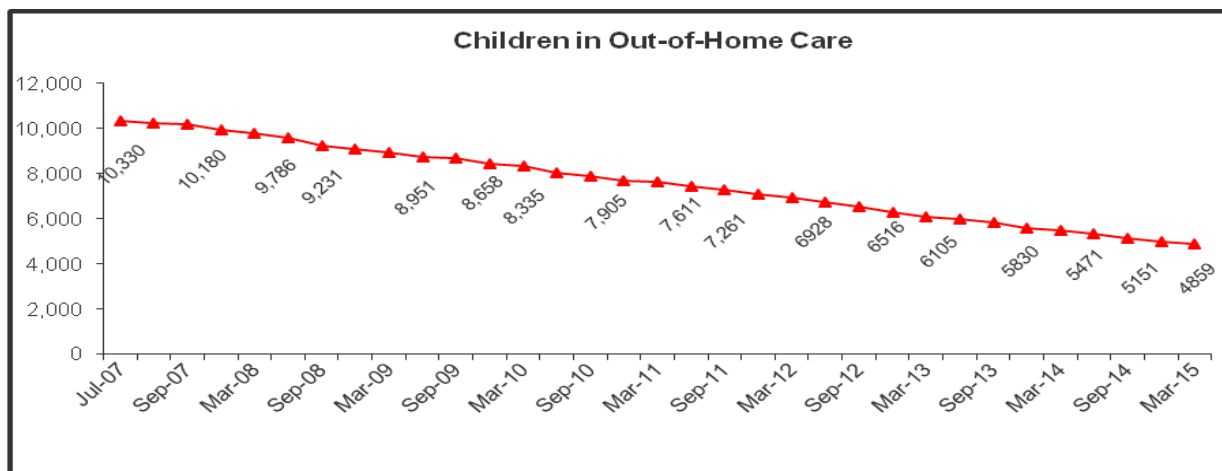


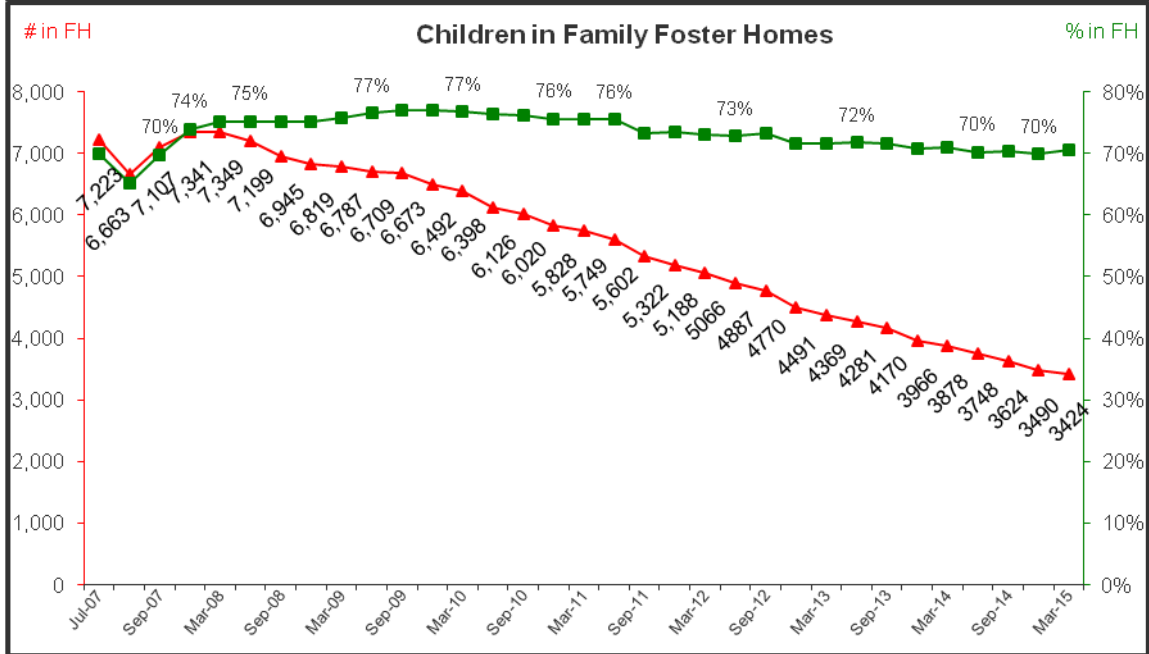
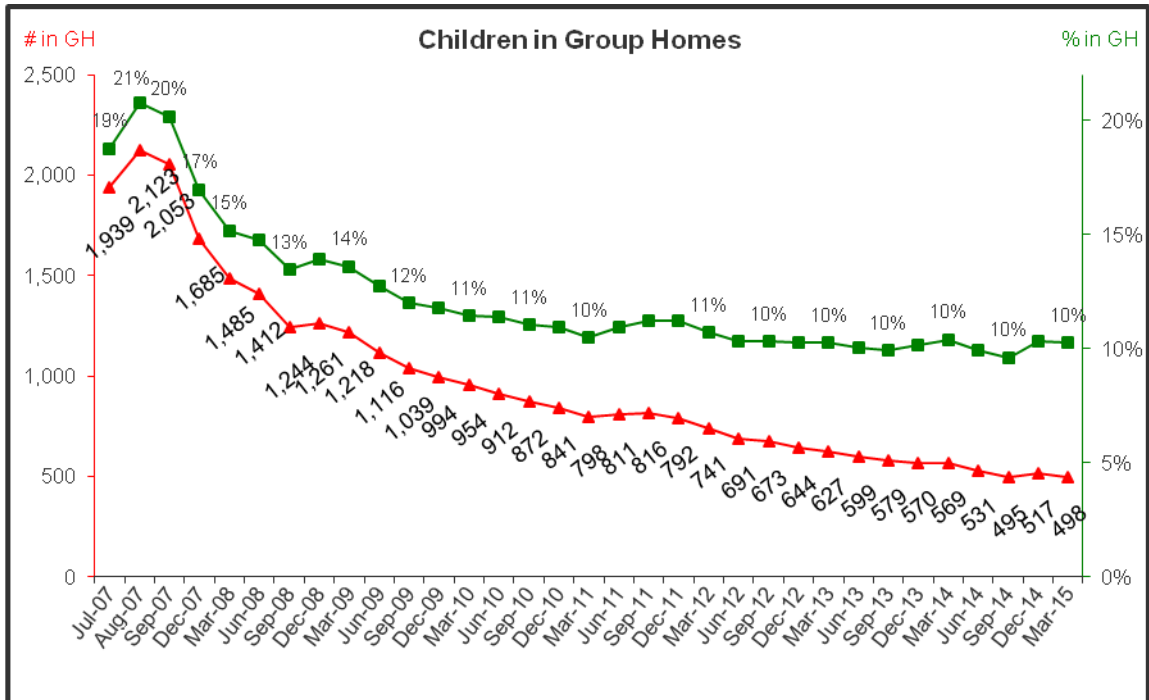
## PLACE MATTERS

The Maryland DHR made a deliberate and focused shift in its practice, policy and service delivery with the July 2007 statewide rollout of the “Place Matters” initiative, which promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of “Place Matters”, designed to improve the continuum of services for Maryland’s children and families, places emphasis on preventing children from coming into care when possible, ensuring that children are appropriately placed when they enter care, and shortening the length of time youth are placed in out-of-home care. The goals of the Place Matters Initiative are:

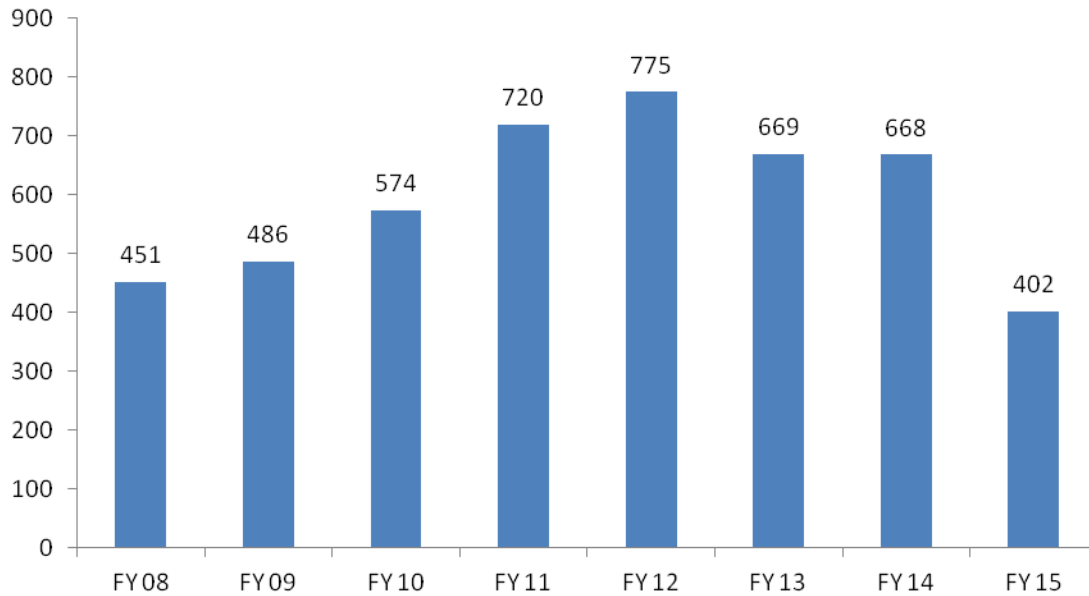
- **Keep children in families first** - Place more children who enter care with relatives or in resource families as appropriate and decrease the numbers of children in congregate care.
- **Maintain children in their communities** - Keep children at home with their families and offer more services in their communities, across all levels of care.
- **Reduce reliance on out-of-home care** - Provide more in-home supports to help maintain children in their families.
- **Minimize the length of stay** - Reduce length of stay in out-of-home care and increase reunification.
- **Manage with data and redirect resources** - Ensure that managers have relevant data to improve decision-making, oversight, and accountability. Shift resources from the back-end to the front-end of services.

Since July 2007, through March 2015 DHR’s Place Matter’s Initiative Maryland has reduced the total number of children in out-of-home care by 53%; decreased the proportion of total youth in group home placements from 19% to 10%; increased the proportion of total family home placements from 70% to 71%. In addition, the proportion of children exiting to reunification, guardianship, and adoption increased from 66% during state fiscal year 2008 to 77% for state fiscal year 2013, and remains at 77% for state fiscal year 2014 through March 2015.



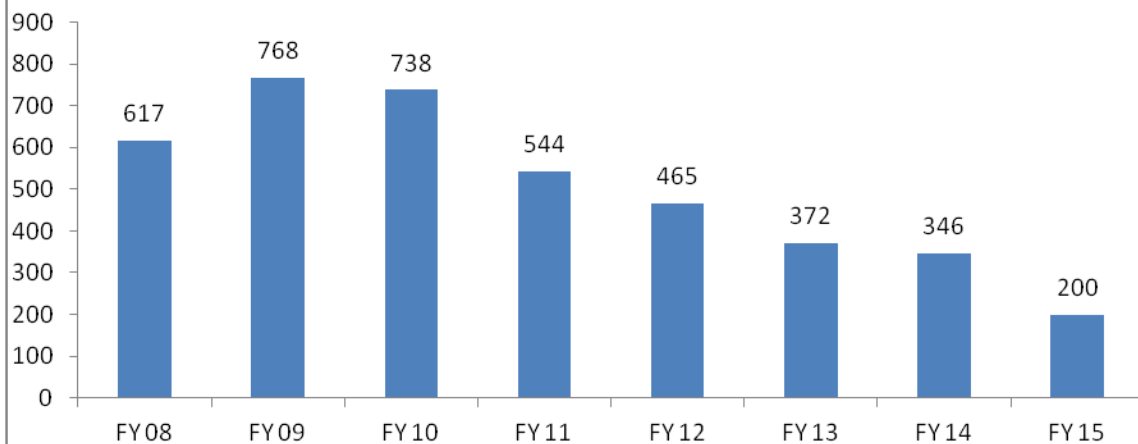


## Exits from Out-of-Home Care - Guardianship



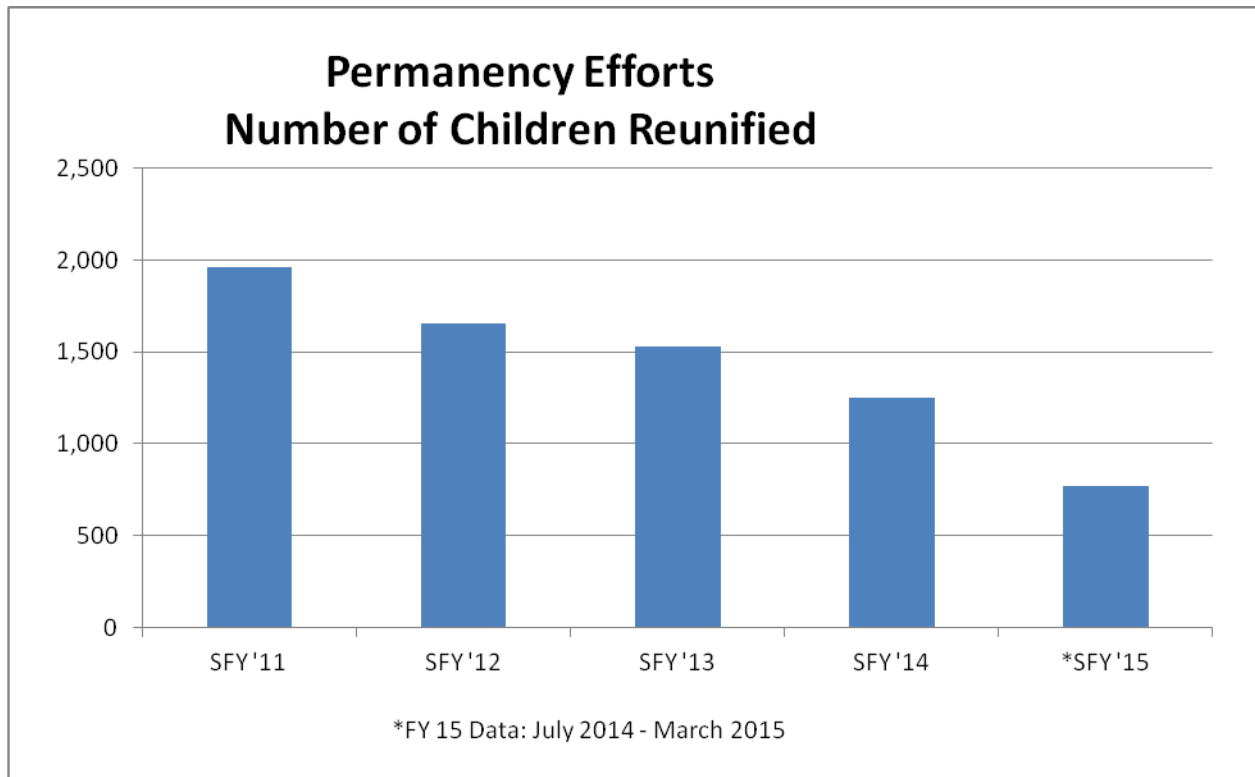
Fiscal Yers are State Fiscal Years  
FY 15 Data: July 2014 - March 2015

## Exits from Out-of-Home care - Adoption



Fiscal Years are State Fiscal Years  
FY 15 Data: July 2014 - March 2015

Successful implementation of “Place Matters” continues to be supported by the Maryland Child and Family Services Interagency Strategic Plan (Appendix B), which directs the implementation of a coordinated interagency effort to develop a child-family serving system that can better meet the needs of children, youth and their families and target children who are at-risk for a range of negative outcomes (e.g. delinquency, child maltreatment, Out-of-Home Placement, and poor school achievement).



## SECTION II. TITLE IV-E DEMONSTRATION WAIVER

The Maryland Department of Human Resources (DHR), Social Services Administration (SSA) envisions a Maryland where all children are safe from abuse and neglect, children have permanent homes, and families are able to meet their own needs. Maryland's 24 Local Departments of Social Services (LDSS) employ strategies to prevent child abuse and neglect, protect vulnerable children, and preserve and strengthen families by collaborating with state and community partners.

In 2007, DHR made a deliberate and focused shift in its practice, policy and service delivery with the launch of its Place Matters initiative. Over the last seven years, Maryland has been building a system that improves family and child well-being through the provision of family-centered, child-focused and community-based services. Place Matters promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of Place Matters is designed to improve the continuum of services for children and families, and places emphasis on preventing children from coming into care when possible, while ensuring that children are appropriately placed when they enter care. The primary successes of Place Matters are found in the shorter lengths of stay in out-of-home care and the increasing numbers of children and youth exiting from foster care to a permanent placement. Since the start of Place Matters, **the number of children in out-of-home care has decreased by 53%**, the number of youth in group placements has decreased by more than 74%; and the proportion of youth in group home placements declined from 19% to 10%<sup>1</sup>. **There are fewer children in foster care today in Maryland than at any time in the past twenty-seven years.**

DHR will be building on the successes of Place Matters through the IV-E Demonstration project by identifying and addressing remaining issues in the system that have become barriers to strengthening families to ensure safety, permanency and well-being. To further examine potential problem areas, DHR completed a comprehensive analysis of statewide data (see Appendix C) from the SACWIS system and identified two particular problems that could be addressed by utilizing flexible IV-E funding and with potential significant impact on families:

- **New entries into out-of-home care need to be reduced:** Maryland must do better to support families once identified before they enter child welfare's front door in order to prevent children from coming into out-of-home placement (i.e. preventing new entries into out-of-home placement). Maryland's success in reducing foster care through Place Matters has been driven by exits exceeding entries from year to year. Entries have generally been consistent over time, with only occasional decreases. Although Maryland has experienced a decrease in entries in the past two years, the challenge is to continue to reduce new entries into foster care by determining the factors that lead to placement and the services required to prevent placement.
- **Re-entries into out-of-home care must be reduced:** Maryland must reduce the number of children who re-enter the child welfare system after exiting to reunification, guardianship or adoption. As mentioned above, one of the major successes of Maryland's Place Matters Initiative has been the significant decrease in children and youth in the foster care system primarily due to the increase in exits to permanency. For many children this has been a positive step to improved well-being, but for

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<sup>1</sup> From July 2007 to October 2014.

some, permanency has been temporary and children have come back into the foster care system. Through a three year analysis of OOH care exits to reunification, guardianship and adoption, DHR found that 8,376 children and youth exited the foster care system between FY11 and FY13. Of those who exited, 10% re-entered OOH care within 12 months of that exit, which is above the national benchmark. Maryland's percentage of re-entries has continued to be over 10% for the last several years and is a problem that DHR will address as part of the IV-E Waiver Demonstration. According to the *Examination of Reentry into State Sponsored Out-of-Home Care after Reunification in Maryland* report, reentry rates have increased over the past 5 years, from 11.9% in 2009 to over 15% in 2013.<sup>2</sup> Based on logistic regression and survival analysis of MD CHESSE data, this report identifies significant predictors of reentry after reunification: having siblings in care at the same time, length of stay less than 3 months, child behavior problems a factor at removal, experiencing a residential placement, having prior child welfare experience, removed from a mother-only household, or court-ordered return home against LDSS recommendations.

**THE IV-E WAIVER:** Family-Centered Practice underlies all of DHR's child welfare initiatives, including Place Matters and Alternative Response. The successes under Place Matters have been driven largely by reducing length of stay in out-of-home placement, not by reducing entries or re-entries into out-of-home placement. The number of exits from out-of-home placement has increased; however, the number of re-entries back into the system also has increased and is above the national average. In order to take the next step in building a coordinated and comprehensive system that will strengthen Maryland's families and youth, DHR will utilize the IV-E Demonstration Waiver project to address ways to reduce the occurrence of children first entering the child welfare system and reduce the number of children who re-enter the system after exiting to reunification, guardianship or adoption.

DHR, therefore, is shifting its focus to narrowing foster care's front door, and Maryland needs to build flexible capacity to make this happen. The first step in this process has been through the roll out across all 24 jurisdictions of **Alternative Response (AR)**. In July 2012, Maryland passed landmark legislation permitting the development and implementation of an alternative response system to address low risk cases of child abuse and neglect. Alternative Response permits DHR to intervene to ensure safety and address risk without the stigma of a finding of maltreatment being attached to the parent. The cornerstone of Alternative Response is family engagement wherein the families work with DHR to address the issues that place children at-risk.

Consolidated In-Home Services staff will be one of the first groups impacted by the implementation of the IV-E Waiver Demonstration project through the roll out of Maryland's new Trauma-informed Assessment tool, the CANS-F. Use of a trauma-informed assessment will be a natural progression of the work being done by Consolidated In-home Services staff and will help better assess the needs of children and families referred for ongoing services and oversight. Children and families served through Child Protective Services (AR and Investigative Response) will begin to receive CANS-F assessments in January 2016, and may also receive benefit from the Waiver through increased trauma-informed care and referrals to evidence-based practices and promising practices.

Figure 1 below shows Family Centered Practice, Place Matters, and Alternative Response as a foundation for the IV-E Waiver interventions of implementing a trauma-informed system of care and

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<sup>2</sup> Shaw, T. (2015) *An Examination of Reentry into State Sponsored Out-of-Home Care after Reunification in Maryland* (Final Report). University of Maryland, School of Social Work.

implementing evidence-based practices (EBPs) and promising practices (PPs), all of which work together to reduce maltreatment and reduce the number of children in out of home (OOH) care.

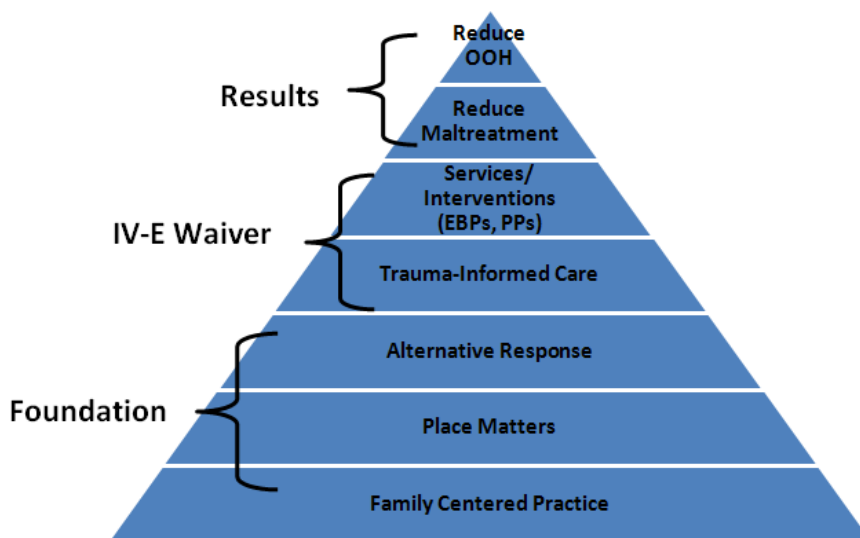


Figure 1

The success of the child welfare system rests on the availability of appropriate services and supports to meet identified needs. **The availability of targeted, home- and community-based, evidence-based and promising practices is critical and is a problem for jurisdictions with limited community-based resources.** Therefore, there is a need to identify effective services that can address the individualized needs of families in a strengths-based and culturally responsive manner and prevent children from coming into care for the first time. In addition, Maryland will need to identify where, if at all, these resources exist across the state in order to utilize IV-E dollars to build capacity where needed. Similarly, Maryland must identify the services and supports necessary to prevent reentry into out-of-home care; these services may be the same as those required to prevent new entries or they may be different based on the particular needs of the population served.

**Target Population:** Based on a comprehensive analysis of data from DHR’s SACWIS system, two priority populations of children and youth have been identified as a focus of the Demonstration project; **1) children and youth at risk of entering out-of-home care for the first time and 2) children and youth at-risk for re-entering out-of-home care after exiting to permanency.** All children and youth moving through Child Protective Services are considered at risk of entering out-of-home placement for the purposes of the IV-E Waiver Demonstration project. These “at risk” children are different from those considered foster care candidates for IV-E purposes, as those children must be at *imminent* risk for out-of-home placement.



Although these are the overall statewide populations of focus, local variations within each of these populations were identified through a local needs and readiness assessment process conducted by DHR. Local variations include the types of needs identified by local jurisdictions within the Readiness Assessment and supported by data.

The Readiness Assessment tool was comprised of two parts, a Population Needs Assessment and an Infrastructure Assessment. Both were completed using jurisdictional/regional data provided by DHR and information collected within each of the jurisdictions/regions. Jurisdictions chose to complete the Readiness Assessment individually or through coordination with neighboring jurisdictions for a regional approach (particularly if those jurisdictions share resources routinely).

- The **Population Needs Assessment** strived to identify the areas of greatest need and the availability of trauma-informed evidence-based and/or promising practices. The assessment asked jurisdictions to identify gaps in the existing service array and provide suggestions for services that may meet the needs of the Title IV-E Waiver Demonstration Project’s prioritized populations—new entries and re-entries into out-of-home care.
- The **Infrastructure Assessment** focused on the necessary components for developing a trauma-informed agency as well as identifying the implementation infrastructure needed to support Evidence-based Practices (EBP) and/or promising practice implementation.

Information from the Readiness Assessments was analyzed to identify jurisdictions with common needs, those most ready for implementation of IV-E interventions and those that could provide the greatest impact related to the reduction of out of home placements. This assessment process also provided Local Departments of Social Services (LDSSs) with the opportunity to engage with local stakeholders to identify and prioritize opportunities to better serve children and youth in their homes and communities.

All 24 LDSS completed the readiness assessment, with 18 LDSS submitting individual assessments and 5 LDSS submitting a single assessment for their region. Each LDSS was instructed to assemble a team of internal and external stakeholders to complete the readiness assessment. Team members included:

- LDSS staff, including LDSS Directors, Assistant Directors, and supervisors (41% of participants),
- community partners, including representatives from family organizations, community organizations, and private providers (19%), and
- other child- and family-serving agencies, including Local Management Boards, Core Service Agencies, private providers, schools, and local Departments of Juvenile Services (40%).

A total of 205 stakeholders across Maryland participated in the Title IV-E readiness assessment, in addition to a worker survey which was distributed to front-line caseworkers.

The results of the Readiness Assessment provided us with a “blueprint” to inform selection of regions/jurisdictions that are ready to implement interventions associated with the Title IV-E Demonstration Project successfully. The core areas of need that were identified through this process were:

- Parental Substance Abuse and Parental Mental Health, particularly for children ages 0-8 at risk for entering care (new entries and re-entries);
- Child Behavioral Health, particularly for 14-17 year olds at risk for entering out of home care (new entries and re-entries);
- Trauma-informed workforce development; and

- Trauma-informed interventions and practices.

**Interventions:** Maryland will reduce entries (new and re-entries) into out-of-home care and will improve the well-being of the children, youth and families served by effectively connecting trauma-informed assessment findings to trauma-informed evidence-based and/or promising practices through the Title IV-E Waiver Demonstration Project.

DHR is focusing on statewide implementation of a **trauma-informed system** in order to better identify the strengths and needs of children, youth and families who come into contact with the child welfare system. This includes the use of standardized trauma and trauma-informed assessment measures, the use of evidenced-based and/or promising practice trauma-informed services, and workforce development activities related to the impact of trauma on children and families as well as on front line staff.

**Workforce Development:** Creating a trauma-informed system requires workforce supports. The Demonstration will enable the Department to provide training to child welfare workers, resource parents, and community providers on trauma-informed care; these trainings can be specifically designed for the trainees/audiences and their needs. Training is critical, not only for the child welfare workforce and other direct care staff, but also for resource parents (i.e., kinship care providers and foster parents). A component of a trauma-informed system is supporting resource parents to learn more about the particular needs of the children that they are serving and how to support them to transition back to their homes and communities. Intergenerational trauma is frequently present in the families involved with the child welfare system, and resource parents need to be supported to work with the birth family as well as the children. The trauma of the birth parents may impact their ability to effectively work toward reunification, and increasing the knowledge of the resource parents in how to better partner with the birth parents may help to reduce lengths of stay in out-of-home placement as well as re-entries into out-of-home placement. By equipping workers and resource partners to identify trauma issues, services can be individualized to more effectively address youth and family needs.

**Two Trauma-informed workgroups 1. Workforce and 2. Approaches and Interventions** have been established by DHR to develop a Trauma-informed Strategic Plan that includes both workforce strategies and approaches/interventions that will better support Maryland's families through a trauma-informed lens. The trauma-informed strategic plan will include a Maryland definition of what it means to be a trauma-informed child and family serving system, a framework for organizing the core components of a trauma-informed system, action steps to be taken as part of the Waiver project and an evaluation process and sustainability plan for the trauma-informed strategies developed as part of the strategic plan. The workgroups will be determining the types of training and continual coaching needs that will need to be developed for direct care staff, resource parents, leadership, and community providers. These trainings will be outlined within the strategic plan.

Workgroup members consist of representatives from public child welfare agencies, contracted providers, mental health, advocates, child welfare training academy and trauma experts. They have spent the last few months gathering resources and outlining elements to be incorporated into a strategic plan. This strategic plan will be finalized by July 1, 2015.

**Assessments:** The CANS Family (CANS-F) is comprised of a comprehensive family system assessment as well as individual caregiver and youth assessments. It centers on the family unit as a whole for planning

and measuring of service needs; therefore, all members of the household, regardless of age, are included in the assessment.

The LDSSs have assessed youth in out-of-home (OOH) care and their caregivers using the Child and Adolescent Needs and Strengths (CANS) assessment since July of 2011. Both the CANS and the CANS-F assess for exposure to trauma and its impact on functioning using the same items, and both are intended to facilitate the planning process. The use of the CANS in case planning has not, however, been fully realized as there had not been a similar tool available for use prior to a child's entry into OOH care. With the implementation of CANS-F in In-Home Services (July 2015) and CPS (January 2016), the entire Maryland child welfare continuum will utilize the CANS or CANS-F for case planning, placement decisions, etc. In addition, the CANS-F will be evaluated as part of the IV-E Waiver formal evaluation.

The CANS-F is an updated version of the Family Advocacy and Support Tool (FAST). Using the FAST as a template, the State of Maryland developed and piloted the CANS-F with workers, supervisors and administrators from Anne Arundel, Frederick and Talbot Counties. The team elected to call the tool the CANS-F to communicate its similarity to the CANS and the vision of a unified approach to assessment.

The CANS-F was piloted in Anne Arundel, Frederick and Talbot Counties using a macro-enhanced Word version of the assessment. CANS-F assessment is scheduled for Statewide Implementation in In-Home Services on July 1, 2015. As of the writing of this report, all enhancements have been made in MD CHESSIE, Maryland's SACWIS system to accommodate this implementation. Completing the CANS-F throughout the life of an In-Home service case can help verify that the interventions or recommended services are successful in affecting change for the family.

Training specific to the CANS-F began in May 2015, provided by the Institute for Innovations and Implementation (The Institute). Training focused on: skills required to assess for trauma, and secondary traumatic stress (STS) and its impact on assessment skills, and self-care activities for frontline staff.

*Home- and Community-Based, Evidence-Based and/or Promising Practices.* As mentioned above, DHR utilized the analyses from the jurisdictional needs and readiness assessment data to determine the specific needs of jurisdictions/regions across the state, existing resources available across Maryland and the service gaps.

The core areas of need identified across the state of Maryland for both New Entries and Re-Entries are:

- Parental Substance Abuse and Parental Mental Health, particularly for children ages 0-8 at risk for entering care (new entries and re-entries)
- Child Behavioral Health, particularly for 14-17 year olds at risk for entering out of home care (new entries and re-entries),
- Trauma-informed workforce development, and
- Trauma-informed interventions and practices

DHR will collaborate with its sister child- and family-serving agencies and community-based provider organizations in the expansion of services to better support the two priority populations. Specific community-based interventions that will be supported by the Demonstration will be identified through a Concept Paper process with LDSSs and private providers. Concept Papers will contain proposals for evidence-based practices (EBPs) and promising practices (PPs) that are appropriate for each jurisdiction

or, if submitted by private providers, possibly for statewide implementation. Concept Papers will be reviewed by the IV-E Waiver Steering Committee and IV-E Waiver Advisory Council. Projects will be selected for funding based on readiness of the jurisdiction, feasibility of the new project, applicability of the project to the goals of reducing entries and reentries, and long-term ability to scale-up the project to other jurisdictions statewide. It is expected that a small number (approximately five) projects will be funded the first year, with evidence of outcomes gathered and analyzed during that year; transfer of learning activities will also occur during the first year with other LDSSs as well as technical assistance to prepare those other LDSSs for implementation in coming years.

**OUTCOMES:** Each of the key intervention activities (including each of the EBPs, PPs, or other new interventions) will have an outcome evaluation to assess the impact on the State's overall goals of improving safety, permanency and well-being for youth in the child welfare system. The State's outcome evaluation will address the following specific research questions:

- (1) What impact has the implementation of CANS-F had on in-home casework practice outcomes related to child safety, functioning and well-being?
- (2) What impact has workforce development efforts had on becoming a trauma-informed system?
- (3) What has been the impact of evidence-based or promising practices on youth safety, functioning, permanency and well-being in jurisdictions where these practices have been implemented?
- (4) What impact has the Demonstration had on statewide rates of entry, reentry or maltreatment investigations over time?

For outcome (2):

- a. Child safety will be measured by rates of safety plan creation, maltreatment investigations, and rate of entry into OOH care from In-Home services;
- b. Functioning and well-being will be measured by the CANS-F using the domains of family functioning, caregiver needs and strengths, caregiver advocacy, and child functioning, child emotional and behavioral needs, child risk behaviors, and trauma experiences.

Additionally, the State's outcome evaluation will monitor the following outcomes statewide during the Demonstration project:

- 1) Rates of reunification, adoption or guardianship;
- 2) Placement stability (using the Federal Child and Family Service Review (CFSR) measure of rate of placement moves per day of foster care)
- 3) Length of stay;
- 4) The number of cases that are served in the alternative response track compared to the use of the investigative response track;
- 5) Rates of residential treatment/ group care placement among youth in care; and
- 6) Child and youth functioning (using the CANS/CANS-F).

**Theory of Change:** Maryland anticipates that the flexibility provided by the Title IV-E Waiver Demonstration Project will result in improved outcomes for children and families, including increased youth and family functioning; decreased entries into foster care (new and re-entries); reduced lengths of stay; improved social and emotional functioning; improved educational achievement; increased exits to permanence; and, decreased reports of maltreatment. These outcomes will be achieved by building on

the success of Place Matters; leveraging statewide Children’s Cabinet initiatives; utilizing evidence-based and promising practices; and, creating a trauma-informed system of care.

**Intervention:** Maryland will implement a responsive, evidence- and trauma-informed system that uses standardized assessment tools to identify strengths and areas of need:

*So That*

Families who have contact with child welfare services are comprehensively assessed by trauma-informed child welfare workers with validated tools that identify strengths and challenges;

*So That*

Families are provided referrals for and access to evidence-based and promising practices and individualized services

*So That*

*Families receive effective services which address their needs and build on their strengths*

*So That*

1) Families have improved parenting skills and practices, decreased family coercion, and improved well-being across the family unit;

*and*

2) Children and youth have improved safety, permanency, and overall social and emotional well-being ;

*So That*

1) Children and youth can remain in their homes and avoid out-of-home placements

*and*

2) Children and youth in out-of-home care have shorter lengths of stay, less restrictive placements, and do not re-enter out-of-home placement.

**Funds:** Implementation of Maryland’s IV-E Waiver begins July 1, 2015 with the statewide implementation of the CANS-F. Implementation of evidence-based practices (EBPs) will begin in January 2016; selection of EBPs is scheduled for August – September 2015. The schedule of payments has been submitted with equal payments spread throughout each fiscal year. Maryland has, however, continued to see a reduction in the number of children in out-of-home care, and thereby expects to have reduced placement costs.

**Advisory Bodies:** The IV-E Wavier project is advised by two committees, the IV-E Waiver Steering Committee and the IV-E Waiver Advisory Council. The IV-E Waiver Steering Committee members include the Executive Director of the Social Services Administration (SSA), the Deputy Executive Director of Operations of SSA, Casey Family Programs, The Institute for Innovation and Implementation, and additional staff from SSA. The IV-E Waiver Advisory Council is comprised of steering committee members, additional DHR staff, state level child serving agency representatives including MH, Education, Juvenile Justice as well as community based providers and family

advocacy organizations.<sup>3</sup> Representatives from the MD Coalition for Families for Children’s Mental Health represent families, and DHR staff share information about the IV-E Waiver with the DHR/SSA Youth Advisory Board to get youth input.

Both committees have reviewed data from a readiness assessment process which involved each LDSS to assess locals’ readiness for EBP implementation and implementation of a trauma-informed system of care. Both groups advise DHR/SSA on IV-E Waiver activities and goals. The IV-E Waiver Steering Committee meets weekly; the IV-E Waiver Advisory Council meets monthly.

**Agency Responsiveness to the Community:** As the concept papers are submitted and reviewed, DHR expects the IV-E Waiver Steering Committee and IV-E Wavier Council to continue to provide input and counsel on the goals, objectives and strategies through data review of goals, measures and outcomes. The work of the IV-E Waiver is the driving force as DHR enters the next phase of providing services to children and families to ensure safety, permanence and well-being.

Maryland understands that it is essential to develop collaborations to help to support the success and implementation of its Child Welfare Services. Maryland has developed collaborations with sister agencies, stakeholders, non-profits, community organizations and the courts to review and improve outcomes for children. Input and collaboration is essential to ensure that children receive the services needed. Through these partnerships Maryland identifies and works toward shared goals and activities, assesses outcomes, and develops strategic plans to increase the safety, permanency, and well-being of children in the child welfare system. Maryland’s Children’s Cabinet and the IV-E Waiver Council are the primary stakeholders groups where Maryland reviews data, assesses DHR’s strengths and areas of improvement, and monitor and report progress on goals and objectives throughout the five year period.

### **SECTION III. COLLABORATION / Agency Responsiveness to the Community**

Maryland has developed collaborations with state/county agencies, stakeholders, non-profits, community organizations and the courts to review and improve outcomes for children. Through these partnerships DHR has engaged in meaningful discussions that have shaped the development of services and policy. These partnerships will support the implementation and ongoing evaluation of the goals, objectives, and measures established to ensure the safety, permanency, and well-being of children in the child welfare system.

#### *Strengths*

DHR/SSA’s partners are active partners in projects, initiatives and discussions to move the Department forward in developing and monitoring better outcomes for children. Many of the organizations are

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<sup>3</sup> Advisory Council Members: DHR, Six LDSSs, Casey Family Programs, Maryland Department of Juvenile Services, Baltimore’s Promise, Provider Advisory Council, Governor’s Office for Children, Maryland State Department of Education, Maryland Department of Health and Mental Hygiene, MD Coalition for Families for Children’s Mental Health, Advocates for Children and Youth, Maryland Department of Budget and Management, Kennedy Krieger, Maryland Family Net, and The Institute for Innovations and Implementation

represented on more than one committee or initiative, thus giving a linkage to the whole child welfare system, rather than viewing the outcomes from a single program or agency.

A strength is the direct contact with DHR's partners. DHR's partners are able to give direct feedback and comment on data and evaluations regarding programs and policies for revision, development and outcomes through meetings and discussions.

SSA also meets regularly face-to-face with local Directors and Assistant Directors of the Local Departments of Social Services, which are also SSA's stakeholders. Review of policies and practices are regular, with opportunities for comment during the drafting of policies and when requested. SSA also gives Local Departments of Social Services (LDSS) opportunities to comment on draft policy, thus enabling SSA to review any noted impacts on the LDSS'.

A group process used regularly with SSA meetings is to break larger group meetings into interactive small groups within the meeting. The small groups enable all participants to discuss issues, review data, give feedback and report out the top issues, results, etc. The discussions are captured in reports and distributed back to the larger group. The feedback loop of gathering input and information, capturing it and sending the reports back out to stakeholders closes the communication loop. The action items and reporting issues may be used for Action Plans and further discussion. SSA currently receives evaluations for formal meetings. Evaluations are distributed, compiled and reviewed for comments, concerns or suggestions for improvement. DHR will continue to present data, ask for input and information, distribute evaluations, and engage in direct dialogue with stakeholders to evaluate and monitor progress the responsiveness to the community concerns.

### *Concerns*

As data is reviewed, the story behind the data needs to be strengthened to provide clear explanations for what is occurring and drives the data. The contributing factors for data results are nuanced and require that the story behind the data accompanies the data charts. In January 2015, SSA engaged the Results Leadership Group to train SSA Central staff in how to review and evaluate data based on Results Based Accountability (RBA). Results Based Accountability bases data review on three questions: 1) How much are we doing? 2) How well did we do it? 3) Is anyone better off? The session reviewed how to analyze data by reviewing the story behind the data, establish the "customer" of the data, the partners involved and the actions needed to turn the curve. Plans are formulating to continue with regular RBA reviews with central staff, LDSS' and stakeholders. SSA believes that this process will reinforce the partnerships with stakeholders, close the communication loop and create greater understanding of the measures and the actions required to turn the curves.

As DHR/SSA continues to move to more data driven decisions, DHR/SSA will work with partners to ensure that the story behind the data is well-conveyed in meaningful, understandable language that would prevent misinterpretation of data or of the message.

## **Maryland's Children's Cabinet**

As an extension of SSA's Service Array and in collaboration with Maryland's Children's Cabinet the state began the process to review and revise the interagency strategic plan. The strategic plan is aimed at ensuring the short- and long-term well-being of children and their families through the identification and provision of quality services in a timely manner and in keeping with best practice models. The plan seeks to inform a process of reshaping community and residential services so that they are responsive to changes in the population, able to serve children and adolescents in their communities, and flexible enough to provide intensive services when needed.

The strategic plan sets out to:

- Provide an overview of existing services to include the strengths and concerns
- Provide and promote program development, education and training for community based and residential providers, child serving agencies and the community;
- Develop or enhance multi-disciplinary, community-based programs and services that span the continuum of care;
- Support programs in under-served areas of the state; and
- Establish and maintain a system of data collection and analysis for the purpose of planning, implementing, and coordinating the development of critical resources.

The revision planning process began in September of 2014 and was the culmination of an intensive, collaborative effort by the Maryland Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of children, youth and families. The Secretaries of the Department of Human Resources (DHR), Department of Juvenile Services (DJS), and Department of Health and Mental Hygiene (DHMH), and the State Superintendent of the Maryland State Department of Education (MSDE), along with the Executive Director of the Governor's Office for Children (GOC), embarked upon an interagency child and family services strategic planning process as part of the Administration's commitment to improving collaboration across organizations and services for children and families.

The revision process included a series of webinars posted online to promote larger stakeholder participation in the planning process. The Webinars were held from October 8, 2014 through November 5, 2014. A new webinar was posted each week related to one or more of the Interagency Strategic Plan Themes. The Webinars included updates on progress made on the corresponding theme as well as a presentation on best practices and activities around the nation. Each of the webinars also included a link to an online survey where stakeholders had the opportunity to provide specific input regarding the recommendation and strategies for that theme. In addition to participating in the online webinars current and former consumers (Family members, youth and young adults) of the child serving agencies were invited to participate in face-to-face listening forums and focus groups.



Maryland has a plethora of services available across as detailed in the service array sections of this plan. However, the state has gathered limited collective data on a systemic level on service gaps, individualization of services, accessibility, etc. The Cabinet has decided that this will be a part of the focus of this planning and implementation process. Services for children and families must be a collective responsibility across organizations with considerable interagency work occurring on a daily basis through both formal and informal channels.

In particular, the Children's Cabinet has made a commitment to creating and expanding effective community-based services and educational programs and reducing out-of-home placements. In order to accelerate the already decreasing rate of children and youth entering out-of-home placements, ensure effective interventions and positive outcomes for children and families when they are served by the State (regardless of whether they enter out-of-home placement), and reduce the likelihood of children and youth re-entering out-of-home placement, it is critical to understand who the children and youth are who go into out-of-home placement.

### **Collaboration with Courts**

Maryland has a strong partnership with the Foster Care Court Improvement Project (FCCIP). The SSA Executive Director sits as an active member of the FCCIP Implementation Committee. This is the venue by which input is also sought on planning activities. The Executive Director uses this forum to receive input from the FCCIP on the IV-E State Plan and to share the results and impact of the Title IV-E Federal Review and the annual Single Audit. FCCIP participated in an intense effort to address the concerns of the last Title IV-E Federal Review with members of the Judiciary statewide through regional trainings, site visits, and the work of its Permanency Planning Liaisons (PPLs). FCCIP was also a valuable contributor to the development of the CFSR PIP and the Child and Family Services Plan, as the state developed strategies to overcome barriers to permanency. They were members of the workgroup which developed the Permanency strategies in the CFSR PIP.

The FCCIP continues to be a strong partner for Title IV-E. Maryland experienced the Federal Review of the Title IV-E program August 4-8, 2014. The preparation for the review began a year earlier with the participation of multiple administrations within DHR and key administration participation from the FCCIP. To prepare for the review there was a case-by-case review of active foster care cases throughout the state. A number of issues were found with the court orders. FCCIP was instrumental in securing transcripts and addressing the issues found in the review. For the first time, the collaboration of the FCCIP with Title IV-E crossed the barrier of preparation and response to actual participation in the review. Two members of the FCCIP staff participated as part of the Maryland Review Team. Executive staff assisted during the review by addressing the federal reviewers' questions. This collaborative effort resulted in the State of Maryland being found in substantial compliance.

The collaboration with the FCCIP and Title IV-E continues. Joint efforts are being made toward required changes in court practices and findings as required by changes in federal laws, regulations, and program instructions.

## **Citizen's Review Board –Adoption and Another Planned Permanent Living Arrangement (APPLA) Reviews**

The work of the Citizen's Review Board for Children (CRBC) is an important step to ensuring that the Local Departments of Social Services are working towards permanency for Maryland's children. During SFY 2014 the Citizens Review Board for Children (CRBC) reviewed 1,135 cases of youth in Out-of-Home Placements (1115 regular out-of-home care case reviews and 20 re-review cases) (Appendix D). In accordance with an agreement reached between the Department of Human Resources (DHR) and the CRBC State Board, CRBC reviewed cases of youth with a permanency plan of Adoption, Reunification or Another Planned Permanent Living Arrangement (APPLA) who met the criteria set out below. This focus allowed CRBC to review these vulnerable and often overlooked populations. The CRB submits individual case review reports to the local departments, as well as quarterly reports and an annual report to the Department regarding data from the reviews. The annual and quarterly reports are utilized by the Department to determine trends for local departments and to inform policy and practice changes. The annual and quarterly reports are made available to the local departments via DHR's intranet.

As stated above, CRB reviewed 1,135 cases in SFY14 (20 of the cases reviewed met the criteria to be reviewed again during the 4<sup>th</sup> quarter of SFY14 to see if progress was made.) Of the 1135 children in out-of-home placement cases reviewed in the FY2014, there were 231 (20%) Reunification, 632 (57%) APPLA, 172 (15%) Adoption, and 20 (2%) who had Guardianship as a permanency plan. Of the 20 cases that were re-reviewed during the 4<sup>th</sup> quarter, were adoption, APPLA, Reunification, Relative and Guardianship. Local Boards determined that adequate progress was made in of cases re-reviewed.

Cases were reviewed that met the following criteria:

### **Adoption:**

- Youth with a recent permanency plan change to adoption
- Youth with existing plans of adoption for twelve months or longer APPLA (Another Planned Permanency Living Arrangement):

### **APPLA:**

- Youth with newly established primary permanency plans of APPLA (reviewed three months after the plan has been changed)
- Youth age 17 or 20 years old with existing or new cases (reviewed three to five months after the youth's birthday)
- Youth age 16 years old and younger with existing plans of APPLA.

### **Reunification:**

- Youth age 10 and older with newly established permanency plans of reunification (reviewed three months before the youth's 18-month court hearing)
- Youth age 10 and older with established permanency plans of reunification and who have been in care longer than one year (reviewed three months before the next court review date)

### **Re-Review:**

- Review during the previous three months where the local board identified barrier to adequate progress

Adoption reviews: CRBC reviewed a total of 172 adoption cases during SFY14

Goals of the adoption reviews were to ensure:

- Youth are receiving the services necessary to prepare them and their pre-adoptive families for adoption
  - 168 (98%) of the cases reviewed found local departments had established the child's permanency plan
  - 153 (84%) out of the cases reviewed had established the permanency plan of adoption timely manner
- Barriers are identified and removed so the adoption process progresses in a timely manner
  - Local boards did not find significant agency, court, family or child related barriers to adoption. Barriers that were identified as lower percentage:
    - Pre-Adoptive Resources not identified for child; 27 cases (13%)
    - Denial of termination of parental rights; 14 cases (8%)
    - Pre Adoptive home not Finalized 25 cases (15%)
    - Child Behavior issues in the home; 15 cases (9%)
- The local departments are adequately searching for and recruiting adoptive resources
  - Statewide, the local boards found they made an effort to find an adoptive resource for children and youth in 111 (65%) of cases reviewed.

APPLA Reviews: CRBC reviewed 632 APPLA cases in SFY14

Goals of the APPLA reviews were to ensure:

- That youth are receiving the services necessary to prepare them to live independently
  - 64% of youth were receiving independent living skills
  - Local boards found that 67% of youth were being prepared to meet educational goals (to complete high school)
  - Local boards found that 43% of youth were being prepared to meet employment goals
- That the local departments are working alongside the youth to identify a permanent connection for the youth.
  - 51% of cases reviewed youth had an identified permanent connection
- That APPLA is not viewed as a "catch-all" without exploring other permanency options
  - During reviews, workers reported that other permanency plans were considered prior to APPLA in 87% of the cases reviewed
- That youth are made part of the service and case planning processes
  - Workers reported efforts made to involve youth in the case planning process in 397 (63%) out of the cases reviewed
  - In reviews where youth were eligible to sign the service agreement, youth had signed service agreements in 274 (43%) of the cases reviewed

Reunification Cases: CRBC reviewed 231 reunification cases in SFY14

Goals of the Reunification Reviews were to ensure:

- That youth and their families are receiving necessary services to reunify
  - Appropriate services were being offered to the children and families in 146 (64%) out of the 231 cases.
- That the local departments have identified and are working towards a concurrent plan that will allow cases to move forward more quickly and lessen the time youth spend in Out-of-Home care
  - 61 (26%) out of the 231 cases of the reviewed cases had an identified concurrent plan identified by the Courts.

- Barriers are identified and removed so youth can reunify with their families
  - Appropriate services were being offered to birth families in of cases reviewed.
- That the local departments identify and work with all family members (including fictive kin) in an effort to lessen the time youth spend in Out-of-Home care
  - of the cases reviewed had a return home achievement date of 12 months or longer

As part of the annual and quarterly reports, the CRBC makes specific recommendations to DHR to improve service delivery to youth and families. The importance of placing children in their home jurisdiction, adequate service planning to youth aging out of our system and ensuring concurrent planning was highlighted throughout the year. DHR's Place Matters initiative (in place since 2007) increased the numbers of children placed in family settings and within their home jurisdictions. DHR continues to work closely with the Developmental Disabilities Administration (DDA) and the Department of Health and Mental Hygiene (DHMH) to ensure adequate services are in place as youth exit foster care, especially for youth who require supportive services from DDA or DHMH. DHR developed an initiative, "Ready by 21", which focuses on preparing youth in 5 life domains to ensure that they are self sufficient when they exit the foster care system. DHR will continue to utilize the feedback provided by the CRBC to inform practice and policy development as indicated in the Department's response to the annual report (Appendix E).

### **Providers Advisory Council**

Maryland Department of Human Resources (DHR) understands the significant role of its providers in serving children and families in the child welfare system. As such, DHR formed a Providers Advisory Council (PAC). The role of the PAC is to advise and make recommendations to the DHR Secretary regarding pertinent and critical child welfare issues.

The PAC includes both Residential Child Care (RCC) Agencies and Child Placement Agencies (CPA) representatives and is co-chaired by the Social Services Administration (SSA) and the Office of Licensing and Monitoring (OLM). The PAC meets on a bi-monthly, or more often if necessary, with the Executive Directors of SSA and OLM. The Council will continue to provide consultation to DHR in matters pertaining to services to children, policy relating to payment services, health, safety and well-being.

#### **PAC Accomplishments:**

1. Collaboration with DHR on Rate Setting Reform Committee to modify the current rate setting system and to develop an outcome based rate setting system (on-going).
2. The Trauma-informed Workgroup developed workshops regarding Trauma-informed Services geared towards LDSS administrators and consumers (families). Professional development and workforce development workshops were also held. These workshops were offered from October 2014 through June 2015.

#### **Plans:**

1. Collaboration with DHR regarding promoting Family Centered Practice through a series of trainings which focus on engagement and trauma.

2. Collaboration with staff at Oak Hill House and School regarding youth and safe interaction with law enforcement. This is a collaborative effort among providers using a training module consisting of 7 principles to train foster youth and staff on how to safely engage and interact with law enforcement officials when in the community and other settings.
3. Collaboration with DHR regarding the IV-E Waiver/Demonstration Project to help promote strong, safe, and secure families, children, and communities.
4. Collaboration with DHR regarding re-tooling current placement options to accommodate difficult to place foster children with challenging behaviors.
5. The provider community must ensure that all current Residential Child and Youth Care Practitioners are certified by October 1, 2015.

### **Maryland Department of Labor, Licensing, & Regulations (DLLR): WIOA Youth Services and Partnerships Workgroup**

#### *Coordination of CFSP Services with Other Federal Programs*

DLLR is currently developing plans for the implementation of the Workforce Innovation and Opportunity Act (WIOA). The WIOA Youth Services and Partnership Workgroup was developed to identify "best practices" and effective strategies for enhance workforce development and career opportunities to support in-school and out-of-school youth. The workgroup focuses on designing an WIOA outlined framework and practice guide that supports an integrated service delivery system that address barriers/challenges facing this targeted population. These efforts will maintain the high-quality of career services, education and training, and supportive services that will enable youth to secure and sustain career-based employment. The core committee is composed of representatives from various public systems of care agencies such as the Maryland Department of Disabilities (DOD), Maryland Department of Juvenile Services (DJS), Maryland State Department of Education (MSDE), Maryland Department of Health & Mental Hygiene (DHMH), Division of Rehabilitative Services (DORS), and One Stop Career Center. The subcommittee will focus on three different areas: building system's capacity, enhancing services for youth with disabilities, and best practices for older youth/out-of-school youth. The subcommittee will comprise of various community-based programs and stakeholders. The workgroup is expected to exist throughout the full first year of WIOA's implementation; however, it is the hope that moving forward this level of collaboration will continue.

### **Maryland Caregivers Support Coordinating Council**

Established in 2001, the Maryland Caregivers Support Coordinating Council works to identify the needs and challenges faced by informal family caregivers for those across the lifespan, advocating for and empowering through policies that support them, and making recommendations for the coordination of services.

DHR is required to provide staff to the Council, which is legislatively mandated, as well as have two approved members. The Council's 17 members are appointed by the Governor and five (5) members specifically represent children and families via an organization or as a family caregiver of a child with a special need or disability. Over half of the remaining Council members are involved in organizations that serve or provide administrative oversight to both Adults and Family/Children's services. The Council

plans to continue to work to identify partnerships with supporting organizations for collaboration, information and resource sharing to reduce boundaries for caregivers.

### *Strengthening the well-being of children*

During the past reporting period the Council's membership included appointments that represent children and families from infancy through transitioning youth. This includes Kinship Care, children with emotional and behavioral health diagnosis, children living on the Autism Spectrum and Fetal Alcohol Syndrome. All of these groups are part of DHR's stakeholders and constituency. The Council continues to strengthen the well-being of children by working towards a more systemic coordinated system of supports for family caregivers which ultimately means that children have parents and other family caregivers that are able to provide a nurturing, safe home for them.

Additionally, DHR provides staffing to the Council. The staff support is part of the Social Services Administration's Leadership Team and maintains ongoing communication with SSA's Executive Director's and the Department's Government Affairs Director to ensure that the Council is meeting its statutory authority, as well as being a systemic partner to SSA's constituents.

### *2014-2015*

The Council's 2014-2015 Maryland Family Caregiver Survey, designed by its family caregiver members and a Masters of Social Work Intern from the University of Maryland School of Social Work, had 1,751 participants that completed the entire survey. Each jurisdiction in Maryland was represented.

The survey data indicates the following:

- Survey participants that cared for a child under the age of 18 was 8%
- Family Caregivers of Children is a woman in her late 40's (mean age was 47)
- 9% were males that cared for a child
  - 61% were caring for a child with an Intellectual/developmental disability
  - 9% were caring for a child with a Mental Illness
  - 6% were caring for a child with a chronic illness
  - 6% were caring for a child with mobility challenges
  - 1% were caring for a child with a Traumatic Brain Injury/Post –Traumatic Stress Disorder
  - 1% were caring for a child with HIV/AIDS
  - 18% were caring for a child that was not specified in above
- 78 % have provided care to their child for over 12 months
- 61 % are working full time while providing care to their child

On average the family caregiver of children participating in the survey spends 121 hours per week caring for their child – which if the State of Maryland had to pay for the care would be a minimum of \$90,750 per child per year.

Caregivers of children cite respite care as the most beneficial service they have used but respite care is also listed as the one of their greatest unmet needs.

## *Plans for 2015-2016*

Based on the initial findings of the Family Caregiver Survey the Council's goal for the upcoming year is to work with partners and policy makers to expand the capacity for Family Caregiver Supports such as Respite Care. The Council plans to explore funding streams that may be available through grants and other unique partnerships. The Council plans to present the data findings in numerous outreach efforts to ensure that all partners have access to the data for any grant or other funding opportunities they may have.

Currently the Council is exploring a partnership with TimeBanks USA as a possible option for expanding Respite Care within the state.

Additionally the Council will be requesting meetings with the State Departments represented on the Council to discuss the data findings and what strategic strategies may be utilized to expand the programs identified as Family Caregiver Supports. Expanding Respite Care Services will strengthen well-being for infants, children and adolescents by ensuring that the caregivers receive support to continue the care of infants, children and adolescents.

### **Developmental Disabilities Administration**

#### *Coordination of CFSP Services with Other Federal Programs*

The Department of Human Resources/Social Services Administration (DHR/SSA) and Department of Health and Mental Hygiene/Developmental Disabilities Administration (DHMH/DDA) continue to be committed to maximizing the independence for people receiving State services and supports. The Memorandum of Understanding (MOU) entered into by both agencies to improve access to the continuum of resources available to children and vulnerable adults with developmental disabilities, providing appropriate services in a timely and efficient manner continues to be in effect. Both Departments are jointly responsible to communicate and coordinate in order to plan for the best possible services available for immediate and future needs.

DHR/SSA continues to work collaboratively with DDA to provide services to youth in foster care. The transition of services is especially important when youth are aging out of the foster care system. Safety, permanency, and well-being are the focus of the services provided to youth. SSA and DDA ensure that services are tailored specific to the needs of each youth. These services include: education, health, mental health, employment, housing, and social networking, ensure that the overall well-being of the youth is addressed.

### **Social Services Administration Steering Committee**

The Social Services Steering Committee is comprised of the Social Services Administration's Executive and Program staff, representatives of Local Departments of Social Services Directors and Assistant Directors and meets every other month.

SSA uses the Steering Committee as a forum to review policies, legislation and programmatic issues. The Committee is instrumental in providing SSA with input for programs and policies to improve the outcomes of child welfare.

### *May 2014 – April 2015*

A standard procedure for rapid responses was developed so that Central DHR may receive quick feedback from local directors of social Services on policies, legislation, and issues. The process ensures that local input is given prior to instituting changes.

The Steering Committee will review adult and child fatalities data every six months. The data will be reviewed to ascertain the number of deaths, the cause of death and to determine if new programs or policies should be initiated to reduce the number of child welfare and adult deaths. The data review supports SSA's goal to improve the safety for all infants, children and youth.

The Committee members are instrumental in discussions closing the feedback loop from local DSS to Central staff. These discussions help clarify policy and how it is integrated into practice, supporting legislation for the department, providing feedback on MD CHESSIE systems changes and clarifications and recommendations for MD CHESSIE changes to improve data collection.

### *Plan May 2015 – April 2016*

The SSA Steering Committee plans to continue to review data and advise SSA on policy, legislation and practice to improve the outcomes of children.

## **Section IV. POPULATIONS AT GREATEST RISK**

### **Populations at greatest risk of maltreatment**

DHR conducted a readiness assessment with the Local Departments of Social Services which utilized data to identify populations at greatest risk to target with the IV-E Waiver Demonstration. As stated earlier in the report, the results of the Readiness Assessment (Appendix C) provided us with a "blueprint" to inform selection of regions/jurisdictions that are ready to implement interventions associated with the Title IV-E Demonstration Project successfully. The core areas of need that were identified through this process were:

- Parental Substance Abuse and Parental Mental Health, particularly for children ages 0-8 at risk for entering care (new entries and re-entries);
- Child Behavioral Health, particularly for 14-17 year olds at risk for entering out of home care (new entries and re-entries)

As identified in the IV-E Wavier Demonstration section earlier in the report, Local Departments of Social Services will submit concept papers to identify evidence-based practices (EBPs) and promising practices (PPs) that are appropriate for each jurisdiction or, if submitted by private providers, possibly for statewide implementation. Outcomes that will be measured are identified in the IV-E Wavier Demonstration section as well.



## SECTION V: MARYLAND'S CHILD & FAMILY SERVICES PLAN UPDATE

### RESULTS BASED ACCOUNTABILITY

Maryland has been collecting and gathering data as it pertains to the outcomes for children and families. Over the next five years, DHR plans to integrate Results Based Accountability practices (Trying Hard Is Not Good Enough, by Mark Friedman) to support the ongoing review of data to better inform the policies, practices, and programs developed to support the children, youth and families in Maryland's child serving systems. The Results Accountability framework attempts to answer three basic questions regarding the performance of the child welfare system:

- How much did we do?
- How well do we do it?
- Is anyone better off?

Results Based Accountability framework emphasizes reviewing data and determining the story behind the data (assessment), the customers that are affected by the actions to move the curve, what works to move the curve in the right direction, partners involved in assisting with moving the curve and the action plan. Regular review of data, determining action plans, evaluation and course corrections are part of Results Based Accountability.

SSA sponsored Results Based Accountability training in January 2015. Over 50 central staff attended the training. The training emphasized analysis of data and current SSA measures were used as training examples for the small group breakout sessions. Small groups were mixed across program areas. 96% of the attendees reported that the session was valuable and the exercises were relevant to their work. As a follow up session to the initial training, data was reviewed in March 2015 by each program area. Bi-annual to quarterly data reviews are being considered for the upcoming year. These reviews would be planned across program reviews to review data, learn the story behind the data, and develop action plans that encompass an integrated approach that crosses programs. Conducting regular data reviews, determining what works, developing action plans and closing the feedback loop with the stakeholders, the curves should turn in the data in the right direction and the goals of SSA achieved.

### GOALS & OBJECTIVES

The Title IV-E Waiver Demonstration enables Maryland to continue the progress of the past years successes. Maryland will implement a responsive, evidence- and trauma-informed system that provides the framework to integrate programs as one system that collectively works to improve the outcomes for children and families.

To continue with the success of Place Matters, Alternative Response Family Centered Practice, Youth Matter, Alternative Response and Ready by 21 SSA has established the following goals and objectives for 2015-2019:

Goal 1: Improve the **safety** for all infants, children, and youth  
Measure: Absence of Recurrence will be 94.6% or more  
*Objective:* Reduce recurrence of Maltreatment

Goal 2: Achieve **permanency** for all infants, children, and youth  
Measure 1: The percentage of children in care 12 or more months will be less than 65%  
*Objective:* Improve services so that children are able to exit care  
Measure 2: 13% or less of children exiting to reunification will reenter OOH care  
*Objective:* Reduce Reentry into care from reunification

Goal 3: Strengthen the **well-being** for all infants, children, and youth  
Measure 1: 77% of children entering foster care and enrolled in school within 5 days  
*Objective:* Children are enrolled in school within 5 days  
Measure 1: 90% of the children in Out-of-Home Care receive an Annual Health Exam  
*Objective:* Foster children have their health needs reviewed annually  
Measure 2: 75% of the children in Out-of-Home Care receive a comprehensive exam  
*Objective:* Children in Out-of-Home care receive a comprehensive health assessment  
Measure 3: 60% of the children in Out-of-Home Care receive an annual Dental Exam  
*Objective:* Children in Out-of-Home care receive a dental exam

It should be noted that the objectives mentioned above are subject to change in order to ensure alignment with state and federal guidance over the next five years

Maryland has established these goals and objectives in order to implement a responsive, evidence- and trauma-informed system:

*So That*

- Children and youth can remain in their homes and avoid out-of-home placements, and
- Children and youth in out-of-home care have shorter lengths of stay and do not re-enter out-of-home placement

*So That*

- Children and youth have fewer trauma symptoms, improved social and emotional well-being, success in school, healthy development, and overall improved safety and permanency

*So That*

- Children are safe from future abuse and neglect, and
- Children avoid out-of-home placement, and
- Families are successful.

## CHILD PROTECTIVE SERVICES & IN-HOME FAMILY SERVICES

### OVERVIEW

**Child Protective Services (CPS)** is a mandated program for the protection of all children in the State alleged to be abused and neglected. Child Protective Services screens and responds to allegations of child abuse and neglect via investigative or alternative response, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. It also provides services designed to stabilize a family in crisis and to preserve the family by reducing threats to safety and risk factors. This program provides an array of prevention, intervention and treatment services.

**In-Home Family Services** are family preservation programs available within the Local Departments of Social Services. These programs are specifically identified for families in crisis whose children are at risk of out-of-home placement. Family preservation actively seeks to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment. Maryland provides three programs under In-Home Services continuum: Services to Families with Children-Intake (SFC-I), Consolidated In-Home Services (CIHS) and Inter-Agency Family Preservation Services (IFPS). SFC-I provides assessment for situations that do not meet the criteria for a CPS response. Many of these cases stem from a family's self request for service. CIHS are cases referred from CPS, both IR and AR, or SFC-I where additional work is needed to bolster a family's protective capacities to improve safety and reduce risk. IFPS is similar except that referrals can come from other child serving agency and the child must be at high risk for Out-of-Home Placement.

### ASSESSMENT OF PERFORMANCE

The Social Services Administration is using Results Based Accountability (RBA) to assess performance. The RBA approach as stated above attempts to answer three basic questions regarding the performance of the child welfare system:

- How much did we do?
- How well do we do it?
- Is anyone better off?

The measures used to assess the performance of the program goals follow.

Goal 1: Improve the **safety** for all infants, children, and youth

Measure: Absence of Recurrence will be 94.6% or more

*Objective:* Reduce recurrence of Maltreatment

Child and Family Outcomes:

*Safety Outcome 1:* Children are first and foremost, protected from abuse and neglect.

*Safety Outcome 2:* Children are safely maintained in their own homes whenever possible and appropriate

Child Protective Services		
RBA Approach	Measure	Child Welfare Outcome
How much?	<ul style="list-style-type: none"> <li># of CPS Reports</li> <li>New Investigations</li> </ul>	
How well?	<ul style="list-style-type: none"> <li>Timeliness of completion of investigations, AR and IR</li> </ul>	
Better off?	<ul style="list-style-type: none"> <li>Recurrence of maltreatment (<i>See Area of Improvement for data</i>)</li> </ul>	Safety Outcome 1

*How much?*

Number of CPS Reports, by Calendar Year		
Calendar Year	Reports	Percent Change
CY 2011	50,395	
CY 2012	52,955	5%
CY 2013	51,848	-2%
CY 2014	49,241	-5%
<i>Source: MD CHESSIE and Baltimore City data; State Stat 03 files</i>		

The number of reports called into the Local Departments of Social Services (LDSS) has remained fairly constant over the past several years. Training of the professional and lay community to recognize and report child abuse and neglect offered by local department and central office staff will continue. Continued involvement of community stakeholders in the effort to implement Alternative Response has generated a better understanding of the role of Child Protective Services (CPS) in ensuring safety for children. Local departments discuss Maryland’s dual response system for allegations of child abuse and neglect as part of their standard presentations to community partners and stakeholders. These presentations include school systems (administrators, school based staff, pupil personnel workers, social workers), law enforcement, health care agencies, faith based providers, etc.

#### *Accomplishments*

Maryland continues to operate local hotlines for allegations of child abuse and neglect called directly into the 24 Local Departments of Social Services. Local departments report that this encourages communication between them and their primary stakeholders, promoting cooperation with hospital, school and law enforcement staff in their jurisdiction. Baltimore City LDSS operates 24 hr. / 7 day screening and CPS response while the other local departments have after hours staff available to take referrals and handle emergencies.

### *Areas for Improvement*

Some child advocates continue to press for the state to move to a 1-800 telephone number for all reports of child abuse/neglect. As stated above, our local departments believe the current system promotes relationships at the local level and that a shift to a centralized process would not best meet the needs of our clients. Advocates have approached the Maryland Legislature each year following the Penn State incident with bills proposing increased penalties for failure to report and mandatory training for mandated reporters. To date, no legislation has passed to change the reporting requirements for mandated or non-mandated reporters. The Department plans to develop in an on-line training module for all reporters to help them better understand what constitutes abuse or neglect in Maryland as well as how and where to report their suspicions of child abuse or neglect.

### *Partnerships*

Local law enforcement provides after hour coverage in the majority of Maryland's jurisdictions (except Baltimore City). Each LDSS has an agreement with their local law enforcement that spells out how calls regarding allegations of child abuse or neglect will be handled. Every LDSS has staff prepared to respond on site should the need arise. The central office developed policy for after hours coverage for both child and adult welfare concerns that are presented after normal working hours. Baltimore City DSS operates a 24-hour program and has staff working around the clock to respond to calls, For that reason, Baltimore City DSS serves as the central calling destination for children rescued from human sex trafficking. New relationships forged with Homeland Security, the FBI and MD Human Trafficking Task Force evolved as LDSS response to trafficked youth developed. A more detailed discussion of MD's policy and activities related to human trafficking of youth is discussed later in this report.

### *How much?*

<b><i>Number of New CPS Responses, by Calendar Year</i></b>		
<b><i>Calendar Year</i></b>	<b><i>Responses</i></b>	<b><i>Percent Change</i></b>
<b>CY 2011</b>	<b>27,879</b>	
<b>CY 2012</b>	<b>27,107</b>	-3%
<b>CY 2013</b>	<b>25,891</b>	-4%
<b>CY 2014</b>	<b>23,290</b>	-10%

*Source: MD CHESSIE and Baltimore City data; State Stat 03 files*

The number of new CPS responses into allegations of child abuse and neglect dropped 10% between Calendar Year (CY) 2013 and 2014. Implementation of Maryland's new (10/1/13) substance exposed newborn law may explain some of the more recent drop. Substance Exposed Newborn (SEN) allegations are now directed for a non-CPS response and therefore not counted as a CPS Response. Maryland's definition of substance exposed newborn follows the CAPTA provision whereby drug/alcohol use during pregnancy cannot be used as evidence of child abuse or neglect. Maryland does respond to substance exposed births with assessment, a plan of safe care and services to the family. Only those situations where an act of abuse or neglect occurs post-birth are assigned for a CPS response. SSA continues to believe this change is a contributing factor in the drop in the number of investigations.

Alternative Response responds to low risk allegations of child abuse and neglect by assessing safety and risk, family needs and building upon the strengths of the families to address identified needs. This approach continues Maryland's Family Centered Practice model as it encourages family involvement and engagement in efforts to protect children. That process will be discussed in other sections of this report.

Several years ago MD adopted Structured Decision Making (SDM) as a tool to categorize allegations of abuse/neglect and to assign a response times based on law and seriousness of the allegation. This process has helped local staff determine maltreatment type and recommended response time and ensure consistency in screening across the state. Having SDM in place helped with implementation of Alternative Response in that staff had a tool to use to base the screen-in/screen-out decision prior to considering whether an allegation should go Alternative Response or Investigative Response.

MD moved further to incorporate Structured Decision Making across the child welfare program beginning in 2015. A contract with the Children's Research Center, using funds from the state's CAPTA basic state grant, was initiated in February 2015. Work commenced to develop new risk assessment tools that complement the newly released Safe-C and Safety Plan. These tools include a new actuarial based initial risk assessment for use by staff during a new CPS response or new In-Home Service case and a risk reassessment tool for cases where an initial risk assessment was completed and policy or case events require a new assessment of risk be completed. The target date for implementation of the tools is January 2016.

As stated above, Maryland completed the phased in rollout of the two path response to allegations of child abuse or neglect on July 1, 2014. The challenge now is to sustain the new system. Local jurisdictions produced sustainability plans providing specifics as to how they will continue to build their two path system including identification of local communications plans, identification of training needs, how their local administration will support the new effort and how local stakeholders will be included. The plans were submitted to the central office and each jurisdiction will receive a site visit to review their plan and offer technical assistance. This review process offers the central office the unique opportunity to assess how local jurisdictions are doing with family centered practice. The linchpin for Alternative Response is family engagement. Staff struggling with Alternative Response generally has problems with engaging families. They have not shifted from the more authoritarian approach of an investigation to one where families are active participants in identifying their needs and strengths and participating in effective service interventions. Targeting technical assistance including coaching for supervisors, more instruction on Signs of Safety and training on engagement skills will continue this year.

Additionally, to support Family Centered Practice, and Structured Decision Making (SDM), training was offered in June 2014 to staff who facilitates Family Involvement Meetings (FIMs). The training was offered to help facilitators manage discussions during FIMs related to the minimum sufficient level of care needed to assess for risk and safety when planning with families. This training supports the sustainability of Alternative Response and family centered approaches by building upon family strengths when assessing allegations of abuse and neglect and making case dispositions.

### *Areas for Improvement*

Family engagement continues to be a challenge for some CPS staff. Some with a long work history in CPS have found the change to a two-path response to allegations of child maltreatment as a threat to a child's safety. Many workers hold to their conviction that a finding of responsibility for abuse or neglect

is needed in order to effect family change. Additional training is available for staff that completed the initial Alternative Response training that focuses on the practice skills needed for effective family engagement. Improved engagement skills build the capacity for staff to accept that families are the experts in their situations resulting in better assessments and planning with families.

*Partnerships*

Casey Family Programs (CFP) supported Maryland's implementation of the two-path CPS response system. CFP is funding the statutorily required evaluation conducted by Applied Research Institute (ARI). The final report is due to Legislature in October 2015. CFP played a major role over the last year by providing financial and technical support for monthly Learning Collaboratives that support implementation of the two path CPS response. CFP arranged for presenters from other states, primarily Ohio and Minnesota, to attend the meetings and provide technical assistance to Maryland staff. The target audience for the majority of the Collaborative was local supervisors. With CFP support Maryland was able to hold a full day conference in the Fall of 2014 and final expanded Collaborative in early 2015.

The National Resource Center for In-Home Services provided support in the form of one of their consultants who proved to be extremely valuable as the Department planned for and rolled out implementation. The Department benefited from the consultant’s proximity to Maryland as she was able to attend most of the local planning meetings (referred to as co-chairs meetings) in each of the 5 geographical regions as they prepared to go live. Her input from actual field experience working in other states as they developed their programs helped reduce anxiety regarding this major shift in the CPS program. She brought a wealth of knowledge and a huge array of tools that local staff warmly received. Her involvement ended in September 2014 with the conclusion of the National Resource Center contracts.

*How well?*

<b>Child Protective Services (CPS) Cases Open Less than 60 days, Average Percent, by Calendar Year</b>			
Target: 90% of CPS responses will be completed within 60 days			
<b>Investigative Response</b>		<b>Alternative Response</b>	
<b>partial CY 2011*</b>	<b>83%</b>		
<b>CY 2012</b>	<b>89%</b>		
<b>CY 2013</b>	<b>89%</b>	<b>partial 2013*</b>	<b>99%</b>
<b>CY 2014</b>	<b>89%</b>	<b>CY 2014</b>	<b>94%</b>
<b>*April-Dec; tracking of this indicator began in April 2011</b>		<b>*July-Dec; AR was initiated in July 2013</b>	
<i>Source: MD CHESSIE; State Stat Place Matters files</i>			

Maryland law requires that both Investigative Response (IR) and Alternative Response (AR) be completed within 60 days of initiation.

### *Accomplishments*

All Maryland Child Protective Services (CPS) staff is aware of this requirement as it has not changed in 20 plus years. Data over the past several years puts completed investigations at 89%, close to the goal of 90%. Many local departments meet or exceed the goal. A daily client-level report of all open investigations is available to each DSS so administrators can carefully monitor completion of investigations (each DSS has access to only their records). LDSS staff reports that this report has been extremely helpful in improving the timeliness of completion of investigations. Starting in 2014 work began with our SACWIS contractor to develop a dashboard for central and local staff to track significant compliance information that will be updated daily. Central office and local staff will be able to see data for statewide, county specific, unit specific and worker specific activity. Examples of items included on the dashboard are initial contact, safety assessment completed, risk assessment completed, visits completed, and CPS response conclusion. Supervisors and workers will be able to see at a glance where they stand regarding the compliance requirements. The tool was made available to central staff in the Spring of 2015 and will rollout to local departments this calendar year.

### *Areas for Improvement*

While staff is aware of the requirement there are barriers to meeting it 100% of the time. Certain assessments or tests may take longer than 60 days to complete, such as medical documentation, completion of police investigation necessary to inform the finding. Maryland law does not allow an IR or AR case to be put in a pending status, while necessary documentation is obtained. Both AR and IR are a CPS response governed by state law (Family Law 5-701) that requires the response to be concluded within 60 days of accepting the allegation for a CPS response. Responses not concluded within 60 days are considered out-of-compliance. Local departments can close their CPS response and open the family situation as a services case to continue their work with the family when it is warranted. Some staff is reluctant to do this because the opening of a service case triggers the need for additional compliance related work which they feel is not needed if the investigation is on track to close within days of the 60 day requirement.

### *Partnerships*

Local law enforcement, medical staff and the Office of the Medical Examiner are partners during investigation. Local department staff relies on forensic evidence collected by law enforcement, expert advice from medical staff in hospitals and clinics and cause of death determinations from the Medical Examiner to help determine if child abuse or neglect was a contributor to the situation under investigation. Other stakeholders such as school personnel, service providers, and family members assist with information that helps local staff complete their work within the required 60 day timeframe.



In-Home Services		
RBA Approach	Measure	Child Welfare Outcome
How much?	<ul style="list-style-type: none"> <li># of families and children receiving In-Home Services during year</li> <li>Services provided which address risk and safety issues</li> </ul>	Safety Outcome 1
How well?	<ul style="list-style-type: none"> <li>During In-Home services what percentage of children had an indicated finding of maltreatment</li> </ul>	Safety Outcome 2
Better off?	<ul style="list-style-type: none"> <li>Absence of Recurrence of Maltreatment</li> </ul>	Safety Outcome 1

*How much?*

Total Number of Families and Children Served, by State Fiscal Year				
	Numbers		Percent Change	
State Fiscal Year	Families	Children	Families	Children
SFY2010	7,899	17,265		
SFY2011	7,517	16,425	-5%	-5%
SFY2012	8,755	18,799	16%	14%
SFY2013	8,751	18,836	0%	0%
SFY2014	8,494	17,836	-3%	-5%
<i>Source: (MD CHESSIE); 2010 -13: State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2013; 2014: State Stat 03 file</i>				
<b>Note - SFY11-13 data revised</b>				

SSA will analyze why there was a small decrease in the number of families served between SFY 2013 and 2014. As part of sustaining Alternative Response implementation, staff from the central office will conduct site visits to local departments to review practice regarding identifying families in need of on-going service provided by local departments. Training on Alternative Response stressed that efforts need to be made locally to develop new community resources and link families to them. It is too early to tell if that is driving the number of families referred to community services as opposed to continued service from a local department.

*Accomplishments*

Every Local Department of Social Services offers ongoing In-Home Services. Consolidated In-Home Services is the largest program and serves families needing additional work beyond AR and IR. Ongoing service workers have incorporated family centered practice into their practice over the past several years. Consolidated In-Home services compliment the work that AR workers are accomplishing with

families, creating a very warm hand off assessment and ongoing service. It is common practice in many local departments, and a desired practice for all to have a joint meeting including the Child Protective Services response worker, the newly assigned In-Home worker and the family to meet as the case moves from CPS to In-Home Services.

### *Areas for Improvement*

During the rollout of AR there was emphasis on expanding local services for families. When conducting follow-up site visits to local departments following implementation it appears that local departments continue to rely on their existing service providers. When asked about their partners/stakeholders the general response is to identify the traditional providers including drug treatment, parenting classes, mental health services, school based assistance and medical care. The central office continues to challenge local jurisdictions to further explore services identified as “needed” by families.

### *Partnerships*

Community partners providing service for in-home families were brought into Alternative Response implementation at the very beginning. Local departments asked their partners/stakeholders to participate in their AR Kickoff events and each local department asked a community partner to serve as their co-chair for implementation planning. Co-chairs represented the local schools, local management boards and core management boards and core service agencies. As stated above central office staff continues to work with local departments to expand their current definition of service provider to include programs identified as needed by families that may lie beyond those currently used. This work includes discussions with traditional providers to expand their offering and/or reaching out to entities not previously identified as a potential resource. For example, creating a website where service needs could be posted and those interested in helping could sign up to help. A local department might list the need for a carpenter to assist with reconstruction of a home damaged by fire and the local trade school could respond with students needing work experience.

### *Accomplishments*

The automated (Family Involvement Meeting) FIM report was finalized in July 2014. Several local departments conducted case reviews to help refine the reports as it was being developed. Preliminary data about the number of Removal or Considered Removal FIMs is available from January 2014-December 2014. The methodology for diversions considers retrospective review of outcomes for diverted cases up to one year after the initial decision was made. The data for the diversions is a subset of all total Removal or Considered Removal FIMs from January 2013-March 2013. The policy requires opening an In-Home Services case if children are diverted from out-of-home placement after a Removal or Considered Removal FIM. This report provides additional data about safety decisions and planning to enhance the protective factors of families referred for abuse and neglect concerns.

<b>Removals &amp; Considered Removal FIMs Between January 2014-December 2014</b>					
	<b>Total Removals</b>	<b>Removals where Removal FIM occurred</b>	<b>% Removals where Removal FIM occurred</b>	<b>Removal where any FIM occurred</b>	<b>%Removal where any FIM occurred</b>
<b>January 2014-December 2014</b>	<b>2,122</b>	<b>879</b>	<b>41.42%</b>	<b>1,003</b>	<b>47.26%</b>
<i>Source: MD CHESSIE</i>					

<b>Removals &amp; Considered Removal FIMs Leading to Diversions Between January 2013-March 2013</b>						
<b>Total Removals</b>	<b>FIM Diversions without OHP</b>	<b>OHP within 10 days after FIM</b>	<b>OHP between 10 days-3 months after FIM</b>	<b>OHP between 3-6 months after diversion</b>	<b>OHP between 6-12 months after diversion</b>	<b>OHP 12 months after diversion</b>
<b>478</b>	<b>242</b>	<b>112</b>	<b>46</b>	<b>24</b>	<b>30</b>	<b>24</b>
<i>Source: MD CHESSIE</i>						

#### *Areas for Improvement*

Maryland makes use of Family Involvement Meetings (FIMS) and one of the triggers for holding a meeting is at the point where assessment indicates that it is unsafe for the child to remain in the home. How the Family Involvement Meeting may impact both the diversion of children from OHP as well as the continued need for In-Home Services has required further assessment of a child to remain home. 51.62% of the children diverted from out-of-home placement did not have a subsequent report of maltreatment or enter foster care, 49.38% of the children were subsequently placed in out-of-home care. Case reviews will be conducted to determine the decision making process and the circumstances surrounding the diversion and the reasons for the eventual entry into out-of-home care. Data will need to be collected about the actual number of Consolidated In-Home cases opened when children are diverted after a Removal or Considered Removal FIM. In addition, data entry may be an unintended barrier for 47.26% of cases that were not correctly identified as being a Removal of Considered Removal FIM. Then, technical assistance will be offered to local departments to develop strategies to improve the outcomes and develop benchmarks for this baseline data. In addition, a systematic case review process will be considered for ongoing monitoring of these trends.

#### *Partnerships*

The FCP Oversight Committee and Assistant Directors reviewed the draft reports and made suggestions to revise the data collection methodology. The Assistant Directors recommended having the facilitators (the training staff) complete MD CHESSIE input to improve the reliability of data. Specialized MD CHESSIE data entry training for facilitators was held in September 2014 and a companion recorded webinar is available for caseworkers and supervisors.

How well?

**Service and Safety Plans**

<b>Number/percent of children who were the identified victim of an indicated maltreatment finding while receiving In-Home services</b>		
<b>State Fiscal Year</b>	<b>Number</b>	<b>Percent</b>
<b>SFY2010</b>	<b>464</b>	<b>3.90%</b>
<b>SFY2011</b>	<b>475</b>	<b>4.20%</b>
<b>SFY2012</b>	<b>367</b>	<b>2.60%</b>
<b>SFY2013</b>	<b>345</b>	<b>2.60%</b>
<i>Source: (MD CHESSIE); State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2013</i>		
<b>Note - SFY11-13 data revised; SFY 2014 data not available until 2016 submission</b>		

<b>Number/percent of children who were placed into OOH care while receiving In-Home services</b>		
<b>State Fiscal Year</b>	<b>Number</b>	<b>Percent</b>
<b>SFY2010</b>	<b>542</b>	<b>4.60%</b>
<b>SFY2011</b>	<b>598</b>	<b>5.20%</b>
<b>SFY2012</b>	<b>622</b>	<b>2.20%</b>
<b>SFY2013</b>	<b>557</b>	<b>4.20%</b>
<i>Source: (MD CHESSIE); State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2013</i>		
<b>Note - SFY11-13 data revised; SFY 2014 data not available until 2016 submission</b>		

The number and percentage of children with an occurrence of maltreatment while receiving in-home services is relatively small. The unstated goal is to not have any child experience an incident of abuse or neglect during service provision.

The expanded development of trauma-informed practices as part of the Title IV-E Waiver Demonstration Project will address the well-being issues with children and families. There will be a focus of the using the trauma assessments to develop specialized service plans that address the long term and immediate trauma needs of not only the children and youth, but the family systems of which the parents and/or relative caregivers are key members.

The Kinship Navigators also are looking at ways to support families from a prevention perspective. One of the essential roles of a Kinship Navigator is developing relationships with community partners to offer services and resources to address the needs of families. The intent is for those community partners to offer assistance to families without the oversight of the formal child welfare system. The key is making sure that children and families have access to services and resources to resolve the risk and safety concerns that compromised their ability to be self-sufficient.

*Accomplishments*

The percent of children with a new finding of indicated child maltreatment or the need for Out-of-Home Placement is low. On July 1, 2014 the last phase of Maryland’s phase-in of Alternative Response was implemented. As of March 2015 44% of new CPS allegations were assigned to the new Alternative Response path. A contract was awarded for in-depth evaluation and is being conducted by a respected research organization on implementation and program effectiveness and the final report is due to the Department and Legislature in October 2015, which will provide additional insights into the “story behind the data”.

*Partnerships*

Maryland partnered with the Children’s Research Center for improvements to the risk and safety tools including introduction of Signs of Safety in Maryland, with the National Center for In-Home Services and Casey Family Programs for technical and financial assistance with Alternative Response planning and implementation, and will rely heavily on both traditional (mental health, drug treatment, parenting skills enhancement) and non-traditional (theatre ticket for a parent night out, voucher from Goodwill for clothing and furniture, arrangements with vocational schools to get cars fixed) partners to provide service to families. Technical assistance for local administrations will be provided by the central office staff on expanding their service array.

*Better off?*

<b>Absence of Recurrence of Maltreatment, by Federal Fiscal Year</b>	
Target: Absence of Recurrence of Maltreatment will be 94.6% or more	
<b>FFY 2010</b>	<b>93.60%</b>
<b>FFY 2011</b>	<b>93.30%</b>
<b>FFY 2012</b>	<b>93.00%</b>
<b>FFY 2013</b>	<b>93.20%</b>
<b>FFY 2014</b>	<b>94.96%</b>
<i>National Standard: 94.6% or more - national median = 93.3%, 25th percentile = 91.50%</i>	
<i>Source: MD CHESSIE; University of Maryland School of Social Work analysis</i>	

Maryland’s current measure for recurrence is based on a finding of indicated child abuse or neglect within 6 months of initiating an investigation that had an indicated finding. Maryland’s law governing maintenance of investigation records allows the Department to keep investigation records closing with

an indicated finding for 25 years. This allows the Department to identify a closed 'indicated' investigation and look forward or backward for any investigation closing with an 'indicated' finding.

The recurrence rate in Maryland is low and since 2010 never deviated more than 1.6% from the National Standard. Maryland's recurrence rate is negatively impacted by its practice of documenting all allegations of abuse and neglect discovered during a CPS response. For example, a report of physical abuse is accepted and during the interview with the child, a disclosure relating to neglect is made. The worker is required to enter the "new" allegation into the system, although the incident occurred prior to the allegation that brought the family to the attention of the department. The federal standard measures recurrence from the date of the first allegation, therefore the neglect allegation is captured as recurrence.

### *Accomplishments*

Maryland's recurrence rate has remained very stable over the past several years, fluctuating less than one percentage point up or down. Maryland anticipated that the percent would change with implementation of alternative response however preliminary reports for the second half of calendar year 2014 suggest that the rate of 7% has remained stable. However, Baltimore City went live with the new CPS response on July 1, 2014 so the full impact on their program will not be known until a new state fiscal year (July 1 – June 30) report is run. SFY2015 results will help establish a new baseline for recurrence.

The FIM diversion report is another strategy to support efforts to reduce recurrence of maltreatment as the evolution of the overall Family Centered Practice model becomes institutionalized. As a part of the CFSR's process, outcome and determining assessments, SSA's Quality Assurance Team will offer technical assistance to provide qualitative information to further refine the practice to inform the strategies to reduce the recurrence of maltreatment.

### *Areas for Improvement*

Maryland continues to base child maltreatment recurrence on a new maltreatment report that concludes with an unsubstantiated or indicated finding within 6 months of closure of an investigation with an unsubstantiated or indicated finding. Of concern is when a local department opens an investigation on a maltreatment event during an investigation that occurred prior to opening of that investigation. On MD CHESSIE that older event appears as a new event unless workers enter an incident date. At this point 'incident date' is not a required field in the system. Once staff is more familiar with the incident date field in MD CHESSIE the recurrence rate should drop. Maryland is pleased to see that the new federal rules for calculating recurrence excludes new reports received within 14 days of opening an investigation. This will address some of the cases where no incident date is entered and should help reduce the overall recurrence rate.

### *Partnerships*

In the next 5 years LDSS' will be continuing to work with community providers to expand the capacity and scope of services available in their communities. This expansion requires exploring the needs of families with families to determine what is needed but not available. Families need to be heavily involved in the process as they are experts on their needs and what they have not been able to secure.

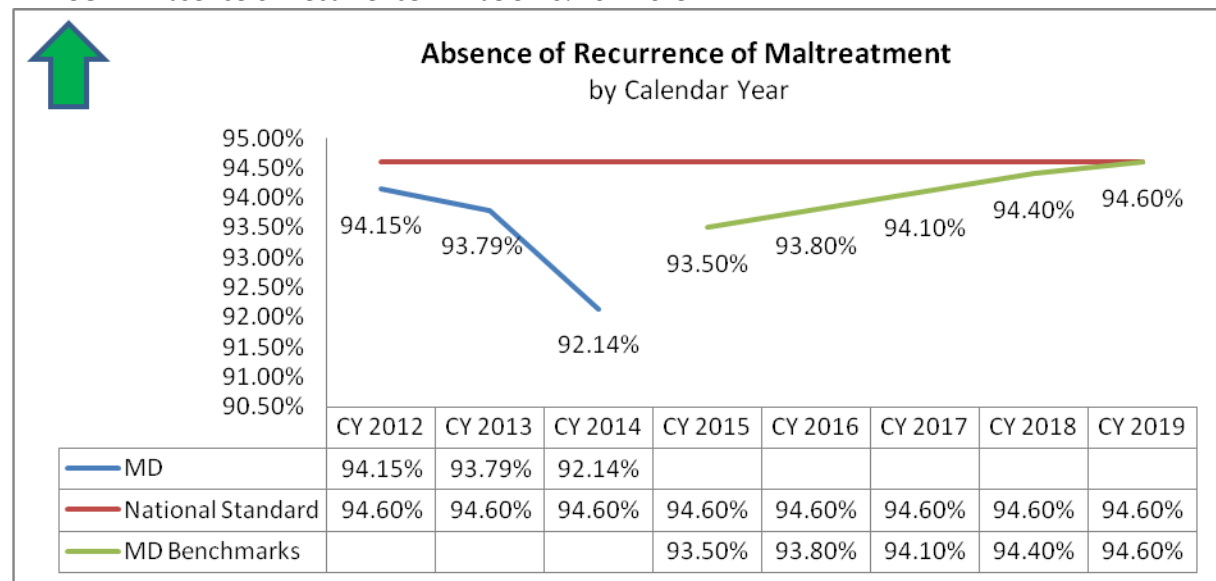
Each local department identified and continues to plan with partners and stakeholders specific to their communities to help implement Alternative Response. Those partners always at the table include representatives from education, health and mental health, law enforcement, attorneys for children and parents, the local non-profit agencies, and faith community representatives. Reliance on partners for supportive services for families does not stop with the launch of Alternative Response. The Department is spending time with each local department helping them expand partners beyond those normally called on for assistance. These partnerships include the local business community, scouting organizations, recreation and parks and other organizations that could possibly provide a service or good to a family to help enhance their protective capacities.

**PLAN FOR IMPROVEMENT**

Recurrence of maltreatment is a significant measure of a program’s effectiveness to reduce the likelihood to future child maltreatment. It is generally accepted that a small percentage of families where child abuse/neglect occurred will encounter additional maltreatment events even after investigation/assessment and service provision. However, the goal is to reduce that number of events to the smallest number possible. Children need to feel safe and secure to develop and thrive. Recent attention to the Adverse Childhood Experience report shows the significant impact of negative childhood experiences on the health and welfare of adults. Reducing the negative experiences including exposure to child abuse and neglect events will help reduce the negative effects on the health and welfare of adults. Children who experience early life neglect have difficulty bonding with a caregiver; children who are victims of sexual abuse have relationship challenges as they mature, physically abused children may over identify with their abuser and adopt a similar parenting practice. This is far from an exhausted list of negative effects of child maltreatment. Once brought to the attention of child welfare services it is imperative that services be provided to remediate the effects of past events and to prevent future ones.

*Better Off?*

**MEASURE:** Absence of Recurrence will be 94.6% or more



## *Intervention: Assessment Tools*

Maryland is developing a comprehensive assessment package for use by CPS and In-Home services staff. The package is comprised of a revised safety assessment, a risk and risk reassessment tool and a functional assessment, the Child and Adolescent Needs and Strengths assessment Family Version (CANS-F). These tools will result in better assessments leading to more effective interventions thereby reducing recidivism.

### 1. Safety Assessment

At the end of February 2015, a new safety assessment was fully implemented in Maryland. This improved safety assessment tool, Safety Assessment for Every Child (SAFE-C), factors into the overall rating the child's vulnerabilities and any protective capacities that might exist in the family or community. This will allow the caseworker to make a more informed safety decision and document that decision in a way that was not possible in the prior tool. The new tool was developed with the assistance of the Children's Research Center. Training was developed in partnership with the Child Welfare Academy. In January and February of 2015 all child welfare staff was trained in the use of the new safety assessment via webinars as well as with face-to-face trainings held around the State. Staff documents the safety decision in MD CHESSIE along with the safety plan if one is needed.

### 2. Risk Assessment

In February 2015 Maryland used CAPTA funds to contract with the Children's Research Center to help develop Structured Decision Making actuarial risk assessment tools to be used by Child Protective Services and In-Home Services staff. The initial risk and risk reassessment tools will help to assess whether a family is more or less likely to have another incident of maltreatment without intervention by the agency. Assessing risk in a more structured manner will help staff make better decisions about what factors in the home require ongoing services by the agency or in the community. Stakeholders in this project have included in-home and out-of-home staff from the Local Departments of Social Services and the Child Welfare Academy. The tools will be used by child welfare staff state-wide. Training is expected to commence in November 2015 with implementation planned for January 2016.

### 3. CANS-F

Maryland is in the midst of implementing a strengths and needs assessment for In-Home Services cases. Training is on-going at this time and will continue for all in-home services staff until the end of the year. In-Home Services staff will begin using the new Child and Adolescent Needs and Strengths Assessment – Family Version (CANS-F) in MD CHESSIE in July 2015. Child Protective Services staff will begin using the CANS-F by January 2016 with training to begin in the winter of 2015. Workers will assess the strengths, needs and trauma experiences of the adult caregivers and children/youth in the household. This new assessment tool will assist workers with understanding a family's circumstances, collaboratively planning for services and monitoring outcomes for youth and families. The tool will help family's to have better service planning and eventually reduce the rate of reoccurrence of maltreatment.



The new safety assessment, risk assessment tools and strengths and needs assessment make up a comprehensive package of assessments that will be utilized by child welfare staff to improve the safety, well-being, and permanency for children. These improved assessments will lead to more targeted service delivery by child welfare staff. Better assessments during a CPS response or In-Home intervention will reduce the frequency of families being reported to child welfare. This coupled with Maryland's family centered approach will make interventions more successful thus reducing recidivism in Maryland.

#### *Action Plan / Benchmarks / Milestones*

May 2015 – April 2016

- Risk Assessment
  - Training is expected to commence in November 2015 with implementation planned for January 2016.
- CANS-F
  - In-Home Services staff will begin using the new Maryland Child and Adolescent Needs and Strengths Assessment (CANS-F) in MD CHESSIE in July 2015.
  - Child Protective Services staff will begin using the CANS-F by January 2016 with training to begin in the winter of 2015.

#### *Implementation Supports*

- *Partnerships*

Maryland contracted with CRC to enhance their risk assessments and have worked closely with Innovations at the University of Maryland to develop and implement both the Maryland CANS (used for youth in Out of Home care) and the CANS-F. Local department staff participated on the workgroup that spent time making CRC's actuarial based risk tool fit with Maryland's law and policy.

As Maryland plans for implementation of the IV-E Waiver conversations are planned with the provider community to develop interventions better suited to address the needs of families, especially as they relate to reducing the risk of continued child maltreatment. This includes discussions with providers caring for children in out-of-home care. They need to understand that reducing recurrence includes working with the family in addition to the child in their facility. This discussion will also include local department staff as they will be required to coordinate their work with the child in care's family with that of the provider.

- *Legislation: New Legislation – HB 386 Child Abuse and Neglect – Centralized Confidential Database*

With the passing of HB 386 Child Abuse and Neglect – Centralized Confidential Database, Maryland child welfare staff is no longer prohibited from viewing investigations done outside of their jurisdiction. With a proper security clearance, staff can access historical information in MD CHESSIE on individuals and families with whom they are currently involved. This will lead to better decisions being made about the safety and well-being of children based on an individual's prior interaction with any Local Department of Social Services in Maryland. This bill will also allow for less delay in responding to background clearance requests which will benefit people

attempting to be employed at by child-serving agencies and individuals wanting to be kinship, foster or adoptive providers. Staff around the state will also be able to access an individual's information when their agency is closed which can hamper decision making and increase the risk to children and staff.

- *Family Involvement Meetings*

In addition to FIM quantitative data analysis, case reviews will be conducted to determine the decision making process and the circumstances surrounding the diversion after Removal or Considered Removal FIMs. The reasons for the eventual entry into out-of-home care will also be reviewed. Technical assistance and training strategies will be developed based on the data trends. In addition, SSA will explore opportunities to enhance the training to the providers working with families to improve outcomes for families and reduce the recurrence of maltreatment.

## **SERVICE ARRAY**

### **Child Protective Services**

Child Protective Services provides an array of prevention, intervention and treatment services including:

- Operating a local jurisdiction based telephone hotline for receiving child abuse/neglect (CAN) reports;
- Conducting CAN investigative and alternative response, family assessment and preventive services screenings;
- Providing substance exposed newborn crisis assessment and services;
- Providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
- Preventive and increased protective capacity of families; and
- Family-centered services.

### **Structured Decision Making**

Maryland has used Structured Decision Making as a decision tool for categorizing allegations of child abuse and neglect and for assigning a response time for certain high risk/high safety concern situations for several years. Structured Decision Making continues to be used to categorize allegations and help screening staff determine if the allegation rises to the level for a CPS response. Once accepted as appropriate for CPS, additional questions were added to the process allowing screening supervisors assign allegations to either an Investigation or Alternative Response. Having Structured Decision Making in place and a normal part of practice helped with implementation of the new two-path CPS system.

### **Safety Assessment Training**

In Maryland's most recent Child and Family Services Review it was pointed out that the State's child welfare staff has difficulty developing safety and service plans that address areas of concern identified during assessment. The State is aware of this issue and sees this as a major challenge to overcome. With assistance from the Children's Research Center (CRC) Maryland began incorporating Signs of Safety into its family assessment. This simple approach to assessing for threats to a child's safety helps staff focus on what is a real threat as opposed to what are complicating factors that look like a threat but

really are not. As jurisdictions prepared to go live with Alternative Response the Department required that their staff have training on Signs of Safety. This tool is used by front line staff with their clients as well as supervisors use it to facilitate individual and group supervision. Making certain that local departments continue to use this assessment tool is a component of the ongoing plan to improve the Investigative Response/Alternative Response in Maryland.

At the time that CRC introduced Signs of Safety they also conducted analysis on Maryland's child safety assessment and made suggestions for revision. Those revisions were incorporated into the SAFE-C and Safety Plan and released for local department use on March 15, 2015.

## **Alternative Response**

Beginning July 2013 through July 2014, Maryland implemented its two-track CPS response system, Investigative Response and Alternative Response. As of March 2015 44% of all screened in cases are currently being assigned to AR. In the next four years, SSA would like to see approximately 50% of all screened in cases assigned to AR.

From the moment of initial implementation, the Social Services Administration (SSA) began efforts to sustain this practice shift by providing oversight and technical assistance to support and maintain model fidelity, to build staff capacity and provide an AR quarterly newsletter to be disseminated to all State and local partners. SSA will continue to support AR implementation. The Department is considering the continuation of technical support that will be provided to each county via an annual site visit where staff will revisit their implementation plan, discuss internal policies and protocols and how they support AR practice and philosophy, discuss new partnerships, share information about where families are being referred and identify gaps in service provision. Each county will receive a written report with recommendations after their annual site visit. Maryland will consider continuing to host regional learning collaboratives where AR workers and supervisors convene to talk about what's going well with their practice, supervision and administration. Local department are encouraged to invited stakeholders to the Learning Collaborative. The continuation of the quarterly AR Newsletter will be considered. The newsletter is a vehicle for counties to share articles about their AR practice and the good outcomes they have with families. It also keeps Maryland stakeholders and practitioners informed about national and local AR data. The AR Quarterly Newsletter is shared via email with local departments and partners and posted on the Department's website.

The Child Welfare Academy (CWA) in partnership with SSA will developed a 1-day skill training on solution focused, strength-based and family driven assessment tools and strategies. The CWA is also developing a 1-day AR training for new staff.

SSA, with support of Casey Family Services (CFS) hosted the 1<sup>st</sup> annual AR statewide meeting. The purpose of this meeting was be to bring AR practitioners, administrators and stakeholders from around the State together to review annual statewide AR data, discuss what's going well and identify areas of practice and policy that may need to be revisited. This meeting provided an opportunity for staff to share information about the tools and strategies they are utilizing to engage families and to complete thorough family assessments. CFS identified and brought AR experts from other states to the conference who conducted plenary and breakout sessions. For future AR events SSA will be working with local jurisdictions to identify a family that has benefitted from an alternative response to participate in this meeting and share their personal experience. As needed, SSA will facilitate intrastate immersion visits between counties. This will allow local jurisdictions an opportunity to share with their

peers AR strategies that are working well. Staff will identify areas where they need to strengthen staff's capacity to engage families through an Alternative Response. Staff will then be linked to a mentor county where they will visit and shadow staff and observe practice and strategies that enhance and support AR. SSA will also work with local departments to expand their 'services community' part of the sustainability plan that is the next step in moving AR/IR forward.

To ensure fidelity to the AR Practice Model, it is imperative that screening of AR cases be consistent across the State. To ensure model fidelity, SSA will provide training for screening supervisors on an ongoing basis and encourage jurisdictions to identify one primary screening decision maker. Other outcomes that SSA will be monitoring is percentage of the family self-referrals to the agency within a 12 month period after being served with an Alternative Response and if there is a secondary report (either by the public or the family), how much time has elapsed between referrals.

### **Alternative Response Learning Collaboratives**

In October 2014, DHR in collaboration with Casey Family Programs sponsored the first monthly learning collaborative session to support the successful statewide implementation of Alternative Response (AR). Since then, learning collaboratives have been held monthly throughout the State.

Learning collaboratives provide local child welfare practitioners an opportunity to come together to share lessons learned during their implementation of AR and provides a mechanism for both technical and peer support. During these sessions, national experts such as Caren Kaplan (NRC), Tony Siegel (Institute for Applied Research), Kelly Knight (Ohio) and Marilyn Waters (Casey Family Programs) have presented information that support best practice standards in child welfare and provided family centered tools and strategies that reinforce the practice shift needed to sustain Maryland's Dual-Track CPS System.

During the learning collaborative there is a presentation, small group breakout sessions and participants have an opportunity to ask specific questions regarding practice and policy. Participants have sought and received additional information and technical support on assessing case risk vs. incident risk; family engagement; how to complete family interviews and building creative partnerships with community stakeholders to meet the specific needs of families.

The Department is considering the possibility of continuing to hold learning collaboratives throughout 2015. The goal is to shift the learning collaboratives from monthly meetings to quarterly meetings and to host them regionally to maximize the number of staff who is able to attend.

### **Sustainability Site Visits**

In September 2014 the Department developed and disseminated the Alternative Response Sustainability Timeline and Maryland's Dual-Track Child Protective Services System Sustainability Self-Assessment to all local jurisdictions. Once Alternative Response was implemented statewide in July 2014, the Department's focus shifted from implementation to sustaining the newly formed dual-track CPS system. Sustainability is the continuation of a program or initiative beyond the initial implementation phase. Sustainability Planning provides the opportunity to identify benchmarks to measure progress, determine who is responsible for components of sustainability, consider short and long term needs and provides a mechanism to develop strategies for long-term success demonstrating the value of a Differential Response System.

In October 2014 through November 2014, all jurisdictions participated in a sustainability webinar facilitated by Caren Kaplan, Senior Consultant, National Resource Center for In-Home Services. Each jurisdiction organized a sustainability team of 6-8 people including both internal and external partners. The Department hosted monthly sustainability conference calls from December 2014 – April 2015 to provide technical support and answer any questions that staff may have regarding the completion of the sustainability assessment.

Department staff began the review of completed sustainability assessments in January 2015 and began completing the one day onsite consultation visit with local staff and stakeholders in February 2015. The goal of the sustainability site visit is to examine essential infrastructure and programmatic elements for continued effectiveness and long term survival of the dual-track CPS system. To date, the Department has received a total of 15 Sustainability Self-Assessments and completed 9 Sustainability Site Visits.

### **Stakeholder Input**

The Department convened a multidisciplinary team called the Alternative Response Advisory Council to provide oversight and monitoring of the Alternative Response Implementation Plan. The Alternative Response Advisory Council has continued to meet routinely. During these sessions, updates are provided on the Alternative Response Program and council members provide feedback on how this shift in practice has impacted their individual and collective disciplines.

Each jurisdiction formed a local sustainability team. These teams were comprised of both internal and external partners including: caseworkers (in-home and out of home); supervisors (in-home and out of home); administrative staff (assistant directors and directors); pupil personnel worker's (staff from the public school system); Board of Education; Sherriff's Office; Child Advocacy Center's; MSDE Office of Child Care; The Office of Family and Community Partnerships; Office of Citizen's Services; Department of Juvenile Services; Development of Disabilities Administration; Parent Advocate NAMI; MD Choices and the State's Attorney's Office. Local jurisdictions met with these stakeholders to discuss the 13 components/benchmarks of the Sustainability Self-Assessment to identify competency in the planning for, implementation of, and responsiveness to sustaining a Dual-Track CPS System. Each jurisdiction scored itself as to the extent of its sustainability in each area identifying the top three areas that their agency would like to target and develop an action plan and identifying three areas where the local agency can achieve "quick wins" areas where the agency can pursue to make immediate gains in their sustainability efforts.

The Alternative Response Learning Collaboratives and the completion of the Sustainability Self-Assessment assist both staff and stakeholders build an infrastructure that is both flexible and responsive to the needs identified as a result of system change. Through the utilization of these tools, the Department has been able to support staff as they increase their capacity to partner with families and stakeholders; broaden their ability to utilize solution-focused tools and strategies and embrace best practice standards in child welfare practice that include partnering with stakeholders to build safety around the family unit to ensure child safety, well-being and permanency for the families served.

### **Human Trafficking Initiative**

Human Sex Trafficking was added to the child abuse statute in 2012. The Department has engaged in numerous activities to deal with the issue of sex trafficking since the change in statute. In conjunction

with the Maryland Task Force on Human Trafficking, the department has engaged in efforts to address identification of victims, appropriate responses to discovery, service needs and prevention. The Department has worked as a member of both the Steering Committee of the Task Force, which includes fifteen organizations and as a representative on the Victim's Services Subcommittee (which expands beyond the participants of the 15 Steering Committee members) to identify State needs, barriers and challenges to fully address the needs of victims. Policy has been issued, training developed, a screening tool adapted for Child Welfare and a human trafficking identifier has been added to the data system to track all human trafficking referrals. The Department has worked with Task Force members and the Governor's Office of Crime Control and Prevention since 2012 to plan the Governor's Annual Conference on Human Trafficking. This year, the conference will be held in May and the Department will be participating. The conference continues to highlight the issue of human trafficking and the need for an appropriate community response.

With the passage of P.L. 113-183, the Department has reviewed existing policies for compliance and clarity in relation to any changes required due to the passage of this legislation. While both the human trafficking policy (SSA-CW#14-15) and the runaway and missing and/or abducted children policy (SSA-CW# 14-5) address requirements related to P.L. 113-183, changes in policy for the purpose of clarity regarding some time frames will need to be made. In addition review of the data collection is underway to identify any youth reported by title IV-E agencies who are human trafficking victims. On December 5, 2014 the Child Sex Trafficking Victims Support Initiative, a grant awarded to the University of Maryland, School of Social Work and the Department of Human Resources, held their kick off meeting with identified coalition members who will be participating in the five year grant project. Sub-grantee partners include; Healthy Teen Network, Maryland Legal Aide Bureau, and TurnAround, Inc. Subsequent meetings have been held at least monthly to map out grant activities; including training needs, survey tool development, placement needs, policy and data collection. It is the intent of the grant to utilize the CANS-F to identify any foster youth who may be at risk of trafficking. The School of Social Work has been working to identify indicators on the CANS-F that would flag any youth in foster care who might be at risk (due to the presence of these indicators) of human trafficking. Once identified a comprehensive plan will be developed to further screen and, if needed, link the youth to services.

While the Maryland Human Trafficking Task Force has been the main collaborative partner, given the wide representation of agencies represented on the task force, the Department has participated in multiple opportunities to meet with others to review how procedures and policies that are in place have been effective or require revision. Monthly grant meetings, a meeting in April at the Baltimore FBI headquarters that included local jurisdictions who have served trafficking victims, state law enforcement and service providers as well as monthly task force meetings have informed all aspects of identification and service provision for the population. Changes have been made to the human trafficking policy in response to feedback and may require further revision in order to ensure that this population is being provided with services that meet their unique needs as well as to clarify procedural issues that are unique to this population. Conversations have revolved around how to best prevent repeat abuse from occurring and at the same time providing families with the capacity to protect their children involved in trafficking. Often trafficking victims are reluctant to accept services, are high risk for runaway and return to trafficking and continued abuse before they are able to accept recovery. Given the challenges presented by this population, continual assessment, review and revision in collaboration with service providers, law enforcement and task force members has been necessary. Review of service provision, training for child welfare workers and the trauma needs of victims are ongoing to determine best practice for this population and how best to maximize the ability to work toward, holding onto victims when recovered.

From May 1, 2014 to April 30, 2015, 52 human trafficking referrals were received by the Department.

### **In-Home Services**

In-Home Family Services are family preservation programs available within the Local Departments of Social Services.

### **Consolidated In-Home Services**

The Consolidated In-Home Family Services program is designed to provide comprehensive, time-limited and intensive family focused services to a family with a child at-risk for maltreatment. The purpose of Consolidated Services is to promote safety, preserve the family unity, maintain self-sufficiency and assist families to utilize community resources. In-Home services are in-home and community-based. Based on the local jurisdiction size and staff availability, the In-Home Services staff may consist of a worker or a worker and family support worker team approach to serving the family.

Data regarding services provided by Consolidated In-Home Services is needed to assess how well families are being served. While some data is reported out, it is not data that permits a more comprehensive assessment of the effectiveness of In-Home Services. The Department would like to look at what data elements are needed to address child safety and well-being and how many families served by In-Home Services are able to maintain their children safely in their homes. New safety and risk assessments should assist with determining the level of risk and safety at the beginning of services and at service completion. Once more specific data is available further evaluation of services and the impact on families can be done.

### **Interagency Family Preservation Services**

In addition to Consolidated In-Home Services, Maryland also offers Interagency Family Preservation Services (IFPS). Interagency Family Preservation Services provides intense services to families with a child(ren) at imminent risk of Out-of-Home Placement. Referrals can come from multiple sources and are served by workers with small caseloads who are able to provide more frequent and sustained contact. Each jurisdiction has the option to operate the program within the local department, with the department as the vendor or to utilize outside vendors. Currently the department is the vendor in 18 jurisdictions, with the remaining 6 jurisdictions contracting with private vendors.

Whether Interagency Family Preservation Services produce better outcomes than do Consolidated Services has not been fully evaluated. Again appropriate data collection is required to address the impact of the services provided to families and if families and children are better off. Outcome data that will demonstrate the effectiveness of the intensive services and team approach versus the three levels provided in Consolidated is worthy of addressing. Another indicator that would be worthwhile, if it can be measured, is to assess if the families and children being served in Interagency Family Preservation are, as believed, any different than those served in Consolidated Services. The Department has given considerable thought to folding this program into Consolidated Services, if the funding stream (TANF funds) does not negate its use in Consolidated Services. The Department is considering further evaluation of program effectiveness at reducing out-of-home placement to determine what is best for families and children in regards to safety, permanency and well-being in the coming year. SSA will begin this process with defining data elements to be collected and consider beginning the compilation of data that reflects the areas needed to assess program efficacy and population served.

## **Substance-Exposed Newborns**

The new substance-exposed newborn (SEN) law, Family Law § 5-704.2, went into effect October 1, 2013. In the 15 months between October 1, 2013 and December 31, 2014, hospitals statewide made 2,124 SEN reports to local departments of social services. Of the 2,124 reports, 101 were either screened out because they did not meet the criteria for acceptance or were found to be duplicate reports. Consequently, 2,023 reports were screened in for assessment of safety and risk and, potentially, for services. Of these cases 1,869 (92%) were screened in as Risk of Harm Non-CPS cases. There were an additional 154 reports screened in to CPS either for an investigation (101) for an Alternative Response (53).

Over the 15 month time period the number of active CPS or service cases that involved a SEN increased from 483 to 611, approximately 21%, indicating that more families were receiving services for a longer period of time. The percentage of SEN in Out-of-Home placement has remained stable at about 31%. There have been 61 Termination of Parental Rights cases and adoptions of 28 children.

From January 1, 2015 to March 30, 2015 there have been 486 SEN reports statewide. Data analysis, however, has not been completed for this time period.

SSA is required to monitor the implementation of the new substance-exposed newborn law (Family Law§ 5-704.2) that went into effect October 1, 2013 and to provide two reports to the Governor and legislature on or before October 1, 2014 and October 1, 2015. As required the first report was submitted on October 1, 2014 (See Appendix F). The report included the number of safety and risk assessments completed on families of substance-exposed newborns; the outcomes of the assessments conducted; the number of mothers referred to substance abuse treatment; and the number of cases involving substance-exposed newborns that result in a termination of parental rights. Going forward, particular attention will focus on data collection and management: improving consistency in information reported by the hospitals to the Local Departments of Social Services; and improving the way data is stored and retrieved in MD CHESSIE. Close monitoring will inform evaluation of current policy and practice as well as potential need for training and cross training; barriers and gaps to behavioral health services for mothers; and improved collaboration with health care practitioners and hospitals. Efforts will also continue to organize a workgroup across disciplines (child welfare, maternal and child health, behavioral health, and the medical community) to develop a more integrated and coordinated response to the problem of perinatal substance use and its impact on the safety, permanency, and well-being of children and families.

## **Birth Match**

Maryland law requires the State to match new births against the data base for parents who previously had their parental rights terminated for a child where there was also an indicated Child Protective Services (CPS) finding. DHR receives an electronic list of births from the Department of Health and Mental Hygiene that is matched against DHR's records. If there is a match Local departments are notified and required to make contact with the family to assess the safety of the newborn child and determine if services are needed. In FY13, there were one hundred- eight (108) total matches. Fifty-



eight (58) families were receiving services at the time of the match. The remaining fifty (50) that were not receiving services, assessments were initiated. Two (2) were incorrect matches, twenty-three (23) required no further services, twenty-five (25) cases were opened for further assistance, zero (0) unable to locate. There are no cases still pending assessments. The birth match process in Maryland has resulted in the provision of needed preventive services for families assessed as needing assistance.

## **CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN**

### ***CAPTA Spending Plan (past and future)***

The following items correspond to the activities mentioned in SEC. 106 Grants to States for Child Abuse and Neglect Prevention and Treatment Programs [42 U.S.C. 5106a]. There are 14 activities specified in SEC. 106 and Maryland is planning for activity in several. Following each paragraph is the number in parenthesis corresponding to the section in SEC. 106.

The Maryland Department of Human Resources received \$473,930 in fiscal year 2014 Child Abuse Prevention and Treatment Act (CAPTA) federal grant and does not plan on any major policy shift from that reported in the State's submission for FY14. Maryland historically used and will continue to use the bulk of funds received from the CAPTA federal grant to support child abuse and neglect prevention activities in Maryland. For the past several years the state negotiated and entered into two contracts for child maltreatment prevention services. The first contract is with the University of Maryland School of Social Work's Ruth Young Center for Family Connections Program (FCP), Grandparent Connections to continue working with grandparents raising their grandchildren keeping them safe from abuse and neglect and out of the child welfare system. This program also provides a learning experience for master's level graduate students in social work who are employed as case managers working with families. This contract is awarded annually in the amount of \$195,000. While the vendor for the service might change in the future, the plan is to continue to support a prevention program. (SEC. 106 #11)

In SFY14 the Family Connections Program (FCP) provided services to a total of 89 families including 264 children were served and 69 cases were closed. Services included various activities conducted directly with a family or on their behalf to achieve mutually defined goals. Services included assessment, planning, and referrals to services and/or resources; individual, conjoint, family and group counseling; case management; provision of concrete resources; and advocacy.

One of the basic practice principles of FCP is to provide outcome driven practice. This is achieved by using clinical instruments in practice, integrating them into development of comprehensive assessments, and then, based on the assessment, developing goal driven service plans with families that are used to track the direction and progress of service. The instruments are used both to inform practice for individual families and to evaluate outcomes of the program as a whole. FCP continues to use 12 family/caregiver measures and eight child measures. In SFY 14, FCP achieved similar outcomes to SFY 13: statistically significant decreases in caregiver depressive symptoms, trauma symptomatology, parenting stress, and parent-child dysfunctional interaction, as well as increases in the perception of the adequacy of family resources and parental sense of competency.

Thirty-five children had both a baseline and closing assessment of child functioning, as measured on the Child Behavior Check List (CBCL). Because of the small sample size, no statistical tests were conducted. In general, those children who had experienced trauma scored higher for risk factors and lower in protective factors and often still scored in a range of needing clinical intervention at closure even when there were significant improvements. The needs of those families with trauma history are greater and persist over time based on the specific trauma and the challenging context in which these families live, indicating the need for continued services for the families. FCP coordinates with community partners to facilitate on-going services.

The second contract supported with CAPTA funds is for an array of services including a 24-hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups. The award from CAPTA is \$101,770 annually and has been awarded to the Family Tree, Maryland's chapter of the Prevent Child Abuse America and Parents Anonymous for a five-year period beginning in 2011.

The following data is from reports submitted by The Family Tree for August 2013 - July 2014. Seven hundred sixteen (716) participants were served in the parenting classes held in Baltimore City, Baltimore County, and Prince George's County. Seven hundred seventy-eight (778) parents were served in the Parent Support groups. This number exceeded the Family Tree's annual goal of serving 500 parents.

In addition, the Family Tree served 82 families in their home visiting program in Baltimore City, Baltimore County and Prince George's County. The Helpline yielded a total of 3,821 calls. The AAPI is administered to participants in the parenting education program at the beginning and end of the program. The data from August 2014-October 2014 shows that the average AAPI scores from the Expectations of Children and Discipline constructs were higher in the post-tests than the pre-tests. 87 participants' scores were analyzed.

The last purely prevention initiative awarded CAPTA funds is to the State Council on Child Abuse and Neglect (SCCAN), one of Maryland's 3 CAPTA citizen review panels. Beginning in 2009 the Secretary of the Department of Human Resources committed \$75,000 annually to support SCCAN. DHR continues to support the salary of the SCCAN Executive Director.

SCCAN membership includes representatives from all of Maryland's child serving Departments (Health and Mental Hygiene (DHMH), Juvenile Services, Education), the Director of the agency receiving CAPTA Part II funds, physicians, legislators, victims of abuse/neglect and other individuals interest in child abuse/neglect prevention, detection and intervention. The CAPTA panel serves as a place where parties can meet to discuss a range of issues effecting children and discuss plans for coordinating services. A portion of each full SCCAN meeting is dedicated to a presentation on a promising or evidence-based prevention program. In addition to the full bi-monthly SCCAN meetings there are committee meetings that generate reports back to the full Council (see details in the SCCAN Annual Report and DHR/SSA response, Appendix G). (SEC. 106 #14)

SCCAN meets all of its CAPTA responsibilities in addition to voluntarily taking on the drafting of the state prevention plan. SCCAN brought several individuals representing Evidence-Based and Promising Practices to Maryland for their input on effective prevention programs to be considered for inclusion in

the prevention plan. As the time nears for actual writing of the prevention plan, CAPTA funds from either a new award or unexpended funds from a current year will be used to support the effort. Once written, a series of activities will be scheduled to promote the plan and encourage coordination between governmental and non-profit organizations to accomplish its goals. This will likely occur in 2015 and 2016. (SEC. 106 # 11)

Local Departments of Social Services continue to receive \$68,555 in CAPTA funds to support two important initiatives. First, investigations into allegations of mental injury to a child are required by State law to include two assessments of a child's mental or psychological ability to function (\$20,555 allocated to local departments based on caseload size). These assessments can be costly and local departments receive an allocation of CAPTA funds to enhance their ability to obtain the assessments when needed. Second, each local department receives \$2,000 annually to support activities of their multidisciplinary teams (\$48,000). Funds can be used to offset costs to participants (mileage, child care, etc.), bring specialists to the team meetings or provide for the team's infrastructure. The central office supported these local department activities for the past several years and plans to continue as long as the need exists. (SEC. 106 #2 and #3)

The remaining \$33,605 is used to support various Local Departments of Social Services requests for training. For example, each year Washington County Department of Social Services receives \$5,000 to support their regional child maltreatment conference held in April. Other jurisdictions seek support to address secondary issues experienced by staff. This past year Carroll County DSS requested assistance for staff following a tragic case that involved the discovery of several children severely neglected for years.

In February of this year the Department used CAPTA funds to support a contract with the Children's Research Center. Center staff assisted with replacing Maryland's risk assessment with the actuarial model developed by them. As of this writing the new tools (a risk assessment and a risk re-assessment) are being embedded in MD CHESSIE with plans for release for local DSS use in January 2016. These two tools, coupled with our revised safety assessment and the CANS-F (discussed in the Department's IV-B report) will comprise our comprehensive assessment of CPS and In-Home Services. The total cost of the grant is and funds come from previous unexpended awards and this year's award. (SEC. 106 #4)

Finally, a small amount of the grant is reserved to support travel expenses for the State Liaison Officer (SLO) to attend the Annual SLO meeting and bi-annual National Conference on Child Abuse and Neglect and funds to support travel for Maryland's nominee for the Commissioner's Award given at the National Conference. (SEC. 106 #6 and #10). Unfortunately the nominee for the 2014 award was unable to make the 19<sup>th</sup> Annual Conference due to scheduling conflicts.

#### Program Descriptions:

- As stated above, Maryland awarded a 5-year grant for prevention services that include a 24-hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups to the Family Tree of Maryland. Local Departments of Social Services can refer individuals and families to these programs and the services can also be accessed directly by the public. Maryland child welfare staff routinely

refers families for prevention interventions at all stages of the continuum beginning at screening through investigation and on-going services. Structured Decision-Making, used at screening, includes referring families not appropriate for investigation to other services within the agency or to service providers in the community.

- Again, while not supported directly with CAPTA funds the staff in the Central Office and local departments conduct training for mandated reports. Central office staff is called on routinely to provide training for mandated reporters at the National Association of Social Workers (NASW) annual conference, at schools for their social work and guidance staff, at local colleges where students soon to be employed in day care and other child related fields are receiving instruction, and at hospitals upon request. Local department staff also conducts training for their mandated reporters upon request. Maryland State Department of Education requires local schools to provide training on recognizing and reporting child abuse and neglect annually and invite local staff to conduct the training. The Department participated in making a video several years ago that local school jurisdictions continue to use.
- Maryland makes use of Family Involvement Meetings (FIMS) and one of the triggers for holding a meeting is at the point where assessment indicates that it is unsafe for a child to remain home. Individuals knowledgeable of the family's situation are called together to make a plan of safe care for the child. Signs of Safety, a model for safety planning are now widely used by CPS staff.
- Maryland has had a long standing policy on the use of multi-disciplinary teams that encourages community participation in case decision making and local program planning. These teams can be standing or ad hoc and both are expected to have community partners as active participants. Also, the membership composition of the State Council on Child Abuse and Neglect is defined in Maryland Family Law and includes representatives from each of Maryland's child serving Departments, local law enforcement, prosecutors, legislators, consumers of child welfare services, faith based service providers, child advocates, community service providers and a representative from both the State's Children's Justice Act Committee and Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP) program. Collaboration and cooperation is a hall mark of the Council whose membership committee is now in a position to interview and select a person for Council membership from a list of candidates interested in the program. A discussion of Maryland's ability to submit information on Child Protection Services Workforce and Juvenile Justice Transfers is provided in Section VI. of this report.
- MD has in place policy that directs Local Departments of Social Services to receive reports on, and take action to address the safety needs of children born substance exposed including newborns with Fetal Alcohol Spectrum Disorder. This policy is more thoroughly discussed in the Child Protective Services Section.
- Maryland's State Liaison Officer is Stephen Berry, LCSW-C, In-Home manager located at DHR/SSA, 311 W. Saratoga St., Room 552, Baltimore., MD 21201. He can be reached on (410) 767-7018 or [sberry@maryland.gov](mailto:sberry@maryland.gov). He is not identified as the State Liaison Officer on the Department's website.

**Citizen Review** – Each of Maryland's three citizen review panels (Citizen's Review Board (Appendix D), State Council on Child Abuse and Neglect (Appendix G), and State Child Fatality Review Team (Appendix H) continued their work during the past year. The final Fatality Report and the DHR/SSA response are also contained in Appendix H.

**Child Protective Workforce** – Advancement in CPS is based on years of service, level of education and licensure. An individual employed as a CPS supervisor (Social Work Supervisor, Family Services) must be licensed at the LCSW or LCSW-C level (established by the Maryland Board of Social Work Examiners) and have a minimum of 3 years experience providing child welfare services.

Maryland strives to maintain an average worker caseload at the standards established by the Child Welfare League of America. For CPS investigations the caseload standard is 1:12. In March 2015 the ratio was 1:9. Neither Maryland law nor regulation establishes a worker to case ratio for an individual employed as a CPS worker. The staffing ratio standards for Maryland are described under the Child Welfare Workforce section. As of March 2015 the average supervisor to worker ratio was 1:5.

**Infants and Toddlers Report** – The federal Child Abuse Prevention and Treatment Act requires children birth through their third birthday who are involved in a substantiated (Indicated in Maryland) case of child abuse or neglect be referred to early intervention services funded under part C of the Individuals with Disabilities Education Act. In Maryland that program is Infant and Toddlers. Each of Maryland's twenty-four jurisdictions have agreements between child protective services and the Infant and Toddlers program that spells out the referral process. Data for the most recent year shows 583 children receiving Infants and Toddlers (I & T) Services. This number represents an undercount as it is clear that not all referrals to I & T are captured in the appropriate data field in MD CHESSIE.

Maryland realizes the need to accurately report on this data item. MD CHESSIE planning for SFY14 included adding Referrals to Infants and Toddlers as a new "agency provided service" data item created to capture this data and the ability to generate an ad-hoc business objects report on this data will be created.

Additionally, Maryland's safety and risk assessments both direct attention to children 0-5 years of age. Safe-C asks workers to plan for safety in situations where children are under the age of 6 and issues threatening their safety are present. The Maryland Risk Assessment has workers classifying children 2 and under as 'high' risk and those 3-7 as 'moderate' risk.

**Child Fatality Reporting** – Maryland has several possible ways that child fatalities come to the attention of the Department. Social Services Administration Policy Directive #10-5 requires that the central office be notified whenever a child in an active or recently closed child welfare case is involved in a fatality, critical incident or sustains a serious physical injury. Additionally, all child fatalities where child abuse or neglect is suspected to be a contributing factor in the death are investigated by local department staff and information forwarded to the central office.

Each local department has a representative on the local child fatality review team (CFR). CFRs are administered by the Department of Health and Mental Hygiene and at the state level functions as one of Maryland's three citizen review panels (designation as a citizen review panel is in Maryland law). Cases that come before the local team include many where abuse and neglect are not factors that contributed to the death. If and when there is a suspicion that child abuse or neglect was a factor in the death the local department initiates an investigation and the central office notified as required by policy.

The official notice the local CFR teams receive is from the Office of the Chief Medical Examiner (OCME). When a county has a death or deaths of a child under 18, the following month the local CFR team coordinator receives a list of those deaths directly from the OCME. This is the CFR coordinator's official notification for CFR purposes. (The list is compiled by county of residence of the deceased, not county of death). The Office of the Chief Medical Examiner sends out the list of fatalities to local review panels and a form for each child death to be used to guide the local review. Local teams then complete the local Child Fatality Review reporting form and submit it to the State Fatality Review Team for tabulation and analysis for their annual report. Maryland does have the State Child Fatality Review Team's annual report, and while it contains information that has a broader focus than just child abuse/neglect related child fatalities, it will be used to augment Maryland's NCANDS report. (The annual report is submitted as part of the IV-B submission). The OCME cases are the cases local CFR teams are supposed to review. The cases that go to the OCME are the cases that are "unusual or unexpected" child deaths. (A routine death from leukemia in the hospital would not go to the OCME.)

The Department of Health and Mental Hygiene also sends monthly to the local CFR coordinator and to Health Officers in each county, a list from the Vital Statistics Administration (VSA) of all deaths collected by the VSA in the previous month (not just unusual and unexpected deaths). The list is called an Abbreviated Death Record (ADR), and is a courtesy list sent to help speed the local review process and or provide extra information. The official notification for CFR teams to do a case review comes from the OCME and the Maryland law requires the OCME to send such cases to the local CFR teams.

When there is any suspicion that abuse or neglect contributed to a child's death an investigation is initiated. All investigations are documented in MD CHESSIE and those where there is a fatality is identified as such. Abuse or neglect can be 'indicated', 'unsubstantiated' or 'ruled out' as a contributor to the child's death. When completing Maryland's National Child Abuse and Neglect Data System (NCANDS) report, data from MD CHESSIE is used for reporting purposes.

The following is a description of the process for reporting fatality data to NCANDS:

According to NCANDS a child fatality is "...the death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death." Fatalities are reported to NCANDS in two main ways. The first manner is as a field in the child level file and the second is as a field in the agency file. The deaths listed in the child file are instances where child abuse/neglect was a contributing factor in the death. The agency file count is a subset of this number where the family had received Family Preservation Services in the previous 5 years. Maryland uses the information collected in the Maltreatment Characteristics tabs to label a fatality as either the cause of death or a contributing cause of death for a child involved in report.

Maryland produces two types of statistical reports on child fatalities based on information generated by local department staff and forwarded to the central office as required by policy. All deaths in active child welfare cases, irrespective of whether abuse or neglect is determined to be a factor, are reflected in one report. On a monthly basis information is collected on children who die while a local department

is involved in an investigation or providing service. Many of the children fall in the category of 'medically fragile' or come to the department's attention following a life threatening illness or chronic condition. A small number of situations involve children who sustain injury from abuse or neglect, are in Out-of-Home Placement, who then die from injury sustained prior to a local department's involvement. Also, a small number of deaths occur during or immediately following a local department involvement and abuse/neglect are determined to be a contributor.

A second statistical report is produced on a calendar and fiscal year basis on child fatalities investigated where it is determined that abuse or neglect contributed to the death, and of those, the number where there was active or recent involvement by a local department. This report is produced for the legislature.

For the next NCANDS report Maryland will explore how other states access and use law enforcement information. As far as known at the time of this writing there is no single data base to be accessed to capture child abuse and neglect death related information. In addition to contacting other states, this Department will reach out to the Maryland State Police and the Office of the Chief Medical Examiner to determine if there is a central repository for child fatality information which can be accessed to augment our NCANDS report.

**Disclosure of Information** – During the 2010 Legislative Session, the Maryland General Assembly, with strong support from the Department of Human Resources, passed HB 1141 – Child Abuse and Neglect – Disclosure of Information. The bill was signed into law by the Governor and was effective on October 1, 2010. The law requires that the Department release certain information regarding child fatalities and near fatalities where child abuse or neglect is determined to be a contributor to the death or near death when such information is requested. The Department developed DHR/SSA 2037.

Disclosure of Information – Child Fatality/Near Fatality reporting form (Appendix I) for local departments to use when reporting information to the central office on child fatalities/near fatalities for public release. A protection regarding criminal prosecution is written into Maryland's disclosure law and requires that the local Office of the State's Attorney give approval for release of information. When such approval is not initially granted, information must be released at the conclusion of the prosecution if previously requested.

The Disclosure of Information – Child Fatality/Near Fatality and memorandum dated 4/17/2012 providing instruction to LDSS staff for completing the report can be found in Appendix J. All of the information required for release found in ACYF-CB-PI-13-04, *CAPTA Fatality and Near Fatality Public Disclosure Policy* (p. 15) is requested on the form for LDSS staff to complete at the conclusion of their investigation. Maryland Law requires that the name of the child in fatalities where it is determined that child abuse or neglect contributed to the death be released. In the case of near fatalities the name cannot be released.

**Child Protective Services Workforce**

Maryland’s child welfare workforce is comprised of approximately 2,000 staff. There are nearly 1,200 child welfare caseworkers in the 24 local jurisdictions and over 200 supervisors. In 1998 Maryland’s General Assembly passed legislation which required the Department of Human Resources (DHR) to hire only human services professionals as caseworkers and require that all new casework staff pass a competency test before being granted permanent employment status. The bill prohibits DHR from employing contractual caseworkers or supervisors, except to meet an unanticipated need, in which case no contractual position is to last longer than one year.

All Child Welfare Supervisors must have a Master of Social Work Degree and possess an advanced license to practice social work in the state of Maryland. Supervisors must have a minimum of 3 years of experience in child welfare or a related field. Supervisors’ salaries range from \$44,017 to \$80,078 depending on years of experience. As of March 2015 the average supervisor to worker ratio was 1:5.

All casework staff must possess a minimum of a Bachelor’s of Arts Degree in a human service related field. No experience is required for entry level caseworkers other than the possession of a degree in a related human services field. Salaries for caseworkers range from \$34,390 to \$80,078 based on years of experience and level of education. There are various caseworker positions which are listed below:

CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF	
			1/1/15	
CASEWORK SPECIALIST FAMILY SERVICES	Master's Degree in Social Work	None	\$38,880.00	\$61,691.00
FAMILY SERVICE CASEWORKER TRAINEE	BA in appropriate behavioral science	None	\$34,390.00	\$54,186.00
FAMILY SERVICES CASEWORKER I	BA in appropriate behavioral science	1 Year	\$36,557.00	\$57,808.00
FAMILY SERVICES CASEWORKER II	BA in appropriate behavioral science	2 Years	\$38,880.00	\$61,691.00
FAMILY SERVICES CASEWORKER III	BA in social work	3 Years	\$41,358.00	\$65,827.00
FAMILY SERVICES CASEWORKER SUPERVISOR	Master’s Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	3 Years	\$44,017.00	\$70,265.00



CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF	
			1/1/15	
FAMILY SUPPORT WORKER TRAINEE	HS diploma	None	\$25,502.00	\$39,574.00
FAMILY SUPPORT WORKER I	HS diploma	1 Year	\$27,048.00	\$42,102.00
FAMILY SUPPORT WORKER II	HS diploma	2 Years	\$28,702.00	\$44,812.00
FAMILY SUPPORT WORKER LEAD	HS diploma	3 Years	\$30,472.00	\$47,710.00
SOCIAL SERVICE ADMINISTRATOR I	Master's Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	5 Years 2 years must have been in an administrative, supervisory or consultative capacity	\$44,017.00	\$70,265.00
SOCIAL SERVICE ADMINISTRATOR II	Master's Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	6 Years 3 years must have been in an administrative, supervisory or consultative capacity	\$46,857.00	\$75,012.00
SOCIAL SERVICE ADMINISTRATOR III	Master's Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	7 Years 4 years must have been in an administrative, supervisory or consultative capacity	\$49,899.00	\$80,078.00
SOCIAL WORKER I FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	None	\$41,358.00	\$65,827.00
SOCIAL WORKER II FAMILY SERVICES	Master's Degree in Social Work plus license as	1 Year	\$44,017.00	\$70,265.00

CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF	
			1/1/15	
	Graduate, Certified or Certified Clinical Social Worker			
SOCIAL WORK THERAPIST FAMILY SERVICES	Master's Degree in Social Work plus license as a Certified Social Worker - Clinical	1 Year Clinical	\$46,857.00	\$75,012.00
SOCIAL WORK SUPERVISOR FAMILY SERVICES	Master's Degree in Social Work plus license as Certified or Certified Clinical Social Worker	3 Years	\$46,857.00	\$75,012.00

Recruitment and hiring of child welfare staff is done at the local level. Job announcements are posted on the DHR Website as well as the Maryland Department of Budget and Management's Website. Job postings are also sent to American Public Health Association (APHA) and National Association of Social Workers (NASW) for posting. In November 2014, DHR began working with the State Personnel System. This new system will enable the Department to track resignations, terminations and retirements.

The current vacancy rate in child welfare is roughly 10.1% (as of beginning of May 2015; time period May 2014 - May 2015). Maryland has had challenges recruiting Child Welfare supervisors that possess a LCSW/LCSW-C and 18 months experience in the State of Maryland. There have not been challenges filling caseworker positions with qualified staff. To review the Race/Ethnicity of the current staff, please review Appendix K.

All CPS staff members are required to have a minimum of a BA or BS from an accredited institution in order to qualify to be a child protective services worker. Hiring preferences are for those applicants with a Masters of Social Work. All staff members are required to have on-going continuing education classes. Staff with a social work license is required to maintain a minimum of 40 CEUs in approved courses every 2 years in order to maintain their license in Maryland. This requirement is monitored by the Maryland Board of Social Work Examiners.

As to collecting and reporting on specific information relating to child protective service personnel, DHR/SSA was unable to bring to bear resources necessary to compile this information. The basic issue is that no one system contains all the pieces of personnel data that are requested, and DHR/SSA plans in the upcoming year to explore, and then decide on, the best option for collecting and reporting this information as follows:

- Information regarding child protective service personnel responsible for intake, screening, assessment, and investigation of child protective service referrals will be obtained from Maryland's automated case management system (MD CHESSIE) and Maryland's Statewide Personnel System (SPS), a new personnel management system that DHR has recently

implemented. The case management system has information regarding the job functions of each staff member, as well as licensure information. The SPS has information on the age, gender, and address of each CPS staff.

- Currently, there is no automated way for DHR to gather information on staff training but that information can become available in the future. DHR has a partnership with the University of Maryland's School of Social Work's Child Welfare Academy (CWA). The CWA's site requires staff to register on line for training and keeps track of all training in which staff participated.
- Any historical training or training sessions attended by staff outside of the CWA will be captured by the local department of social services twice a year when DHR requests updates to all staff information to include job function and training.

As systems are improved or instituted to capture this data, DHR/SSA will assess their reliability and continue to explore the efficiency of the plan that is used to collect CPS staff information in the upcoming year.

#### Caseload

The average CPS worker/CPS response ratio is 13.8. This information was obtained as average total served data for the month of December 2014. The maximum data indicates that the highest LDSS ratio for that date was 21 cases per worker. During that same month, the supervisor/worker ratio averaged 5.4 workers with one county showing a supervisor/worker ratio of 9.4 workers. The staffing ratio standards for Maryland are set as follows:

- Investigations - 1:12 (Count of Open CPS Responses--Investigative or Alternative Response)
- In-Home Services - 1:12 (Count of Families Served)
- In-Home IFPS – 1:6 (Count of Families Served)
- Out-of-Home Services - 1:15 (Count of Foster Children)
- ICPC - 1:30 (Count of Home Studies)
- Referrals - 1:122 (Count of Screening Referrals)
- Public Family Foster Homes - New Applications - 1:14 (Count of New Applications)
- Public Family Foster Homes - Open Homes - 1:36 (Count of Active Foster Homes)

## OUT-OF-HOME SERVICES

### OVERVIEW

**Out-of-Home Placement Services (Foster Care Services)** provides short-term substitute care for children removed from their homes, that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm, while providing services to their families directed toward achieving permanency through family reunification or alternative permanent placement when reunification is not possible. Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives as the placement of choice.

**Time-limited reunification** services use concurrent permanency planning to reunite with the birth family or to pursue a permanent home for the child within 12 months of the placement. Permanency planning options are considered in order of priority:

- Reunification with parent(s) or legal guardian(s)
- Permanent Placement with Relatives (includes guardianship or custody)
- Adoption (relative or non-relative)
- APPLA (Another Planned Permanency Living Arrangement)

**Adoption Services** develop permanent families for children who cannot live with or be safely reunited with their birth parents or extended birth families. The Maryland Adoption Program is committed to finding “Forever Families” for children in the care and custody of the State. Adoption services include study and evaluation of children and their needs; adoptive family recruitment; training and approval; child placement; adoption assistance; contact and reunion; and post-adoption subsidy support.

**Guardianship Assistance Program** - The Guardianship Assistance Program (GAP) serves as another permanency option for relatives caring for children in out-of-home placement. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the Local Department of Social Services by removing financial barriers. A relative agreeing to participate in the GAP is granted custody and guardianship of the child in their care with a subsidy that includes a monthly payment and Medical Assistance. The assistance payment is a negotiated rate that can be up to 100% of the foster care board rate. Under certain circumstances, the GAP payment can continue until the youth reaches age 21. As of March 31, 2015, 2,897 children are receiving guardianship assistance payments, compared to March 31, 2014, 2,587 children.

### ASSESSMENT OF PERFORMANCE

The Social Services Administration is using Results Based Accountability (RBA) to assess performance. The RBA approach as stated above attempts to answer three basic questions regarding the performance of the child welfare system:

- How much did we do?
- How well do we do it?
- Is anyone better off?

The measures used to assess the performance of the program goals follow.

Goal 2: Achieve **permanency** for all infants, children, and youth

Measure 1: The percentage of children in care 12 or more months will be less than 65%

*Objective:* Improve services so that children are able to exit care

Measure 2: 13% or less of children exiting to reunification will reenter OOH care

*Objective:* Reduce Reentry into care from reunification

Child and Family Outcomes:

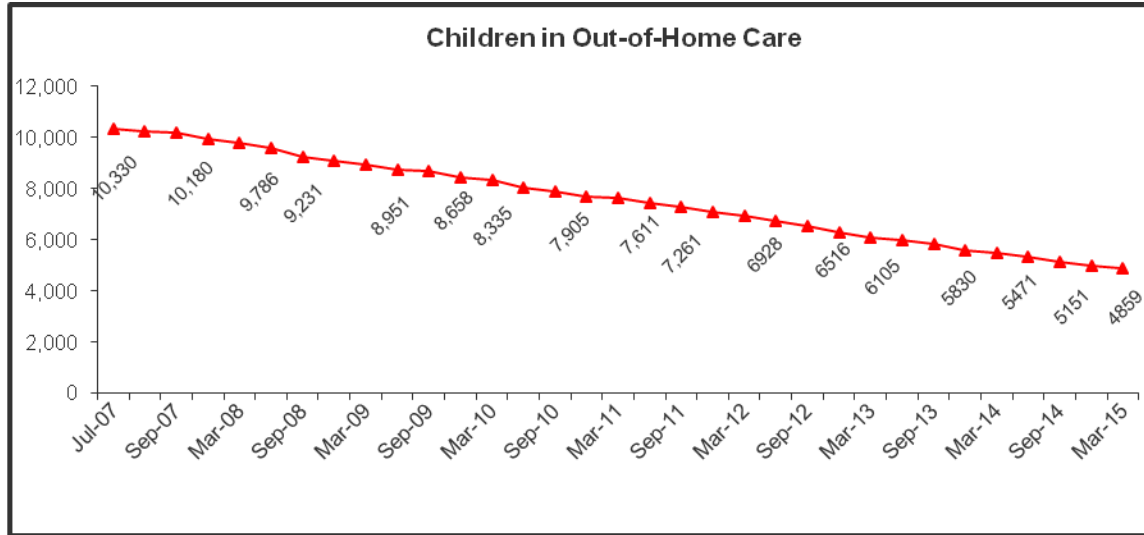
*Permanency Outcome 1:* Children have permanency and stability in their living situations.

*Permanency Outcome 2:* The continuity of family relationships is preserved for children

*Well-Being Outcome 1:* Families have enhanced capacity to provide for their children’s needs

<b>OUT-OF-HOME</b>		
<b>RBA Approach</b>	<b>Measure</b>	<b>Child Welfare Outcome</b>
How much?	<ul style="list-style-type: none"> <li>• # in OOH</li> <li>• # entries</li> </ul>	Background Statistics
How well?	<ul style="list-style-type: none"> <li>• # exits to reunification</li> <li>• # exits to adoption</li> <li>• # exits to Guardianship</li> <li>• Family Engagement Meetings</li> </ul>	Permanency 1  Well-Being 1
Better off?	<ul style="list-style-type: none"> <li>• Placement stability – children in care 0-12 months (2 or fewer placements in care in 12 months)</li> <li>• Reduction in length of stay</li> <li>• Reduction in reentry from reunification (see Plan for improvement)</li> <li>• Parental &amp; Sibling Visitation</li> </ul>	Permanency 1  Permanency 2

*How Much?*



	<b>Numbers</b>				<b>Percent Change</b>			
	<b>OOH Entries</b>	<b>OOH Exits</b>	<b>OOH Total Served</b>	<b>OOH as of Dec 31</b>	<b>OOH Entries</b>	<b>OOH Exits</b>	<b>OOH Total Served</b>	<b>OOH as of Dec 31</b>
<b>CY 2011</b>	<b>3,154</b>	<b>3,845</b>	<b>10,857</b>	<b>7,067</b>				
<b>CY 2012</b>	<b>2,653</b>	<b>3,500</b>	<b>9,720</b>	<b>6,269</b>	-16%	-9%	-10%	-11%
<b>CY 2013</b>	<b>2,526</b>	<b>3,163</b>	<b>8,795</b>	<b>5,605</b>	-5%	-10%	-10%	-11%
<b>CY 2014</b>	<b>2,164</b>	<b>2,650</b>	<b>7,769</b>	<b>4,995</b>	-14%	-16%	-12%	-11%
<i>Source: MD CHESSIE and Baltimore City data; State Stat 03 files</i>								

Maryland remains committed to developing and maintaining living situations that will afford a child permanency and stability while allowing for continuity of family relationships, and on-going connections with friends and community. Every child should have a permanent home. The home may be the child’s natural home, a relative or caregiver’s home, or an adoptive home. Permanence is first sought by returning children home, whenever possible, safe, and appropriate and in the best interest of the child. When reunification is not possible, the goal of the local department is to provide services that ensure each child has a permanent home as expeditiously as possible.

*Accomplishments*

All twenty-four jurisdictions in Maryland operate foster care programs that work with the birth and foster families to develop and implement the most appropriate permanency plan for each child. Maryland works to ensure that reunification, adoption, or guardianship occurs in a timely manner for children who are placed in out-of-home care. LDSS staff is engaging families in the permanency planning process, using family involvement meetings including birth parents, relatives, foster parents and providers. The use of concurrent permanency planning (working on two plans at the same time) increases the exits to permanence.

### *Areas for Improvement*

Some local departments do not consistently identify concurrent permanency plans on caseplans and on court reports. To improve establishing and documenting concurrent permanency plans SSA will continue to work with local departments around this issue; utilizing Regional/OHP meetings with local department administrators/supervisors and Quality Assurance reviews.

### *Partnerships*

DHR/SSA collaborates with the Foster Care Court Improvement Project (FCCIP) to ensure that courts were aware of the concurrent permanency planning process that local departments follow. Local Departments of Social Services include all interested persons (birth parents, relatives, foster parents, and providers) at the Family Involvement meetings to participate in the case planning process. Each local department also works closely with their court system to ensure children have timely permanence.

### *How Well?*

#### **Exits to Permanency**

	<b>Reunification</b>		<b>Guardianships</b>		<b>Adoptions</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
<b>CY 2011</b>	<b>1,727</b>	<b>45%</b>	<b>766</b>	<b>20%</b>	<b>531</b>	<b>14%</b>
<b>CY 2012</b>	<b>1,623</b>	<b>46%</b>	<b>737</b>	<b>21%</b>	<b>429</b>	<b>12%</b>
<b>CY 2013</b>	<b>1,412</b>	<b>45%</b>	<b>643</b>	<b>20%</b>	<b>347</b>	<b>11%</b>
<b>CY 2014</b>	<b>1,089</b>	<b>41%</b>	<b>572</b>	<b>22%</b>	<b>330</b>	<b>12%</b>

*Source: MD CHESSIE and Baltimore City data; State Stat 03 files*

In calendar years 2013 and 2014, 76% and 75% respectively of children exiting Maryland out-of-home care exited to permanency (reunification, guardianship, adoption), with the highest proportion exiting to reunification. In calendar year 2014, the percentage of permanent exits fell slightly to 75%, with this drop primarily due to a decline in the percentage of adoptions. In the early years of Maryland's Place Matters initiative, permanent homes were sought for children who had remained in care for several years; many children were adopted during this time. Exits to adoptions were highest in calendar year 2009, and have been declining since (both numerically and as a portion of all exits).

The percentage of exits to reunifications and guardianships, however, has remained stable in the past three years, approximately 45% and 20% respectfully.

### *Accomplishments*

Over the past three years, 79% of children exiting out-of-home care have exited to permanent homes. More children, 41% exit to reunification than any other exit type, and another 22% exit to guardianship.

### *Areas of Improvement*

Unfortunately, Maryland's CY 2014 reentry rate from reunification within 12 months is approximately 14.8 %. Analysis by the Ruth H. Young Center has shown that children with a length of stay less than 6

months are more likely to re-enter care, as are children with behavioral problems, children with multiple placements, children with siblings, and children removed due to neglect.

*Partnerships*

The local departments have developed partners within their own jurisdictions to ensure children exit successfully to permanency.

<b>Permanency FIMs Between January 2014-December 2014</b>					
	<b>Total Number of Permanency Changes</b>	<b>Permanency Change FIMs 3 months before plan changes</b>	<b>% Permanency Change FIMs 3 months before plan changes</b>	<b>Permanency Change with any FIM 3 months before plan changes</b>	<b>% Permanency Change with any FIM 3 months before plan changes</b>
<b>January 2014-December 2014</b>	<b>1,826</b>	<b>336</b>	<b>18.40%</b>	<b>725</b>	<b>39.70%</b>
<i>Source: MD CHESSIE</i>					

<b>Placement Change FIMs Between January 2014-December 2014</b>					
	<b>Total Number of Placement Changes</b>	<b>Placement Change FIMs</b>	<b>% Placement Change FIMs</b>	<b>Placement Change where any FIM occurred</b>	<b>% Placement Change where any FIM occurred</b>
<b>January 2014-December 2014</b>	<b>5,119</b>	<b>970</b>	<b>18.94%</b>	<b>1,730</b>	<b>33.79%</b>
<i>Source: MD CHESSIE</i>					

*Accomplishments*

The newly created automated FIM report yielded preliminary data to connect the Permanency and Placement Change FIMs to enhance permanency and placement stability. This report will provide DHR/SSA with data in order to monitor the progress of each Local Department of Social Services on timeframes for permanency and placement stability.

*Areas of Improvement*

The baseline data suggests that Permanency and Placement FIMs are occurring less frequently than the Removal or Considered Removal FIMs. Efforts will also be placed into reviewing cases to understand the rationale for the case decisions. In addition to the efforts to review cases, training and technical assistance will be offered as a primary strategy to increase practice of conducting FIMs for those case decision points related to policy expectations for permanency and placement stability.



*Partners*

SSA will also work closely with the FCP Oversight Committee and the Assistant Directors of Local Departments of Social Services to improve the practice frequency of convening FIMs for permanency and placement change decisions.

*Better off?*

**Placement Stability**

<b>Placement Stability - 2 or fewer placements for children in care less than 12 months, by Calendar Year</b>	
<b>Target: 86%</b>	
CY 2010	84%
CY 2011	85%
CY 2012	86%
CY 2013	81%
CY 2014	82%
<i>Source: MD CHESSIE; State Stat Place Matters file</i>	

Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives and family homes as a placement choice. Engaging the family early and having them participate in Family Involvement Meetings has impacted the number of placement changes experienced by youth in foster care. However, the child’s placement is based on the treatment needs of the child therefore when the needs of child change so can the level of care change resulting in another placement.

*Accomplishments*

Family Involvement Meetings are critical in maintaining placement stability for children. Also important is matching the child and the foster parent, with consideration of the child’s needs and the foster parents’ skills. Local departments work to keep the child in close proximity to their family. Other strengths include close supervision of services, training and support for foster parents (including peer support and respite), ongoing assessments and services for the child, and placement with siblings.

*Family Involvement Meetings (FIM) Indicators*

Family Involvement Meetings (FIMs) have become an integral part of engaging youth and families in the case planning decision making process since the practice began in 2008. A FIM is a casework practice forum to convene family members during key child welfare decision points. The purpose of the FIM is to establish a team to engage families and their support network to assess the needs and develop service plans. The goal is to develop service plan recommendations for the safest and least restrictive placement for a child while also considering appropriate FIM practice is being refined to enhance the skills of the facilitators and collaboration with caseworkers and supervisors; encourage statewide practice consistency and quality; expand the involvement of youth, family member, and key

stakeholder; and use automated data to evaluate child welfare outcomes in relation to FIM activity. The plan is to make sure that the training and the data reports provide pertinent information for SSA and the local departments to support practice implements and administrative review to share best practices or bolster areas needing improvement across the continuum of services.

Advanced facilitation workshops are conducted in addition to quarterly orientation training for facilitators and supervisors. These quarterly advanced facilitation training series started in December 2013. The topics will be geared towards helping tenured facilitators integrate Signs of Safety concepts into the process of assessing the relevant strengths and weaknesses. Other topics will include workshops to manage the discussion to not only give all participants a voice, but offer practical strategies to enhance the continuous quality improvement of FIMs. The topics being developed include:

- Managing Dual Roles as FIM Facilitators and Child Welfare Caseworkers
- Planning with Families during FIMs
- Fidelity to FIM Training Model
- Youth Transition FIMs

The initial Family Centered Practice (FCP) evaluation focused on organization readiness and the strategies that would optimize sustaining practice model as FIM practice was implemented. Since that time, attention has been focused to not only look at organization climate, but to connect the core values with the impact on subsequent practice outcomes. The methodology for an automated FIM report has been in development measures. SSA worked with local departments and soliciting input from the FCP Oversight Committee to refine the methodology for the automated FIM report. Beginning in July 2014, the automated FIM report using MD CHESSIE data will be available. Over the next five years, the primary indicators being developed for FIMs will include a comparison to practice activity with the total population of children and youth who would be eligible for a FIM at the key trigger decision points. Those numbers will serve as the baseline for assessing the following outcomes measures for those children and youth:

- Rate of maltreatment recurrence for children diverted from an initial FIM
- Timeliness to achieving permanency after a Permanency Planning FIM
- Placement stability after a Placement Change FIM
- Well-being, placement stability and permanency outcomes after Youth Transitional FIMs

#### *Areas of Improvement*

Maryland's foster care youth population is getting older. More than half of the youth in foster care are over the age of 14 with a large percentage of them 18 and over. With this age group come many challenges including mental health and behavioral issues which impact placement stability. Maryland will continue to monitor and seek ways to improve stability for all children.

#### *Partnerships*

DHR/SSA partners with the 24 local departments and works with the provider community to develop placement resources that can meet the specific needs of the youth.

## Length of Stay

Length of Stay in Care (In Months) of All Children in Out-of-Home Care							
	Children in care		Children in care		Children in care		Number of children in care
	0-6 months		7-11 months		12+ months		
	#	%	#	%	#	%	
<b>SFY 10</b>	<b>1245</b>	<b>16%</b>	<b>742</b>	<b>9%</b>	<b>5973</b>	<b>75%</b>	<b>7960</b>
<b>SFY 11</b>	<b>1327</b>	<b>18%</b>	<b>708</b>	<b>10%</b>	<b>5327</b>	<b>72%</b>	<b>7362</b>
<b>SFY 12</b>	<b>1201</b>	<b>18%</b>	<b>750</b>	<b>11%</b>	<b>4785</b>	<b>71%</b>	<b>6736</b>
<b>SFY 13</b>	<b>1094</b>	<b>18%</b>	<b>685</b>	<b>11%</b>	<b>4186</b>	<b>70%</b>	<b>5965</b>
<b>SFY 14</b>	<b>959</b>	<b>18%</b>	<b>621</b>	<b>12%</b>	<b>3750</b>	<b>70%</b>	<b>5330</b>

*Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file*

## Average LOS Data Table

SFY	Average LOS (Months)	Median (Months)
<b>SFY 2010</b>	<b>51</b>	<b>31</b>
<b>SFY 2011</b>	<b>49</b>	<b>28</b>
<b>SFY 2012</b>	<b>46</b>	<b>25</b>
<b>SFY 2013</b>	<b>43</b>	<b>24</b>
<b>SFY 2014</b>	<b>41</b>	<b>23</b>

*Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file*

Maryland's use of a Family Centered Practice Model, (engaging parents and locating relatives) and Family Involvement Meetings leads to early identification of possible relatives as placement resources, decreasing their time in Out-of-Home Placement. Concurrent permanency planning (for example, working towards reunification while at the same time establishing and implementing an alternative permanency plan), works to eliminate delays in achieving permanence for children. Also Maryland's continued support of Guardianship and Adoption Assistance removes financial barriers for families willing to provide permanence.

### *Accomplishments*

LDSS staff is engaging families in the permanency planning process, using family involvement meetings to include birth parents, relatives, foster parents and providers. Staff also is assisting birth and foster families in obtaining the services, such as counseling and health care, needed to meet the goals of the permanency plan and using progressive visitation to determine whether the child and the family are ready to be reunified. The placement of children with relatives or in family foster homes interested in adoption or guardianship and relying less on group care has also reduced the length of stay Out-of-Home Placement. Each LDSS offers adoption promotion and support services to improve and encourage more adoptions from the foster care population, which promote the best interests of the children.

### *Areas of Improvement*

The average length of stay in Out-of-Home Placement is greater for older children age 14-17 than for the younger children (see Figure 4 on page 57 of data on Average Length of Stay). Local departments are not using Adoptuskids website, a National photo listing service for children waiting adoption, consistently to help identify possible resources for children with a plan of adoption.

### *Partnerships*

DHR/SSA works with all 24 local departments. DHR/SSA also partners with Adoptuskids to photo list the children with a plan of adoption in need of a placement resource and will partner with Adoptions Together on the Heart Gallery.

### *Accomplishments*

The automated FIM report is another strategy to decrease the length of stay of children and youth in out-of-home placement. The case reviews and technical assistance will provide qualitative information to further refine the practice strategies to increase the frequency of Permanency and Placement Change FIMs. These strategies should improve the permanency and placement stability outcomes for children and youth. The FIMs were an early strategy in Maryland's child welfare reform to create programs to affect change across the continuum of services. The practice innovation for Kinship Navigators and Family Finders will further support the efforts to identify, preserve and connect children and youth with relatives or supportive adults to enhance permanency and placement stability outcomes.

### *Areas of Improvement*

The data collection and analysis of the automated FIM report is a work in progress. Additional indicators for the diverted cases will be considered as the data analysis progresses. For example, the frequency of opening a Consolidated In-Home case after a FIM diversion will be considered for compliance with policy as well as bolstering assessment decisions and reinforcing best practices of connecting families with appropriate community supports when child welfare services end. The following baseline data for assessing the remaining outcome measures for those children and youth at various FIM decision points is in process:

- Timeliness to achieving permanency after a Permanency Planning FIM
- Placement stability after a Placement Change FIM
- Well-being, placement stability and permanency outcomes after Youth Transitional FIMs

Monthly manual FIM reports submitted by the local departments still provide relevant information about program assignment and stakeholder participation during the FIMs. As the transition to the automated FIM report continues, so will efforts to collect baseline data for outcomes at all of the FIM decision points. The goal will be use to the trends to guide case reviews and technical assistance to consider practice implications for other indicators across the child welfare continuum.

*Partnerships*

SSA will continue to partner with the University of Maryland School of Social Work (SSW) Ruth H. Young Center for Families and Children. This partnership is an extension of SSA’s contract to increase Maryland’s research and data capacity for child welfare in addition to support the Quality Assurance efforts. The SSW will continue to develop reports and test queries using MD CHESSIE data and analyze the trends based on the other statewide indicators. This will enhance SSA’s capability to use the development of automated FIM reports as part of the overall Quality Assurance process.

**Parental and Sibling Visitation**

Calendar Year	Percent of Cases with Monthly Sibling Visits	Percent of Cases with Monthly Parent Visits*	Total Cases Reviewed
2012	54%	85%	26 sibling cases; 27 parent cases
2013	80%	79%	30 sibling cases; 42 parent cases
**2014	30%	18%	30% had sibling visits 18% had parent visits

*Source – DHR/SSA CQI case reviews*  
*\*For children with all permanency plan goals*  
*\*\*This data is DIFFERENT than that reported last year.*  
*THIS YEAR’S data is aggregate data from MD CHESSIE.*  
*LAST YEAR was case review from a sample of cases from MD CHESSIE.*

The primary purpose of visitation is to maintain parent/child and sibling attachment while reducing the child’s sense of abandonment and preserving the sense of the family for a child residing in out-of-home placement. During visitation, the parents and the child can reconnect and reestablish their relationship, and the parents get an opportunity to practice and demonstrate new parenting skills which they developed since the child was removed from the home. Parent/child visits are a key strategy to maintain connections and work toward reunification. Frequent visitation between children in Out-of-Home Placement and their parents positively impacts the timeliness of reunification.

For siblings unable to reside together, sibling visitation allows the child to maintain family connections that will last a lifetime. It is especially important for older youth to have connections with siblings and other family members after exiting the foster care system.

### *Accomplishments*

Local Departments of Social Services (LDSS) continue to ensure visits between parents and children and siblings happen. Casework staff understands how important visitation is to their parents, children and siblings. Policy SSA# 15-18 Parent, Child and Sibling Visitation provides guidance and instruction to caseworkers on implementing visitation requirements and how to correctly document the visitation plan and logs in MD CHESSIE.

SSA monitors visitation through quarterly reports that are generated through MD CHESSIE. The report is distributed to all 24 LDSS which outlines the visitation that has occurred during that quarter. SSA reviews this data and provides technical assistance to LDSS' that need to increase the percentage of compliance.

In 2001 Maryland established Camp Connect, an almost weeklong overnight camp experience to provide siblings an opportunity to build lasting relationships with each other. The goal of the camp experience is to promote sibling bonds that will last beyond their stay in foster care.

### *Areas of Improvement*

Documentation of both parent/child and sibling visits in MD CHESSIE continues to be a concern. In the future SSA will continue to work with local departments around this issue utilizing similar strategies used to increase the case worker visitation data, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance reviews.

### *Partnerships*

DHR/SSA partnered with the Child Welfare Academy to train local department staff on parent/child and sibling visitation. Contributing to the success of the annual sibling camp are the volunteer counselors who come from local departments and community groups such as Court Appointed Special Advocates, Legal Aid and others concerned about the welfare of children.

### **Family Engagement**

Family Centered Practice is the cornerstone to engage and support families. The development of the FCP model began in 2007 as a result of the findings from Round One of the Child and Family Services Reviews (CFSRs). Families are viewed from a strengths-based perspective that engages them in an active decision making role. New program efforts such as Alternative Response (AR) emphasize an active engagement approach to CPS cases. Although the AR data is incomplete, reports from local staff suggest that families on the AR path engage in services earlier and more frequently than those who receive a traditional investigation. Family involvement that serves as the active expert on their situation should improve safety and service planning thereby reducing the number of children who have a new investigation resulting in an indicated finding or removal from home during service provision.

## Maltreatment in Foster Care

Absence of Maltreatment in Foster Care, by Federal Fiscal Year	
FFY 2010	99.60%
FFY 2011	99.49%
FFY 2012	99.65%
FFY 2013	99.53%
FFY 2014	99.43%
<i>Source: MD CHESSIE; University of Maryland School of Social Work analysis</i>	

The percentage of Absence of Maltreatment in Foster Care has remained fairly consistent since 2010. Maryland remains committed to keeping children safe while they are placed in out-of-home placement. Foster parents are provided supports, including respite, mentoring and Peer to Peer support and training to aid in their ability to provide a safe placement for the children placed in their homes. Local department staff visits at least monthly with the child assessing whether the child is safe and ensuring that adequate services are provided to support the child's needs and ensure safety while in care.

Ongoing conversations are conducted with group home and treatment foster care provider organizations to promote the shared responsibility for children and families and foster practice innovation of those program models that have flexibility to address the well-being needs of children and their families. This collaborative effort through the Title IV-E Waiver Demonstration Project will reduce the trauma of having families complete multiple assessments. This shared responsibility will target resources more efficiently to address the needs of children and families.

### *Accomplishments*

LDSS caseworkers monitor the placement, assess safety consistently and provide training and supports to foster parents. Also a Safety Assessment for Every Child Out-of-Home (Safe-C OHP) tool is completed at designated intervals to assess the safety on all children placed in out-of-home placement up to their 21st birthday. Maryland has instituted performance-based licensing and monitoring for the providers. One of the performance measures for child safety is staff security. In order to meet the staff security measure, all employees must have a child protective services and criminal background check completed before they work with children. An additional measure of child safety is that there is absence of maltreatment while staff is employed.

### *Areas of Improvement*

The percentage of Absence of Maltreatment in Foster Care has remained fairly consistent since 2010. The strategies Maryland has in place are working, and the strategies will be continued.

### *Partnerships*

Local department staff works with each provider for all children in Out-of-Home Placement, which includes, foster parents, group and residential providers. DHR/SSA partners with Residential Child Care

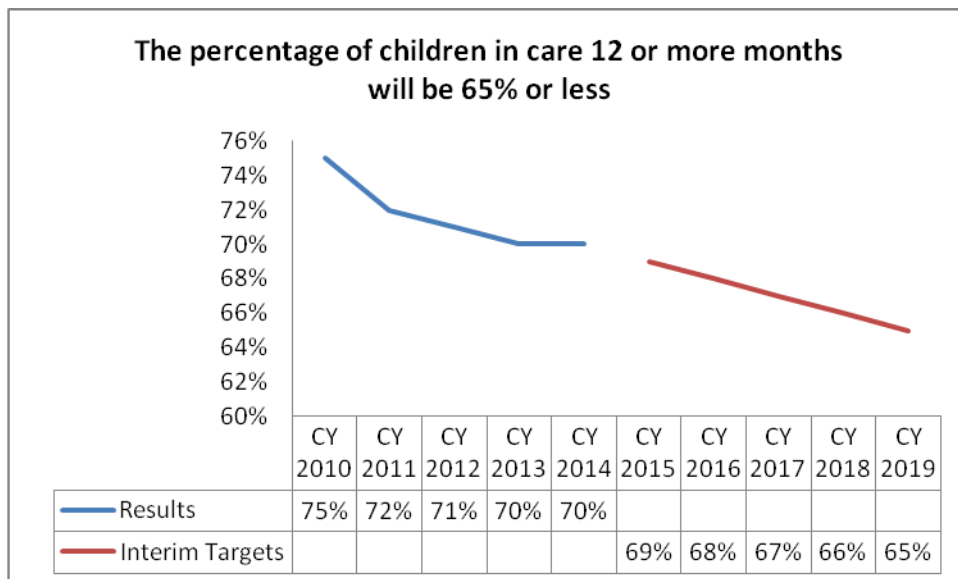
providers and, Child Placement Agencies via contract and monitoring, the University of Maryland’s Child Welfare Training Academy to provide training for foster parents and with the Maryland Resource Parent Association. The Provider Advisory Council provides support and guidance to the Department on issues that pertain to Out-of-Home Placement.

**PLAN FOR IMPROVEMENT**

Maryland believes children have better outcomes placed in permanent and stables families than remaining in foster care. Maryland is committed to ensuring that children are in a home that is safe and provides an environment where they have an opportunity to grow into healthy adulthood. Maryland’s goal is to develop and maintain living situations that will afford a child permanency and stability while allowing for continuity of family relationships, and on-going connections with friends and community. All twenty-four jurisdictions in Maryland (twenty-three counties and Baltimore City) operate foster care programs that work with the birth and foster families to develop the most appropriate permanency plan for each child. Maryland works to ensure that reunification, adoption, or guardianship occurs in a timely manner for children who are placed in out-of-home care. Birth and foster families are assisted in obtaining the services, such as counseling and health care, needed to meet the goals of the permanency plan. Each foster care program also works to recruit, train, approve and retain foster care providers. All children deserve a family therefore Maryland has a renewed focus on reunification, guardianship assistance program, and adoption to achieve permanency for children.

Measure 1: The percentage of children in care 12 or more months will be less than 65%

Objective: Improve services so that children are able to exit care



*Data Source: MD CHESSIE*



*Intervention:*

Concurrency Permanency Planning

The primary purpose of concurrent permanency planning is to simultaneously pursue two permanency goals in order to reduce the length of stay in foster care and achieve quicker permanency for a child. Since the implementation of “Place Matters Initiative” in 2007, the number of children in foster care has dropped more than 50% because of the push toward permanency for every child. Concurrent permanency planning is the simultaneous pursuit of two permanency goals in order to achieve permanence for a child as safely and expeditiously as possible. The use of concurrent permanency planning has expedited permanency outcomes for children in foster care. Concurrent Permanency Planning is defined as “the process of taking concrete steps to implement both primary and secondary permanency plans” (COMAR 07.02.11.03). The plans should include specific efforts that can be made at the same time towards the achievement of permanency. Concurrent planning requires not only the identification of an alternative plan, but also the implementation of active efforts toward both plans simultaneously, with the full knowledge of all case participants. Compared to more traditional sequential planning for permanency, in which one permanency plan is ruled out before an alternative is developed, concurrent planning may provide earlier permanency for the child.

Concurrent permanency planning is important because children have better outcomes placed in permanent and stable families than remaining in foster care. The Case Planning/Concurrent Permanency Planning Policy Directive SSA# 13-2, was finalized and issued to all Local Departments of Social Services (LDSS) on October 1, 2012. This policy provides the LDSS’s with guidelines on case planning for all children in out-of-home placement with a concentration on concurrent permanency planning. It also provides guidance to assist in establishing appropriate concurrent plans and provide information to LDSS staff concerning documenting reasonable efforts to achieve both plans at the same time. The LDSS’s are instructed through this policy they must engage in concurrent permanency planning with all children with a permanency plan of reunification with the parent or legal guardian, placement with a relative for adoption or custody and guardianship or adoption by a non-relative (prior to termination of parental rights).

**Exits to Permanency**

	<i>Reunification</i>		<i>Guardianships</i>		<i>Adoptions</i>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
<b>CY 2011</b>	<b>1,727</b>	<b>45%</b>	<b>766</b>	<b>20%</b>	<b>531</b>	<b>14%</b>
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<b>CY 2014</b>	<b>1,089</b>	<b>41%</b>	<b>572</b>	<b>22%</b>	<b>330</b>	<b>12%</b>
<i>Source: MD CHESSIE and Baltimore City data; State Stat 03 files</i>						

The Social Services Administration provides ongoing training to all LDSS caseworkers through a web ex on concurrent permanency planning. Since April 2013, the University of Maryland, child welfare

academy, offers training for caseworkers and supervisors on concurrent permanency planning through a half day training titled “Concurrent Planning: Promoting Permanence for Children” in which CEU’s are provided. SSA monitors concurrent permanency planning through the length of stay in out-of-home placement and for reunification cases the reentry rate.

#### *Tool - Progressive Visitation*

Progressive visitation is a tool incorporated into concurrent permanency planning that has played a major role in achieving the permanency plan of reunification and reducing the reentry into foster care after reunification. The primary purpose of visitation is to maintain parent/child and sibling attachment while reducing the child’s sense of abandonment and preserving the sense of family for a child residing in out-of-home placement. During visitation, the parents and the child can reconnect and reestablish their relationship, and the parents get an opportunity to practice and demonstrate new parenting skills which they developed since the child was removed from the home. Research shows that parent/child visits are a key strategy to maintain connections and work toward reunification. Frequent visitation between children in out-of-home placement and their parents are key in the timeliness of reunification.

Through Policy #15-18 Child/Parent and Sibling Visitation and COMAR 07.02.11.05, Maryland mandates weekly parent/child visitation for reunification cases. The policy also provided instruction to caseworkers and LDSS staff on how to correctly document the visitation plan and visitation log as tools to establish and document visitation between a child in out-of-home placement and the child’s parents and siblings.

#### *Action Plan / Benchmarks / Milestones*

##### *2015*

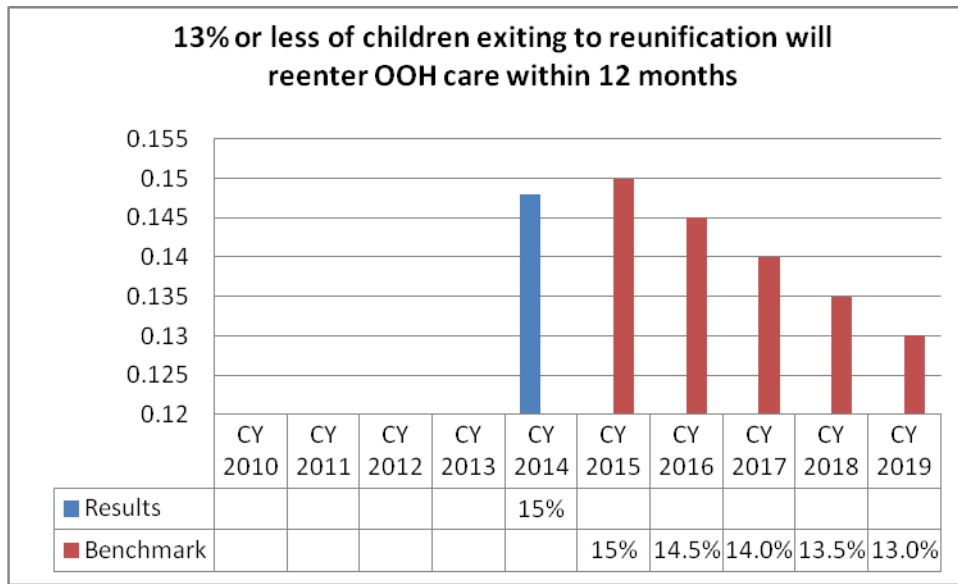
Moving forward in 2015, SSA will review this data on a monthly basis and provide technical assistance to the LDSS’s that show a need through their data. SSA through its partnership with the Child Welfare Academy provides on-going training on Concurrent Permanency Planning for all child welfare staff. LDSS staff will complete evaluations of the effectiveness of the training after attending the training.

##### *2016*

SSA will evaluate the data monthly and provide technical assistance to the LDSS that shows a need through their data. SSA will evaluate the effectiveness of the technical assistance provided and the policy through subsequent evaluation of the data of the LDSS’s served. SSA will also develop a survey to be distributed to the LDSS after technical assistance is provided.

Measure 2: 13% or less of children exiting to reunification will reenter OOH care within 12 months

**Objective:** Reduce reentry into care from reunification



### Intervention 1

A key strategy and last step in the reunification process is a trial home visit. A trial home visit provides a set of post-placement services for a child in out-of-home placement. A trial home visit occurs when a child in out-of-home placement is placed in the care of the parent(s)/guardian(s) for a period of time while the LDSS maintains custody of the child to provide additional services to the family and monitor the safety of the child. The child is no longer residing in a paid out-of-home placement or kinship placement but is still under court ordered custody to the LDSS. The out-of-home services case is not closed since the LDSS still maintains custody of the child and the removal episode is not ended. A trial home visit is appropriate when:

- Parent(s) or legal guardian has successfully completed the tasks in their service agreement and made behavioral changes necessary to provide safe and stable care to their child(ren);
- Progressive visitation has occurred between child and parent or legal guardian;
- Caseworker determines that the child is safe in the care of the parent(Safe-C completed); and
- Caseworker determines no risk in the home (Risk Assessment completed).

A trial home visit shall not last longer than 3 months (90 days), but can be extended for an additional 3 months (90 days) with the LDSS director's written approval. During the period of the trial home visit the caseworker and parent(s) or legal guardian shall continue to work on transitioning the child from an out-of-home placement setting to the permanent family home. Services are made available by the LDSS to ensure that the living arrangement is safe and the needs of the child and family are being met in order to help the family be successful. Intense caseworker visitation is crucial when a child is returned to the care of a parent and/or legal guardian. During the period of trial home visit, the caseworker shall visit the child in the placement **at least once every two weeks**. These visits shall occur for the entire period of time the child is on the trial home visit. At least one of the parents/legal guardians shall be present during these visits.

Since the implementation of trial home visits, Maryland monitors the number of trial home visits and the length of time of a trial home visit through MD CHESSIE. The trial home visit allows the LDSS to monitor the progress of the child and family while continuing the work on necessary services required by the family. Through the use of trial home visits data, Maryland is tracking the number re-entries into foster care. When a trial home visit is utilized prior to returning custody to the parent the LDSS is able to provide services and supervision to prevent reentry. The use of trial home visits, allows the LDSS to retain custody of the child while living with the parents in order for the LDSS to monitor the placement and provide services in order to strengthen the family unit. The LDSS will monitor the placement and add any additional services needs once the child returns home to prevent the risk of reentry since many times the need for additional services only appear once the child returns home.

Row Labels	2014.05	2014.06	2014.07	2014.08	2014.09	2014.10	2014.11	2014.12	2015.01	2015.02	2015.03	2015.04	Grand Total
Allegany	7	8	15	15	14	14	12	12	10	12	12	14	145
Anne Arundel	10	10	9	10	7	6	6	6	4	3	3	5	79
Baltimore City	31	26	26	24	17	17	15	14	14	15	14	15	228
Baltimore County	18	32	27	35	39	40	35	34	30	26	23	19	358
Calvert	4	1	1	1	1	1	1	4	5	3	4	3	29
Caroline						1							1
Carroll	1	1	1	1	1	1	1	1	1	2	2		13
Cecil	9	10	8	8	8	11	13	17	16	18	19	22	159
Charles	3	6	6	7	7	2	3	7	7	7	9	8	72
Dorchester	1	1	1	1	1								5
Frederick	5	2	2	8	9	11	9	10	9	8	9	6	88
Garrett				1	1	1							3
Harford	29	29	31	38	34	33	27	32	25	23	25	20	346
Montgomery	19	22	25	22	21	24	23	23	21	16	16	17	249
Prince George's	2	2	2	1		1	1	3	4	6	7	6	35
Somerset	1	2	2	2	2	2	2	2	2	3	3	2	25
St. Mary's		5	6	7	5	1				2	4	4	34
Talbot	1	1											2
Washington	8	8	14	12	9	13	13	15	18	19	16	14	159
Wicomico					1								1
Grand Total	149	166	176	193	177	179	161	180	166	163	166	155	2031

The above chart shows the number of monthly trial home visit per local department. The fluctuation of the numbers show the children that are on trial home visit and the number reflect cases closing and new children placed in trial home visits.

#### *Action Plan / Benchmarks / Milestones*

##### *2014*

During Regional Supervisors Meetings feedback was gathered by SSA on trial home visits. LDSS staff asked for additional training on trial home visits. The feedback provided by the LDSS staff allowed SSA to evaluate the current policy and implement changes necessary to improve the understanding and practice of concurrent permanency planning.

##### *2015*

Moving forward, Maryland will be revising the current policy Case Planning/Concurrent Permanency Planning and providing technical assistance to the LDSS. Data will be monitored and particular attention will be paid to LDSS who show a greater number of re-entries. LDSS staff will be trained at Out-of-Home Managers & Supervisors meetings in August 2015. SSA will review and evaluate the data monthly for each LDSS and providing technical assistance focusing on the LDSS that have the most need.

2016

Maryland will evaluate the data before and after technical assistance is provided to LDSS. SSA will continue to revise policy, regulations, and trainings in order to assist with continuing to reduce the reentry rate. SSA will also review the practice through the Out-of-Home Placement Manager and Supervisors Meeting that occur twice a year. SSA will also be examining the number of months of the trial home visit id there is a correlation with reentry.

### *Intervention 2: Trauma-informed Systems*

Maryland is moving to a trauma-informed system. Preliminary research was begun by the partners in the Provider Advisory Council in January 2014. Research and training continued during 2014 and some of the same providers became members of the Title IV-E Waiver Trauma Workgroup. This group is exploring common language, needs of the workforce to support trauma-informed assessment and service plans for children and families.

The opportunity is to build engagement with traditional and non-traditional partners as the starting focal point for children's and families' needs. Then, the strategy is to reach consensus of shared definition of trauma and create mechanisms for ongoing accountability for practice innovation. The workgroup plans to finalize recommendations by July 2015. The recommendations will include trauma definition and readiness activities preparing the child welfare workforce as well as the child serving agencies work in a trauma-informed system.

### *Training*

SSA is partnering with the Child Welfare Academy (CWA) to develop a trauma-informed training services. The intent is to ensure that the safety, permanency and well-being needs of children and families consider factors related to trauma that directly impact their daily functioning. The series will highlight the rationale of creating a trauma-informed system which explains the physiological and psychological consequences. The goal will be to help the child workforce reframe their understanding of issues when children and families exhibit trauma behaviors. Case planning strategies can then appropriately assess and support those needs.

The efforts with the CWA complement the efforts of the Trauma-informed Practice Workgroup for the Title IV-E Waiver Demonstration Project. The mission of developing a trauma-informed system is an extension of the family centered values. The workgroup is reviewing current practices that already support a trauma-informed system, for example, the Signs of Safety, CANS and the pending risk assessment tools. The information gathered from Readiness Assessments for the Title IV-E Waiver Demonstration Project will inform decisions based on work that is occurring in the field.

### *Intervention 3: Family Involvement Meetings*

Since 2008, Family Involvement Meetings (FIMs) have been used in Maryland as a casework practice forum to convene family members during key child welfare decision points. FIMs provide an opportunity for families and their support network to be actively involved in assessing needs and

developing service plans to address the safety, permanency and well-being needs of children and their families.

FIM practice is being refined to enhance the skills of the facilitators and collaboration with caseworkers and supervisors; encourage statewide practice consistency and quality; expand the involvement of youth, family member, and key stakeholder; and use automated data to evaluate child welfare outcomes in relation to FIM activity. The plan is to ensure that the training and the data reports provide pertinent information for SSA and the local departments. The information will support practice and administrative reviews to share best practices or bolster areas needing improvement across the continuum of services.

Advanced facilitation workshops have been offered since December 2013 in addition to quarterly orientation training for new facilitators and supervisors. SSA continues to convene a quarterly FIM Practice Support Group to review policy questions and share best practices from the field in addition to the advanced workshops.

The most recent advanced workshop topics have included:

- Structure Decision Making
- Preventing Burnout & Self Care
- Facilitation Fatigue
- Model Fidelity
- Managing Challenging Behaviors
- MD CHESSIE Automated FIM Reports

The initial Family Centered Practice (FCP) evaluation focused on organization readiness and the strategies that would optimize a sustaining practice model as FIM practice was being implemented. Since that time, attention has been focused to not only look at organization climate, but to connect the core values with the impact on subsequent practice outcomes.

Beginning in July 2014, the automated FIM report using MD CHESSIE data was finalized. Baseline data has been available to compare the MD CHESSIE reports with the manual reports that the Local Departments of Social Services (LDSS) continue to submit as the automated reports are validated. The FCP Oversight Committee and the local Assistant Directors have given input to help improve the development and analysis of the automated FIM reports.

Progress has definitely been made in collecting data and developing outcome reports. The primary indicators being developed for FIMs have included a comparison to practice activity with the total population of children and youth who would be eligible for a FIM at the key trigger decision points. The rate of maltreatment recurrence for children diverted from a Removal or Considered Removal was the first decision point addressed.

## *Implementation Supports*

### **SDM- Risk Assessment Tools**

Maryland is in the process of partnering with the Children's Research Center (CRC) to develop a reunification reassessment tool which will be utilized by out-of-home placement caseworkers. The use of the Reunification Reassessment tool will help caseworkers achieve permanency for all infants, children and youth, by reducing the length of stay in care and reducing reentry into care for those children that have been reunified with a parent or legal guardian.

The Child Abuse Prevention and Treatment Act (CAPTA) 2010 requires that states develop, improve and implement risk and safety assessment tools and protocols. In 2010, the Children's Research Center (CRC), a part of the National Council on Crime and Delinquency, conducted extensive analysis of Maryland's risk and safety assessment tools. As a result, Maryland started to input CRC's Structured Decision Making (SDM) tools into MD CHESSIE. The first phase of the work with CRC resulted in the implementation of a SDM screening decision tool. The next phase of the project is to implement a new set of risk assessment tools for all child welfare staff. This phase will include the development, training and implementation of the following tools: Maryland Initial Risk Assessment (MIFRA), Maryland Family Risk Reassessment (MFRRA) and Maryland Reunification Reassessment (MRRA). The final phase will include the Maryland Reunification Reassessment (MRRA). Out-of-home caseworkers will utilize the Maryland Reunification Reassessment at specific times effectiveness of the tool by reviewing the data monthly in MD CHESSIE related to length of stay and reentry after reunification.

The purpose of the reunification reassessment is to structure critical case management decisions for children in placement who have a permanency plan of reunification by:

- Routinely monitoring critical case factors that affect goal achievement;
- Helping to structure the case review process; and
- Expediting permanency for children in out-of-home placement.

Following the principles of family-centered practice, the reunification reassessment is completed in conjunction with each appropriate household and begins when a case is first opened in Out-of-Home Placement. The Service Agreement should be developed with the parent's and/or guardian within the first 60 days of the case being opened in OHP, so that the household understands what is expected. The reunification reassessment form should be shared with the household at the same time, so that the household understands exactly what will be used to evaluate reunification potential and the threshold they must meet. They are specifically informed of their original risk level, and that this will serve as the baseline for the reunification reassessment (unless there is a new indicated finding of abuse or neglect, in which case the new risk level will be used).

The family is informed that a new finding or failure to progress toward completion of the Service Agreement would increase their risk level, and that progress toward completing or meeting the terms of the Service Agreement will reduce their risk level. Also shared with the family is that both the quantity

and quality of their visitation will be considered. Information is provided to the family on the reunification safety assessment and explains that if everything else would permit reunification, the final consideration is safety. The parent/guardian must demonstrate that no Danger Influences are present, in order for the child to be returned home on a Trial Home Visit.

Additional technical assistance and training will be offered to increase the frequency of Permanency and Placement Change FIMs. Quantitative and qualitative analysis of FIM data will guide the development of those technical assistance and training initiatives.

SSA will also work closely with the FCP Oversight Committee and the Assistant Directors to improve the practice frequency of convening FIMs for permanency and placement change decisions.

#### *Action Plan / Benchmarks / Milestones*

##### *2015*

Maryland will continue to partner with the Children’s Research Center (CRC), in developing the Maryland Reunification Reassessment tool. Workgroups will be formalized, that will include LDSS Out-of-Home Managers and Supervisors. The purpose of the work group will be to gather LDSS staff feedback on the tool.

##### *2016*

Maryland will continue to partner with the Children’s Research Center (CRC), in developing the Maryland Reunification Reassessment tool. Once finalized, a train the trainer session will take place that will include Out-of-Home Managers and Supervisors. This training will be conducted in conjunction with the CRC. SSA will partner with the Child Welfare Academy to train out-of-home placement caseworkers across the state. Training will be accomplished by offering several different sessions across the state. Statewide trainings will ensure that all caseworkers have the opportunity to be trained on the use of the Maryland Reunification Reassessment tool. Once the tool is implemented SSA will evaluate the effectiveness of the tool by reviewing the data monthly in MD CHESSIE related to length of stay and reentry after reunification.

#### SYSTEMIC FACTORS ASSESSMENT

##### **Case Review System**

##### ***Written Case Plan***

##### *Overview*

An initial caseplan is developed within 60 days of a child entering Out-of-Home Placement to establish the permanency plans. The service agreement is jointly developed by the caseworker and parent (s) or legal guardian within the 60 days. The caseplan/service agreement is revised and updated 120 days from the initial caseplan and every 180 days thereafter or earlier if there is a change in permanency plans.



An initial permanency planning hearing is held 11 months after disposition or continuation of a voluntary placement agreement and every six months thereafter until permanency is achieved.

The foster parents, pre-adoptive-parents or relative caregivers for any child in the care of a Local Department of Social Services (LDSS) either by commitment or guardianship are provided notice of and an opportunity to be heard in any review hearing pertaining to the child.

Permanency planning under the Adoption and Safe Family Act (ASFA) requires that a petition to Terminate Parental Rights (TPR) be filed when a child has been in foster care 15 or more of the most recent 22 months. If a LDSS chooses not to file a TPR petition, the LDSS must document the “compelling reason” why they are not filling a petition. A TPR petition can be filed earlier if a legal ground for termination of parental rights exists or if the parents are willing to consent to the TPR. Once the court has changed the permanency plan to adoption the LDSS must file a TPR petition within 30 days. If the court changes the plan to adoption against the recommendation of the LDSS, the LDSS has 60 days to file the TPR. Once the court has granted guardianship to the LDSS, the child is considered legally free for adoption. The LDSS no longer has to maintain a concurrent permanency plan.

Currently as part of the Continuous Quality Improvement (CQI) process, staff complete comprehensive MD CHESSIE case reviews on a random sample of out-of-home cases. The case record review includes examining the caseplan/service agreement to ensure it was completed within the time frames, includes concurrent permanency plans and was jointly developed by the LDSS and parent(s) or legal guardian. In addition onsite case-related interviews are conducted with children, youth, family members, foster parents, etc. during which they are asked questions related to the case planning process and their involvement.

### *Strengths*

Maryland uses the Family Centered Practice frame work to involve family in the permanency planning process. As part of the IV-E eligibility and redetermination process cases are reviewed to ensure Permanency planning hearings are held in a timely manner. Cases reviewed as part of QA, Permanency outcomes show that children are receiving services towards permanency. DHR/SSA issued policy on notification of caregivers and a standardized letter to be sent as notification of hearings to caregivers.

### *Concerns*

Documentation of information in MD CHESSIE continues to be a concern. In the future DHR/SSA will continue to work with local departments around this issue utilizing these strategies, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance.

As part of a more formalized Results Based Accountability Review of data, the State plans to develop a plan to review the written case plan information with input from stakeholders.

## **New Program Requirements: Preventing Sex Trafficking and Strengthening Families Act**

### *Changes in Case Review System:*

#### *Modify by September 2015*

1) It is the current practice in Maryland to provide youth exiting foster care 18 and older the documents listed in this Act. Maryland also passed a law during the 2015 legislative session requiring the same documents to be given to youth exiting foster care after age 18. The funding source for these documents is Chafee Independent Living. SSA will be adding this to the Ready By 21 Manual and regulations.

2) In 2011, Maryland began piloting Youth Matter in four jurisdictions; statewide implementation began in July 2012. Youth Matter Practice Model is an extension of family centered practice and an important piece of Maryland's Ready By 21 services. This practice model focuses on staff understanding the process and importance of actively engaging and teaming with youth. The primary goal of Youth Matter is youth must be considered partners in the child welfare decision making process. LDSS use Family Involvement Meetings, advisory boards, and other local opportunities to engage youth in both the practice and policy levels of the child welfare system. As of June 2015, Youth Matter will be fully implemented in all 24 jurisdictions.

3) Maryland is currently in the process of revising its current policy and regulations on – Another Planned Permanency Living Arrangement (APPLA). These changes will include changing the age from 13 to 16 and incorporating the youth in the case planning process. This policy will be completed by July 1, 2015 and training the LDSS staff will begin in August 2015 at the Out-of-Home Placement Managers and Supervisors Meetings. Maryland has already updated the current policy which defines siblings. The policy SSA-CW#15-18 was issued to the LDSS on February 1, 2015. LDSS staff will be trained on the policy at the Regional Child Welfare Supervisors Meeting in June 2015. The Child Welfare Academy will update their Visitation training to include the expanded definition of siblings.

### ***Permanency Hearings/Periodic Reviews***

Maryland's local departments currently do a case plan on every child in out-of-home placement every 180 days. During case planning process all aspects of the child are reviewed with an emphasis on safety, permanency, and well-being. Another form of case review is completed by the courts through Permanency Plan Hearings which are held every 6 months on all youth in out-of-home placement including youth that the local department has guardianship. All court hearings are entered in MD CHESSIE and are tracked through MD CHESSIE reports. Maryland will also be working with the Maryland Foster Care Court Improvement Project to ensure that every child has a review every 6 months. The courts currently are responsible for scheduling the permanency plan reviews. Over the course of the next 12 months a plan will be developed with the courts to ensure that each case is reviewed every 6 months or within 12 months of entry. Maryland will also be working with the courts to ensure that termination of parental rights hearings occur timely. Both will be monitored in the future through MD CHESSIE and through a system within the courts.

## *Concerns*

As the automated FIM reports are refined, data will be added to assess trends for cases achieving permanency and exiting foster care after Permanency Planning FIMs. The outcomes for the Permanency Planning FIMs will be linked to the court hearing date and actual exit from out-of-home placement. SSA will develop a tracking system for case planning through CQI process and in MD CHESSIE. Permanency hearings are tracked in MD CHESSIE to ensure each child has a permanency hearing every 6 months.

## ***Termination of Parental Rights***

Maryland currently does not have a developed report to track petition files for Termination of Parental Rights. This type of report would need to be created and developed and will consider developing a report to track petitions files for TPR.

## ***Caregiver Notice of Hearing & Reviews***

Maryland law requires LDSS to send notices of Hearings and Reviews to Caregivers, but we do not have an automated way to track that notifications were received. As a way to receive feedback from caregivers, the Department of Human Resources Ombudsman sent a survey to Local Departments of Social Services resource parents in 2011 and 2014. (For a summary of the 2014 report results, see Appendix L; 2011 results, Appendix M; 2014 survey, Appendix N; 2014 survey results, Appendix O). 625 responses were received in 2011 and 692 responses were received in 2014. The survey question regarding receipt of written notification of hearing notices dropped slightly from 2011 to 2014, from 48% to 45%. Maryland plans to review the data for root causes and to determine other methods to improve the receipt of notification.

## ***Array of Services***

The State of Maryland uses the Maryland version of the Child and Adolescent Needs and Strengths assessment CANS to assess the needs and strengths of youth (and their caregivers) in Out-of-Home Care. Starting July 1, 2015, the strengths and needs of youth and families being served in In-Home Services will be assessed using the family version of the CANS (CANS-F).

The percentage of youth receiving a completed assessment will be monitored every quarter. This data will be provided to local DSS agencies. Additionally, every local DSS agency will be provided with an excel spreadsheet with all of their completed CANS assessments. The assessment data will include:

- strengths and needs prevalence tables and charts broken down by age and gender,
- aggregated trauma experiences data and
- change over time information that can be used for data driven decision making.

These spreadsheets will be sent to local DSS agencies on a quarterly basis. Local agencies will be able to participate in webinars that help them make use of their assessment data and they will be provided with individual technical assistance as needed.

Training will continue to be provided to front line caseworkers and supervisors on strategies for connecting the assessment to the plan. Supervisors are provided with tip sheets on how to monitor the accuracy of the assessment and the assessment's connection to the plan in their supervisory sessions.

### ***Individualized Services***

Aggregated assessment information is provided to the local agencies on a quarterly basis. Every local DSS agency will be provided with an excel spreadsheet with their completed assessments, strengths and needs prevalence tables and charts broken down by age and gender, aggregated trauma experiences data and change over time information that can be used for data driven decision making. These spreadsheets will be sent to local DSS agencies on a quarterly basis. Local agencies will be able to participate in webinars that help them make use of their assessment data and they will be provided with individual technical assistance as needed.

Additionally, the State will pursue to implementation of the CANS algorithm which facilitates the process of placement decision making based upon a service intensity determination. Patterns of CANS item ratings indicate one of five levels of child need (i.e., low, moderate minus risk, moderate plus risk, significant, severe). Each level of child need is then linked to a matrix of service recommendations. This matrix has been developed for each of the seven placement types (i.e., Home, Kinship Care, Regular Foster Care, Low Intensity Group Home, Therapeutic Foster Care, Regular Group Home, Therapeutic Group Home, and Residential Treatment Center) within each of the three levels of child need. Therefore, item ratings will lead to service recommendations for each possible placement option and provide a framework for discussion as part of the Family Involvement Meeting (FIM) process. More specific service recommendations might result from single item scores (e.g., Medical/Physical, Autism Spectrum/PDD, Speech/Language Delay, Adjustment to Trauma, and Substance Use). Over time, continual refinement of the algorithm will result in more and more individualized service recommendations to be discussed as part of the FIM process.

## **SERVICE ARRAY**

### **Foster Care Services**

Foster care provides short-term care and supportive services for children that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm and voluntary placement services (VPA) because of the child's need for short term placement to receive treatment services for mental illness or developmental disability. The services are to treat the needs of the child and help the family with the skills and resources needed to care for the child. Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives as the placement of choice. Attempts are made to keep the child in close proximity to their family; however, the child's placement is based on the treatment needs of the child and the availability of placement resources.

Time-limited reunification services using concurrent permanency planning to reunite with the birth family within 12 months of the placement or to pursue a permanent home for the child. Permanency planning options that are considered in order of priority:

- Reunification with parent(s) or legal guardian(s)
- Placement with a relative for adoption or custody or guardianship
- Adoption by a or non-relative
- Guardianship by a non-relative
- APPLA (Another Planned Permanency Living Arrangement)

### **Reunification**

A plan of reunification shall be pursued with a reasonable expectation that the plan will be achieved with 12 months from the date of entry into Out-of-Home Placement excluding trial home visits and runaway episodes. Parents must be informed at the time of removal, including voluntary placement about time lines for reunification. The caseworker shall engage the parent(s) in reunification services immediately upon the child entering Out-of-Home Placement. After a child has been in Out-of-Home Placement for 15 months out of the prior 22 months, the Local Department of Social Services (LDSS) must file a Petition to Terminate Parental Rights and pursue adoption. If a child is returned home under a trial home visit or Order of Protective Supervision (OPS) and the reunification cannot be maintained, the 15 month period continues once the child is placed in another approved placement, the 15 month period does not restart.

### **The Child and Adolescent Needs and Strengths (CANS)**

Maryland utilizes CANS to assess youth functioning (ages 5-21) in major life domains, strengths, emotional and behavioral needs, and risk behaviors, trauma experiences, in addition to caregiver strengths and needs. The Child and Adolescent Needs and Strengths (CANS) instrument is utilized for the following purposes:

- ***To support decision making, including level of care and service planning***  
 The CANS is used by child and family teams to develop more individualized and ultimately more effective treatment plans and service plans. Additional decision support applications can be integrated into Family Involvement Meetings (FIM) at intake and change of placement. Algorithms can be localized for sensitivity to varying service delivery systems and cultures. An algorithm for Maryland has been developed (to be implemented in FY2015), using dimensions of functioning to determine differences in level of service needs:

  - Severity of mental health symptoms
  - Level of risk to safety of youth and others, including flight risk
  - Level of adaptive functioning (i.e., daily living activities)
  
- ***To facilitate quality improvement initiatives***  
 As a quality improvement tool, a number of settings utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need item suggests that this area must be addressed in the plan. A rating of '0' or '1' identifies a strength that can be used for strength-based planning and a rating of '2' or '3' indicates a strength that should be the focus on strength-building activities.
  
- ***To allow for the monitoring of outcomes of services***  
 As an outcome monitoring tool, the CANS will be used by the larger systems of care to track aggregate improvement by children and families. This can be accomplished in two ways. First, items that are initially rated '2' or '3' are monitored over time to determine the percent of youth who move to a rating of '0' or '1' (resolved need, built strength). Second, dimension scores can be generated by summing items within each of the dimensions (e.g., Emotional/Behavior Problems, Risk Behaviors, and Life Domain Functioning). These scores can be compared over the course of treatment. Ultimately, utilizing treatment plans guided by the CANS can lead to decreased duration in care and increased rate of permanency achievement.

## **Adoption**

The goal for Adoption Services is to develop permanent families for children who cannot live with or safely be reunited with their birth parents. Maryland's Adoption Services will continue to assist Local Departments of Social Services and other partnering adoption agencies in finding adoptive families for children, especially older youth, in the care and custody of the State. The range of adoption services includes study and evaluation of children and their needs; resource parent recruitment, training and home study, child match and placement, and post-adoption support.

The adoption program also includes mediated "open" adoption when it is in the child's best interests; the Mutual Consent Voluntary Adoption Registry; the Adoption Search, Contact and Reunion Services (ASCERS); the Post Adoption Services Permanency Program, (which provides limited funds for families when the adoption is at risk of disrupting); the Adoption Assistance Program; Title XX Child Care Reimbursement; and the Non-recurring Adoption Expenses Reimbursement. Maryland's child welfare

services continue to emphasize concurrent permanency planning, and dual approval of resource homes to increase the number and timeliness of adoptions of children in out-of-home care.

Additional planning for the next 5 years includes the following.

(1) Adoption Best Practices/Child Matching Conferences will focus on intensification of matching of resource families with youth needing resource families for adoption through matching conferences. Collaboration will involve SSA, local departments and resource families. Planning will begin early in SFY 2015.

(2) Ongoing Adoption Assistance Policy Training on an annual or semi-annual basis. Collaboration will involve DHR/SSA, local department staff having expertise with adoption assistance, and the DHR assistant attorney general assigned to the Out-of-Home Placement Program.

(3) Adoption Search, Contact, and Reunion Trainings. Annual initial and refresher training for confidential intermediary certification will involve collaboration between DHR/SSA and the private agency confidential intermediaries on training. Public and private agency staffs will continue to serve as trainers.

#### *Implementation Supports*

The Family Finders will also be trained as Confidential Intermediaries to be Adoption Search, Contact, and Reunion resources to connect children and youth who have lost contact with their biological relatives after adoption dissolution.

#### **Guardianship Assistance Program**

The Guardianship Assistance Program (GAP) serves as another permanency option for relatives caring for children in out of home placement. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the Local Department of Social Services by removing financial barriers. A relative agreeing to participate in the GAP is granted custody and guardianship of the child in their care with a subsidy that includes a monthly payment and Medical Assistance. The assistance payment is a negotiated rate that can be up to 100% of the foster care board rate. Under certain circumstances, the GAP payment can continue until the youth reaches age 21. In the past year, the Social Services Administration (SSA) has provided technical assistance to all 24 local departments of social services (LDSS). SSA has revised the Guardianship Assistance Program policy to incorporate the successor guardian based on "Preventing Sex Trafficking and Strengthening Families Act". Successor guardian will allow the transfer of the monthly GAP payment to a successor guardian when the relative guardian becomes incapacitated or dies. Prior to this Act, a child would have to re-enter out-of-home placement for another guardian to receive the GAP payment. The successor guardian revision will assist with the reduction of re-entries in out-of-home placement. SSA will monitor the number of GAP cases that transfer payments to a successor guardian. SSA has also revised the Guardianship Assistance Program Agreement and created a Successor Guardian Agreement. SSA

partnered with 3 LDSS on revising the Guardianship Assistance Program policy to ensure it would be easily incorporated into current practice. MD CHESSIE generates a monthly GAP report which is available on business objects for LDSS administrators and SSA administrators to monitor GAP cases. As of March 31, 2015, 2,897 children are receiving guardianship assistance payments, compared to March 31, 2014, 2,587 children.

Over the next year SSA will continue to monitor the program and offer technical assistance to Local Department of Social Services staff regarding policy and practice. Trainings on the GAP successor guardian will be offered in addition to the GAP successor guardian will be a topic on the agenda at a Regional Child Welfare Regional Supervisors Meetings.

## **Ready By 21**

### *Overview*

Over half of the youth in care in Maryland are between the ages of 14-20, with almost 30% of youth in care ages 18-20. This cohort of youth presents unique needs as they prepare to transition from foster care to young adulthood. Ready by 21 is Maryland's initiative to ensure that youth are prepared for the transition into adulthood. Focusing on the five core areas of housing, education, finances, health and mentoring, Ready by 21 provides a framework and key strategies that are implemented at the local level by the LDSS and their community partners. Ready by 21 is designed to ensure that youth have the necessary skills and resources to integrate back into their homes and communities when they reunify with their families or to be successful if they emancipate from care at age 21. Youth eligibility requirements are set forth in Maryland's regulations (COMAR 07.02.11 and 07.02.10).

Maryland has been innovative in its work with transition age youth, recognizing that the supports that are provided to youth ages 14-17 impacts their permanency and well-being as they move into adulthood. For over 25 years, Maryland has allowed and encouraged youth to remain in care past age 18 if they do not reunify or enter adoption or guardianship status prior to age 18. As of August 2014, 685 youth exited care between the ages of 18-21, of this 582 exited on their 21<sup>st</sup> birthday. This data shows that youth are remaining in foster care after 18 years old and taking advantage of the services provided to help them become self sufficient adults.

Maryland's primary goal in the delivery of Ready By 21 is to prepare youth for the transition to independence, to encourage higher education or vocational attainment, and to solicit their advocacy on behalf of other youth in the foster care system. This goal is accomplished through the implementation of an array of services for all foster care youth ages 14 up to their 21st birthday.

DHR is working collaboratively to engage stakeholders and partners in both the public and private sectors to ensure that youth are provided with the opportunity to achieve these outcomes. Outlined in Ready By 21 are 5 Key factors:

1. Housing: safe, affordable, stable
2. Education: high school diploma or GED or is actively enrolled in an education or occupational skills training program



3. Financial: stability either through employment or entitlements, in addition to established credit and basic identification documents to allow for self sufficiency
4. Health: linkages to appropriate healthcare services to address physical and behavioral health needs
5. Mentors: connections for ongoing support

Transitional planning for youth must begin at age 14 regardless of the youth's living arrangement or permanency plan. The plan must include: the agreed upon steps to be taken to meet the goals; the youth's responsibility for aspects of the plan; the responsibility of the agency and other persons who will assist the youth to accomplish those steps; the date of the plan; the date when the plan was reviewed or updated; and signatures of the youth, Local Department of Social Services (LDSS) representatives, and other participants responsible for the plan and activities.

During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth acquire skills and overcome barriers to complete school, obtain and maintain gainful employment, find adequate and affordable housing, find a connection and access health and mental health care. The caseworker must ensure that the core areas of service, in the transitional plan, are reviewed and have been achieved by the youth. This information must be recorded in the youth's case record.

*Plans for next year include:*

- Provide continuous trainings and technical assistance to local departments of social services and Ready By 21.
- Revise the Maryland Transitional Plan.
- Revise the Ready By 21 Manual to incorporate federal and state law.
- Transitional plan will be completed every 180 days for all youth 14 years and older.
- Host State wide older youth summits for youth 16-21 years old
- Approval of IV-E funding for SILA placements.

### **Ready by 21 Survey**

In an effort to better serve youth (14-21 years old) in Out-of-Home Placement and track outcomes for youth exiting the foster care system, DHR/SSA developed the "Ready by 21 Survey". The survey will assist in tracking each youth's readiness for independence and improve future services for youth. The survey is completed 30 days prior to the youth's 21st birthday. DHR/SSA sends out a report of youth exiting care at age 21 that need to complete the survey. The Ready by 21 survey is a tool for DHR/SSA to identify areas of improvement for housing, school employment and health services. (see link to the RB21 survey: <http://dhrnet.dhr/directory/SSA/Out-of-Home%20Placement/Policy%20Memos/Ready%20by%2021%20survey.pdf> and memo: <http://dhrnet.dhr/directory/SSA/Out-of-Home%20Placement/Policy%20Memos/Ready%20By%2021%20Survey%20Memo.pdf>)

Over the next year Maryland will continue to expand and explore innovative strategies to support our older youth population. Through the results collected from the Ready By 21 survey, Maryland will analyze the areas of improvement and work to strengthen or implement additional services in these areas. Maryland will continue to monitor the data collected by the survey quarterly.

## **Thrive@25**

Thrive@25 is Maryland's approach to ending homelessness for youth involved with the child welfare system and with child welfare histories. Fully supportive of the goals and strategies of the U.S. Interagency Council on Homelessness (USICH's) Framework to End Youth Homelessness, Thrive@25 seeks to build the capacity of Maryland's child welfare system to prevent homelessness among the most at-risk youth with child welfare involvement. Led by The Institute for Innovation & Implementation at the University of Maryland School of Social Work, in partnership with the Department of Human Resources, the Talbot County Department of Social Services on behalf of the five local departments of social services on the rural Mid-Shore, and the National Center on Housing and Child Welfare, Thrive@25 will install, implement, refine and evaluate an intervention model that is grounded in implementation science, Positive Youth Development, and a commitment to trauma-informed care to improve four core outcomes: stable housing, permanent connections, education/employment, and social-emotional well-being. Thrive@25 builds upon Maryland's Ready by 21 (RB21) Initiative (designed to address the needs of transition-aged youth in out-of-home placement) to develop a comprehensive and coordinated approach to preventing and solving the issue of youth homelessness for youth with child welfare involvement and histories, with a particular focus on rural homelessness.

The Mid-Shore region has a marked history of inventiveness and collaboration among local change agents in child- and family-serving systems, evidenced through the partnership of the Mid-Shore RB21 Committee in Phase I of Thrive@25.

At the end of May 2015 the grant application for Phase II (implementation of the models developed during the planning grant) was submitted to the Children's Bureau. Phase II is fully reflective of the collective priorities of partners in this work and a commitment to addressing the specific needs of youth at different engagement points (14-17 year olds entering care; 18-21 year olds exiting care; youth under 21 with child welfare histories).

## **Phase I Updates**

The work of Thrive@25 has been extensive, completing assessments, providing training, technical assistance and evaluation activities. Activities include:

- Providing a brief presentation on Thrive@25 to the Children's Cabinet's Evidence-Based Practices Workgroup in January 2014
- Held focus groups, conducted interviews, and issued surveys

- Hosted all of the YARH grantees for a meeting with the Children’s Bureau & Mathematica in Baltimore (and gave multiple presentations)
- Submitted semi-annual progress report
- Created and sent out 2<sup>nd</sup> issue of newsletter
- Supported the Ready by 21 Mid-Shore Strategic Planning Process
- Brought the MD Cash Campaign to Easton for a webinar
- Partnered with Rural CARES to host the Open Table forum
- Conducted data analysis
- Coordinated with the Department of Housing and Community Development (DHCD) Youth Count (now Youth REACH MD) and the Interagency Council Homelessness Youth Workgroup
- Partnered with Rural CARES to support initial work on housing advocate

### **Life Skills Assessment**

Maryland continues to use a life skills assessment tool annually for all youth ages 14-21 as part of assisting youth transition to self-sufficiency. Every youth between the ages of 14-21 are administered the Casey Life Skills Assessment annually.

The purpose of the Casey Life Skills Assessment tool is to assess a youth’s life skills readiness. Agency staff, youth, foster parents and caregivers can conduct the assessments and use the learning tools to assess the strengths and areas in need of improvement for the youth. Every youth who enters out-of-home care services should receive an assessment regardless of their future permanency plan or the type of placement. From the assessment, the case manager should establish an individual life skills plan as well as connect the youth to the age appropriate group for life skills training. Local departments conduct group life skills training from (4) four to (8) times per calendar year. Then, an annual assessment would be completed to test the progress and determine future goals.

Once the Casey Life Skills Assessment is completed the local department can connect the youth to the appropriate group for life skills training. Maryland designed the following topics that the local departments include in their agenda for the life skills group training:

- Education
- Employment
- Health/Mental Health
- Housing
- Financial Literacy/Resources
- Family and Friends Supports

The Ready By 21 Manual includes a chapter on the Casey Life Skills Assessment and on life skills. Included in the Ready By 21 Manual is the correct way for LDSS staff to document the Casey Life Skills Assessment in MD CHESSIE.

### **Identity Theft Prevention, Credit Report Services and Assistance with Credit Repair**

On September 1, 2011, the Child and Family Services Improvement and Innovation Act (Public Law (P.L.) 112-34) was signed into law. A major provision of the act requires that each State provide children age 16 and older in foster care with copies of their consumer credit reports each year until discharged from foster care. Additionally, the law also requires that youth be provided assistance with interpreting consumer credit reports and resolving any inaccuracies.

The Child and Family Services Improvement and Innovation Act (P.L.) 112-34 is the impetus behind the implementation of Policy Directive SSA # 14-7 Identity Theft, Credit Report and Repair for Youth. The policy was implemented October 1, 2013 and provides guidance as it relates to the Department of Human Resources (DHR), Social Services Administration (SSA) accessing consumer credit reports for youth in Out-of-Home Placement. Under the policy, youth are provided with consumer credit reports from each of the three (3) major credit reporting agencies (i.e., TransUnion, Equifax and Experian). The consumer credit reports, in turn, are used to advance financial literacy and foster self-sufficiency of youth in out-of-home placement.

The following procedures were established to ensure compliance with policy directive and federal guidelines:

#### *DHR/SSA Responsibilities*

- On an annual basis, DHR/SSA will provide the Local Department of Social Services (LDSS) with consumer credit reports for youth ages 14 to 17 in Out-of-Home Placement.
- DHR/SSA will access MD CHESSIE on a monthly basis to process consumer credit reports for all new youth age 14 to 17 entering care.
- The Assistant Director of Services in the LDSS will receive an encrypted email with a copy of the youth's consumer credit reports upon availability.
- If the credit issue(s) cannot be resolved by the caseworker and youth within 6 months in consult with the CRAs, then the matter may be referred by the Assistant Director of the LDSS to DHR/SSA for review and assistance.

#### *Youth Age 18 to 20*

- Caseworkers shall provide computer access and instruction to assist youth 18 years or older with obtaining consumer credit report by accessing [www.annualcreditreport.com](http://www.annualcreditreport.com).
- Discuss the results of the consumer credit report with each youth
- Assist youth in correcting credit issues
- Document the steps taken in Contact Notes in MD CHESSIE

#### *Once consumer credit reports are received the LDSS shall:*

- Discuss the results of the consumer credit report with each youth
- Assist youth in correcting credit issues
- Document the steps taken in Contact Notes in MD CHESSIE

## **Youth Engagement Model**

As an extension of family centered practice and sustainability planning, Youth Matter is a component of the statewide Ready By 21 initiative to focus on understanding the process and importance for actively engaging and teaming with youth. Maryland recognizes that youth are an expert on their lives; therefore youth must be considered partners in the child welfare decision making process.

Starting in 2011 Maryland began piloting Youth Matter in four jurisdictions; statewide implementation began in July 2012. As of June 2015, Youth Matter will be implemented in all 24 jurisdictions.

The implementation process takes approximately six months and includes:

- Training for local department youth on how to share their expertise with LDSS caseworkers for a panel
- Training for LDSS casework staff on youth engagement
- Monthly training and technical assistance from SSA
- Developing an implementation plan
- Holding a Kick Off Event

Each local department or region's implementation plan must address the following goals.

- Build an Implementation Team & Sustaining Community Partnerships
- Develop a Communication Plan
- Data Review
- Permanency Planning
- Enhanced Policy & Practice Development

The implementation strategies continue to include Family Involvement Meetings (FIMs), local and state youth advisory boards, as well as youth panelists for community events and local youth engagement training classes. As Youth Matter rolls out across the state, Maryland will continue to encourage local departments to provide appropriate outreach and education to community partners and providers on their role in youth engagement as all partners must work together to meet the needs of Maryland youth.

## **State Youth Advisory Board**

The State Youth Advisory Board (SYAB), also known as MY LIFE (Maryland Youth Launching Initiatives for Empowerment), consists of a diverse group of youth current foster youth from across the State of Maryland. The purpose of the SYAB is to provide a vehicle in which information about the Transitional Youth Services Program can be gained and recommendations for improvements can be made. The board serves to empower youth to have a positive effect in their communities, encourage youth to develop skills necessary for independent living and leadership development, assist in the planning of the annual teen conferences and review State and Federal legislation that may affect them.

The SYAB meets monthly to review and provide feedback to DHR on draft policy, proposed legislation and regulations. The board members review data collected by DHR and provides feedback to how DHR

can improve services to youth. This includes review the Ready By 21 Survey and NYTD data. Through youth feedback, DHR has revised curriculum related to several life skills domains to improve services where data identifies weaknesses. To expand the feedback from youth, members of the SYAB also incorporate additional youth from their local departments in the review of policy and regulation.

In addition, the SYAB, under the leadership of the State Independent Living Coordinator and from support of local independent living coordinators, coordinate the Annual Teen Conference. The annual teen conference provides an opportunity for youth, ages 14 -18, to develop new friendships (or rekindle old ones), explore available resources, and become involved in advocacy. The State plans to continue to expand the State Youth Advisory Board in the next year by providing on-going leadership trainings/retreats and involving the board with more of the legislative process for bills that affect this population.

### **Semi Independent Living Arrangement (SILA)**

Semi Independent Living Arrangement (SILA) provides youth ages 16-21 an opportunity to learn and practice independent living skills and activities. The youth is placed in an approved setting, such as an apartment and receives monitoring and supportive independent living preparation skills. Youth specific tasks should be included in the independent living service agreement and transitional plan of the youth while they receive services from the Local Department of Social Services.

A youth residing in a SILA may live on their own or with a roommate(s). The roommate(s) does not have to be another foster youth. Youth over the age of 18 can cohabit with their significant other as long as the other party is able to pay their share of the bills. The caseworker shall use discretion prior to approving cohabitation. The youth shall be in a stable relationship free of any history of domestic violence.

The monthly SILA stipend is based on the needs and expenses of the youth and can be equal to 100% of the regular foster care board rate. The youth is eligible to participate in a SILA if the youth meets the criteria outlined in COMAR 07.02.10.11. When deciding the amount of a monthly SILA payment the following are goods and services eligible to be covered through a SILA stipend:

- Food;
- Transportation;
- Clothing;
- Recreation;
- Education; and
- Housing.

After the age of 18 approximately 65% of youth are residing in Semi Independent Living Arrangements (SILA) or Independent Living Programs. These programs allow the youth to practice living independently with supportive and case management services from the local department. Services are tailored to the youths needs however support services include mental health, education and employment. Youth that have developmental disabilities are provided the same type of service including life skills trainings

however they are altered to meet the youth's needs. DHR will continue to work with local departments to raise the percentage of youth living in SILA or Independent Living Programs to 90% of youth that are developmentally and emotionally able to participate in this living arrangement.

### **Independent Living After Care Services**

Maryland offers after care services to former foster youth who were in care on their 18<sup>th</sup> birthday and left care prior to age 21 or who were adopted or achieved kinship guardianship after age 16. This applies to former foster care youth from other states currently residing in Maryland. Upon request for services, an assessment is conducted and a service case is opened for youth. Aftercare services are designed to be short-term and individualized to meet the youth's needs. Aftercare services can include:

1. Financial assistance to purchase goods and services to support efforts of youth,
2. Supportive counseling,
3. Employment assistance including instruction on job search, interviewing, appropriate work attire, or support to assist with transportation to maintain and seek employment, the purchase of uniforms, etc.,
4. Educational assistance and information regarding obtaining a General Educational Development (GED), and enrolling in post-secondary educational institutions,
5. Provide referral for medical assistance,
6. Payment for security deposits,
7. Payment for room and board (includes security deposits, rent, food assistance) and
8. Funding for utilities or other appropriate services for self-sufficiency.

For many years Maryland provided extended foster care eligibility up to age 21, however, many youth still left care prior to age 21, even though independent living aftercare services existed to provide support to youth who exited care prior to 21.

### **Enhanced After Care Voluntary Placement Agreement**

On October 1, 2013, "Voluntary Placement for Former Children in Need Of Assistance (CINA)" was enacted. The law permits a former CINA who exited care after the age 18 but before age 20 years and six months to re-enter care via a Voluntary Placement Agreement. The youth must not have exited due to reunification, adoption, guardianship, marriage or military duty to participate. Youth re-entering Out-of-Home Placement through an Enhanced After Care Voluntary Placement Agreement (EA VPA) are entitled to all services provided to youth in Out-of-Home Placement. This legislation allows DHR to access IV-E funding for eligible youth.

### **Kinship Navigator**

Maryland continues to provide Kinship Navigator services to relatives who are caring for their minor kin outside of the child welfare system. Kinship Navigator services were introduced to the state through the Fostering Connections Demonstration Project in 2009. The pilot jurisdictions included, Anne Arundel, Baltimore, Charles, Montgomery, Prince George's, Washington, Worcester and Baltimore City. Kinship Navigators are responsible for providing information and referrals as well as caregiver support groups.

SSA hired a statewide Kinship Navigator to oversee the administrative efforts and collaboration with local Kinship Navigators.

SSA has been offering technical assistance to the local departments since the inception of the program. The policy was issued in August 2014. SSA co-facilitated training for the Kinship Navigators with the CWA in December 2014. In addition to best practice and policy expectation, the training focused on MD CHESSIE data entry requirements. Quarterly training workshops will be offered during the Kinship Navigator Support Group Meetings. SSA has been providing ongoing technical assistance to address questions and concerns of individual local departments.

In an effort to strengthen community partnerships, SSA has partnered with the Maryland Coalition of Families for Children's Mental Health (MCFCMH) to share kinship care presentations. SSA facilitated a workshop about accessing DHR services at the annual kinship caregiver conference in October 2014. Then, SSA facilitated a webinar in January 2014 for community partners and caregivers with information regarding DHR's service continuum. Both the presentation and webinar were successful and lead to other offers to collaborate with to address the needs of relative caregivers in Maryland.

#### Partners

SSA is partnering with the Ruth Young Center at the University of Maryland School of Social Work to develop an automated Kinship Navigator report. The draft report and proposed methodology will be presented to the Assistant Directors in May 2015 and then the FCP Oversight Committee in June 2015. Once the report is finalized, the data will be used to compare trends with existing indicators to assess practice outcomes.

#### **Family Finding**

Family Finding was introduced to state practice in 2009 during the Fostering Connections Demonstration Project. SSA has been offering technical assistance to the local departments since the inception of the program. The pilot jurisdictions included, Anne Arundel, Baltimore, Charles, Montgomery, Prince George's, Washington, Worcester and Baltimore City. Family Finding is an intervention designed to promote permanence and foster meaningful lifelong connections between youth and their families of origin. Family Finders assist case managers in finding and engaging family members who have lost contact with the Foster child. The primary population for Family Finding services has historically been older youth with a plan of APPLA (Another Planned Permanent Living Arrangement). As Family Finding has been implemented in other counties, the success of initiating Family Finding services on the front end (before a child enters out-of-home placement) has been very successful. SSA will continue to provide implementation guidance and technical support.

In March 2014, SSA participated in a Family Finding Forum hosted by Child Trends. The forum brought together policy makers, administrators, and funders from across the country to discuss findings from an evaluation of the Fostering Connections Demonstration Project. Through an exchange of ideas, it was noted that in order to have a strong Family Finding program, a strong family centered culture is the foundation for the collaboration between the Family Finders and case workers. Maryland is well ahead



of the curve in these two areas. Maryland was recognized during the discussion for having a Family Finding Support group, which has been instrumental in anchoring the practice and keeping staff motivated. During the support group peer case consultation is provided as well as workshops.

Specialized Family Finding training will be conducted in May 2015. SSA will facilitate the training to review the policy expectations and MD CHESSIE guidelines. There will also training for designated Family Finders to be certified as Confidential Intermediaries. The draft report and proposed methodology will be presented to the Assistant Directors in May 2015 and then the FCP Oversight Committee in June 2015. Once the report is finalized, the data will be used to compare trends with existing indicators to assess practice outcomes.

### **Heart Gallery for Adoptive Homes**

The Department of Human Resources/SSA will be partnering with Adoptions Together and Kennedy Krieger Institute to host a Heart Gallery for children that are legally free for adoption. Kennedy Krieger Institute will be hosting the event in October 2015. The Gallery will be housed at KKI for the last 3 weeks of October. There will be a reception held in early October to kick-off the event.

In the past DHR/SSA has been involved with participating in the Heart Gallery presentation. The Heart Gallery can be utilized as a recruitment tool for caseworkers that have legally free children on their caseload and are searching for adoptive placements. The Heart Gallery display features the portraits of children that are awaiting adoption. The Heart Gallery is a mobile presentation, and is displayed in local business office lobbies and government buildings that offer high-visibility and high traffic. It is moved to different locations approximately every two weeks and is displayed at least 50 weeks per year.

There are approximately 380 children in Maryland with a plan of adoption. For those children that are legally free, this event would be an opportunity to recruit an adoptive family for these children. The Heart Gallery Participation Guide has been forwarded to the 5 jurisdictions that have been identified to have the most children that are legally free. This includes, Baltimore City, Baltimore County, Prince George's County, Anne Arundel County and Montgomery County. The information has also been sent to the following counties: Cecil, Washington, Frederick, Harford and Howard. An announcement will be made at the SSA regional meeting in June 2015 about the Heart Gallery, and how to refer a child.

### **CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)**

Maryland refers to the Chafee Foster Care Independence Program as Ready By 21/Transitional Youth services. The goal for Maryland's Ready By 21/Transitional Youth Services is to assist youth with making a successful transition from out-of-home placement to adulthood. Maryland believes that youth who receive Ready By 21 services are more prepared for adulthood and have a better chance to be self sufficient adults. The Department of Human Resources (DHR) provides Ready By 21 services to all youth in any OHP (foster care, kinship care, pre-adoptive placement), 14 through 20 years of age, regardless of permanency plan or placement type. The overarching goal is preparation for self-sufficiency.

## Ready by 21

The youth who receive Ready By 21 services are provided basic living skills primarily in partnership with their resource provider and caseworker. The youth also have the opportunity to participate in appropriate individual and group life skills building classes and activities. Together the youth, resource provider and caseworker assess the youth's proficiency in life skills. The assessment outcomes are used to determine the ability of the youth to meet their daily living activities. Individual goals and services are arranged and offered according to the needs of the youth.

Through the delivery Ready By 21 services, youth are encouraged to take an active role in planning the activities and services needed for self sufficiency. Ready By 21 services are designed to prepare youth for self-sufficiency. The core strategies of Ready By 21 are:

- Stable Housing
- Education
- Health Care
- Mentors
- Financial Stability

Maryland continues to strategize to institute best practices and improve services by developing and strengthening services and partnerships that will improve outcomes for youth exiting foster care. Services are provided to youth ages 14-21, in out-of home care. Services include but are not limited to: case planning including transitional planning, independent living service agreements, and life skills assessments and training; in order to address needs for self-sufficiency. Maryland provides the following services:

- Maryland provides each child starting at age 14 a Maryland Youth Transitional Plan to ensure all youth establish a personalized comprehensive written plan outlining his or her preparations for transitioning from out-of-home placement to adulthood. During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth has acquired skills and has overcome barriers to completing school, obtaining and maintaining gainful employment, finding adequate and affordable housing, finding a connection and accessing health and mental health care. Youth are also provided a Life Skills Assessment and individual or group training to enhance independent living skills.
- Assistance with Educational Services - The youth receive information, resources, tutoring services, flex funds and/or post-secondary funds (State Tuition Waiver and the Educational Tuition Waiver (page 143) to meet their educational goals.
- Mentoring /Permanent Connections – One of the core strategies for Ready By 21 is for youth exiting care to have a Mentor or permanent connections. LDSS's have established relationships with community member to mentor older youth in foster care and continue to be a support after the youth exits care. This relationship allows the youth to have a person to provide support and guidance. LDSS staff provides family finding services all youth.
- Services to former foster youth - Independent Living Aftercare services are available on a voluntary basis to youth 18 to 21 years old who were in out-of-home placement on their 18<sup>th</sup> birthday and exited care after their 18<sup>th</sup> birthday. Independent Living Aftercare services are

designed to support former foster care youth ages 18 to 21 years old in their effort to achieve self-sufficiency. These services are divided into two types: Independent Living After Care Services or Enhanced After Care Voluntary Placement Services.

- Youth that exit out-of-home placement via adoption or relative guardianship after their 16<sup>th</sup> birthday are eligible to receive Independent Living After Care Services. Independent Living Aftercare services are designed to support former foster care youth ages 18 to 21 years old in their effort to achieve self-sufficiency. Beginning at age 13 youth in out-of-home placement receive an Annual Notice of Benefits Brochure which outlines the services they are entitled to receive if they exit care which includes Independent Living After Care Services.
- Youth in out-of-home placement must be given the opportunity to engage in age or developmentally appropriate activities. Through the implementation of Youth Matter caseworkers are required to engage youth in the case planning process. Youth are mandated to attend all FIM and drive the services outlined in their transitional plans and service agreements. Resource providers are required to allow youth to participate in activities that age appropriate for them

## 2015

SSA hosted a leadership retreat for members of the State Youth Advisory Board (SYAB) which consisted of foster youth from across the State. The retreat took place March 26 and 27, 2015. Twenty youth attended this one and a half day conference. The purpose of the event was to teach SYAB members leadership skills that would assist them as members of the board but also incorporate the leadership skills in all aspects of their lives. SSA contracted with Suasion Inc. to provide the training to the youth. The second leadership training for the supportive adults/Independent Living Coordinators is scheduled for May 11, 2015, this day retreat will provide local department staff with leadership skills and teach how to promote leadership in the youth. Feedback on the retreat was provided by the youth at the April 2015 SYAB meeting, the youth reported the retreat was very helpful and provided them with insight and tools. The youth reported that this training would not only help them in their leadership roles with the SYAB but in all area of their lives. DHR staff will be monitoring over the next 6 months the leadership of the youth trained to determine the effectiveness of the retreat.

SSA created an Annual Notice of Benefits brochure to be provided annually to all youth in out-of-home placement ages 13 to 21. On October 1, 2014, Family Law Article Section 5-525 (k) of the Annotated Code of Maryland requires the Social Services Administration to provide a child at least 13 years old information regarding benefits available to the child on leaving out-of-home care. The brochure identifies benefits and services youth may be eligible to receive if they leave out-of-home placement between the ages of 13 and 21. This brochure includes eligibility after care services for youth such as Independent Living After Care Services and Enhance After Care Voluntary Placement Agreement.

The State Youth Advisory Board (SYAB), also known as MY LIFE (Maryland Youth Launching Initiatives for Empowerment), consists of foster youth from across the State of Maryland. The purpose of the SYAB is to provide a vehicle in which information about the Transitional Youth Services Program can be gained and recommendations for improvements can be made. In 2015 the members of the SYAB hosted and participated in Constituent Night in Annapolis, Maryland on March 30, 2015. This year's event was sponsored by Maryland Senator Jamie Raskin of the 20<sup>th</sup> District in Montgomery County. The youth had a first-hand experience of Maryland's legislative process as they observed a senate hearing in the

Maryland State House Building. SYAB members educated some of the elected officials about their experiences in foster care which enhanced their constituent relationships. Members felt empowered through this experience and plan to use this experience to improve their leadership and advocacy skills.

The Youth Matter Practice Model is an extension of family centered practice and an important piece of Maryland's Ready By 21 services. This practice model focuses on staff understanding the process and importance of actively engaging and teaming with youth. The primary goal of Youth Matter is youth must be considered partners in the child welfare decision making process. LDSS use Family Involvement Meetings, advisory boards, and other local opportunities to engage youth in both the practice and policy levels of the child welfare system. In 2011, Maryland began piloting Youth Matter in four jurisdictions; statewide implementation began in July 2012. As of June 2015, Youth Matter will be fully implemented in all 24 jurisdictions. Once implementation has occurred in all jurisdictions, SSA will begin to evaluate the change in practice and review all related policies to explore revisions.

DHR requested technical assistance from the National Resource Center for Permanency and Family Connections on working with LGBTQ youth and families. The first meeting with the NRC was held on May 7, 2014 with DHR, LDSS, and a variety of other community partners to discuss Maryland's plan and for working with this population. Training was provided by the NRC to LDSS directors and assistant directors on working with LGBTQ work on July 23, 2014.

LDSS have partnered with Free State Legal Project to provide trainings to child welfare staff on LGBTQ. DHR in collaboration with Free State Legal Project produced a webinar titled "Building Safe Spaces for LGBTQ Youth in Foster Care". This webinar was distributed to all LDSS child welfare staff on February 11, 2015 and is mandated to be viewed by May 1, 2015. The purpose of the webinar is to educate LDSS staff on working with LGBTQ youth. DHR partnered with the Maryland Foster Care Court Improvement Project to sponsor a LGBTQ foster youth Summit "Identifying, Supporting, and Meeting the Needs of LGBTQ Foster Youth" held September 10, 2014. This summit brought together interagency teams from across Maryland to discuss the needs of this population in the child welfare system. The summit featured keynote speakers and workshops and allowed teams from jurisdictions to meet to develop a plan to improve outcomes for LGBTQ foster youth. A highlight of the Summit was a presentation by a panel of 3 LGBTQ youth in foster care organized by DHR. Evaluations collected by attendees provided feedback that the Summit was very helpful. The information gained by attending will help improve services provided to LGBTQ youth.

### **Maryland's Annual Older Foster Youth Summits**

On August 15, 2014 DHR held statewide Older Youth Summit for Maryland's foster youth 18 to 20 years old. The summit was held at the Druid Hill Park in Baltimore, Maryland. The theme of the summit was, "It's MYLIFE, So I'll take over!" which signified an aura of empowerment through service planning and team work. The summit was designed around several life skills domains such as education, employment, financial literacy, and health care. Community vendors and professional speakers were present to speak with the other youth attendees about their program, services, and connecting youth to other statewide resources. The summit also included various organized sporting activities to engage both the older youth attendees and adult chaperones to emphasize the importance of working together and building relationships. A total of 100 older youth and 20 community-based vendors attended the event. The feedback provided by the youth was the Summit provided helpful information and the team building activities allowed youth and staff interact which will improve youth and staff relationships.

On April 1, 2015, DHR held a second Older Youth Summit at the Delta Community Center in Baltimore, Maryland. A total of 40 youth and 20 vendors from community and statewide agencies and a host of foster care alumni professional trainers and speakers attended the event. The theme of the summit was, "Unfolding Your Vision," by developing their transitional plans and connecting with resources that will assist them with the realization of their vision. The objectives of the summit were: to help older youth in foster care gain exposure through by networking during the event to help unlock their vision and gather perspectives on aging out of the foster care system from professional alumni of foster care; inspire current older youth in care to get involved in their transitioning planning process; to connect older youth in foster care with vendors offering resources youth can utilize towards accomplishing their transitional goals; and to provide transitioning youth with information on how to build/expand their professional endeavors through a series of break-out sessions There were 7 workshops offered during the summit. Each workshop was related to specific topics related to transitional planning and self-empowerment. The keynote speaker was professional alumni, Chris Chmielewski, the creator, owner, and editor of America's only monthly foster care publication, "Foster Focus." By the end of the summit, 100% of the older youth attendees completed a transitional plan and connected with at least one professional adult. Based on the summit feedback survey, youth enjoyed hearing about the experiences of alumni professionals and the workshops during the breakout sessions.

Moving forward in 2015-2016 DHR will be contracting with Hope Forward Inc. to provide 3 Older Youth Summits for foster youth ages 16-21. These summits will be held in Baltimore City, Prince George's County and the Eastern Shore. The future summits will concentrate on employment and education.

Since 2013, Maryland has remained in compliance with the federal requirement as demonstrated by the statewide implementation and adherence to Policy Directive SSA# 14-7 *Identity Theft, Credit Report and Repair for Youth*. The policy provides the framework as it relates to how Maryland accesses consumer credit reports for youth in Out-of-Home Placement. During the implementation process, SSA learned that not all businesses or creditors report to each of the three credit reporting agencies (CRAs). Therefore, obtaining a credit report from one of the CRAs does not guarantee that all possible credit issues have been identified. SSA subsequently adopted the position that obtaining reports from all three CRAs is the best practice to ensure any credit problems are identified before a youth leaves foster care. Under the policy, youth ages 14-17 are provided with consumer credit reports from each of the three (3) major credit reporting agencies (i.e., TransUnion, Equifax and Experian). Youth ages 18-20 work with caseworkers who in turn provide computer access and walk youth through the process of obtaining a consumer credit report by accessing [www.annualcreditreport.com](http://www.annualcreditreport.com).

In 2014, DHR/SSA provided each of the twenty-three LDSS and Baltimore City DSS with consumer credit reports as per Policy Directive SSA# 14-7 *Identity Theft, Credit Report and Repair for Youth*. Each youth ages 14-17 received consumer credit reports from each of the three (3) major credit reporting agencies. Additionally, technical assistance around the issues of credit reporting and repair was provided to various LDSS. DHR/SSA continued its practice of processing consumer credit reports beginning in August: DHR/SSA continues to explore the idea of moving the processing of consumer credit reports to a quarterly schedule to improve the effectiveness of technical assistance. DHR began tracking credit reports for youth that had inaccuracies.

### **Challenges Moving Forward**

- Provide technical assistance to LDSS staff as it relates to credit issues, how to dispute credit problems, how to work with creditors and CRAs, how to engage partners, etc

- Changes in state law, specifically recent legislation requiring that security freezes are requested for youth in care, which may change how SSA currently conducts credit checks—including possible revisions to existing contracts with the CRAs and Policy Directive SSA # 14-7 *Identity Theft, Credit Report and Repair for Youth*.
- Beginning in May 2015, SSA will provide technical assistance to Baltimore City as it relates to youth understanding the importance of credit and interpreting consumer credit reports. The technical assistance will be delivered as part of life skills training and will involve Baltimore City's Keys to Success Program

**Moving forward in 2015-2016 Maryland will:**

- Revise the Maryland Youth Transitional Plan, SSA will partner with LDSS Independent Living Coordinators to develop of a youth and caseworker friendly transitional plan.
- Finalize a Foster Youth Handbook. SSA has partnered with Free State Legal Project to assist in writing a chapter in the Foster Youth Handbook on LGBTQ. This handbook will include rights of foster youth. Each youth in foster care, (age appropriate) will receive a copy of the handbook and will sign a receipt of acknowledgement.
- Provide additional leadership trainings to the SYAB and local department youth advisory boards.
- Provide on-going training and technical assistance for LDSS on Ready By 21 and Youth Matters.
- Revise the Ready By 21 Manual to reflect changes in APPLA and case planning.
- Provide training and technical assistance to LDSS on understanding credit reporting and strategies to fix youth credit reports
- Team with Baltimore City Department of Social Services on educating youth living in a SILA placement on credit reporting.
- Revise the SILA policy and regulation so Maryland may begin to receive IV-E funding for SILA payments.
- Develop an App called “MYLIFE” to be used by youth. The following information will be available on the App. (Transitional Services, Important web links, MD Transition Plan, RB21 Benchmarks, 2015 Youth Handbook, etc.

SSA will continue to evaluate the Ready By 21 services through reviewing the data collected by youth that complete the Ready By 21 Survey prior to aging out of foster care. Through this data SSA will be able to change practice and policy to provide better services to youth. SSA also developed an evaluation process for life skills trainings. This evaluation process will begin in June 2015. Youth will have the opportunity to evaluate the life skills trainings at the end of each session. The data from the survey will be used in developing and revising of life skills trainings.

**NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)**

Maryland continues to participate and make progress in improving its process to collect NYTD data. Maryland has made a number of improvements in the last two years that have dramatically improved our ability to collect data timely and to meet survey response rates required, as follows:

- Served Population improvements: On a monthly basis as necessary, SSA sends exception reports to local jurisdictions containing the names of children who will be included in the six month NYTD Served Population, indicating which of those are falling short on the education record update (last grade completed): at this time this is the only data element in the Served

Population that has been problematic. As a result of these efforts, we now have a low percent of records submitted that are missing this education data.

- Survey Population improvements: There are two kinds of methods that we use, depending on whether we are collecting baseline or follow-up surveys:
  - Baseline -- Every week DHR/SSA issues a list of children who have turned 17 while in foster care indicating the number of days remaining to achieve timely survey data entry. This is issued this on a weekly basis in order for local jurisdictions to see those youth whose days remaining are growing short. As a result of these efforts, Maryland achieved better than 90% survey collection of our 2014 baseline compared to 35% survey collection of its original 2011 baseline.
  - Follow-up -- In order to achieve 80% for active foster care clients turning 19 and 21, DHR/SSA issues to the local jurisdictions a weekly update of all the youth whose birthdays occur during the six month report period whose follow-up surveys are pending. We have been able to achieve better than 90% survey response as a result of these efforts. In order to achieve 60% for youth who have left foster care, SSA staff members (not local jurisdictions) conduct several kinds of searches in order to find the youth and make contact. Searches include checking MD CHESSIE to see what contact information exists for the youth or any relationships (relatives, employers, schools); if the youth is currently served in other social services, we contact that youth's worker to make an approach; we also use other data searches available to us through our DHR sister agencies (e.g. Family Investment Administration), and other agencies (e.g. Motor Vehicle Administration); finally we search using private search services such as Lexus-Nexus in order to find a lead. Until the resources were no longer available, DHR/SSA had offered a gift card for participation in the follow-up survey, starting with \$25 and increasing to \$50, as resources permitted, because oftentimes youth was located, but the incentive was what brought them to the phone to answer the survey questions. As a result of these efforts, and notwithstanding the discontinuation gift card resources, we have been able to achieve, through persistence and staff time, the 60% response rate that is required for these closed cases.

NYTD data is distributed and discussed twice a year in order to evaluate the services provided to youth in Maryland's foster care system. The NYTD data is shared and discussed at each Regional Supervisory Meeting, held twice a year. Feedback from the Supervisors is used to evaluate and improve services.

In the efforts to inform youth about NYTD DHR has dedicated a page on the [mdconnectmylife.org](http://mdconnectmylife.org) website which provides youth information through three simple questions: What is NYTD? Why is it important? Why should I complete NYTD? The importance and results of NYTD will continue to be discussed at various times throughout the year with the State Youth Advisory members emphasizing the input DHR receives from youth is essential to understanding the needs of youth leaving foster care and areas that can improve so youth have better outcomes.

At the SYAB meetings, youth are able to provide feedback on areas where services can improve. Once areas of concern are identified local department staff then enhance the life skills classes and trainings that will positively impact the data. The data collected from the NYTD surveys are used to enhance the Ready By 21 services provided to all youth in foster care ages 14 and above. This is a critically important initiative that Maryland is improving in order to assure that foster care youth who age out of foster care have the best preparation possible for the next steps in their young adult lives. NYTD workshops will be held at the Annual Teen conferences to educate youth on the importance of their role in NYTD.

### *Review*

The data is reviewed by local departments' supervisors and administrator during the Out-of-Home Placement Managers meeting and Regional Supervisors meetings which occur twice a year. During these meetings a discussion is held about how Maryland can improve in the areas that show weakness. Maryland will continue to explore additional ways to close the gap in addressing the weak areas identified in the data.

The NYTD survey data are also evaluated by SSA staff in order to revise current policy and practice. The results of the survey data are also shared with local department staff and community stakeholders. In May 2015, NYTD data was reviewed and discussed at the Maryland Court Improvement Project Summit held in Prince George's County. The survey data is reviewed periodically with members of the State Youth Advisory Board, the Out of Home Placement Managers meetings, and the LDSS Regional Supervisors meetings.

In addition to sharing with the local departments DHR shares NYTD results with the Child and Family Services Advisory Board members; representatives include; Foster Care Court Improvement, Advocates for Children and Youth, Maryland State Department of Education, Department of Health and Mental Hygiene, etc.

### **ADOPTION INCENTIVE PAYMENT**

Maryland did not receive any Adoption Incentive Funding for FY 13- FY15, however this program has been expanded to include not only adoption, but children that leave foster care to live with a guardian. For future awards of Adoption and Legal Guardianship Incentive funds, Maryland will utilize the funds in the following ways:

- To facilitate stabilization of an adoption placement prior to finalization;
- To help maintain an adoption after finalization; and
- To help recruit families for older children and children of any age who present
- Challenges that hamper identification of family resources for adoption

The funds will also be utilized to facilitate placements with guardians. This includes:

- Supporting a placement with a guardian prior to closing a foster care case;
- Assist families after guardianship has been awarded to help maintain the child in the Guardian's home.



In order to ensure LDSS understands the purpose and goal of Adoption and Legal Guardianship incentive funds, DHR/SSA will issue a policy to provide guidance to LDSS on how to expend the allocated funds within the allotted time frame and the required documentation to track the expenses. Additionally, we will provide training and information during an Out-of-Home Program specific meeting.

## **INTER-COUNTRY ADOPTIONS**

Maryland does not provide any specific programs targeted to children adopted from other countries. Over the next 4 years, Maryland will review how expansions on services could occur. **At this time**, any family can access the In-Home Services continuum for supportive services as these services are provided without regard to the family structure. If these children enter care, they receive that same services as those provided to children born in this country, aimed at reunifying the family as soon as possible.

Currently, Maryland does not have a tracking system that identifies children who were adopted from other countries and entered into state custody as a result of the disruption of a placement for adoption or the dissolution of adoption, and needs to commit resources to developing this capability. In 2016, Maryland will develop and implement a tracking system, along with a policy that explains to the LDSS how to track these children. This policy will give guidelines on the information that needs to be reported. This includes the agency who handled the placement or adoption, the plans for the child, and the reasons for the disruption or dissolution.

Maryland has begun, however, making quarterly requests for a report from the local departments of social services to track children who were adopted from other countries and entered state custody as a result of the disruption of a placement for adoption or the dissolution of adoption. This report captures the agency who handled the placement or adoption, plans for the child, and reason for the disruption or dissolution. Using the data in this report, DHR will be to provide data on inter-country adoptions in the next annual IV-B report.

## PLACEMENT SERVICES & INTERAGENCY INITIATIVES

### OVERVIEW

The Placement Services & Interagency Initiatives unit of DHR/SSA is responsible for services related to the recruitment and retention of resource families; identifying and developing strategies to improve the array of services available to support children and families in achieving safety, permanence and well-being, which includes education and health; provide technical assistance to local department for resources for difficult to place children; and monitoring the placement of children in out-of-home care placed out of state.

### ASSESSMENT OF PERFORMANCE

The Social Services Administration is using Results Based Accountability (RBA) to assess performance. The RBA approach as stated above attempts to answer three basic questions regarding the performance of the child welfare system:

- How much did we do?
- How well do we do it?
- Is anyone better off?

The measures used to assess the performance of the program goals follow.

Goal 3: Strengthen the **well-being** for all infants, children, and youth

Measure 1: Percentage of children entering foster care and enrolled in school within 5 days

*Objective:* Children are enrolled in school within 5 days

Measure 1: 90% of the children in Out-of-Home Care receive an Annual Health Exam

*Objective:* Foster children have their health needs reviewed annually

Measure 2: 75% of the children in Out-of-Home Care receive a comprehensive exam

*Objective:* Children in Out-of-Home care receive a comprehensive health assessment

Measure 3: 60% of the children in Out-of-Home Care receive an annual Dental Exam

*Objective:* Children in Out-of-Home care receive a dental exam

#### Child and Family Outcomes:

*Well-Being Outcome 2:* Children receive appropriate services to meet their educational needs

*Well-Being Outcome 3:* Children receive adequate services to meet their physical and mental health needs

Placement Services & Interagency Initiatives		
RBA Approach	Measure	Child Welfare Outcome
How much?	<ul style="list-style-type: none"> <li># in OOH</li> <li># entries</li> </ul>	Background Statistics
How well?	<ul style="list-style-type: none"> <li>School enrollment within 5 days</li> <li>Comprehensive Health Examination within 60 days</li> <li>Annual health examination</li> <li>Annual dental examination</li> </ul>	Well-Being 2 Well-Being 3 Well-Being 3 Well-Being 3

### Educational Needs

Improving educational stability and educational outcomes for children and youth in Out-of-Home Placement continues to be a major priority for the Department of Human Resources (DHR). Local Departments of Social Services must ensure that, within 5 school days of being placed in Out-of-Home Placement, a child of school age is attending school.

*How well?*

#### School Enrollment, Data Table

Performance Measure	2010	2011	2012	2013	2014
School Enrollment for children entering foster care during school year	70%	69%	72%	67%	65%

*Source: MD CHESSIE – derived by the University of Maryland Baltimore (Note: Table includes updated Education Enrollment and Health Assessment statistics)*

Children in out-of-home care are required to be enrolled in a new school within 5 days of entry into care, if it is contrary to their best interest to remain in their home school. This is an important component to ensuring educational stability for children in out-of-home care. The data above is not indicative of the work of the local department. This is data derived from LDSS caseworker entering data into MD CHESSIE. As discussed below this is one area in need of improvement. However, Maryland quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school.

#### Strengths

Local departments continue to ensure that they are following Fostering Connections and McKinney/Vento laws when enrolling children in school. All efforts are made to ensure the child remains in their school of origin unless it is not in the best interest to do so. Local Departments of Social Services work with the local school systems to provide transportation whenever necessary.

DHR/SSA continues to collaborate with Maryland State Department of Education (MSDE) and Maryland Higher Education Commission (MHEC) in an effort to develop strategies to ensure children in out-of-home care have educational stability and achieve positive educational outcomes.

### *Concerns*

Documentation of education data in MD CHESIE continues to be a concern, making it difficult to ascertain the scope of any issues relating to educational stability. In an effort to address this concern, on April 22, 2015, MD CHESIE was modified with changes to the Education screens. Each year beginning September 30, 2015, a tickler will be generated to remind family workers, child workers for children five years of age and older, and supervisors to update the education information. A new 10 digit field for the State Assigned Student Identifier (SASID) was added to the MD CHESIE Education Screen as well as Type III and Vocational Training Program was added to the drop down value in the “*Type of Class*” field. In addition to the changes to MD CHESIE, the Department entered into a Data Sharing Memorandum of Understanding (MOU) Agreement with the Maryland State Department of Education (MSDE). Please see section “Georgetown Project” for details regarding the MOU agreement.

### *Partners*

DHR/SSA will continue to work closely with stakeholders to improve educational stability and outcomes for children in out-of-home care. The Annie E. Casey Foundation and the American Bar Association Center on Children and the Law provided technical support to improve educational stability. The Maryland State Department of Education (MSDE), the Maryland Foster Care Court Improvement Project (FCCIP), and the Department of Juvenile Services (DJS) participate with DHR on workgroups to improve education stability and improve outcomes for children in Out-of-Home Placement. In addition, DHR collaborates with the Maryland Higher Education Commission (MHEC) to increase the awareness of availability of the tuition waiver for youth in out-of-home care.

### **Health Needs**

DHR understands that children in out-of-home care have comprehensive medical needs that may differ from those of other child populations. Local Departments of Social Services are required to ensure that children in out-of-home care receive an initial health examination within 5 days of placement, a 60 day comprehensive health evaluation, an annual health and dental exam.

How well?

### Health & Dental Examinations

Performance Measure	2010	2011	2012	2013	2014
<b>Comprehensive Health Assessment for foster children within 60 Days</b>	49%	45%	40%	50%	65%
<b>Annual Health Assessment for foster children in care throughout the year</b>	78%	73%	75%	80%	76%
<b>Annual Dental Assessment for foster children in care throughout the year</b>	51%	46%	42%	48%	41%

Source: MD CHESSIE – derived by the University of Maryland Baltimore (Note: Table includes updated Education Enrollment and Health Assessment statistics)

Local Departments of Social Services are required to ensure that children in out-of-home care receive an initial health screening within 5 days of entry into care, a 60-day comprehensive exam which includes the assessment of mental health needs, and annual health and dental visits. The examinations are to ensure that the child’s physical and mental health needs are being adequately addressed. The statistics above reflect aggregate data based on worker data entry of medical assessments into MD CHESSIE and should not be considered to be truly reflective of Maryland performance. Nearly all of Maryland quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school and receive their initial and annual health and dental assessments.

#### Strengths

Local departments work very hard to ensure that children are having their initial health screenings, 60-day comprehensives and annual health and dental visits. All components of the child’s health care are documented in Maryland’s Health Passport. Every child in out-of-home care receives a Health Passport. Maryland physicians must complete the Health Passport forms each time they examine a foster child. The child’s health needs and treatment are also required to be documented in MD CHESSIE in the health screens, providing caseworkers and supervisors the ability to monitor and track the health care needs of the child.

#### Concerns

DHR/SSA continues to work with local departments on the documentation of health information into MD CHESSIE. This contributes to the quality of the data which comes out of MD CHESSIE regarding health/dental care for children in out-of-home care.

In efforts to assist the local departments with properly documenting health information into MD CHESSIE, the Department will be issuing a MD CHESSIE TIP Sheet for documenting Health of Children Served by Child Welfare. The tip sheet will be released by June, 2015. The MD CHESSIE tip sheet will act

as a re-enforcer, to the Local Departments of Social Services (LDSS), that it is a requirement to complete the health folder for every child between the ages of 0-21 with a program assignment of In-Home or Out-of-Home Care. Additionally, health information must be documented in MD CHESSIE in the Health Folder and on the Health Passport Form (631-E). The tip sheet will highlight the fact that each child must have an Initial Health Care Screening within 5 days of coming into care; a Comprehensive Health Assessment within 60 days after coming into care; and an Annual (Yearly) Well Child Examination. These screenings and assessments are documented in the subfolder “MediAlert” in the Examination tab. The tip sheet also reminds the LDSS that they need to fill-in the following information:

- Physician’s Name,
- Specialty,
- Affiliation/Organization,
- Address,
- Contact Information, and
- If the Physician or worker has any additional comments, make note of them in the Physician’s Recommendations and the Comment text boxes provided. In the Appointment Information section, also enter the Appointment Date and check off the Appointment Kept checkbox when applicable, then enter the Next Appointment Date.

Lastly, the tip sheet informs the Local Departments of Social Services that when documenting an examination, the “Nature of the Exam” field is mandatory.

In the future SSA will continue to work with local departments around this issue utilizing similar strategies used to increase the case worker visitation data, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance reviews. In addition, the State is currently exploring the possibility of having Medicaid/State Department of Health and Mental Hygiene (DHMH) data directly shared with MD CHESSIE. This would serve the dual purpose of correcting aggregate data and providing workers with more detailed medical information. This would also eliminate dual data entry work by local department staff and DHMH staff. In lieu of that option, DHR will utilize a data clean-up model that has worked well for other indicators. Exception reports will be developed, with work and supervisor identified, of cases where health data has not been entered into MD CHESSIE, and local departments will be expected to update the missing data. Another area of concern is that some regions continue to struggle to have adequate dental resources in their areas. DHR will continue to work with DHMH and other stakeholders to address this issue.

### *Partners*

DHR has developed strong partnerships with DHMH in efforts to enhance the health care services (physical/mental health) for children in out-of-home care. In addition, the University of Maryland Schools of Pharmacy and Medicine, John Hopkins School of Medicine, DHMH/Mental Hygiene Administration, and the Peer Review Program for Mental Health Medications (also known as the Peer to Peer Program) continue to collaborate with DHR to develop policies and training for local department

staff regarding the oversight and monitoring of psychotropic medications and the informed consent and assent process.

**PLAN FOR IMPROVEMENT**

Objective	Measure of Progress	Annual Benchmarks
Children are enrolled in school within 5 days of entering foster care	77% of children entering foster care will be enrolled in school within 5 days	<ul style="list-style-type: none"> <li>• 2015: 69%</li> <li>• 2016: 71%</li> <li>• 2017: 73%</li> <li>• 2018: 75%</li> <li>• 2019: 77%</li> </ul>
<i>Data Source: Maryland State Department of Education</i>		

Overview

Maryland continues to be committed to ensuring that children in out-of-home care have educational stability and achieve positive educational outcomes. The 2014 statistics for school enrollment was 65%. Nearly all of Maryland quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school.

*Intervention(s)*

As previously reported, the Department along with representatives from the Maryland State Department of Education (MSDE), University of Maryland School of Social Work, and the Foster Care Court Improvement Project (FCCIP) attended the Georgetown University’s Center for Juvenile Justice Reform Information Sharing Certificate Program. The Information Sharing Certificate Program is designed to enable leaders to overcome information sharing challenges, while respecting laws and other provisions that protect the privacy and other provisions that protect the privacy and other rights of youth and their families. The program provided a venue through which leaders from the Department, MSDE, University of Maryland School of Social Work and FCCIP, could increase their knowledge about information sharing, develop an action plan (capstone project) for reform, and receive technical assistance to break through barriers that may arise when implementing the reforms. The team that attended the certificate program developed two capstone projects. Capstone 1- Sharing Education Data for Children served in Child Welfare is considered the “major” project. It is primarily dedicated to assuring that foster care and education data will be shared to help foster children reach their highest educational attainment while complying with existing privacy laws. Capstone 2- Interagency LINKS (Linking Information to eNhance Knowledge) Project, is considered the “minor project”. LINKS is dedicated to dealing with the challenge of making better use of data currently scattered across state and local databases, by safely linking agency databases and creating non-identified analysis files.

The Department has actualized Capstone 1- Sharing Education Data for Children served in Child Welfare. On December 16, 2014, the Department of Human Resources (DHR) entered into a five year Data Sharing Memorandum of Understanding Agreement (MOU) with the Maryland State Department of Education (MSDE). The purpose of the MOU is to facilitate the sharing of education data between the

two State agencies that is necessary to provide and improve educational services and resources needed to meet the needs of children and youth in out-of-home placement, and to achieve continuous improvement across programs. On a quarterly basis, DHR/SSA will create a Foster Care Child population data file for submission to MSDE with personally identifiable information (PII). These data will be submitted on DHR's secure server with encryption technology to ensure security of the data exchange. MSDE will match the Foster Care Child population data to DHR's Unique State-assigned Identifier System (USIS) to obtain each foster care youth's Statewide Assigned Student Identifier (SASID). Once the SASID is attached to the Foster Care Child population data file MSDE will match via SASID to MSDE's data sources. During the SASID match, MSDE will confirm the child's demographics between DHR/SSA data and MSDE data. MSDE will provide matched data to DHR/SSA through secure methods that protect the transmission of the data, ensuring that only DHR and MSDE approved staff members have access to it. The method for sharing data may include conveyance on a CD by DHR and MSDE approved staff members, or via secure web-based technology that is approved by DHR and MSDE information technology departments. MSDE will share the following educational data with DHR/SSA:

- Enrollment,
- Attendance,
- Alternative Maryland School Assessment,
- Maryland School Assessment-Reading and Math,
- Maryland School Assessment –Science,
- High School Assessment,
- Student Courses,
- In-School and Out-of-School Suspensions,
- Special Education, and
- Career and Technology Education.

The Department had its first data exchange with MSDE mid March, 2015. The data received included enrollment for the current school year starting September 30, 2014, attendance for summer from the previous school year (2013-2014), high school assessment for current school year, special education enrollment, and career and technology education (exit and outcome) from the previous school year(2013-2014). Below is the schedule for the data exchange between DHR and MSDE.

**Data Exchange Schedule**

<b>MSDE Data Deliverables to DHR/Social Services Admin</b>		<b>DHR – SSA Data Deliverables to MSDE</b>	
Mid-January	Enrollment 9/30 (Current SY)	Early-January	Foster Care Child Population
	Attendance – Summer (Previous SY)		
	HSA-October Administration (Current)		
	Special Ed Enrollment (Current)		
	CTE – Exit and Outcomes (Previous SY)		
	All remaining data is Current SY	Early - April	Foster Care Child Population
Early – May	Attendance – Early		



	HSA-January Administration		
	Special Ed –Students Served/Services		
Early-June	CTE – Enrollment		
	Student Courses and Grades for Assessment Subjects – 1 <sup>st</sup> Semester		
Early-July	HSA-April Administration	Early – July	Foster Care Child Population
Mid-August	MSA Reading and Math		
Late-Sept	Attendance – EOY		
	HSA- May Administration		
	Student Courses and Grades for Assessment Subjects – EOY		
Mid-October	HSA-Summer Administration	Early – October	Foster Care Child Population
	Suspensions – In School/Out of School		

Currently, the Department is cleaning up the data that was received from MSDE. Once the data has been verified, it is planned to develop student profile reports and summary reports that will be shared with the local departments of social services. The Department plans to pilot its' first education reports with Montgomery County.

The Department still would like to pursue Capstone 2- Interagency LINKS (Linking Information to eNhanche Knowledge) Project which is considered the “minor project”. LINKS is dedicated to dealing with the challenge of making better use of data currently scattered across state and local databases, by safely linking agency databases and creating non-identified analysis files. However, the restraints of the Family Educational Rights and Privacy Act (FERPA) are serving as a roadblock to the actualization of Capstone 2. Nonetheless, the Department plans to continue to collaborate with MSDE to find a legal avenue to complete the Capstone 2 project.

#### *Implementation Supports*

In the future SSA will continue to work with local departments around this issue utilizing similar strategies used to increase the case worker visitation data, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance reviews.

Objective	Measure of Progress	Annual Benchmarks
Children receive services to meet their health/dental needs	Annual Exam: 90% Comprehensive: 75% Dental: 60%	<ul style="list-style-type: none"> <li>• 2015: 82% (Annual Exam) 63% (Comprehensive) 52% (Dental)</li> <li>• 2016: 84% (Annual Exam) 66% (Comprehensive) 54% (Dental)</li> <li>• 2017: 86% (Annual) 69% (Comprehensive) 56% (Dental)</li> <li>• 2018: 88% (Annual) 72% (Comprehensive) 58% (Dental)</li> <li>• 2019: 90% (Annual) 75% (Comprehensive) 60% (Dental)</li> </ul>

#### Overview

DHR is committed to ensuring that children receive the medical care (physical/mental/dental) that is needed to meet their health needs. The 2014 statistics are as follows:

- Annual Exam: 80%
- Comprehensive Health Assessment: 65%
- Annual Dental Assessment: 48%

These statistics reflect aggregate data based on worker data entry of medical assessments and should not be considered to be truly reflective of Maryland performance. Nearly all of Maryland quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school and receive their initial and annual health and dental assessments.

#### *Intervention(s)*

##### *Health Care Oversight and Coordination Plan (also included in Appendix AC)*

Maryland continues to be committed to meeting the comprehensive medical needs of children in out-of-home placement. To enhance health care services that meet the health needs of youth in Out-of-Home Placement, the Department has established the Health Plan Advisory Committee (HPAC) Steering Committee. The HPAC Steering Committee is a multidisciplinary team that will provide ongoing consultation regarding health care services (physical and mental health) for children and youth in out-of-home placement. The membership of the steering committee include representatives from Department of Health and Mental Hygiene-Medicaid, local departments of social services, Maryland Judiciary, Maryland Resource Parents Association, DHR's Office of Licensing and Monitoring (OLM), Health Department, Maryland State Department of Education, DHMH/Behavioral Health Administration, Foster Youth, Maryland Department of Juvenile Services (DJS), American Association of Pediatrics, and DHR's Office of Attorney General. HPAC Steering Committee began meeting March, 2015 and meets the

second Thursday of the month. The committee follows a modified Robert Rules of Order in conduct of meetings, motions, discussions, and voting.

The primary function of the Health Plan Advisory Committee (HPAC) Steering Committee is to define the tasks, goals, assignments, and timelines for the Health Plan Advisory Committee workgroups/subcommittees. The workgroups/subcommittees are as follows:

- Regulations, Policy and Practice
- Oversight, Coordination, & Monitoring
- Quality Assurance, Outcome & Evaluation and Training
- Funding and Legislation

The HPAC Steering Committee will also monitor and review the progress of the workgroups/subcommittees as well as provide any technical support as needed.

The Steering Committee will also draft and submit the final proposal for the plan for ongoing oversight and coordination of health care services for children and youth in Maryland's out-of-home placement. This proposal will be submitted to the Executive Director of the Social Services Administration (SSA) by October 2016. The proposed health plan will be a statewide, comprehensive health care plan that will ensure better coordination and enhance access to health care for youth in foster care (i.e. Regionalized Medical Case Management Model similar to MACTH). The components of the proposed health care system will include the following:

- Ensuring a Medical Home for each child, meaning a Primary Care Physician (PCP) or PCP Team to oversee health care and ensure the continuity of health services,
- Speedy enrollment for immediate health care benefits,
- Coordination and Monitoring of physical and behavioral health care, (i.e. ensuring that the medical treatments (initial and follow-up assessments) are in line with the standards that are outlined in the Maryland Healthy Kids Program Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. And that health needs that are identified through screening will be treated, which includes trauma associated with a child's maltreatment and removal from home),
- Access to health care through a network of providers (doctors, nurses, hospitals, clinic, psychiatrist, therapists, and etc),
- Protocols for Oversight and Monitoring of psychotropic and other prescribed medications.
- Electronic Health passport to make health history and health information available to health care providers, (i.e. ensuring that medical information will be updated and appropriately shared)
- 24 hours, 7 days a week Nursing and Behavioral Health help-lines for caseworkers and caregivers.
- Ongoing medical advisory committee to monitor health care provider performance.
- Ensure that the health needs of transitional youth are met (i.e. health insurance, health care proxy, etc.)

The HPAC steering committee is in its' initial stages of planning; however, below is a tentative timeline of work to be performed during 2015-2016.

May, 2015-January, 2016	HPAC workgroups/subcommittees will convene
February, 2016- May, 2016	HPAC workgroups/subcommittees will report out to the HPAC Steering Committee on the work they completed
June, 2016- September, 2016	HPAC Steering Committee will start drafting the proposal of health care system for children in Maryland's out-of- home placement
October, 2016	Summit final proposal to the Executive Director of DHR/SSA

In determining appropriate medical treatment for children in out-of-home placements, standards are outlined and described in Maryland's regulations (COMAR), The Maryland Healthy Kids/Early and Periodic Screening, Diagnosis, and Treatment (EPDST) Program. Standards for the Healthy Kids Program are developed through collaboration with key stakeholders, such as the Maryland Department of Health and Mental Hygiene (DHMH), Family Health Administration, the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School and the Maryland Department of the Environment. The components of EPDST represent the minimum pediatric health standards. The State of Maryland uses board certified physicians to provide medical services to children in foster care. DHMH is responsible for oversight of all physicians and the collection of medical data on each child and is working closely with the Department for implementation.

DHR and DHMH are committed to ensuring that Section 2004 of the Affordable Care Act (ACA) is implemented within the State of Maryland. Section 2004 creates a new mandatory Medicaid eligibility category for former foster care children. Under the new provision, Medicaid must cover any child under the age of 26 whom:

- was in foster care under the responsibility of the State when he or she turned 18 (or a higher age designated by the State);
- was enrolled in Medicaid under the State plan or a waiver while in foster care; and
- due to income or other criteria, does not qualify for Medicaid under another mandatory eligibility category (except for the category added by ACA to cover formerly ineligible adults under 65 with incomes up to 133% of the Federal Poverty Level (FPL).

Former Maryland foster care children will be eligible to receive comprehensive coverage, i.e. all services covered under the Medicaid State Plan.

#### *Implementation Supports*

Although the Health Plan Advisory Committee (HAPC) Steering Committee is in the beginning stages of planning, it is anticipated that the following supports may be needed to implement the health care plan for youth in Maryland's out-of-home placement:

- Memorandum of Understanding between the University of Maryland, and DHR/SSA for Psychotropic Medication Review Process.
- Training for case workers, foster parents, Manage Care Organizations MCOs, and Primary Care Physicians (PCP).

- Additional staff in the Local Department of Social Services to coordinate physical and behavioral health services.
- Additional medical and behavioral staff for 24 hour help line (i.e. nurses, behavioral counselors, and etc)
- Web based electronic health passport that is compatible with MD CHESSIE.

## **SYSTEMIC FACTORS ASSESSMENT**

### ***Foster & Adoptive Parent Licensing, Recruitment, & Retention***

The licensing, recruitment and retention of public resource homes are handled by the local department of social services. DHR/SSA provides the guidance, policies and technical assistance to the local departments to ensure they are following regulations. Maryland licensed Child Placement Agencies (CPA) license, recruit and retain the treatment resource homes. CPAs are monitored by the Office of Licensing and Monitoring within DHR.

### ***Standards Applied Equally/Foster Parent Licensing/Requirements for Criminal Backgrounds***

Maryland's Code of Maryland Annotated Regulations (COMAR) clearly outlines the requirements for the approval and licensure of foster family homes and child care institutions. These regulations ensure that standards are applied equally across the State. Public foster homes are monitored by the Local Departments of Social Services who study and approve the homes. Maryland licensed CPAs study and approve treatment foster homes and follow the same COMAR.

Maryland law requires State and federal criminal background investigations and Child Protective Services Clearances, as mandated in COMAR 07.02.25.04, of applicants seeking approval as resource parents and as employees at specified facilities that care for children. Before a resource home may be approved, an applicant and all household members 18 years and older must undergo a State and federal criminal background investigation. Once the resource home is approved, if any new members 18 years or older join the household or if any household member turns 18, they shall apply for a criminal background investigation within 30 days of their 18th birthday or of moving into the household. The department may not approve or continue to approve as a resource home any home in which an adult in the household:

- (1) Has a felony conviction for child abuse or neglect, spousal abuse, a crime against a child or children including child pornography, or a crime of violence including rape, sexual assault, human trafficking or homicide, but not including other physical assault or battery;
- (2) In the 5 years before the date of application, has a felony conviction involving physical assault, battery, or a drug-related offense.

The local Director shall review charges, investigations, convictions, or findings related to any other crime(s) of any household member, to determine the possible effect on:

- (1) The applicant's ability to execute the responsibilities of a resource parent;
- (2) The ability of the local department to achieve its goals in providing service to children in care; and
- (3) The safety of children in out-of-home care.

Based on this review, the local Director has the authority to approve, deny, suspend, or revoke resource home approval.

Before a resource home is approved, the local department shall request information from the child abuse and neglect registry maintained by any state in which an applicant or another adult in the household has lived within the past five years to determine whether an individual in the household has a prior finding of abuse or neglect. If the review of the records reveals a pending investigation, a decision may not be made as to the use of the home until the investigation is complete.

The department may not approve or continue to approve as a resource home any home in which an individual has an indicated child abuse or neglect finding, unless a waiver is granted in writing by the local Director.

SSA is in the midst of revising the Resource Home Quality Assurance (QA) process. The Placement Services and Inter-Agency Initiatives Program Manager and QA Manager are meeting to align this process within the full QA review. The revision of questions and the addition of stakeholder interviews are being discussed. It is our plan to roll out the new revised Resource Home QA sometime in the Fall of 2015.

DHR/SSA conducted a 100% review of LDSS resource home in preparation for the Title IV-E audit in August 2014. The review found that LDSS were in compliance with ensuring all members of the household 18 years and older had CPS clearance and criminal background checks.

Child care institutions (group homes and child placement agencies) are monitored by DHR/Office of Licensing and Monitoring. They are regularly reviewed by the assigned Licensing Monitor to ensure that the child care institutions are following COMAR. A spreadsheet is submitted by CPA providers by the 10<sup>th</sup> of every month. The information on the spreadsheet pertains to all household members of each CPA home regarding CPS, federal and state clearances. If an institution is found to be out of compliance, they are required to submit a corrective action plan. If they continue to be out of compliance, they may be denied any further placements and face licensure or contract sanctions. OLM compiles that information monthly and reports formerly to SSA/Contracts every quarter. As required by COMAR, the staff and foster parent clearances are to be current at all times. The clearance information is included in the performance rating system within the contract. The Q3 FY15 SSA Report for CPA is as follows:

#### 32 Treatment Foster Care (DHR Contracted) Provider Agencies

- Compliant agencies- 23 72%
- Non-compliant agencies-9 28%

#### 7 Treatment Foster Care (Non-DHR Contracted) Provider Agencies

- Compliant agencies- 2 29%
- Non-compliant agencies- 5 71%

### *Strengths*

Local Department of Social Services staff monitors the resource homes which are approved by them. They consistently follow the requirement to complete the Child Protective Services (CPS) clearances and federal and state criminal background checks. In preparation for the IV-E audit, a 100% review of the resource homes was conducted. The 100% review of the cases found that LDSS were in compliance with ensuring that all members of the household 18 years and older received CPS clearance and federal and state criminal background checks as required.

The Office of Licensing and Monitoring is responsible for ensuring that group homes and child placement agencies are in compliance with the safety requirements. They have strict guidelines in place to ensure compliance and sanctions if they are found to be out of compliance. They provide quarterly reports to SSA/Contracts unit regarding compliance with the safety requirements.

### *Concerns*

One area which continues to be a problem is that LDSS staff does not scan the documents for the criminal background check into the file cabinet in MD CHESSIE. Some of this is due to the technology within the local department. SSA will continue to work with the locals to address this issue. They maintain the hard copies in the paper file. Also in those instances, where the local department Director has approved an exception for a home where there was a prior CPS finding or criminal background check, the written documentation of the approval must also be placed in the file cabinet.

### ***Foster & Adoptive Parent Recruitment Plan / Diligent Recruitment of Foster and Adoptive Homes***

Maryland continues to recruit resource parents for teens, sibling groups and medically fragile children. Older youth continue to account for more than half of the out-of-home population. In some areas of the State, there continues to be a need for recruitment of minority resource parents, in particular Spanish speaking parents. In addition, local departments in certain areas have been asked to address how they will recruit for Native American resource parents. DHR/SSA staff continues to provide technical assistance to local on the development of their recruitment and retention plans.

While DHR/SSA provides the overall framework for the recruitment and retention plan, Local Departments of Social Services submit their recruitment and retention plans annually to DHR/SSA incorporating their individual needs (Appendix AD contains the 2012 policy and the 2015 annual plan template). These plans update the State on their progress in the recruitment of new resource homes and their current needs. Also included is specific information of the ages and ethnicities of children in care and the number of current resource homes for those children. From this information local departments choose strategies targeted at finding families for the children in need of homes in their jurisdiction. These plans are reviewed and approved by staff at DHR and funding is allotted to assist with the strategies outlined. The recruitment and retention plans must indicate what activities the local departments will plan to recruit resource parents for older youth and sibling groups or any other resource need identified by them. The plans also identify strategies to assist in the retention of resource homes. The 24 local department plans make up the Statewide Foster and Adoptive Parent Recruitment

Plan, and each local department must submit quarterly updates on the implementation of their plans. DHR/SSA reviews these updates and provides feedback and assistance as necessary to support implementation.

In the coming year, DHR/SSA will review both the recruitment/retention policy and the annual plan template, identify which of the Children's Bureau expectations for State foster care and adoption parent recruitment and retention plans are met and those that need to be addressed further, and then make improvements to the policy and the plan template for use in the upcoming year.

As of April 2015, the number of approved LDSS resource homes is 3,153. The number of children in out-of-home care is 4,886, of which 3,453 are in LDSS resource homes. The reported race for children in care: Black/African American only, 63%; White/Caucasian only, 31%; Hispanic, 2% and Other 6%. These percentages fluctuate very little throughout the year. Older Youth 14-20 account for 52% of the caseload. From this information, local departments choose strategies targeted at finding families for the children in need of homes in their jurisdiction. There are no changes to the **current** Foster & Adoptive Parent Recruitment Plan. At each of the activities described below the local department make the community aware of the need for resource homes. Some of the strategies local departments will use for recruitment and retention include:

- Conduct "Foster-Ware" parties, to raise community awareness of the need for homes for teens
- Engage youth and resource parents of teens in public education activities - gift cards are given as incentives for participation
- Maintain updated local department website that focuses need for foster/adoptive families for teens
- Survey current resource parents regarding if they know anyone who is bilingual
- Breakfast with resource parents. Guest speaker to be former foster child
- Utilize young adults who are currently involved in the Independent Living Program to recruit foster families for older children. Also include young adults who have successfully aged out of foster care; \$50 stipend per child per event
- Send reminder cards "New Year, New Start" to those who received information or attended information session but did not follow up with PRIDE training
- Use social media as a tool to help recruit foster/adoptive parents
- Provide informational sessions to sororities/fraternities and stay at home moms in the county
- Staff recruitment tables at local/annual events and festival throughout the city
- Modify television commercial format to play on County website, smart phones and I Pads
- Information radio spotlight
- Presentations to PTO/PTA (Parent Teacher Organization, Parent Teacher Association), groups, federal government employees; local church congregations, who have expressed interest in working with out-of-home children
- Quarterly calls and yearly surveys to receive feedback and provide support to foster/adoptive parents
- Retain current families by providing support, encouragement, training and fun things to do with other resource families
- Appreciation activities for current resource parents to acknowledge and thank resource parents for their hard work and dedication throughout the year



- Quarterly roundtable discussion/training for current and prospective resource parents
- Mentoring and Peer support for resource parents has been a very effective retention technique

DHR/SSA plans to request some technical assistance to assist local departments with new strategies to recruit and retain resource parents to meet the needs of the children currently in care. Many of the children in care present challenges which require resource parents who are able to meet these needs.

The Department of Human Resources/SSA will be partnering with Adoptions Together and Kennedy Krieger Institute to host a Heart Gallery for children that are legally free for adoption. Kennedy Krieger Institute (KKI) will be hosting the event in October 2015. The Gallery will be housed at KKI for the last 3 weeks of October. There will be a reception held in early October to kick-off the event.

In the past DHR/SSA has been involved with participating in the Heart Gallery presentation. The Heart Gallery can be utilized as a recruitment tool for caseworkers that have legally free children on their caseload and are searching for adoptive placements. The Heart Gallery display features the portraits of children that are awaiting adoption. The Heart Gallery is a mobile presentation, and is displayed in local business office lobbies and government buildings that offer high-visibility and high traffic. It is moved to different locations approximately every two weeks and is displayed at least 50 weeks per year.

There are approximately 380 children in Maryland with a plan of adoption. For those children that are legally free, this event would be an opportunity to recruit an adoptive family for these children. The Heart Gallery Participation Guide has been forwarded to the 5 jurisdictions that have been identified to have the most children that are legally free. This includes Baltimore City, Baltimore County, Prince George's County, Anne Arundel County and Montgomery County. The information has also been sent to the following counties: Cecil, Washington, Frederick, Harford and Howard. An announcement will be made at the SSA regional meeting in June 2015 about the Heart Gallery, and how to refer a child.

The Local Departments of Social Services continue to be encouraged by DHR/SSA to place their legally free children on the AdoptUSKids website in effort to locate an adoptive resource home outside of their jurisdiction and the state. In addition, they are encouraged to reach out to jurisdictions across the state for placement resources.

The Child Welfare Academy (CWA) has a designated Resource Parent Training Program Manager to collaborate with the local departments, Maryland Resource Parent Association (MRPA), Maryland's Foster Care Ombudsman, and SSA. The Resource Parent Training (RPT) Manager works with stakeholders to develop and coordinate the delivery of training for resource families. The CWA developed an online training calendar and electronic notification of workshops is sent to all resource parents who previously enrolled in courses.

SSA continues to work closely with Resource Parent Training (RPT) Program Manager at the CWA, the DHR Foster Parent Ombudsman, the Maryland Resource Parent Association (MRPA), and statewide resource parents to identify training needs and training gaps. During SFY2014, there were 48 different workshop topics offered to resource parents. A total of 88 statewide sessions for the 48 were offered.

In addition, SSA collaborated with the CWA to host two regional conferences for resource parents on October 19, 2013 and March 8, 2014.

Based on feedback from the resource parents, a reduced number of training workshops are offered during the summer and winter months due to vacation schedules among families. There was an increase in the number of resource parents who attend the workshops during SFY2014. Registration cancellations continue to be a challenge. A total of 1,705 resource parents registered; however only 1,309 resource parents were actually able to attend the workshops.

Marketing and targeted regional outreach continue to be a priority. An on-line training brochure and calendar are available to all resource parents. Training brochures are also sent by way of the postal service. Additionally, Local Department of Social Services assistant directors receive the schedule to disseminate to their staff and local resource parents. The Foster Parent Ombudsman and Maryland's Foster Parent Association disseminate the training information as well.

<b>Child Welfare Training Academy Resource Parent Training Activity</b>				
	<b>SFY2011</b>	<b>SFY2012</b>	<b>SFY2013</b>	<b>SFY2014</b>
Number of Resource Parent Participants	1,222	1,433	1,595	1,309
Total Number of Workshop Topics	50	48	51 <sup>4</sup>	48

***Maryland Resource Parent Association (MRPA):***

*Legally known as Maryland Foster Parent Association (MFPA)*

The MRPA continues to partner with the State to serve, support, and educate Maryland's resource parents. A Resource Parent Ombudsman serves on the staff of the Executive Director of the Department of Human Resources to work closely with MRPA and share identified issues and concerns with the Social Services Administration. An advertised telephone line continues to be maintained and answered by MRPA members, who provide information for potential and current resource parents. MRPA also responds to general inquires from its web presence.

The State issued a grant to MRPA to assist with facilitating their mission and providing supportive services to all resource parents in Maryland. In order to receive the grant, MRPA presented a plan of work (Appendix P). Their plan of work includes:

- Co-sponsor and fund the State "Foster Parent of the Year" event
- Co-sponsor and fund a State Adoption Celebration
- Co-sponsor two Resource Parent Conferences in the State

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<sup>4</sup> Total number training days reflects additional workshop registrations conducted at the fiscal year.

- Provide and maintain an updated website providing information for resource parents
- Support the development of local associations in all jurisdictions

MRPA supports the development of local Resource Parent Associations and coordinates training opportunities and recognition events for its members. It serves as the liaison to the Social Services Administration to advocate for the rights and concerns of resource families and ensure responsiveness to resource family needs. To facilitate collaboration, the Ombudsman and a Department liaison attend and participate in MRPA Board of Directors meetings as well as MRPA activities to enlist the Association's input and support for the department's child welfare initiatives. As a result of the organizations' collective efforts, resource families are encouraged, supported and trained in providing safety, well-being, and permanence to children in Out-of-Home care.

MRPA continues its partnership with the State of Maryland to serve and educate Maryland's resource parents. Having obtained tax exempt status as a 501(c) 3 non-profit organization, MRPA continues to provide guidance and financial support to local jurisdiction foster parent associations to maintain State incorporation status and achieve federal tax-exempt status. This will enable local associations to apply for grants to expand outreach to recruit and meet the service needs of local resource families. The IRS denied MRPA's Group Exemption application with local jurisdictions as chapters. As a result, MRPA began the process of facilitating and funding individual local associations in getting their own separate tax exempt status. To date 4 jurisdictions have received their status, 1 pending, 2 in the submittal process, and 3 are assembling paperwork.

Continuing education and training for Maryland resource parents is offered in different geographical sections of the State. This year MRPA co-sponsored two Resource Parent Conferences. These conferences were planned and facilitated by MRPA with the Child Welfare Academy and DHR, including Local Departments of Social Services and resource parents. The dates, locations and attendance are as follows:

- October 11, 2014: Central (serving predominantly Anne Arundel, Carroll, Frederick, Harford, Howard, Montgomery, Prince Georges, Baltimore City and Baltimore Counties). 230 registered and 172 attended.
- The second regional conference is planned for all of the resource parents on the Eastern Shore in March of 2015.

In addition, On November 4, 2014 MRPA, along with the following: Mentor Maryland, North American Council on Adoptable Children, One Church One Child of Maryland, CHAIN Resource Parent Group, DHR, and Baltimore City DSS, sponsored an Adoption Celebration in Baltimore City. Adoptive parents and adoption professional were honored at the celebration. There were 206 registered participants with 171 in attendance.

MRPA also continues to collaborate with DHR to host the Statewide Foster Parent Appreciation Event with First Lady of Maryland. The event this year will take place on May 17, 2015 and honored resource parents from each jurisdiction who work with children who have special needs. MRPA honored the First Lady of Maryland for hosting this Event at Government House for the past eight years.

## Other activities in 2014-2015

- A member of the DHR Family Centered Practice Oversight Committee.
- Invitation by the National Parent Teacher Association to address their national Legislative conference held in Washington DC.
- Maintained a web presence at [www.mrpa.org](http://www.mrpa.org); almost 500 are registered on-site.
- Will publish an article in May of 2015 in the national Our Children magazine.
- Facilitated a video production between Baltimore County Department of Social Services and the National PTA with a focus on family foster care.
- Assisted in writing HB-699 which passed by the Maryland legislature that grants foster parents the ability to receive a tax benefit for unreimbursed expenses up to \$1500 per year.
- Provided educational training to the Kent County local association and Local Department of Social Services.
- Served on work groups and panels supporting the initiatives of child welfare in the State.

MRPA collaborates closely with DHR to ensure that Maryland's resource parents are equipped with the trainings, resources, and supportive services needed to ensure that the children placed in their homes will be provided with the best nurturance and guidance possible. They continue to serve as a liaison along with SSA to advocate for the rights and concerns of resource families and assure responsiveness.

### **SERVICE ARRAY**

#### *Interstate Compact on the Placement of Children (ICPC)*

Interstate Compact on the Placement of Children (ICPC) ensures that children from other US States in need of out-of-home placement in Maryland receive the same protections guaranteed to the children placed in care within Maryland. The law offers States uniform guidelines and procedures to ensure these placements promote the best interests of each child while simultaneously maintaining the obligations, safeguards and protections of the "receiving" and "sending" States for the child until permanency for that child is achieved in the receiving State's resource home, or until the child returns to the original sending State.

In calendar year 2014, 749 Maryland children (through public, private agency or parent-initiated private referral) were approved for placement in out-of-state ICPC placements with 11 children denied such placements out-of-state. The majority of children placed out-of-state are placed with relatives or parent initiated referrals to Residential Treatment Centers (RTC). Maryland continues to decrease the number of children placed in out-of-state RTCs and group homes. In the reverse direction (i.e., other States' children coming to Maryland), in calendar year 2014, 560 children were approved for placement into Maryland (18 denied placement), the majority of those children coming from Washington, D.C. With the approval of the DC-MD Border Agreement with Washington, DC, there has been a decrease in the number of DC to MD referrals. The number of DC children coming into Maryland placed via Border Agreement has still averaged 738 per month. These placement numbers include the full array of parent, relative, foster, adoptive and residential placements of children. Interstate Compact on Adoption and Medical Assistance (ICAMA), as well as IV-E eligible Guardianship Assistance Program Medical Assistance (GAPMA) provides a framework for interstate coordination specifically related to adoption and permanency established with custody and guardianship awarded to out-of-State IV-E eligible Foster Parents.

The Compact works to remove barriers to the adoption of children with special needs and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states

#### *Interstate Compact on Adoption and Medical Assistance (ICAMA)*

Interstate Compact on Adoption and Medical Assistance (ICAMA) removes barriers to the adoption of children with special needs and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states. In addition, the IV-E eligible Guardianship Assistance Program Medical Assistance (GAPMA) provides a framework for interstate coordination specifically related to permanency established with custody and guardianship awarded to out-of-State IV-E eligible Foster Parents.

#### *Timely Home Studies Reporting and Data*

**Safe and Timely Placement Act of 2006 (P.L. 109-239)** In 2014, 50% of all INCOMING home study reports were completed in 0-60 days, 25% were completed in 61-90 days and 25% were completed in over 90 days.

The reasons why the extended compliance period was needed range as follow:

- Delay in completion and receipt of required State criminal history background clearances (i.e., Maryland Criminal Justice Information System (MD-CJIS) reports), of required Federal Bureau of Investigation reports (FBI-CJIS), of required United States Department of Justice, Federal Bureau of Investigation (US DOJ, FBI-CJIS) reports when additionally indicated and of required Adam Walsh P.L. 109-248 Child Protective Services (CPS) Clearances when also indicated.
- Delay in completion of required home health/fire inspection.
- Delay in completion or return of required medical evaluations from the prospective caregiver.
- Prospective caregiver's lack of timely response to offered home study despite being informed of P.L. 109-239's 60-day deadline.
- Lack of technology and resources to complete the home studies timely (i.e., lack of Statewide availability of Livescan, lack of Statewide availability of scanners and associated support staff to operate this equipment, lack of "paperless technology systems").
- In 2014 the Maryland Local Departments of Social Services staff and DHR/MD-ICPC staff completed 749 out-going Interstate referrals (some of which involve multiple children) for Maryland children proposed to be placed into another State's jurisdiction. This casework service and ICPC administrative processing must be completed for each Interstate case.

The 15 day extension required (i.e., from the required 60 day deadline, per section 471 (a) 26, to the 75 day deadline) resulted in virtually no additional home studies being completed within the 15 day extension period. Note that the 15 day extension permitted under P.L. 109-239 expired on 9/30/08, per the P.L. 109-239 legislation.

The actions taken by the State of Maryland in 2014 to resolve the need for an extended compliance period included:

- Educating staff as to the “provisional” home study recommendation option available, per PL 109-239, when only pre-service Foster parent training/education remains to be completed.
- Sharing of Foster Parent training resource classes between jurisdictions, when possible.
- Making use of electronic criminal history record checks, (i.e., Livescan), when possible.
- Continuing to staff four (4) ICPC/ICAMA Specialist staff at State Central Office in 2014 (4 ICPC/ICAMA Specialists now in Office) to increase processing efficiency, however, Administrative Assistant support staff capped at 2.
- Finalizing a Maryland and Washington, DC “Limited Border Agreement” affecting DC-initiated MD private child placing agency contracts versus request for public agency work. The DC-MD Border Agreement has significantly increased the speed of DC placements into MD (and daily average of DC children in MD has been reduced to an average of 738 children in 2014) as well as reduced the amount of time MD-ICPC office spends in processing DC-proposed placements into MD.

### *Education Stability*

Improving educational stability and educational outcomes for children and youth in Out-of-Home placement continues to be a major priority for the Department of Human Resources (DHR). The Out-of-Home Education Committee (OHEC) is the vehicle by which ongoing strategies for improving educational stability and educational outcomes are developed. OHEC is a cross-agency workgroup with representatives from child welfare, juvenile service, education, and the courts. The committee was established by the Department approximately four years ago and meets quarterly. For the calendar year of 2015, the areas of focus for OHEC are:

- Updating the Access to Education for Children in State Supervised Care Manual,
- Updating the WebEx training: “*Education Matters*”,
- Addressing the educational needs of Transitional Youth (i.e. college preparation, Statewide College Tours, vocational training, and etc.),
- Specialized Training regarding Special Education, and
- Information and Data Sharing on the Local Levels. (i.e. local school system and Local Department of Social Services)

The Department will continue to collaborate with Maryland State Department of Education (MSDE), the Maryland Foster Care Court Improvement Project (FCCIP), and the Department of Juvenile Services (DJS) to improve education stability for children in Out-of-Home Placement.

### *Implementation Supports*

SSA is compiling a list of concerns from the Kinship Navigators to address educational issues that are contributing to placement and permanency instability. The information will be shared with MDSE and SSA Educational Specialist to explore concerns to redress with local education boards. This will expand on the resources that MSDE shared during the December 2014.

## Court Collaboration

On November 13, 2014 the “Improving Educational Outcomes for Children in Foster Care” summit was held at the Mt Washington Conference Center in Baltimore, Maryland. This summit was a collaborative effort between the Maryland State Department of Education (MSDE), the Maryland Department of Human Resources (DHR), and the Maryland Judiciary (FCCIP). The summit was well attended by representatives from all 24 local departments of social services, representatives from the local school systems, courts, CASA, and Resource Parents. The key note speaker for the summit was the Honorable Jane Butler from the Pima County Juvenile Court Center in Tucson, Arizona. Judge Butler spoke about the road map to education reform that began in January, 2001 when Pima County’s Juvenile Court established the Committee to Improve Educational Outcomes for foster youth. The following workshops were also offered at the summit:

- Understanding Nonpublic Education Programs,
- Out of Home Placement 101,
- “*Education Matters 101*”: McKinney-Vento & Fostering Connections, Enrollment, Transportation & School Records, and
- Special Education 101.

One of the goals of the summit was to have jurisdictional teams work together and develop an action plan for their jurisdiction that will improve educational outcomes for youth in out-of-home placement in their area. The action plans prompted the jurisdictions to identify action areas, action steps/benchmarks for the action area, and how identified areas will be measured to determine effectiveness and etc. Please see Appendix Q, Improving Educational Outcomes for Children in Foster Care Summit, 2014: Team Action Plan/Next Steps. At the conclusion of the summit, jurisdictional teams handed in their action plans to the FCCIP for further review. Some of the themes of the action plans included developing Memorandum of Understanding or Joint Guidance Agreements between the Local Department of Social Services and the local school system that would ensure educational stability for youth in out-of-home placement. As part of a six month follow-up, the FCCIP surveyed the jurisdictional teams to inquire about how well they are doing with executing their action plans, and if they need further assistance. FCCIP anticipates getting responses back from the jurisdictional teams by mid-summer, 2015.

During the 2014 regular session of the Maryland General Assembly, the Department supported House Bill 001 and Senate Bill 64, “Children in Need of Assistance - Educational Stability.” The bills were signed into law and became effective October 1, 2014. For the purpose of the court, the law defined educational stability as the continuous process of identifying and implementing the appropriate educational placement, training, resources, services, and experiences that will address the fundamental needs necessary to ensure the successful educational outcome of a child and contribute to the child’s overall well-being. The Department assisted the Maryland Judiciary with the development of the bench card. The bench card covers a series of educational related questions that will be asked by the Judge or Master during shelter hearings, adjudicatory hearings, disposition hearings and any change of

placement proceedings. The bench card is currently being used by the juvenile court. Please see Appendix R, Educational Checklist for Children and Youth in Foster Care.

### **Georgetown Project**

As previously reported, the Department along with representatives from the Maryland State Department of Education (MSDE), University of Maryland School of Social Work, and the Foster Care Court Improvement Project (FCCIP) attended the Georgetown University's Center for Juvenile Justice Reform Information Sharing Certificate Program. The Information Sharing Certificate Program is designed to enable leaders to overcome information sharing challenges, while respecting laws and other provisions that protect the privacy and other provisions that protect the privacy and other rights of youth and their families. The program provided a venue through which leaders from the Department, MSDE, University of Maryland School of Social Work and FCCIP, could increase their knowledge about information sharing, develop an action plan (capstone project) for reform, and receive technical assistance to break through barriers that may arise when implementing the reforms. The team that attended the certificate program developed two capstone projects. Capstone 1- Sharing Education Data for Children served in Child Welfare is considered the "major" project. It is primarily dedicated to assuring that foster care and education data will be shared to help foster children reach their highest educational attainment while complying with existing privacy laws. Capstone 2- Interagency LINKS (Linking Information to eNhance Knowledge) Project, is considered the "minor project". LINKS is dedicated to dealing with the challenge of making better use of data currently scattered across state and local databases, by safely linking agency databases and creating non-identified analysis files.

The Department has actualized Capstone 1- Sharing Education Data for Children served in Child Welfare. On December 16, 2014, the Department of Human Resources (DHR) entered into a five year Data Sharing Memorandum of Understanding Agreement (MOU) with the Maryland State Department of Education (MSDE). The purpose of the MOU is to facilitate the sharing of education data between the two State agencies that is necessary to provide and improve educational services and resources needed to meet the needs of children and youth in out-of-home placement, and to achieve continuous improvement across programs. On a quarterly basis, DHR/SSA will create a Foster Care Child population data file for submission to MSDE with personally identifiable information (PII). These data will be submitted on DHR's secure server with encryption technology to ensure security of the data exchange. MSDE will match the Foster Care Child population data to DHR's Unique State-assigned Identifier System (USIS) to obtain each foster care youth's Statewide Assigned Student Identifier (SASID). Once the SASID is attached to the Foster Care Child population data file MSDE will match via SASID to MSDE's data sources. During the SASID match, MSDE will confirm the child's demographics between DHR/SSA data and MSDE data. MSDE will provide matched data to DHR/SSA through secure methods that protect the transmission of the data, ensuring that only DHR and MSDE approved staff members have access to it. The method for sharing data may include conveyance on a CD by DHR and MSDE approved staff members, or via secure web-based technology that is approved by DHR and MSDE information technology departments. MSDE will share the following educational data with DHR/SSA:



- Enrollment,
- Attendance,
- Alternative Maryland School Assessment,
- Maryland School Assessment-Reading and Math,
- Maryland School Assessment –Science,
- High School Assessment,
- Student Courses,
- In-School and Out of School Suspensions,
- Special Education, and
- Career and Technology Education.

Recently, the Department had its' first data exchange with MSDE. The data is currently being sorted in order to develop reports that will be shared with the Local Departments of Social sServices.

The Department plans to still pursue Capstone 2- Interagency LINKS (Linking Information to eNhance Knowledge) Project which is considered the “minor project”. LINKS is dedicated to dealing with the challenge of making better use of data currently scattered across state and local databases, by safely linking agency databases and creating non-identified analysis files.

#### *Implementation Support*

The Lower Shore convened a court summit in September 2014 to review the impact of FIMs, safety plans and interventions. The purpose of the summit was to assess the impact of custody and delinquency cases on the dockets when the local departments were not requesting the court’s intervention. The goal of the summit was to promote enhanced collaboration and better understanding of current child welfare practices and polices when local departments make recommendations and case planning decisions.

The Courts in Wicomico County are developing a grant to conduct training that will facilitate collaboration between the courts and the child welfare programs. SSA offered to provide training technical assistance as a partner to support the grant proposal. Enhanced collaboration between the Courts and the local department will improve dialogue about case planning decisions and provide a forum to discuss problematic case. The scope of the technical assistance will be determined by the parameters of the grant proposal. The technical assistance may include, but not be limited to developing specialized workshops or reviewing cases.

#### **Maryland Healthy Kids/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program**

In determining appropriate medical treatment for children in Out-of-Home Placements, standards are outlined and described in: Maryland’s regulations (COMAR); The Maryland Healthy Kids/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Standards for the Healthy Kids Program are developed through collaboration with key stakeholders such as the Maryland Department of Health and Mental Hygiene (DHMH), Family Health Administration, the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School, and the Maryland Department of the

Environment. Under EPSDT, Medicaid covers all medically necessary services for children in Out-of-Home Placements.

The Healthy Kids Annual screening components include:

- Health and Developmental History
- Height and Weight
- Head Circumference
- Blood Pressure
- Physical Examination (unclothed)
- Developmental Assessment
- Vision
- Hearing
- Hereditary/Metabolic Hemoglobinopathy
- Lead Assessment
- Lead-Blood Test
- Anemia hematocrit (Hct) / hemoglobin (Hgb)
- Immunizations
- Dental Referral
- Health Education/Anticipatory Guidance

These components represent the program's minimum pediatric health care standards. The State of Maryland uses board certified physicians to provide medical services to children in foster care. DHMH is responsible for oversight of all physicians and the collection of medical data on each child.

The Department of Human Resources will continue to consult and collaborate with DHMH on issues involving consultation by physicians to ensure all children receive appropriate health care. The Education/Health Specialist at DHR also will work closely with DHMH and with Maryland's Managed Care Organizations (MCO) and Local Department of Social Services health coordinators to ensure effective service delivery.

### **Medicaid Demonstration**

The Department continues to await word from the federal government regarding the five-year Medicaid demonstration in partnership with the Administration for Children and Families to address the over prescription of psychotropic medications for children and youth in foster care. The Medicaid demonstration would provide States with performance-based Medicaid incentive payments to improve care coordination and delivery for children and youth in foster care through increased access to evidence-based psychosocial interventions with the goal of reducing over-prescription of psychotropic medications and improving outcomes for these young people. This investment is paired with \$250 million in the Administration for Children and Families to support state efforts to build provider and system capacity. \$500 million in Medicaid State Grants and \$250 million in mandatory child welfare costs over 10 years. In the meantime, the Department has released policy directive SSA-CW # 15-08 Oversight and Monitoring of Psychotropic Medications and continues to consult with DHMH/Behavioral

Health Administration (BHA), Medicaid, and the University of Maryland to refine a process for Psychotropic Medication Review for youth in out-of-home placement.

The Oversight and Monitoring of Psychotropic Medications policy establishes guidelines for ongoing oversight and monitoring of prescribed psychotropic medications. The policy highlights the following:

- Who can prescribe Psychotropic Medications,
- What should happen prior to prescribing Psychotropic Medications,
- Informed Consent Guidelines,
- Case Worker's Role in Monitoring Psychotropic Medications, and
- Documentation in MDCHESSE.

Although the policy, as written, meets federal requirements for managing and monitoring the use of psychotropic medications for children in out-of-home placement, as well as reflects some best practices that have emerged in recent years in response to research which indicates a much higher rate of psychotropic medication use by youth in out-of-home placement, the implementation of the policy on the local level seems to be challenging. Therefore, the Department is currently exploring ways to centralize the process for psychotropic medication monitoring and review.

The Department met with DHMH/BHA and the University of Maryland to explore the possibility of adopting the model that Chicago Illinois Department of Children and Family Services (DCFS) has for oversight and monitoring of psychotropic medications. This model includes a centralized Psychotropic Medication Consent Program that provides consent for the prescription of psychotropic medications. To support the consent process, Illinois' DCFS has contracted with the University of Illinois to provide an independent review of all consent requests from clinicians to prescribe psychotropic medications for children foster care. In addition, the Illinois DCFS met with a panel of expert and established the following guidelines for psychotropic medication monitoring:

- All foster youth under the age of 18 years must have consent from the DCFS Guardian prior to starting a psychotropic medication.
- The prescription of psychotropic medications is just one component of a comprehensive treatment plan that includes psychosocial and behavioral interventions.
- All children and adolescents must receive a diagnostic assessment prior to starting a psychotropic medication.
- It is strongly recommended that the prescribing clinician communicate with other clinicians involved in the child's care, particularly other prescribers. The clinician must document that attempt in the medical record.
- Prescription of a psychotropic medication should be based on research showing it to be safe and effective for the disorder being treated. Medications that have been approved by FDA for the treatment of a specific disorder in children or adolescents meet this requirement by definition and should be used preferentially over non-FDA approved medications when they are available.
- Medications prescribed should be appropriate to the patient's diagnosis and target symptoms and must be part of the treatment plan.

- Existing medication algorithms should be consulted when making the decision about which medication to use for specific disorder.
- The decision to utilize polypharmacy, more than one psychotropic medication, or co-pharmacy, more than one psychotropic medication in the same medication class should be based on a solid clinical rationale and accepted medical practice.
- The prescription of psychotropic medications should be accompanied by education for patient, his or her foster family or treatment team, and (when indicated) his or her family of origin.
- Pharmacotherapy with psychotropic medications must be monitored closely. The frequency of visits depends on the phase of treatment.
- Response to treatment should be monitored through the use of standardized symptom severity scales and instruments to measure treatment emergent side effects.
- In order to be effective, medication trials must be adequate in terms of dosage and duration.
- If a child does not respond to the medication trial despite adequate dosage and duration the prescribing clinician should assess patient compliance, reassess the diagnosis, rule-out the presence of a co-morbid conditions including substance abuse and general medical disorders, and evaluate the influence of psychosocial stressors.

In addition to the guidelines, the Illinois DCFS also has a case review process for situations that require a closer look. The following situations would trigger DCFS to take a closer review of a patient's care and possible denial of psychotropic medications request:

- Four (4) or more psychotropic medications prescribed concomitantly (three [3] or more for children 6 years or younger).
- Prescriptions of psychotropic medications, with the exception of stimulants, for children under the age of four.
  - The concomitant prescriptions of:
    - Two (2) or more antidepressants
    - Two (2) or more antipsychotic medications
    - Two (2) or more stimulant medications
    - Three (3) or more mood stabilizer medications.
- Frequent changes of psychotropic medications without a clear rationale, such as adjusting medication dosages or in response to treatment emergent side effects.
- The requested psychotropic medication is not consistent with the patient's diagnosis or the patient's target symptoms.
- Polypharmacy is utilized before exhausting monotherapeutic options.
- The psychotropic medication dose exceeds usually recommended doses for weight and age.
- The prescription of psychostimulants to an actively psychotic child.

- Children for whom emergency medications are used more than twice a day for three or more consecutive days.

The next steps that the Department will take with its' collaborative efforts with DHMH/BHA and the University of Maryland is to look at the fiscal, staffing and contractual requirements to implement the Illinois model in Maryland.

### **The Psychopharmacology Monitoring Database**

The Department is in the process of entering into a Memorandum of Agreement (MOA) between the University of Maryland and the Maryland Department of Health and Mental Hygiene, Behavioral Health Administration (DHMH/BHA) to continue to fund the Psychopharmacology Monitoring Database initiative. The database links administrative records from BHA for mental health claims with child welfare data on youth in Out-of-Home Placement. This initiative has been ongoing for the past three years as a result of successful collaboration among the State child serving agencies and faculty at University of Maryland, Schools of Pharmacy and Medicine. The data linkage has been approved for statewide evaluation. There are recent efforts to work with jurisdictions to create linkages that would facilitate better monitoring at the direct patient care level. The evaluations that have been completed to date include: a) time trends in psychotropic use; b) antipsychotic persistence among very young children; c) use of concomitant antipsychotic treatment and the impact on hospitalization and emergency department use; and d) use of antipsychotic medication among children with attention-deficit/hyperactivity disorder (ADHD) with and without co-morbidities. Evaluations currently in progress are: a) assessment of antipsychotic dosing in relation to hospitalization; and b) initiation of antipsychotic use and association with placement instability. This work has been presented at the 2013 Systems of Care Training Institute (SOCTI) and reports are periodically shared with the state administration. Once the MOA is fully executed, the Department will begin to receive quarterly reports. It is anticipated that the MOA will be executed by the end of May, 2015.

### **Maryland's Health Passport**

All components of the child's health care are documented in Maryland's Health Passport. Every child in foster care receives a Health Passport. The caseworker and/or caregiver accompany the child on subsequent visits during which the physician consults with the caseworker and/or caregiver regarding the child's health and completes the Health Passport. Maryland physicians must complete the Health Passport forms each time they examine a foster child. The Passport includes the following:

- Medical Alert
- Child's Health History
- Developmental Status (ages 0-4 or child with disability)
- Health Visit Report
- Receipt of Health Passport
- Parent Consent to Health Care and Release of Records

The child's health needs and treatment are also documented in MD CHESIE in the health screens, providing caseworkers and supervisors the ability to monitor and track the health care needs of the child.

### *Medicaid Coverage*

DHR and the Department of Health and Mental Hygiene (DHMH) continue to be committed to ensuring that Section 2004 of the Affordable Care Act (ACA) is implemented within the State of Maryland. Section 2004 creates a new mandatory Medicaid eligibility category for former foster care children. Maryland has adopted the requirements and ensures that Medicaid covers any child under age 26 who:

- was in foster care under the responsibility of the State when he or she turned 18 (or a higher age designated by the State);
- was enrolled in Medicaid under the State plan or a waiver while in foster care; and,
- due to income or other criteria, does not qualify for Medicaid under another mandatory eligibility category (except for the category added by ACA to cover formerly ineligible adults under 65 with incomes up to 133 percent of the Federal Poverty Level (FPL))

### **Peer to Peer Program**

The Peer Review Program for Mental Health Medications (also known as the Peer to Peer Program) operates through the Maryland Medicaid Pharmacy Program. This program, which was implemented in October 2011, conducts pre-authorization review for antipsychotic treatment for youth. In January 2014, the program expanded to covering youth 17 years old and younger. This program impacts all Medicaid enrolled youth, which included all children in foster care. Providers are required to submit indication for medication treatment/target symptoms, baseline side effect assessment (e.g. fasting blood work is required), information on referral for non-medication psychosocial treatments (e.g. psychotherapy), the antipsychotic medication and dose being requested, and a list of any co-prescribed medication. Initial review is completed by a pharmacist, and a child psychiatrist consultation is provided if the required criteria are not met and the prescriber wishes to appeal the disapproval. Ongoing review of antipsychotic treatment is required every six months to assess if adequate safety monitoring and treatment response has been achieved to support ongoing medication treatment. In the case that a child is deemed to be at a higher risk for side effects or where the drug regimen is unusual or complicated, ongoing review may take place more frequently.

### **Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP)**

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP) is a free statewide consultation, continuing education, and resource/referral program for pediatric primary care providers (PCPs) funded by the Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education. B-HIPP supports the efforts of pediatric primary care providers in the assessment and management of mental health concerns among their patients through a consultation phone line. PCPs are able to have questions answered about diagnosis, medication, and other mental and behavioral health concerns answered by experts including child psychiatrists. B-HIPP is able to provide consultation to PCPs regarding children from infancy to transitional age youth, and their families. B-HIPP also seeks to increase access to children's mental health services by improving linkages

between primary care providers and the mental health providers in their communities, rather than by creating new services. The clinical work for this project is carried out as collaboration among the University of Maryland School of Medicine/Department of Psychiatry, the Johns Hopkins University School of Public Health, and the Salisbury University School of Social Work.

### **Making All Children Healthy (MATCH) Program**

Making All Children Healthy (MATCH) program is a Baltimore City initiative that was developed and implemented by the Baltimore City Department of Social Services (BCDSS) in collaboration with Health Care Access Maryland. MATCH oversees the health care of children in Baltimore City foster care, which is 50% of youth in foster care statewide. MATCH provides medical case management and health care coordination for children and youth in foster care. In addition to coordinating medical and dental care, the program assures the completion of a mental health assessment of youth upon entry to foster care and completes referrals and follows mental health treatment. The program incorporates a child psychiatrist consultant in their review of cases with complex psychiatric health needs. The MATCH program is currently exploring options to develop direct child psychiatrist consultation to prescribers and to develop a process for psychotropic medication consent that utilizes clinical review by MATCH staff. The program plans to share information regarding the psychiatric case reviews with the Peer to Peer Program to decrease duplication of case reviews. Prescribers should expect to hear more details from the MATCH program within the next year.

The Department developed, in consultation with Maryland Department of Health and Mental Hygiene, University of Maryland School of Medicine, University of Maryland School of Pharmacy, and Johns Hopkins School of Medicine, a drafted Psychotropic Medication Utilization Guidelines for Children and Youth in Foster Care. The guidelines were developed with the goal of ensuring for safe and appropriate psychotropic medication treatment for youth in foster care. Currently, the guidelines are under review and will be released once the information is verified. The guidelines will be available on DHR's website.

## **EDUCATION & TRAINING VOUCHER PROGRAM/ TUITION WAIVER**

### **Education & Training Voucher**

Maryland will continue to ensure that funds for the Education and Training Voucher (ETV) Program are available to eligible children in Out-of-Home Placement. The populations served will be youth between the ages of 17 but not yet 21 years old. Eligible youth include those who are currently in foster care or who left foster care after their 18th birthday. Youth who were adopted or achieved kinship guardianship after age 16 are also eligible to receive ETV vouchers. If a youth is participating in the ETV program prior to their 21st birthday and making satisfactory progress (2.0) GPA in school, they can remain eligible to receive ETV until they obtain the age of 23. For school year 2013 -2014, 322 youth were awarded ETVs; 142 of 322 were new (see Appendix S)

The State will continue to collaborate with the FC2S to ensure that eligible youth are able to access the funds to further their education and vocational training. FC2S continues to provide student support

services to the youth that received ETV funding. The following are the student support services that were offered for the 2013-2014 school year:

**Scholarships:** Foster Care to Success provided \$30,291 in private scholarship funding to MD students.

**Care Packages:** Students were sent care packages in the fall, in February, and in early May. Each box was themed and sent to students who confirmed their address within the required time frame. Computer memory sticks, toiletries, fun summer items, gift cards, healthy food snacks, Girl Scout cookies, and a hand knit or crocheted red scarf and chocolate to celebrate Valentine's Day were included in the packages. Throughout the school year, additional care packages were sent by community groups to selected students such as those who are parenting, students in a geographical area, or those chosen by gender.

**Academic Success Program:** ASP provides age-appropriate information to students who are in different academic and social stages of young adulthood. First-year students need basic information and encouragement, while upperclassmen need to focus on academic progression. All students are enrolled in ASP once they are funded.

Students who are pregnant and parenting receive more intensive ASP support with phone calls that focus on helping them realistically plan on how giving birth and/or parenting affects their post-secondary plans.

**Aim Higher Fellow Program:** Foster youth who obtain higher education and training say they want to give back and help those who are younger do well in school and life. The Aim Higher Program and the Fellow's component promotes and facilitates meaningful volunteer work that meets the needs of the foster care community while helping Fellows developing tangible skills and leadership traits. The purpose of the program is threefold:

- To teach professional presentation skills to students that can be used while in school and throughout their professional life
- To engage current FC2S students in volunteerism
- To provide critical information and resources to high school age foster youth (as well as their case workers, care givers, and other advocates) about what it takes to be successful in post secondary education.

Recipients selected for the year-long program came to Washington, D.C. in June 2014 for training in how to promoting college readiness to foster youth who are still in high school in their communities. Fellows were given a stipend, and housing and transportation were provided as well as entertainment and social events.

The MD Fellows will present to groups throughout the academic year. An MSW manages the program and coordinates the logistics of the students' presentations to prevent conflicts with school and other obligations. The manager debriefs with the Fellows after each event, not only identifying what went well and what the students feel they need to work on, but also helping them emotionally process the experience. The manager also surveys the local community to identify needs and opportunities for the students to present at professional conferences, youth conferences and in meetings with public officials.

In addition to having the ongoing support of the program manger, Fellows are encouraged to work with a Senior Year Coach if they are not getting those services from their college. Additional group trainings



are offered throughout the year via webinars, and a small group training session may be offered in MD based on students' availability and interest.

**Mentoring/Coaching:** MD ETV students who have good communication skills and reliable means of communicating (telephone, internet, etc.) are offered a mentor who makes a one-year commitment to the student. These well-trained and supported volunteers communicate with the student throughout the school year, at least two times a week, via phone calls and text messaging, email and Face Book. This is a strategic coaching model, designed to meet the individual student's academic and social/emotional development needs. Mentors encourage and offer guidance on issues such as: communicating with instructors, graduation requirements, career planning and employment skills and etiquette.

**Senior Year Coaching:** All MD ETV students who met the expanded criteria were recruited for this coaching program, which was developed to match students who will be looking for a job after graduation with a professional coach who is either a certified life/career coach or an HR professional. The goal of this program is to encourage students to plan ahead, avail themselves of opportunities and identify gaps or weaknesses in their resume before they graduate.

Coaches encourage students to focus on tangibles and tasks such as:

- Making an appointment with advisors on campus to do a degree audit,
- Identifying internships, fellowships and student abroad opportunities early,
- Understanding how volunteer work or part-time employment should be presented on a resume,
- Developing a plan to collect and keep important documentation such as letters of reference, and
- Identifying opportunities to work on projects with a professor or in the community on a report or publication.

The State will continue to collaborate and strategize with FC2S to ensure that previous mentioned student support services will be available to youth for the 2014-2015 school and beyond.

The State plans to work with FC2S with expanding data collection efforts on the youth that receive ETV funding. The data element expansion includes, but not limited to, the percentage of youth that graduate from college or complete a vocational programs and percentage of youth that report that they were able to secure employment within six to twelve month after graduating.

### **Tuition Waiver**

In addition to the ETV, Maryland will continue to provide a waiver of tuition for certain youth in, or formerly in, out-of-home care attending a Maryland public institution of higher education. The waiver can be used for foster or formerly foster youth who are enrolled as a candidate for an associate, bachelor's degree or vocational certificate at a Maryland college or institution. The waiver is applied to the cost of tuition and registration as well as all fees that are required as a condition of enrollment. Scholarships and grants that the youth receives may not be used to pay for these costs. In order to qualify for the tuition waiver, the youth must be placed by a Local Department of Social Services in an Out-of-Home Placement within the State:

- At the time of graduation from high school or successful completion of a General Equivalency Development Examination (GED);
- On the youth's 13<sup>th</sup> birthday and the youth is placed into guardianship or adopted from Out-of-Home Placement after the youth's 13<sup>th</sup> birthday; or
- If the youth is the younger sibling of a youth, as described above, and is concurrently placed into guardianship or adoption from an Out-of-Home Placement by the same guardianship or adoptive family.

The Department will continue collaborating with the Maryland Higher Education Commission (MHEC) to ensure that the requirements for the tuition waiver are understood by the local department staff, foster youth, resource parents, private placement providers, and colleges across the State.

The Department is currently in the early stage of drafting a proposal to host a statewide five-day college tour entitled: *"Making the Connection for Future Greatness"*. The purpose of the college tour is to help youth become familiar with the atmosphere and learn first-hand some aspects of college life. An outcome that the Department is hoping to achieve from hosting the college tour is to increase the number of youth in Maryland's out-of-home placement that utilizes the Maryland Tuition Waiver. Currently, approximately eight percent (8%) of college age youth in Maryland's out-of-home placement take advantage of the tuition waiver. The Department would like to increase that percentage to sixteen percent (16%) by 2017.

A two prong approach is being proposed for the college tour: College Preparation and a five-day College Tour to some of the Maryland public colleges and universities. The proposed college preparation curriculum is based on a "School to Career" approach. This strategy is a hands-on learning approach that encompasses post-secondary educational planning and technical/vocational skills development. The strategy does not focus solely on classroom-based learning, but involves community-based entities (like employers from various sectors such as manufacturing, technology, and service). The college tour will target high school sophomores and juniors that have a GPA of a 2.0. Each Local Department of Social Services will be asked to identify youth that fall within this category. The colleges that will be toured include:

- University of Maryland Baltimore County, College Park, and Eastern Shore
- Salisbury University,
- Chesapeake College,
- Morgan State University,
- Coppin State University,
- Frostburg University,
- Hagerstown Community College,
- Bowie State University,
- Montgomery College,
- Community College of Baltimore County, and
- Towson University.

The Department anticipates that the first *"Making the Connection for Future Greatness"* College Tour will occur Spring, 2016.

## SECTION VI. SYSTEMS SUPPORTS

### MD CHESSIE

#### OVERVIEW

The Maryland Children’s Electronic Social Services Information Exchange, MD CHESSIE, is the Statewide Automated Child Welfare Information System (SACWIS) for Maryland. The goal MD CHESSIE is to ensure standardization of practice, enforce policy, provide easy access to information, improve workflow and automate federal reporting requirements of the Adoption and Foster Care Analysis and Reporting System (AFCARS) and The National Child Abuse and Neglect Data System (NCANDS). MD CHESSIE is the child welfare electronic system of record which provides program outcomes of child welfare service delivery, and, improves productivity through enhanced data accessibility, reduced paperwork for caseworkers, and elimination of redundant data entry, reduced data entry errors, and enhances monitoring of service delivery and effectiveness. The accomplishment of the goal is met through the SSA Research, Evaluation, System Development and Training Unit (RESDT). The RESDT Unit consists of four teams.

**System Development** –is responsible for the MD CHESSIE Maryland’s SACWIS system. The MD CHESSIE System Development team, MD CHESSIE On-Site Support team and MD CHESSIE User Support Call Center team, collaborate with SSA Central Office, Office of Licensing and Monitoring, Office of Budget, Office of Inspector General, and Local Departments of Social Services staff, ensuring that system data input is accurate and reliable.

**MD CHESSIE Provider Call Center** – is responsible for providing technical assistance on all issues relating to payments in MD CHESSIE including provider payments, placement validation, and customer service concerns.

**MD CHESSIE User Support Call Center** - responds to requests for assistance using MD CHESSIE. MD CHESSIE users in the local departments, central office and external stakeholders either call or email the MD CHESSIE User Support Call Center to request help with issues such as navigating the system, suggestions to enhancing the system, problems after a build, and/or other case management issues. The MD CHESSIE User Support Call Center also responds to requests for assistance from Providers. Providers contact the MD CHESSIE User Support Call Center for discrepancies in the payment. The staff work diligently to resolve the identified issues with the local departments and when needed

**MD CHESSIE On-Site Support** - provides up-to-date, face-to-face and web-based training for all MD CHESSIE users. These trainings correspond to new employee orientation, enhancement to MD CHESSIE, local request, survey feedback, and clarification of existing system operations that impede user performance.

The program accomplishments and outcomes of MD CHESSIE are detailed in Appendix T.

## QUALITY ASSURANCE SYSTEM

### OVERVIEW

Maryland has just completed a three-year review of all 24 LDSSs, and is in the process of monitoring or developing improvement plans with all 24 LDSSs. Additionally, Maryland has already adopted the CFRS Round 3 OSRI, which evaluates quality of services, including standards that evaluate if children in foster care are provided quality services that protect their health and safety. Additional indicators are being considered as part of the revision process to ensure a comprehensive assessment of practice and outcomes. In the cycle of 24 reviews that was just completed, strengths and needs were identified through the case review system as well as through aggregate data, interviews, focus groups, and LDSS self-assessments, and were reported to LDSSs as “areas needing improvement” or “areas of strength” in a comprehensive report provided to each LDSS following the onsite review. This element is expected to continue in the new, revised process. Each LDSS also participates in the development of a continuous improvement plan, and a three-year monitoring period, with semi-annual reviews of progress; these reviews consist of a written report, updating analysis of data and progress of implementation strategies, and a conference call with DHR/SSA and the School of Social Work (see table under the 2014-2015 UPDATE for dates of recent monitoring meetings).

During the summer of 2015, Maryland will examine and revise the CQI process, taking into consideration lessons learned from the recent round of reviews, feedback from LDSSs and stakeholders, the 2012 IM, technical assistance from the Children’s Bureau, and new CFRS Round 3 requirements. A new process is planned to begin in the fall of 2015 (CIP implementation and monitoring will, however, continue throughout the summer).

Included below is an assessment of the current CQI process, and initial thoughts on revisions.

*Foundational Administrative Structure* – The State has clearly defined oversight of the child welfare system and CQI process, with consistent application across the state and published policies and procedures. This oversight will continue in the new revised CQI process, as will *certain other elements of the current system*, including the partnership between the Department and the LDSSs in analyzing data, identifying areas of strength and areas needing improvement, and identifying effective strategies to improve practice and outcomes. Aggregate data, MD CHESSIE case reviews, case-related interviews, and stakeholder interviews will continue to provide critical information.

The current policies and procedures manual will be revised to reflect any and all revisions, and distributed to all LDSSs and involved stakeholders. Training will be provided to all participants.

The most significant challenge for the State will be capacity and resources, especially staff, depending on the extent to which increased number of case reviews or interviews, increased frequency of reviews, or other expanded work will be needed.

Quality Data Collection – The State significantly increased its ability to extract and analyze aggregate data from the SACWIS in recent years; accuracy and reliability also increased as evidenced by increased acceptance of AFCARS and NCANDS submissions, penalty-free NYTD FFY2012 reports, and caseworker visitation reporting based entirely on MD CHESSIE documentation. The State is turning attention to other indicators that need to attain a higher level of consistency, such as health and education data reporting. DHR is working to create electronic interfaces with the schools and health department in Maryland to import actual events from these other systems in the foster child’s record. This long term strategy would both obviate the need for foster care worker data entry and provide automatic updates in the MD CHESSIE record about a foster child’s education and health status.

Case Record Review Data and Process – The current case review and interview process is largely aligned with the 2012 IM guidelines, and met CFSR Round 2 Program Improvement Plan (PIP) requirements. For the June 2014 onsite review (Baltimore City), Maryland is utilizing the new CFSR Round 3 case review and interview instruments. Afterwards, SSA will assess the use of these instruments considering both state needs and CFSR requirements. Adjustments and/or additions to the instruments may be made.

Additionally, sample sizes will be examined to determine for the appropriate sizes which can allow for meaningful statistical inference, and to determine appropriate demographic stratifications.

Analysis and Dissemination of Quality Data – Caseload data and Place Matters data are regularly published on the DHR website and the Governor’s website, and shared with advisory boards and other stakeholders. Qualitative findings, however, are not as widely shared, but this will be improved during the upcoming revision process. Currently, the qualitative findings are shared with the LDSS, the School of Social Work, and DHR staff; external stakeholders who may benefit from receiving information on qualitative findings include the Child and Family Services Advisory Board, Youth Advisory Board, Foster Care Court Improvement Project and other stakeholders.

Feedback to Stakeholders and Decision-Makers, and Adjustment of Programs and Process – The State currently shares aggregate data with advisory boards and front-line staff in several regular forums. Advisory boards include: SSA Steering Committee, Youth Advisory Board, Provider Advisory Council, Child and Family Services Advisory Board, and others; data is shared with local staff at semi-annual Regional Supervisor Meetings. Aggregate data on caseload numbers, performance, and outcomes is also posted monthly on the Governor’s StateStat website, DHR’s public website, and DHR’s internal intranet. Public data is available at:

- [http://www.dhr.state.md.us/blog/?page\\_id=2856](http://www.dhr.state.md.us/blog/?page_id=2856)
- <http://www.statestat.maryland.gov/reports.html>

Decisions at the Department leadership level are data-driven: programs and policies are adjusted as needed based on review of performance and outcome reports and input by the SSA Leadership Team

and advisory bodies, with consideration of federal and state expectations, and child and family outcomes.

The CQI process itself was adjusted several times over the past three years to improve procedures, and the entire process will undergo more comprehensive revisions in the coming year. As part of the revision process, additional methods of engaging stakeholders will be adopted.

#### *CFSR Technical Bulletin # 7 and new CFSR Round 3 Requirements*

The Children's Bureau released the CFSR Technical Bulletin #7 in March 2014, which outlined requirements for the upcoming CFSR Round 3. Maryland's next CFSR is scheduled for FFY 2018. The CQI process described above will be revised to conform to the new CFSR requirements, with the goal of meeting the standards needed to use Maryland's own case review data in lieu of the traditional, federal onsite CFSR review. Maryland understands that this will entail using the new federal CFSR case review and stakeholder interview instruments, reviewing cases annually from either a statewide universe or a stratified schedule of jurisdictions, and following other CFSR guidelines.

The Children's Bureau (CB) Information Memorandum (IM) ACYF-CB-IM-12-07 outlined guidelines for best practices in child welfare CQI. An internal review of these guidelines indicates that Maryland's current CQI practice is already aligned with a majority of the new guidelines. The philosophy and structure of Maryland's CQI model mirror that of the model outlined in the IM, and the areas in which Maryland does not currently fully meet the standards of the IM were areas that Maryland had already identified as areas needing improvement for the next iteration of the CQI process.

Maryland is scheduled for CFSR Round 3 review in FFY 2018, and as of 2014, is planning to request approval to use its own state-conducted case review system in lieu of the traditional onsite review.

#### **2014-2015 UPDATE**

As of June 2014, Maryland completed a three-year review cycle of all 24 LDSSs, which included a self-assessment, an onsite review, case reviews, case-related interviews, and stakeholder interviews for each LDSS. Each LDSS has either completed or is in the process of developing and implementing a Continuous Improvement Plan (CIP), which will be implemented and monitored over a three year period.

During calendar year 2014, Maryland completed onsite reviews of Anne Arundel DSS (February 2014) and Baltimore City DSS (June 2014), and completed 29 CIP monitoring reviews (see table below).

During the Baltimore City onsite review (June 2014), the new CFSR Round 3 Onsite Review Instrument (OSRI) was used for case reviews. At that time, however, the interview guide was not yet published, so case-related interviews were conducted using state-developed questions, but information gathered during the case-related interviews were used in scoring the OSRI items.

Jurisdiction	Date of Monitoring Meetings
Allegany	3/19/14; 8/18/14
Baltimore County	3/5/2014; 9/23/14
Calvert	8/14/2014
Carroll	11/17/2014
Cecil	3/19/14; 10/2/14
Dorchester	3/26/14; 9/24/14
Frederick	5/12/14; 11/12/14
Garrett	3/27/14; 9/25/14
Harford	3/18/14; 8/13/14
Howard	4/25/14; 10/27/14
Queen Anne's	6/17/14; 12/18/14
Somerset	3/28/14; 9/12/14
St. Mary's	11/20/2014
Washington	4/24/14; 10/23/14
Wicomico	2/25/14; 8/19/14
Worcester	4/28/14; 11/17/14
<b>Total</b>	<b>29</b>

Findings from Anne Arundel and Baltimore City DSS onsite reviews include:

1. Anne Arundel
  - a. Place Matters data
    - i. CPS Investigation Response cases open less than 60 days – Borderline Strength
    - ii. Number of children in OOH care – Strength
    - iii. Percent of children in group homes (children under 18) – Strength
    - iv. Percent of children in family homes (children under 18) – Strength
    - v. Caseworker Visitation – Strength
    - vi. Guardianship exits – Borderline Strength
    - vii. Adoption – Strength
    - viii. Placement stability – Area Needing Improvement
2. Baltimore City
  - a. For In-Home and Out of Home cases, using the CFSR Round 3 OSRI:
    - i. Safety 1 – Area Needing Improvement
    - ii. Safety 2 – Area Needing Improvement
    - iii. Permanency 1 – Area Needing Improvement
    - iv. Permanency 2 – Area Needing Improvement
    - v. Well-Being 1 – Area Needing Improvement
    - vi. Well-Being 2 - Strength
    - vii. Well-Being 3 - Area Needing Improvement
  - b. Place Matters data, based on aggregate data
    - i. CPS Investigation Response cases open less than 60 days – Strength
    - ii. Number of children in OOH care – Strength
    - iii. Percent of children in group homes (children under 18) – Strength
    - iv. Percent of children in family homes (children under 18) – Strength

- v. Caseworker Visitation – Strength
- vi. Guardianship exits – Strength
- vii. Adoption – Strength
- viii. Placement stability – Area Needing Improvement

Findings from the CIP monitoring reviews include:

1. OOH reduction – what works
  - a. FIMs; full-time FIM facilitator
  - b. FIMs especially helpful in divert VPA placements
  - c. Concurrent planning
  - d. Kinship providers
  - e. Staff attorneys who work on adoptions
  - f. Team staffing of cases; including attorneys in staffing
  - g. Individualized case plans
  - h. Respite
  - i. Identifying family resources
2. OOH – what increases number in OOH
  - a. Increased substance abuse (parents) . . . but at least one LDSS partnering with other community agencies and receiving a federal grant for substance abuse treatment
  - b. Generational issues
  - c. Untreated mental health issues
3. Other OOH issues
  - a. Need more post-adoption services
4. CPS IR/AR open less than 60 days
  - a. Staff vacancies make it difficult to complete cases within 60 days
5. Alternative Response
  - a. Most LDSSs reported implementation was going well
  - b. Agencies and communities embracing the process, but there is still a need to education the community on the AR process . . . there is “positive momentum”
  - c. AR process requires more engagement with families, and so more time; recommending extending AR time frame
6. Child Welfare Training Academy
  - a. Helpful to new staff

### **CURRENT QA/CQI SYSTEM**

Maryland’s child welfare QA/CQI system is currently being revised. A stakeholder workgroup was convened, starting in March 2015 and will meet monthly for approximately five (5) months. The stakeholder group will make recommendations to DHR/SSA on CQI elements such as:

- Indicators
- Sample size
- Schedule of onsite reviews



- Self-assessment
- Continuous Improvement Plan, monitoring, and technical assistance,
- and other elements of the CQI process

Stakeholders include representatives from LDSSs, the Foster Care Court Improvement Project, the Citizens Review Board for Children, and the University of Maryland School of Social Work. The QA unit will also reach out to the youth advisory board, resource parent association, and a parent focus group (arranged by 1-2 LDSSs) to gain other perspectives and feedback on the CQI process.

Below are initial plans for the revision process:

1. Foundational Administrative Structure – The State has clearly defined oversight of the child welfare system and CQI process, with consistent application across the state (all 24 LDSSs) and published policies and procedures. This oversight will continue in the new revised CQI process, as will certain other elements of the current system, including the partnership between the Department, the LDSSs, and the University of Maryland School of Social Work in analyzing data, identifying areas of strength and areas needing improvement, and identifying effective strategies to improve practice and outcomes. Aggregate data, MD CHESIE case reviews, case-related interviews, and stakeholder interviews will continue to provide critical information.
2. Quality Data Collection – The State significantly increased its ability to extract and analyze aggregate data from the SACWIS in recent years; accuracy and reliability also increased as evidenced by increased acceptance of AFCARS and NCANDS submissions, penalty-free NYTD reports, and caseworker visitation reporting based entirely on MD CHESIE documentation. DHR has recently completed an MOU with the Maryland State Department of Education to share data regarding education records for children in out of home care.
3. Case Record Review Data and Process – The current case review and interview process is largely aligned with the 2012 IM guidelines, and Maryland utilized the new CFSR Round 3 case review instrument for the June 2014 onsite review (Baltimore City). Maryland will adopt the CFSR Round 3 OSRI for use in the upcoming Maryland CQI process. During the revision/planning process, sample sizes will be established to meet or exceed CFSR Round 3 requirements.
4. Analysis and Dissemination of Quality Data – Caseload data and Place Matters data are regularly published on the DHR website, and shared with advisory boards and other stakeholders. Qualitative findings, however, are not as widely shared, but ways to improve this will be discussed during the upcoming revision process.
5. Feedback to Stakeholders and Decision-Makers, and Adjustment of Programs and Process – The State currently shares aggregate data with advisory boards and front-line staff in several regular forums. Advisory boards include: SSA Steering Committee, Youth Advisory Board, Provider Advisory Council, Child and Family Services Advisory Board, and others; data is shared with local staff at semi-annual Regional Supervisor Meetings. Aggregate data on caseload numbers, performance, and outcomes is also posted monthly on DHR's public website and DHR's internal intranet. Public data is available at:

[http://www.dhr.state.md.us/blog/?page\\_id=2856](http://www.dhr.state.md.us/blog/?page_id=2856)

Decisions at the Department leadership level are data-driven: programs and policies are adjusted as needed based on review of performance and outcome reports and input by the SSA Leadership Team and advisory bodies, with consideration of federal and state expectations, and child and family outcomes.

*Update of Goals* - Beginning in State Fiscal Year 2015 (July 2014), the state’s Place Matters goals of the percent of children in group and family homes, excluding youth over age 18, was revised to exclude children who entered care due to a child with disabilities Voluntary Placement Agreement. This change was a result of the feedback gathered through the CQI process that this population was hard to place and maintain in family homes, and that these children often require higher levels of care.

Other Place Matters goals remained the same as in SFY 2014, with specific targets updated for each LDSS. See table below.

SFY 2015 Place Matters Indicators	December 2014 Data
<p><b>Child Protective Services open less than 60 days - Investigation Response - 90% or higher</b></p> <p><b>Child Protective Services open less than 60 days – Alternative Response - 90% or higher</b></p> <ul style="list-style-type: none"> <li>• Same goals as FY 14</li> <li>• IR - FY 14 average was 87%</li> <li>• AR - FY 14 average was 97% (data may be substantially different during FY 15, with all LDSSs fully implemented)</li> </ul>	<p><b>IR – 89%</b></p> <p><b>AR -94%</b></p>
<p><b>Number of children in out of home placement - 5,174 or less</b></p> <ul style="list-style-type: none"> <li>• Based on statewide 3% reduction</li> <li>• LDSS-specific goals, based on OOH per capita rates and OOH entry per capita rates</li> </ul>	<p><b>4,995</b></p>
<p><b>Percent of children in group homes – children under 18, excluding Child with Disabilities VPA removals - 7% or less</b></p> <p><b>Percent of children in family homes – children under 18, excluding Child with Disabilities VPA removals – 85% or more</b></p> <ul style="list-style-type: none"> <li>• Continuing to focus on children under 18, as in FY 14</li> <li>• Excluding children who entered care via Child with Disabilities VPA, as they tend to need a higher level of care than family homes</li> <li>• Used FY 14 state quarterly averages as goals: 7% and 85%</li> <li>• Kent and Queen Anne’s are exempt from these indicators as they had an average of 10 or less children in care during FY 2014</li> </ul>	<p><b>Group – 7%</b></p> <p><b>Family – 83%</b></p>

<b>Caseworker Visitation – percent of children in out-of-home care visited every month - 95% or higher</b> <ul style="list-style-type: none"> <li>• Same goal as FY 14; Federal standard</li> </ul>	<b>96%</b>
<b>Exits from out-of-home care – Guardianship exits - 511 or more</b> <ul style="list-style-type: none"> <li>• In FY 14, the State exited 108% of the number of children to guardianship who had had a permanency plan goal of guardianship (or live with other relative) at the beginning of the year</li> <li>• FY 15 goal is based on 90% of those with a permanency plan goal of guardianship (or live with other relative) as of 6/30/14</li> </ul>	<b>262</b>
<b>Exits from out of home care – Adoption -- 280 or more</b> <ul style="list-style-type: none"> <li>• In FY 14, the State exited 71% of the number of children to guardianship who had had a permanency plan goal of adoption at the beginning of the year</li> <li>• FY 15 goal is based on 65% of those with a permanency plan goal of adoption as of 6/30/14</li> </ul>	<b>156</b>
<b>Placement Stability – percent of children in out-of-home care less than 12 months with two or less placements - 86% or higher</b> <ul style="list-style-type: none"> <li>• Same goal as FY 14; Federal standard</li> </ul>	<b>82%</b>

*Case Review/ Sample Size* – Maryland is scheduled for CFSR Round 3 in FFY 2018, and intends to utilize the CFSR Round 3 Onsite Review Instrument (OSRI) in its state-operated QA/CQI process. The number of cases to be reviewed annually has not been determined as of the writing of this report, as this will be determined through the CQI Revision Process. During the prior CQI process, however, a minimum of 30 cases per month were reviewed, and it is expected that the new process will achieve a similar or higher case review rate.

**Program Support**

*Program Support* - Training/Technical Assistance needed from the Children’s Bureau or others – Maryland may need technical assistance from the Children’s Bureau and/or the School of Social Work in relation to case sampling and stratification.

*Technical Assistance* – Maryland provides technical assistance and training statewide. This assistance is given in a myriad of ways: formalized training through the Child Welfare Academy, Alternative Response Collaboratives, Regional Supervisory Meetings, Program specific meetings, webinars, MD CHESSIE training, and specialized training for new policies or programs. In addition, Maryland provides informal technical assistance by responding to jurisdictions’ questions, attending Assistant Director meetings, Local Department of Social Services Directors’ meetings, meetings with providers and stakeholders and a host of meetings with sister agencies and community partners. The Department considers all technical

assistance and training as contributions to the goals and objectives as each time that a question is clarified, a new training or process is explained or a better understanding of policy, laws and processes occurs it puts Maryland a step closer to achieving safety, permanency and well-being for the children of Maryland. As reported within this report, the staff is constantly in contact with local jurisdictions, sister agencies, non-profits, community partners and a host of child and family advocates.

*Anticipated Support for upcoming year* – Maryland is meeting with the Children’s Bureau and the Child Welfare Capacity Building Center to plan the technical assistance and capacity building needed. The meeting is scheduled for June 2015 and Maryland expects to have a definitive process to report and follow.

## **RESEARCH & EVALUATION**

### **OVERVIEW**

The Department’s Research and Evaluation unit is responsible for child welfare data collection, data analysis, report development and dissemination, evaluation and reporting of State and federal indicators, and the selection and development of program evaluation measures. These research activities are based on the Results Accountability framework, which attempts to answer three basic questions regarding the performance of the child welfare system:

- How much did we do?
- How well do we do it?
- Is anyone better off?

In order to complete this work, the Research/Evaluation unit works closely with the Policy and Program unit, DHR/SSA leadership, the Local Departments of Social Services, and external stakeholders. Critical work is done in coordination with DHR Office of Technology for Human Services (OTHS) and the SACWIS vendor, Xerox; these technical efforts focus on report development, testing, and validation, as well as data clean-up and enhancements to MD CHESSIE which improve data collection and accuracy.

The unit also has an ongoing contract and close working relationship with the University of Maryland School of Social Work (SSW) Ruth H. Young Center for Families and Children to increase Maryland’s research and data capacity for child welfare. Collaboration with and technical assistance from the University of Maryland School of Social Work enabled the Department to improve the quality of data used in measuring statewide Place Matters goals, federal CFSR indicators, AFCARS, NCANDS, and NYTD requirements, and caseworker visitation. Data reports are available (and analyzed) on state and jurisdiction levels. The University of Maryland School of Social Work also works closely with OTHS and Xerox to develop and test queries used in reports finalized by Xerox. A majority of Maryland’s child welfare reporting capability is the result of the collaboration between the Research/Evaluation unit, MD CHESSIE/Systems Development unit, the SSW Ruth H. Young Center, OTHS, and Xerox.

Maryland also worked to improve data quality for AFCARS and NCANDS submissions, including enhancing our report querying logic and the SACWIS system itself (see section below on MD CHESSIE.)

The Research/Evaluation unit is also currently working on improving NYTD data collection and submission.

The Research/Evaluation unit also has a partnership with the University of Chicago's Chapin Hall Center for Children to collect and produce longitudinal analysis of foster care data. Other partnerships include work with Casey Family Programs and the Foster Court Improvement program. Each partnership is designed to provide unique analysis and perspectives to the entire array of data available regarding Maryland child welfare.

The Research/Evaluation unit publishes various reports on child welfare throughout the year:

1. *Child welfare data* – data on CPS, In-Home, OOH, and Resource Homes; available to the public monthly via the DHR website ([http://www.dhr.state.md.us/blog/?page\\_id=2856](http://www.dhr.state.md.us/blog/?page_id=2856) (DHR homepage > Documents > Data and Reports > SSA)).
2. *StateStat/Place Matters* - data on DHR/LDSS progress on Place Matters goal; available to the public monthly via the Governor's StateStat website (<http://www.statestat.maryland.gov/>)
3. *Report of all new entries into OOH care, to Maryland State Department of Education* (MSDE) – for purposes of ensuring foster children receive reduced/free school lunch; available to MSDE via secure file transport site
4. *Joint Chairman's Reports*
  - a. *Out-of-Home Placement* – report of all OOH placements during state fiscal year, by placement type, age, race, etc.; includes cost and narrative analysis; data on In-Home/ Family Preservation is also included, focusing on rate of OOH placement and rate of indicated / unsubstantiated CPS findings during and up to one year after In-Home / Family Preservation services; report submitted annually to Maryland General Assembly and available at [www.goc.maryland.gov](http://www.goc.maryland.gov)
  - b. *Caseload* – report on caseload staffing / caseload ratios; report submitted annually to Maryland General Assembly.
5. *Child Well-Being* – child poverty and maltreatment data and analysis as part of the Governor's Office report on Child Well-Being; available annually at [www.goc.maryland.gov](http://www.goc.maryland.gov)
6. *Multiple ad hoc reports* at the request of the Governor, state legislators, the Secretary, LDSSs, and other stakeholders
7. *Provider Performance Reports* – data required for performance-based contracting for Residential Congregate Care providers generated quarterly <http://www.dhr.state.md.us/blog/?p=8028> (Documents > Request for Proposal > Residential-Child-Care-RFP-Provider-Performance-Reports)
8. *Other measures for ongoing internal and external analysis* (available in multiple documents)
  - a. Federal measures – recurrence of maltreatment, maltreatment in care, placement stability, caseworker visitation, reentry, length of stay, etc.
  - b. Rate of maltreatment
  - c. Per capita rate of children in OOH care
  - d. Analysis of placement types
  - e. CQI/CFSR/PIP case reviews and reports
  - f. Birth-match (collaborative effort with the Department of Health and Mental Hygiene to identify children born to parents who previously had parental rights terminated, per state law)
  - g. Ready by 21 data

9. Internal reports

- a. Analysis of OOH population (age, race, placements, exits, voluntary placement agreements, etc.) OOH Served reports – client level detail reports for all children in care at the beginning and end of the month, all entries, and all exits
- b. Exception reports - OOH child welfare data entry issues
- c. Casework visitation report – aggregate performance data as well as client-level detail report for all children missing at least one visit in the federal fiscal year

## **TRAINING AND ORGANIZATIONAL DEVELOPMENT**

### **OVERVIEW**

The Training and Organizational Development Unit oversees all aspects of training activities in the field along with the strategic planning to implement and integrate practice updates and innovation.

The Child Welfare Training component oversees and coordinates the contractual delivery and development of training activities with the Child Welfare Academy (CWA) at the University of Maryland School of Social Work. The CWA provides statewide training for caseworkers, supervisors, administrators and resource parents. This partnership with the Child Welfare Academy delivers pre-service training for new employees and administers a competency examination at the end of pre-service training. The CWA offers continuing education workshops to reinforce the expertise and policy updates for the tenured staff. The oversight of the Title IV-E Education in Public Child Welfare Program is managed by this unit as well. This contract provides specialized child welfare training for Masters of Social Work (MSW) and Bachelors of Social Work (BSW) degree candidates to enhance the skills of Maryland's public child welfare workforce.

The Organizational Development component uses theories of organizational change to facilitate the strategic training plans for the Social Services Administration. The unit assesses training needs based on policy development and outcome trends across the continuum of child welfare program. The training assessments inform the delivery method and technical assistance to local departments to enhance the execution of practice activities. The program technical assistance priorities have included Alternative Response, Kinship Navigator, Family Finding and Youth Engagement and Risk Assessment.

The Policy Integration Committee reviews policy content to make sure that MD CHESSIE instructions and family centered values are outlined in policy directives. The focus of the committee includes a strategic planning assessment of training needs as new policies are developed or areas of concern are identified in data and/or Quality Assurance reviews. The committee meets to discuss policies being developed and make decisions about the type of training delivery that should be provided to child welfare caseworkers and supervisors. The committee also reviews data and policy trends to assess training needs to address local or statewide divergence from the expected practice outcomes. The subsequent training recommendations are coordinated with the CWA to develop new curricula. The role of the committee will expand to coordinate training efforts in combination with targeted technical assistance to local departments.

### **Supervision Matters**

Supervision Matters began in 2012 as a training model to hone the skills of new supervisors. Supervision Matters continues to be an essential part of training and organizational development among the child welfare workforce. It strives to promote quality supervision and best practices that promote to effective leadership and professional growth. The comprehensive five month training modules support new supervisors who were hired or promoted within the last five years. Administrators of the new supervisors are required to participate in the companion training series to support and reinforce the role

of overseeing the work of the new supervisors. As an extension, the content also seeks to enhance the skills of the administrators.

Transfer of learning is a core component of the Supervision Matters to demonstrate knowledge and application of skills beyond the classroom instruction. The Administrator Transfer of Learning course covers an overview of the core content of the modules delivered to supervisors. For the administrators, the assignments are a structured way for them to be involved in the development transfer of learning for the new supervisions, but also a framework for them to incorporate into their role with other staff.

The fourth Supervision Matters cohort training began in September 2014 with a total of 19 supervisors and 15 administrators who completed the program in February 2015. Compared to last year, administrators’ participation has increased from 8 to 15, while participation with the supervisors has remained consistent compared to previous cohorts with an average of 19 participants. Nine jurisdictions were represented for this cohort.

<b>Supervision Matters</b>		
	<b>Number of Supervisor Participants</b>	<b>Number of Administrator Participants</b>
<b>Pilot Cohort (Fall 2012)</b>	New 15 Experienced 22	8
<b>Fall 2013 Cohort</b>	19	6
<b>Spring 2014</b>	20	8
<b>Fall 2014</b>	19	15

The content includes the following topics that aligned with the conceptual framework around which the standards and expectations were developed:

- Effective Leadership
- Building the Foundation for Unit Performance
- Building the Foundation for Staff Performance
- Promoting the Growth and Development of Staff
- Case Consultation and Supervision
- Supportive Supervision
- Managing Effectively in the Organization



Several features were added to the program this year. First, the CWA trainer facilitated coaching sessions with the supervisors and the administrators between the monthly classroom sessions. During the previous cohorts the completion of the transfer of learning assignments was inconsistent. The administrators acknowledged that it was difficult to attend the sessions due their workloads, but it was even more difficult to schedule regular supervision. The facilitated coaching sessions were intentional opportunities to model supervision accountability and structure the feedback loop for case consultations.

Secondly, the timeframe to assign coaches was changed. Feedback from the supervisors indicated that planning meetings with coaches posed a hardship when they were trying to manage their workload while being out of the office for two days a month to attend the classroom training. As a result, the supervisors felt that they were too overwhelmed with the process to reap the benefits of the coaching experience. The coaches were assigned at the end of the training program. The unintended benefit of assigning coaches at the end offers the advantage of an extra six months of support after the training session.

Thirdly, the evaluation component began at the start of the program. During the end of SFY2014, the survey instrument was finalized. The survey will include pre-training and post-training pieces in addition to follow-up after an interval yet to be determined. The post-training component was administered to the FY2013 cohort. That data will be used as a baseline for future cohorts to assess knowledge after attending the training and the application of the knowledge and skills. Surveys from the 24 participants in the FY2013 cohort indicated that training participants felt that their knowledge had increased, and they felt ready or almost ready to put their learning skills into practice, especially in the area of effective communication. Preliminary comparison results will be included in next year's report.

Lastly, a closing ceremony was planned to recognize the accomplishments of the new supervisors, but also their administrators who attended the transfer of learning sessions. This will also be the first opportunity to meet their coaches, which will facilitate engagement between the supervisor and the assigned coach.

Coaching is used as a strategy to support the ongoing professional development and growth of new child welfare supervisors after the classroom training. Every new supervisor is offered an opportunity to be matched with a coach. Based on additional feedback from supervisors who participated in previous cohorts, efforts were made to improve the coaching matching process. In addition to assigning coaches at the end of the training, the coaching participation is now voluntary. For this most recent cohort, 11 out of the 19 supervisors agreed to be assigned a coach. Three out of the eight declined due to medical and maternity leave. The remaining five supervisors have the option to be assigned a coach at some point in the future. The practical benefits of coaching will be included in curriculum for the classroom training because some of the supervisors were reluctant to have a coach because they had either had a bad experience with a coach or there was uncertainty about trust and confidentiality issues adversely affecting them.

The coaching process will begin by end of April 2015. Each supervisor who has agreed to be coached will have an opportunity to partner with a coach for up to six months. Coaches will be invited to the Supervision Matters ceremony to meet their supervisor coachees and ease the engagement process. The stipulation for the coaching sessions recommends predominately face-to-face coaching sessions; however, supplementary communications by phone may also occur as long as the initial and ending sessions are face-to-face.

Coaches who are assigned to supervisors have all participated in a two-day training. The most recent training took place March 2015 after the initial date was postponed due to inclement weather. Coaching trainings have been offered once a year. In addition to the two-day training requirement, technical assistance, consultation, and peer support are provided to all coaches. Monthly conference calls still occur during each coaching cycle which provides an opportunity for coaches to discuss emerging coaching skills. The coaches share successes and process challenges.

### *Implementation Supports*

The priority has been to execute the evaluation this year. With the evaluation underway, the plan for creating a post training peer support network for supervisors who have completed the program can be pursued. The plan is for the content to still include enhanced administration skills and areas of concern identified by the supervisors. The delivery format will range from face-to-face and online forums for two years after completion of the training modules. The goals are to groom these supervisors for leadership succession to include coaching to support the next generation of supervisors.

Recruiting coaches continues to be a challenge although targeted outreach has been an ongoing effort. Although the plan is to target recruitment of supervisors and administrators from the previous Supervision Matters cohorts, those supervisors have been reluctant to overextend themselves as they become more accustomed to their role as supervisors. This feedback confirms the rationale for developing the post-training peer support. This feedback also substantiates rationale for introducing the concept of coaching during the modules to promote coaching participation. There are currently nine active coaches statewide compared to last year's total of thirteen. Some of the decline can be attributed to the competing demands for recent promotions and unavailability due to retirement.

Reconvening the supervision workgroup will be revisited. The workgroup will be tasked with streamlining the standards and expectations to provide a more concise, user friendly guide. The workgroup will also be charged with developing policy recommendations for applying the standards and expectations into the recruitment and performance appraisal process for supervisors.

An advanced supervision series will be offered to reach tenured supervisors. The CWA has developed a series of webinars to frame the concept of transfer of learning for supervisors and administrators. The first webinar will be held in June 2015. Internally, input will be solicited from SSA program staff for targeted curriculum development for advanced supervision training based on data trends to address potential gaps.

Recently several local and DHR training units have consulted with SSA about the application of the supervision and coaching models for non-child welfare employees. Meetings will be scheduled to share the knowledge and lesson learned from developing Supervision Matters.

SSA and the CWA will debrief in June 2015 to assess the effectiveness of training, review the pre-test and post-test, and determine improved training strategies for next cohort. Recruitment for the FY2016 cohort will begin in July 2015.

**Training Plan**

SSA contracts with the Child Welfare Academy (CWA) at the University of Maryland School of Social Work to deliver training for Maryland’s child welfare workforce. SSA and the CWA work closely together to align the training courses with trends and policy initiatives. Evaluating the effectiveness of training activities relates to connecting the learning objectives of the training curricula with demonstrated knowledge and skills to directly impact Maryland’s child welfare outcomes. The training matrix (Appendix Y) outlines the course descriptions that support the goals and objectives for the continuum of child welfare services in Maryland. The estimated costs for delivering training are based on the delivery method and an average of costs over the last five years.

2015-2019 Estimated Training Costs	
Training Format	Estimated Average Cost Range
Live Webinar	\$900-\$1,500 per webinar
In Person ½ Day Professional Workshop	\$1,500-3,000 per ½ day workshop
In Person Full Day Professional Workshop	\$2,500-\$5,000 per full day workshop

Pre-service and Supervision Matters are delivered at the Child Welfare Academy. All other in-service are rotated to regional locations to decrease travel demands of local department staff. Both pre-service and Supervision Matters are long term course offerings since the course are delivered over several weeks and months as part of the progression of content. All other in-service and resources parent courses are short-term offerings since the delivery does not require participants to return for series continuation at another point in time. Participation in the Title IV-E BSW and MSW requires full-time enrollment.

**Pre-Service Course Overview**

Pre-service is a 6-week training course developed to provide knowledge, understanding, and opportunities to practice skills that are vital to the success of child welfare professionals. Child welfare professionals hired by the Maryland Department of Human Resources (DHR) learn about the history of child abuse, federal and state regulations, engagement skills, culturally competent and family-centered

practice, as well as the judicial framework of child welfare. They are expected to develop and expand techniques of interviewing, engaging clients, as well as completing formal and informal assessments. The course is blended and includes classroom as well as online assignments. In addition, participants attend training on the Maryland automated child welfare case management system called CHESIE which takes place on the final day of each module except for Module 2 and Module 6.

### ***Module 1: Foundations of Practice***

Module 1 introduces participants to child welfare history, the legal context for child welfare, values and principles, and an overview of the Maryland DHR structure and its relationship to the Local Departments of Social Services (LDSS). Participants are given an introduction to relevant Code of Maryland Regulations (COMAR) that will be revisited in later modules. Lastly, the participants will examine culturally competent practice that includes opportunities to enhance self exploration as well as how to be culturally sensitive in everyday practice.

### ***Module 2: Indicators and Dynamics of Abuse and Neglect and Three Contributing Factors***

In Module 2, participants learn the definitions of child abuse and neglect as well as the dynamics and indicators of maltreatment within a family. This module reviews three contributing factors to maltreatment: mental health issues, domestic violence, and substance use/abuse. Participants explore ways to engage and work with families who are struggling with these factors as well as how to continuously assess for safety.

### ***Module 3: Engaging Children and Families***

During this module, participants learn how to engage and conduct interviews with families. Participants are provided various opportunities to practice utilizing different types of questions and strategies based on the situation. Additionally, participants learn about the process of change and how to motivate families to improve service plan outcomes.

### ***Module 4: Family Centered Assessments***

This module teaches a framework to assess for safety and risk. Trainees complete several different types of assessment tools such as the SAFE-C and MRFA using MD CHESIE application. They will continue to learn about and apply the techniques such as interviewing, observation, and compiling information to have the clearest picture of family safety and functioning. Worker safety is also discussed in this module, reviewing techniques and tips to be safe while working with families who can sometimes be hostile.

### ***Module 5: Planning with the Family***

The information presented within this module examines how families deal with loss and grieving and provides an overview of how to plan with families in an engaged partnership. Participants have the opportunity to learn about Family Involvement Meetings as part of the planning process and participate in a mock FIM. Trainees discuss the different aspects of the planning process and develop a plan with a

fictional family including identification of underlying needs and conditions, effective goals and objectives as well as services, tasks, and timeframes. Also covered in this module is effective documentation and closing a case/terminating a relationship with a family.

**Module 6: Working Effectively with the Court**

This module introduces the participants to the role of the court in child welfare cases, the types of juvenile court interventions and hearings, the role of agency counsel, child’s attorney, parents’ attorney, Court Appointed Special Advocates (CASA), and master/judge in the legal process. The provisions of Federal legislation, particularly the Adoption and Safe Families Act of 1997 are addressed in detail, focusing on timelines for permanency. Participants learn the types of permanency plans and the role of the court in achieving permanency. Participants learn the role of the child welfare worker as a witness in court proceedings and have an opportunity to be videotaped while testifying as a “witness” in a mock child welfare case. Following group review of the testimony, they are given structured feedback by the instructor and fellow participants.

For SFY2014, there was a slight increase in the number of new employees who enrolled in pre-service training. The average pre-service class size was 18 new employees as compared to 13 new employees during SFY2013. The number of MSW graduates from the Title IV-E Education Program remained about the same.

<b>Child Welfare Training Academy Pre-Service Training Activity</b>				
	<b>SFY2011</b>	<b>SFY2012</b>	<b>SFY2013</b>	<b>SFY2014</b>
Number of New Employee Participants	134	103	92	122
Number of Title IV-E MSW Graduates	43	56	26	29

The existing pre-service curriculum provides the basic skills and content knowledge to prepare new caseworker and supervisors for their child welfare duties. The training assessment of the skills the employees demonstrated during pre-service continues to offer feedback to local department supervisors. In addition, in January 2014 CWA integrated theory, policy, and MD CHESIE into the course content. This integration proved to enhance the overall pre-service curriculum and provide new staff with “real-time” experiences. The employees who meet the criteria for the pre-service exemption are still required to complete the MD CHESIE sessions. In the event that the computer lab is full, the MD CHESIE trainers make accommodations with the exemption employees to deliver the sessions in the local departments. A total of 10 of the exemption eligible employees applied and were approved to take the competency exam to test out of the pre-service classroom sessions. All 10 of those employees passed the competency exam.

A computer generated comprehensive examination is administered for all new employees. All new employees must complete a comprehensive competency examination with a passing score of at least 70% after completing pre-service training as a condition of continued employment. A written summary is provided to all pre-service participants and their supervisors based on observations and the embedded evaluation skills assessments administered throughout pre-service training. New employees and their supervisors who fail the competency examination are given a written analysis of their test results and two additional times to pass before their employment is terminated. Monthly retests are offered for employees who fail when the test is administered at the conclusion of the 6-week pre-service cycle.

Upon successful completion of the pre-service modules, the employees are required to enroll in foundation courses to further enhance their knowledge and skills. All new employees enroll in Assessing for Risk and Safety as well as the Introduction to In-Home or Out-of-Home classes depending on their job program assignment. The additional topics include Trauma-informed Practice; Family Centered Service Planning, Impact of Child Maltreatment on Child Development; Secondary Trauma, Enhancing Your Credibility in Court; Dynamics of Mental Health and Substance Abuse in Families; and Families Experiencing Intimate Partner Violence.

<b>Child Welfare Training Academy Pre-Service Competency Exam</b>				
	<b>SFY2011</b>	<b>SFY2012</b>	<b>SFY2013</b>	<b>SFY2014</b>
Number of Participants Administered Competency Exam	143	89	88	112
Average Passing Score	89%	96%	94%	94%

The CWA offers quarterly in-service courses to address training priorities identified by SSA and determined by child welfare best practices. Some courses have been developed at the request of Local Departments of Social Services. The in-service courses update existing practices, approaches to integrate new initiatives into the child welfare continuum and strategies to consider when working with special populations.

During SFY2014, there were 268 ongoing training courses from which to choose. In addition to courses offered in Baltimore at the CWA, 19 local departments around the State hosted courses. The CWA was able to purchase new equipment and video editing software to produce enhanced training materials. For example, the CWA recorded testimonials from local department staff and families about Alternative Response to facilitate discussion during the learning collaborative events. The CWA also coordinates relevant IV-E eligible classes with University of Maryland, Baltimore's (UMB) Continuing Professional Education Program that provides courses to the general professional social work community.

Alternative Response and risk assessment continued to be major training priorities. The CWA trained approximately 900 caseworkers and supervisors across the state on Alternative Response during SFY2014. Specialized Human Sex Trafficking and Lethality Assessments for domestic violence were developed. Three different training series were developed to delve deeper into topics related to Ethics, Substance Abuse and Advanced FIM Facilitation.

<b>Child Welfare Training Academy In-Service Training Activity</b>				
	<b>SFY2011</b>	<b>SFY2012</b>	<b>SFY2013</b>	<b>SFY2014</b>
CWA Participants Slots	2,238	2,408	3,191	4,267
Continuing Professional Education Participants Slots	909	885	885	891
Total Number of Workshops Topics	109	140.5	179 <sup>5</sup>	263.5

The CWA has a designated Resource Parent Training Program Manager to collaborate with the local departments, Maryland Resource Parent Association (MRPA), Maryland’s Foster Care Ombudsman, and SSA. The Resource Parent Training (RPT) Manager works with stakeholders to develop and coordinate the delivery of training for resource families. The CWA developed an online training calendar and electronic notification of workshops is sent to all resource parents who previously enrolled in courses.

SSA continues to work closely with Resource Parent Training (RPT) Program Manager at the CWA, the DHR Foster Parent Ombudsman, the Maryland Resource Parent Association (MRPA), and statewide resource parents to identify training needs and training gaps.

Based on feedback from the resource parents, a reduced number of training workshops are offered during the summer and winter months due to vacation schedules among families. There was an increase in the number of resource parents who attend the workshops during SFY2014. Registration cancellations continue to be a challenge. A total of 1,705 resource parents registered; however only 1,309 resource parents were actually able to attend the workshops.

Marketing and targeted regional outreach continue to be a priority. An on-line training brochure and calendar are available to all resource parents. Training brochures are also sent by way of the postal service. Additionally, Local Department of Social Services assistant directors receive the schedule to disseminate to their staff and local resource parents. The Foster Parent Ombudsman and Maryland’s Foster Parent Association disseminate the training information as well.

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<sup>5</sup> Total number of workshops reflects additional workshop registrations charged for fiscal year.

<b>Child Welfare Training Academy Resource Parent Training Activity</b>				
	<b>SFY2011</b>	<b>SFY2012</b>	<b>SFY2013</b>	<b>SFY2014</b>
Number of Resource Parent Participants	1,222	1,433	1,595	1,309
Total Number of Workshop Topics	50	48	51 <sup>6</sup>	48

Regional training workshops for kinship caregivers encountered by the Kinship Navigators will resume in September 2015. Input from the local department caregiver support groups guided the workshop topics. Specialized quarterly courses will also be offered to the Kinship Navigators and Family Findings beginning in September 2015 following a similar model used by the facilitators during the FIM Practice Support Group.

A vendor was identified in August 2014 to conduct an independent evaluation of the CWA. The evaluation priorities for SFY2015 have included an analysis of the test items on the competency exam and training needs assessment in addition to the evaluation components for Supervision Matters. The evaluation of the test item analysis recommended prioritizing revision of approximately 15 of the 75 of the test questions to improve the reliability and validity of measuring participants' competence with the content information and application of those skills to their job function. Those questions are being revised for targeted inclusion in the competency exam in SFY2016.

An updated training needs assessment was conducted in January 2015. Approximately 404 child welfare staff responded to the online survey. The preliminary results suggest an overall positive impression of the content being relevant to the practice in the field to enhance their job performance and competence. Several recommendations for improvement were mentioned. The feedback suggested a need for more targeted courses to address the range of skills and experience within the workforce. There is interest in having more skill building activities and practical application to work in the field. Survey participants mentioned the length of pre-service being too long and a burden especially for those staff from jurisdictions outside of the Baltimore metropolitan area. There was a general sentiment that more training should be offered at local departments outside of the Baltimore metropolitan area. Some of the feedback suggests that the caseload coverage and job responsibilities make it difficult to attend and be fully invested in training activities. The report will be finalized in June 2015 after which time strategies to address the recommendations will be implemented.

Stakeholders continue to be involved in overseeing the statewide training activities. The Family Centered Practiced (FCP) Oversight Committee continues to meet bi-monthly to monitor the FCP implementations and offer recommendations for program enhancements to sustain statewide practices values. The FCP Oversight Committee continues to include DHR and SSA staff, the University of

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<sup>6</sup> Total number training days reflects additional workshop registrations conducted at the fiscal year.



Maryland Child Welfare Academy and the Ruth Young Center (RYC), a cross-section of stakeholders, such as foster parents, advocates, attorneys, community partners, and local department representatives.

The FCP Oversight Committee has been an integral voice in offering input as the automated FIM reports were being developed. The strength of this group is consistency and commitment of the members. The majority of the members have been involved since the inception of the practice reform so they understand the progress that Maryland has made and they grasp the incremental steps and the challenges the system still needs to overcome. In the future, they will continue to be involved in reviewing data and making training and technical assistance recommendations to improve areas identified as concerns.

The FCP Oversight established a Training Subcommittee in 2013 to enhance planning, practice consistency and community services for children and families jointly served by public and private child welfare agencies. The committee is a public/private collaboration which supports the sharing of best practices in meeting the safety, permanency, and well-being needs of children and families serviced by Maryland's child welfare system. The committee's goal is to develop public/private collaborative trainings which support the principles and practices of Maryland's Family Center Practice Model.

The subcommittee includes representatives from several provider agencies, CWA as well as SSA. The goal of the subcommittee is to develop public/private training collaborative to support the core family centered practice values. This will be foundation for promoting trauma-informed prevention workshops to support the IV-E waiver activities.

Based on the provider training needs assessment survey completed in October 2013, the subcommittee conducted a series of presentations with provider groups in October 2014 to give a preliminary overview of the workshop content being developed. SSA co-presented with Kennedy Krieger Treatment Foster Care at the Maryland Association of Resources for Families and Youth (MARFY) annual conference. The presentation highlighted the shared responsibility between local departments and private providers to assess the needs and promote the shared outcomes for children and families. The next series of workshops will begin in May 2015. Several provider agencies have agreed to host those sessions.

#### *Regional Supervisory Meetings*

SSA conducts Regional Supervisory Meetings biannually. The meetings, attended by Child Welfare Supervisors are conducted to provide updates and additional training for data, legislation, program changes, policies, new initiatives and programs, operations including MD CHESSIE, Quality Assurance, contracts and Federal Reports. Attendees are broken into smaller groups so that discussion and feedback on a particular topic or data point may be captured. During the Fall 2014 Regional Supervisory Meetings, the group discussed trauma-informed practices, new policies and legislation.

### *Implementation Supports*

Some of the preliminary recommendations are already being addressed. The CWA began the process of transitioning to the new Learning Management System (LMS) in March 2015. This will expand the distance learning capabilities in response to some of the geographical challenges. Although regional in-service trainings are held in the local departments outside of the Baltimore metropolitan area, an additional review of the frequency and enrollment of in-service courses not held at the CWA will be conducted.

The issue of the practical application of training to job duties has started to be addressed. The training and learning collaborative for Alternative Response offered a foundation for more hands-on application of skills. The pre-service co-facilitated integration with the MD CHESSIE content offers enhanced interaction and application to theory. In December 2014, the Kinship Navigator training was co-facilitated by CWA and SSA to expand on that model of integrating practice and theory. The May 2015 Family Finding training will focus exclusively on introducing the policy and then more theoretical connections will be made in the quarterly seminars.

The training and technical assistance integration across all program areas is a start to address this concern identified in the survey. Technical assistance from the Child Welfare Capacity Building Collaborative would be helpful to plan strategies to address the feedback from the training needs assessment in addition to assistance with strategies to solicit training feedback from external stakeholders.

The CWA is developing a trauma series to address the trauma needs of children and families. The series will consist of four full day classes that provide foundation information about trauma-informed practice and assessing and planning for children and families who have been affected by trauma. Advanced training will be offered for supervisors.

The FCP Oversight Committee decided to give regular updates and solicit input from the state's Youth Advisory Board to ensure that the youth voice is included; however, there is still the recognition of the struggle to have consistent participation from families. The decision was made to explore existing family forums so that representatives will request opportunities to be on the agenda to speak to those groups. The planning for coordinating those requests will be made as the groups are identified. Members of the FCP Oversight Committee will go to those meetings to solicit feedback from the families. The FCP Oversight Committee does not expect the family to be confined by the constraints or expect the families to conform to the culture and schedules of the professional network.

The approach will use the May 2015 FCP Oversight Training Subcommittee workshops as the foundation to establish quarterly Collaborative Learning Circles. The format will be facilitated discussions to recommend solution focused strategies to promote best practices within the joint assessment and service coordination for children and families. Those recommendations will inform policy and practice decisions. After gaining some experience with this proposed format, the audience will be expanded to include families, youth, foster parents and public child welfare staff.

The administrative decision has been made to assign the Quality Assurance function under the Training and Organizational Development Unit for the upcoming year. This assignment will strengthen the connection to data and continuous quality improvement to monitor trends in local departments.

The lack of practice consistency to apply training knowledge and skills is still an area of concern. The combination of Quality Assurance and the SSA Policy Integration Committee under the same unit will not only increase staff resources, but better facilitate the internal coordination to target strategies to address gaps in areas where pre-service and in-service instructions need to be supplemented by technical assistance. This will also allow for enhanced coordination to expand local department peer best practice network. The use of the FIM Participant Feedback Survey, FIM Fidelity Checklist and the general training feedback to assess the overall trends in the safety, permanency and well-being outcomes will be incorporated as part of this organizational transition. Technical assistance from the Child Welfare Capacity Building Collaborative would be helpful to sustain the vision of this infrastructure to support the integration across the child welfare continuum in Maryland.

The University of Maryland School of Social Work (UMB) was awarded the contract to continue overseeing the program as well as offering MSW stipends. UMB subcontracted with University of Maryland, Baltimore County, Morgan State University and Salisbury University to offer stipends to BSW and MSW degree candidates. DHR and the consortium universities explored ways to support the workforce needs and developing competent public child welfare professionals.

<b>Participants in Title IV-E Program</b>				
	<b>SFY2011</b>	<b>SFY2012</b>	<b>SFY2013</b>	<b>SFY2014</b>
BSW Students	25	15	10	9
MSW Students	76	71	65	76
Current DHR Employees (Included in MSW Count)	n/a	n/a	28	26

During SFY2014, there were 49 students who graduated from all the consortium schools. There were 41 MSW graduates and eight BSW graduates. Out of the 41 MSW graduates, seventeen were DHR employees. All eight of the BSW deferred employment to pursue MSW degrees. With the exception of two students, all of the remaining MSW graduates accepted or continued child welfare employment.

Priority consideration will continue to be given to current DHR employees who are interested in pursuing graduate social work education. The remaining slots will be offered to prospective employees who are interested in pursuing a career in public child welfare. A workgroup comprised of SSA, local department and MSW program representatives met to discuss modifying the seminar content to standardize the content and delivery of information between the consortium schools (University of

Maryland, Baltimore County, Morgan State University, Salisbury University and University of Maryland, Baltimore). This posed challenges based on the different academic requirements at the school. The decision was made to explore other options for standardizing the practice preparation and job expectations.

### *Implementation Supports*

SSA began development of the Title IV-E Transition/Retention Workshop series. The series will be implemented beginning in May 2015. The MSW graduates will have four seminars during this first year of employment that will address their expectations about transitioning from graduate school and support them as they make the adjustment to full-time child welfare employment. The goal is to foster peer support and sustain new hires after the employment obligation period ends. Some topics under consideration for subsequent sessions are effective use of supervision and challenges confronting child welfare staff.

The evaluation plan will be revised after the kick off for the Title IV-E Transition/Retention Workshop. SSA will collaborate with the DHR Office of Human Resources Training and Staff Development and the University of Maryland Title IV-E Education Program to make the link once students become employees. The goal will be to look at the recruitment process of prospective students and the retention of those students once they become employees. In addition, an organizational assessment of current workforces' job satisfaction will be compared to the overall child welfare outcomes for employment cohorts and Local Departments of Social Services.

## SECTION VII. RESOURCE DEVELOPMENT

### STATEWIDE INITIATIVES

#### **BIRTH TO FIVE INITIATIVES**

*Coordination of CFSP Services with Other Federal Programs*

#### ***Foster Children Under the Age of 5***

Over the past five (5) state fiscal years, children under the age of 5 have comprised approximately 22% of the total Out-of-Home (OOH) population. As this total population is expected to decrease, so is the number of children under the age of 5. As of the end of April 2015, there were 1096 children under the age of 5 in care. Not surprisingly, the majority of children (67% as of April 2015) have a permanency plan of reunification.

For all years, the largest proportion (approximately two-thirds) of these children is under 3, 66.4% as of April 2010, and 69% as of April 2015. A majority are African-American, although the percent of African-American children under the age of 5 (52% at end of April 2015) is less than that of the overall African-American portion of all children in OOH care (64%, end of April 2015). There are a corresponding higher percentage of children under 5 who are White/Caucasian (37%) than for the overall OOH population (31%), for the same time periods. A small percentage of parents of children under 5 in foster care have had termination of parental rights (TPR). As of April 2015, only 81 children under age 5 (7%) have had TPR (Data source: OOH Served EOM April 2015).

#### ***Number/Percent of Children in OOH Care Under Age 5***

	4/30/2010	4/30/2011	4/30/2012	4/30/13	4/30/14	4/30/15
Under age 5	1733	1516	1431	1315	1169	1096
All OOH	8632	7804	6982	6297	5445	4886
% of OOH under age 5	20%	19%	20%	21%	21%	22%

*Source - MD CHESSIE*

#### ***Number of Children in OOH Care Under Age 5, with Termination of Parental Rights***

	4/30/2010	4/30/2011	4/30/2012	4/30/13	4/30/14	4/30/15
Under age 5, w/ TPR	70	57	42	35	41	81

*Source - MD CHESSIE*

**Number of Children in OOH Care Under Age 5, by Permanency Goal**

	4/30/2010		4/30/2011		4/30/2012		4/30/2013		4/30/2014		4/30/2015	
	#	%	#	%	#	%	#	%	#	%	#	%
Adoption	271	16%	201	13%	206	14%	183	14%	159	14%	202	18%
APPLA - Child Requires Long Term Care	4	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Guardianship	85	5%	77	5%	85	6%	70	5%	63	5%	55	5%
Live with Other Relative(s)	171	10%	80	5%	47	3%	24	2%	20	2%	12	2%
Reunification	1000	58%	940	62%	902	63%	924	70%	841	72%	97	67%
Not Yet Determined/Missing	202	12%	218	14%	191	13%	114	9%	86	7%	97	9%
<b>Grand Total</b>	<b>1733</b>	<b>100%</b>	<b>1516</b>	<b>100%</b>	<b>1431</b>	<b>100%</b>	<b>1315</b>	<b>100%</b>	<b>1169</b>	<b>100%</b>	<b>1096</b>	<b>100%</b>

Source - MD CHESSIE

**Demographics - Children in OOH Care Under Age 5**

<b>By Gender</b>	4/30/2010		4/30/2011		4/30/2012		4/30/2013		4/30/2014		4/30/2015	
	#	%	#	%	#	%	#	%	#	%	#	%
Female	847	49%	725	48%	701	49%	633	48%	553	47%	508	46%
Male	886	51%	791	52%	729	51%	682	52%	614	53%	588	54%
<b>By Race*</b>												
Black/African - American	983	57%	792	52%	736	51%	704	54%	634	54%	550	52%
Other/Multiple/Unknown	115	7%	89	6%	79	6%	63	5%	69	6%	119	10%
White Caucasian	504	29%	502	33%	508	35%	548	42%	466	40%	406	37%

	4/30/2010		4/30/2011		4/30/2012		4/30/2013		4/30/2014		4/30/2015	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>By Ethnicity**</b>												
Hispanic	66	3.8%	69	4.6%	61	4.3%	55	4.2%	45	3.9%	44	4%
Not Hispanic	1416	81.7%	1243	82.0%	1201	83.9%	1082	82.3%	952	81.4%	886	80.84%
<b>By Age</b>												
0	312	18.0%	262	17.3%	263	18.4%	264	20.1%	245	21.0%	207	19%
1	433	25.0%	375	24.7%	323	22.6%	326	24.8%	305	26.1%	289	26%
2	405	23.4%	351	23.2%	320	22.4%	251	19.1%	229	19.6%	257	23%
3	317	18.3%	290	19.1%	265	18.5%	254	19.3%	194	16.6%	181	17%
4	266	15.3%	238	15.7%	260	18.2%	220	16.7%	196	16.8%	162	15%
<b>TOTAL</b>	<b>1733</b>	<b>100%</b>	<b>1516</b>	<b>100%</b>	<b>1431</b>	<b>100%</b>	<b>1315</b>	<b>100%</b>	<b>1169</b>	<b>100%</b>	<b>1096</b>	<b>100%</b>

\*Race - American Indian, Asian, and Native Hawaiian/Pacific Islander together make up less than 1% each year; remainder are unknown/race declined (5-9% each year)

\*\*Ethnicity - Unknown/no response equals 10-14% each year

Source - MD CHESSIE

### Maryland's Results for Child Well-being

Maryland has put an important emphasis on ensuring and promoting positive child well-being outcomes for children 5 and under. The state realizes how crucial it is to monitor the progress of children in several areas, and chose three overarching themes and eight results areas to describe child well-being across all age groups. Of the eight result areas the five target children 5 and under (they are listed in blue below):

## Maryland's Three Overarching Themes

1. Health
2. Education
3. Community Life

## Maryland's Eight Results for Child Well-Being

- Babies Born Healthy
- Healthy Children
- School Readiness
- School Success
- School Completion
- School Transition
- Safety
- Stability

To read more about Maryland's Results for Child Well-being please see <http://goc.maryland.gov/results/>

Along with Maryland's Results for Child Well-Being, the Children's Cabinet made children 5 and under a priority. The efforts have focused on the following initiatives: Funding Evidence-Based Home Visiting Practices; Ready at 5; the Five-Year School Readiness Action Agenda; efforts to reduce substance exposed infants; and concurrent permanency planning.

### *Ready At 5*

Ready At Five is a statewide public-private partnership committed to ensuring that every child enters school fully ready to succeed. Ready At Five was founded in 1992 by six prominent organizations dedicated to Maryland's young children in response to the first National Education Goal, "All children will enter school ready to learn." As a board designated program of the Maryland Business Roundtable for Education, Ready At Five monitors the school readiness of Maryland's young children, advocates for systemic change in early care and education, and explores and promotes innovative models aimed at improving the school readiness of children birth to age 5. To support parents, early educators, public school teachers, and community leaders in their role as "First Teachers," Ready At Five provides professional development opportunities and a variety of multilingual resources.

Ready At Five aims to improve the school readiness of Maryland's young children, birth to age 5. Ready At Five works toward this goal by:

- Coalescing, influencing, and galvanizing key stakeholders, policy makers, and communities to support early care and education
- Providing professional development to build a vibrant, highly skilled workforce of "First Teachers"—parents, early educators, and pre-k and kindergarten teachers
- Promoting high quality early learning environments and best practices to ensure positive results for young children



For more information about the 2014 accomplishments, please review the Ready At Five 2014 Annual report: <http://www.readyatfive.org/download-document/about-raf/857-annual2014/file.html>

### *Five-Year School Readiness Action Agenda*

In collaboration with early childhood stakeholders and with guidance from the 40-member Maryland Early Care and Education Committee, the Maryland State Department of Education (MSDE) is implementing the Five-Year School Readiness Action Agenda. The Action Agenda was developed through collaboration among MSDE, child-serving agencies, the private sector, the Children's Cabinet, and the Annie E. Casey Foundation. The Action Agenda consists of six goals and 25 strategies to increase the number of children entering school ready to learn. With the support of the Governor's Office and the General Assembly, the Action Agenda was adopted by the Children's Cabinet and is now the official plan for early care and education in Maryland.

### The Action Agenda Goals

1. All children, birth through age 5, will have access to quality early care and education programs that meet the needs of families, including full-day options.
2. Parents of young children will succeed in their role as their child's first teacher.
3. Children, birth through age 5, and their families, will receive necessary income support benefits and health and mental health care to ensure they arrive at school with healthy minds and bodies.
4. All early care and education staff will be appropriately trained in promoting and understanding school readiness.
5. All Maryland citizens will understand the value of quality early care and education as the means to achieve school readiness.
6. Maryland will have an infrastructure that promotes, sufficiently funds, and holds accountable its school readiness efforts.

For more information about the action agenda and children entering school ready to learn please review: [http://www.marylandpublicschools.org/MSDE/divisions/child\\_care/ready.htm](http://www.marylandpublicschools.org/MSDE/divisions/child_care/ready.htm)

### *Home Visiting*

Home Visiting is a voluntary early childhood strategy that can enhance parenting, and promote the growth and development of young children. Evidence-based home visiting programs are focused, individualized and culturally competent services for expectant parents, young children and their families, and caregivers (including friends, neighbors and kinship caregivers) in their homes. They help families strengthen attachment, provide optimal development for their children, promote health and safety, and reduce the potential for child maltreatment.

Five evidence-based home visiting programs are in use in Maryland: Nurse-Family Partnership, Healthy Families America, Parents as Teachers, HIPPI, and Early Head Start. The total capacity of these programs is enough to serve only a small percentage of estimated eligible families who would choose to participate. There are other home visiting programs in Maryland such as Baltimore City's Healthy Start program, and the Maryland State Department of Education's Infants and Toddlers program that provide

family support and education focused on the family's needs. For an overview on Home Visiting, please refer to “Home Visiting in Maryland: Opportunities & Challenges for Sustainability” prepared by The Institute for Innovation and Implementation (<http://theinstitute.umaryland.edu/topics/ebpp/homevisiting.cfm> ).

A comprehensive State Plan for Home Visiting was developed as part of Maryland’s implementation of the Affordable Care Act and each Maryland jurisdiction will create a plan for its specific communities. These plans will assist the State and local jurisdictions in addressing gaps and bringing Home Visiting to more families as funding becomes available ([http://fha.dhmdh.maryland.gov/mch/SitePages/home\\_visiting.aspx](http://fha.dhmdh.maryland.gov/mch/SitePages/home_visiting.aspx)).

### *Early Childhood Mental Health Consultation (ECMHC)*

Early Childhood Mental Health Consultation (ECMHC) is designed to improve the ability of early care and education (ECE) program staff and families to address mental health problems, particularly behavioral, in children birth-five years. Services include:

- observation and assessment of the child and the classroom environment
- referring children and families to Maryland’s Infants and Toddlers program, Child Find, and other appropriate mental health services
- training and coaching of early care and education providers to meet children’s social and emotional needs
- assisting children in modifying behaviors
- helping providers retain and serve children with behavioral and other mental health needs

ECMHC has two general approaches:

1. *child- and family-focused consultation* – targets the behavior of a specific child in an ECE setting
2. *classroom-focused or program consultation* – targets overall teacher-child interaction within ECE classrooms

The Early Childhood Mental Health Consultation (ECMHC) Fidelity and Outcomes Monitoring project is a collaborative effort between the Maryland State Department of Education (MSDE) and The Institute to evaluate the utilization, fidelity and outcomes of Maryland's ECMHC programs. The ECMHC Project is supported by Maryland's Children's Cabinet and aligns with MSDE's goals of quality improvement and data-based decision-making. The ECMHC project provides ongoing monitoring of ECMHC programs for the State of Maryland in an effort to strengthen implementation sustainability of ECMHC, drive the improvement of outcomes for those served and secure funding for these vital programs that intend to enhance children's social/emotional development and school readiness. For more information on ECMHC please visit: [http://marylandpublicschools.org/MSDE/divisions/child\\_care/program/ECMH.htm](http://marylandpublicschools.org/MSDE/divisions/child_care/program/ECMH.htm) or <http://theinstitute.umaryland.edu/topics/ebpp/ecmhc.cfm>

### *Social Emotional Foundations of Early Learning (SEFEL)*

In Maryland, SEFEL is being implemented in a variety of early childhood settings, including early care and

education and elementary schools, through a multi-agency effort led by the Maryland State Department of Education (MSDE). The purpose of SEFEL is to promote the social emotional competence of young children. The Institute for Innovation and Implementation (The Institute) is assisting the multi-agency effort in the development of a SEFEL initiative in Maryland. As part of that initiative, The Institute is creating a SEFEL fidelity and outcomes monitoring system for the State of Maryland. The system is being designed to provide the necessary data to help improve training and implementation efforts. The SEFEL Project will build upon the Early Childhood Mental Health Consultation Outcomes Monitoring System. For more information on SEFEL, please visit: <https://theinstitute.umaryland.edu/SEFEL/>

### **EMPHASIS ON DATA-DRIVEN DECISION MAKING AND EVIDENCE-BASED AND PROMISING PRACTICES**

The Children’s Cabinet agencies have made a commitment to utilizing evidence-based and promising practices to ensure that effective community education, opportunities, support, and treatment options are available to the children, youth and families for whom they are appropriate. The Children’s Cabinet demonstrated its commitment to implementing that recommendation by providing funding to support implementation, fidelity and outcomes monitoring, and fiscal analysis of EBPs.

The Institute for Innovation and Implementation (The Institute) has partnered with Children’s Cabinet agencies to: Obtain data on existing EBPs in Maryland; provide training on identified EBPs; identify funding mechanisms to support the ongoing implementation and sustainment of EBPs; conduct fidelity monitoring on EBP implementation; and, evaluate outcomes of EBPs.

The following EBPs are currently being implemented in Maryland: Brief Strategic Family Therapy (BSFT); Early Childhood Mental Health Consultation (ECMHC); Functional Family Therapy (FFT); High Fidelity Wraparound; Home Visiting; Motivational Interviewing (MI) Multi-Dimensional Treatment Foster Care (MTFC); Trauma-Focused Cognitive Behavioral Therapy (TFCBT); Multi-Systemic Therapy (MST) ; Parent Peer Support Partners; and Social Emotional Foundations of Early Learning (SEFEL).

Evidence-based home visiting is the newest EBP to be added to the Children’s Cabinet Agenda as a focus for the partnership with the Institute. Home visiting as a whole has been in place in Maryland for several years. On April 10, 2012, the Home Visiting Accountability Act of 2012 (Act) was signed into law under Chapter 79, (Senate Bill 566, House Bill 699). This Act requires that:

- the State to fund only evidence-based or promising practice home visitation programs (as identified in the Home Visiting Evidence of Effectiveness Project of the federal Department of Health and Human Services) for improving parent and child outcomes;
- not less than 75% of State funding for home visiting programs be made available to evidence-based home visiting programs;
- State funded home visiting programs submit regular reports that account for expended funding, identify the number and demographic characteristics of the individuals served, and notes the outcomes achieved by the home visiting programs; and
- Governor’s Office for Children (GOC) develops the reporting and monitoring procedures for State funded home visiting programs.

Functional Family Therapy (FFT) focuses on family intervention for at-risk youth 10-18 years of age. The issues addressed are acting out to conduct disorder to alcohol and/or substance abuse. This model was duplicated with other child-serving systems and contributed to reductions in drop-out rates, re-offending and violent behavior, and sibling entries. FFT has positive impacts on families and youth. For more information of FFT please go to: <http://theinstitute.umaryland.edu/topics/ebpp/fft.cfm>

Multidimensional Treatment Foster Care is a behavioral treatment alternative to group or residential treatment, incarceration, or hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disabilities, and delinquency. MTFC's target population is high-risk youth ages 12-17 and their families; targeted youth include those with histories of severe or chronic delinquent behavior who are at risk of incarceration as well as youth with emotional and behavioral disabilities who are at risk of psychiatric hospitalization. Eligible youth typically participate in MTFC for 6 to 9 months before discharging from treatment. More details about the implementation of MTFC can be found in the Annual report which can be found at: [http://theinstitute.umaryland.edu/topics/ebpp/docs/MTFC/MTFCAnnualReport\\_FINAL.pdf](http://theinstitute.umaryland.edu/topics/ebpp/docs/MTFC/MTFCAnnualReport_FINAL.pdf)

Multi-Systemic Therapy (MST) can be used as an alternative to Out-of-Home Placement. This program targets youth 12-17 years of age and their families. This treatment includes daily contact with families, either by telephone or in-person contact and emphasizes preparing caregivers to adhere to the model. More details about the implementation of MST can be found at: <http://theinstitute.umaryland.edu/topics/ebpp/mst.cfm>

In addition, DHR continues to explore other EBP opportunities to serve our youth and families. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is becoming increasingly available around Maryland, and is funded through Medicaid. TF-CBT is an approach used with children 4-18 years of age who exhibit significant behavioral or emotional problems related to exposure to traumatic events, and their primary caregivers. Given the trauma issues that many children experienced related to abuse they experienced, the Department worked with the LDSS' to increase their awareness of the benefits and availability of this evidence-based intervention. Montgomery County, Baltimore City and the Eastern Shore currently participate in these programs.

In September 2013, the National Center for Evidence-Based Practice in Child Welfare (NCEBPCW) at the University of Maryland, School of Social Work was awarded a five- year cooperative agreement by Children's Bureau to help pilot jurisdictions build capacity to sustain quality, accessible, evidence-based treatment for children, youth and families served by the child welfare system. The Baltimore County Department of Social Services applied and was selected by NCEBPCW as a pilot site. With technical support from NCEBPCW, Baltimore County is implementing "Partnering for Success, an integrated workforce competency model that is designed to improve mental health outcomes for children and youth who are involved in child welfare." It is an opportunity for child welfare and mental health professionals to join forces in a collaborative approach to implement trauma-informed services that support the emotional and behavioral health needs of children and families. Partnering for Success includes a cross-systems collaboration that uses Cognitive Behavioral Therapy (CBT)+ intervention and incorporates approaches in four treatment areas:

- CBT+ Anxiety
- CBT+ Depression
- Parent Behavior Management (or Behavioral Parent Training) for Behavior Problems.
- Trauma Force-CBT (for trauma-specific distress)

Baltimore County began the pilot program in November 2014 and developed Implementation Leadership Team. The membership composition of the team includes Baltimore County DSS administrators, local community mental health providers, SSA and NCEBPCW representative who facilitate the discussions. The goal of the team is to establish cross-system collaboration to develop protocols, select recruitment criteria, create a referral process and monitor the implementation.

Training was the first phase of implementing the evidence-based practice. In December 2014, forty (40) Baltimore County child welfare staff and forty (40) community mental health clinicians who provide services to child welfare children and families participated in a specialized CBT+ collaborative trainings. The training model included 10 hours of online training that needed to be completed prior to the 2 full day and 3 full day sessions for child welfare staff and community mental health providers respectively.

#### *Implementation Supports*

The pilot program is in the infancy stages. Additional training needs will be assessed. The plan is to encourage Baltimore County child welfare staff to refer new cases to one of participating community programs for mental health services. Conducting CANS assessments is already part of the model for new clients. Efforts will be made to strengthen the connection between the child welfare staff and the mental health clinician.

### **STATEWIDE CARE MANAGEMENT ENTITY & CARE COORDINATION ORGANIZATIONS**

The Care Management Entity (CME) in Maryland serves as an entry point for specific populations of children, youth and families with intensive needs so that they can achieve the goals of safety, permanency, and well-being through intensive care coordination using a Wraparound service delivery model and the development of home- and community-based services.

The statewide CME has been operational for three years after initial procurement in 2012. Following re-procurement in 2014, the Governor's Office for Children (GOC), on behalf of the Children's Cabinet, again awarded a two-year contract for the statewide CME to serve multiple youth populations funded by Children's Cabinet Interagency Funds (CCIF) and a SAMHSA Systems of Care Grant (Rural CARES).

Currently, the CME serves youth in their homes and communities, including those enrolled in Rural CARES and three CCIF initiatives: Stability Initiative for Juvenile Justice, Stability Initiative for Child Welfare, and the SAFETY Initiative. The Stability Initiatives serve youth with a diagnosis of serious emotional disturbance (SED) that are at risk of out-of-home placement or in out-of-home placement. In addition, Stability Initiative for Juvenile Justice serves youth who are reentering the community following a placement. Stability Initiative for Child Welfare additionally works with active Child Protective Services/In-Home Services cases, youth at risk for voluntary placement agreement or who are

working toward family reunification after an out-of-home placement. The SAFETY initiative serves youth who are discharged from a RTC placement with a discharge plan that recommends community-based services, youth who are enrolled in a Home and Hospital Program, and at-risk youth experiencing significant behavioral difficulties. Youth may be referred to the SAFETY initiative by local school systems, Local Care Teams, or Core Service Agencies.

In October 2014, Maryland launched a redesigned Targeted Case Management (TCM) Program for children and youth provided by Care Coordination Organizations (CCOs) that are comparable to a CME in structure and function. This program serves eligible Medical Assistance participants. At the same time, the State received approval for a new Section 1915i Medicaid State Plan Amendment that authorizes a special community-based benefit package for some youth with serious behavioral health disorders. The revamped TCM program serves youth in the community using a three-level care coordination model. Youth at the highest level of care coordination (Level III) receive intensive care coordination via the Wraparound service delivery model, and may also receive additional 1915i services if the family meets income eligibility. Each local Core Service Agency has procured, or is in the process of procuring, a local CCO. DHMH is collaborating with local entities to develop the service array required for 1915i implementation. According to Medicaid mandates, Maryland’s 1915i program must be statewide within 5 years of the program approval date.

Through a SAMHSA Systems of Care Expansion Implementation Grant, Launching Individual Futures Together (LIFT) has piloted the program model for a CCO providing TCM in Baltimore County. LIFT is partnering with DHMH’s statewide process to share lessons learned and prepare for full 1915(i) implementation by developing the local service array and leveraging the newly-available Medicaid funding for intensive care coordination.

**GRANTS AND INITIATIVES WITH DHR INVOLVEMENT**

<b>Grant Name</b>	<b>Funding Source</b>	<b>Grant Period</b>	<b>Estimated funding amount</b>	<b>Brief Description</b>
<b>1915(i) Home and Community State Plan Amendment</b>	Medicaid Title XIX	Approved 10/1/2014	FFY15: \$5 million	Will allow youth who meet specific financial criteria and are ages 0-22 with serious behavioral health problems access to the full range of Medicaid services and intensive care coordination using Wraparound

Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
<b>Child Sex Trafficking Victims Initiative</b>	ACF	2014-2019	\$1,250,000	ACF Grant to build internal capacity for addressing the issue of sex trafficking within the child welfare population. This initiative will spearhead efforts to develop a cohesive training plan for DHR staff, develop a screening tool to better identify trafficked and exploited youth, and build infrastructure capacity between state and local child welfare agencies and victim services providers to ensure that children and adolescents who have been trafficked or are at-risk for being trafficked have access to an array of comprehensive, high-quality services.
<b>LIFT</b>	SAMHSA	10/1/12 – 9/29/16	FFY15: \$997,547	System of Care expansion grant that allows Baltimore County youth with serious emotional disturbance to access wraparound services
<b>LINKs</b> (The Multi-agency data collaborative at the University of Maryland)	University of Maryland, School of Social Work and the Annie E. Casey Foundation	7/1/2014 - 6/30/2016	approximately \$100,000 annually	Linking Information to eNhanCe Knowledge (LINKS) is a multi-agency data collaborative that aims to facilitate comprehensive, data-driven, evidence-based decision making in Maryland through the use of a linked data system. LINKs is designed to meet the demand from stakeholders at all levels (local, state, and federal) for quality, up-to-date, longitudinal data and information related to overall program efficiency and effectiveness in serving the children, youth, and families of Maryland.

<b>Grant Name</b>	<b>Funding Source</b>	<b>Grant Period</b>	<b>Estimated funding amount</b>	<b>Brief Description</b>
<b>MD CARES</b>	SAMHSA	10/1/08 – 9/29/14	FFY15 (N/A carryover):	Center for Mental Health Initiative grant that allows Baltimore City youth with serious emotional disturbance who are in or at-risk for entering the foster care system to receive wraparound services
<b>Project LAUNCH</b>	SAMHSA	10/1/12 – 9/30/17	FFY15: Approx. \$800,000	Demonstration grant to improve health and well-being among children ages 0-8 in Baltimore City
<b>Rural CARES</b>	SAMHSA	10/1/09 – 9/29/15	FFY15: \$1,000,000	Center for Mental Health Initiative grant that serves youth in 9 Eastern Shore counties with serious emotional disturbance who are in or at-risk for entering the foster care system in a CME using the Wraparound model
<b>SAFETY Initiative</b>	MD Children's Cabinet Interagency Fund	2012 – TBD	N/A	Serves youth with significant behavioral difficulties in a CME using the Wraparound model
<b>Stability Initiative</b>	MD Children's Cabinet Interagency Fund	2012 – TBD	N/A	Serves youth with serious emotional disturbance who are at-risk of out-of-home placement in a CME using the Wraparound model
<b>Thrive@25</b>	ACF	9/30/13 – 9/29/15	Total: \$715,845	Planning grant to prevent and end homelessness among youth involved with the child welfare system and with child welfare histories.
<b>Youth REACH MD</b>	MD Dept of Housing & Community Development	9/30/14- 9/30/17	N/A	Demonstration project to identify and enumerate unaccompanied & homeless youth and young adults in 6 areas of the state



## **Maryland Family Network**

Community-Based Child Abuse and Prevention (CBCAP), Title II of IV-B Report to Department of Human Resources

### ***Background***

Maryland Family Network (MFN), an independent non-profit organization is Maryland's lead agency for the Community-Based Child Abuse and Prevention (CBCAP) program. The organization's mission is to ensure that young children and their families have the resources to succeed. MFN is governed by a Board of Directors who, in matters related to the establishment and operation of the family support network, solicits input and feedback from parents and providers of the Family Support Center network and Early Head Start Policy Council. A parent and a representative of a local program are members of the Board. Via contracts, it acts as a fiscal and management intermediary between funders, most notably the State, and community-based providers. It provides fiscal support, grants management, technical assistance, training, and quality assurance to child abuse prevention programs throughout the State, known as Family Support Centers.

MFN acts as liaison, partner and advocate with state agencies, most notably the Maryland Department of Human Resources through participation on such decision-making state-sponsored bodies as the Maryland Family and Children's Services Advisory Board, the Maryland IV-E Waiver Advisory Council, and the Maryland Caregivers Support Coordinating Council. Active participation with other statewide groups includes the State Council on Child Abuse and Neglect (SCCAN), the State Advisory Council for Early Childhood Education and Care; the Head Start State Collaboration Project; and the State Interagency Coordinating Council for Individuals with Disabilities Education Act (IDEA) Part C.

### **Accomplishments: May 2014 through April 2015**

#### **Goal 1: Improve the safety for all infants, children, and youth**

MFN accomplished this goal using three primary service delivery strategies:

**Family Support Center Network** (23 centers statewide). MFN coordinates the operation of community-based Family Support Centers (FSCs) that served over 2,500 families who are raising infants and toddlers while facing barriers to success, such as poverty, limited education, limited English proficiency, single-parenting, and domestic violence. They are located in neighborhoods with high concentrations of poverty and other factors that put children at risk for child maltreatment. Prevention services delivered to over 5,100 individuals common to all 23 programs included: parent education and respite, infant/toddler programs, self-sufficiency programs, home visiting, service coordination, health education, parent involvement, and resource development. MFN expanded the provision of Early Head Start programs in Baltimore City this past year with the opening of six home- and center-based programs serving 275 pregnant women, infants and toddlers and their families. Family Support Centers work with their local departments of social services as information and referral resources for families.

**Maryland Child Care Resource Network** (12 centers statewide). MFN established and coordinates the operation of Child Care Resource Centers (CCRCs) that provide training and technical assistance each year to approximately 28,000 child care professionals. Training services enhance the quality of care when the child care providers participate in high-quality professional development and training opportunities. Each Child Care Resource Center provides training and professional development opportunities to child care providers, through workshops, series training, conferences, and professional development institutes. **LOCATE: Child Care**, with statewide database services housed at MFN, provided phone counseling to approximately 4,400 parents a year seeking child care for about 6,300 children. LOCATE: Child Care counsels parents on locating and selecting licensed, quality child care best suited to their needs, preferences and ability to pay. Over 22,000 parents (unique users) used the online LOCATE service performing 98,040 searches for child care, and 3,991 searches in the After-School Activities database.

## **Goal 2: Achieve permanency for all infants, children, and youth**

Maryland Family Network and its community-based partners offer program services aimed at prevention and early intervention. Family support programs continue to make a positive difference in the lives of vulnerable families. The families served through our statewide network of Family Support programs are predominantly low-income, single heads of households, raising infants and toddlers, often alone. Many of the parents who come through the doors were adolescents when they first became pregnant, many of them are displaced and in transition, and most lack a high school education or job history. Reaching this group is essential to prevent child abuse and neglect, break the cycle of poverty, and move two generations towards social and economic self-sufficiency.

In an effort to prevent foster care placements and achieve permanency for families, Family Support programs offered supports to grandparents raising grandchildren, services for families whose children have been removed by child welfare, home visits for adjudicated youth who are parents, and outreach to non-custodial fathers. Family Support Centers (FSC) have provided direct services to homeless families within the Centers and at shelters and to migrant workers. Programs provide ESOL classes and family literacy services and employ staff who speaks compatible languages with diverse populations. In addition, MFN demonstrated an extraordinary commitment to children with disabilities and their families as FSCs have provided “natural environments” for inclusion of infants and toddlers with disabilities.

Through LOCATE: Child Care, MFN published a Respite Care Resource Guide to help parents identify potential applicants for respite care. The Guide provides a list of agencies and organizations that offer respite care services to families in Maryland. The resources included in the Guide are intended as referrals only and are not given as recommendations. All of the information about the services is submitted from the agencies themselves. MFN/LOCATE does not license, endorse, or recommend any of the agencies or the caregivers and urges parents to take the necessary precautions when selecting a caregiver for their child or adult. The Guide provides concrete information for parents to use with recruiting, interviewing, and selecting respite care providers; including guidance with conducting background checks.

### **Goal 3: Strengthen the well-being for all infants, children, and youth**

Maryland Family Network is the State lead for Strengthening Families incorporating the *Protective Factors* throughout its network of Family Support programs. Protective factors are conditions or attributes of individuals, families, and communities that reduce or eliminate risk and promote healthy development and well-being of children and families. These factors help ensure that children and youth function well at home, in school, at work, and in the community. Protective factors also can serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Research has found that successful interventions must both reduce risk factors and promote protective factors to ensure child and family well-being. MFN has trained hundreds of Maryland child care providers, human services workers, and others on the *Strengthening Families/Protective Factors* approach to service delivery.

Efforts to strengthen parental knowledge of child development, build social connections, and provide parents with leadership skills was provided again this year through a structured Parent Leadership program. Sixty (60) parents within Maryland's network of Family Support and Early Head Start Centers received up to four days of intensive leadership training. The Parent Leadership Institute is comprised of two levels: introductory and advanced. The introductory session focuses on defining leadership, decision making, communication skills, and critical thinking. The session culminated with action planning for the use of skills acquired. The advanced session provides opportunities for participants to engage in skill building activities, testing their own abilities and confidence, and engaging in relationships with parents from other jurisdictions. Parents participated from many jurisdictions throughout the State (Prince Georges, Anne Arundel, Caroline, Dorchester, Cecil, Frederick, Allegany, Washington, Carroll counties and Baltimore City). The focus of the training was placed on the parents' role as adults building on self-sufficiency and informed decision making, thereby enhancing their role as advocates for their children and families. One of the highlights of this training was the identification of parent leaders to speak before our stakeholders. Several did so throughout the year, including fathers.

Among the core services of the Family Support and Early Head Start Centers is the provision of a child development program for very young children. Over 2,600 infants and toddlers were provided with developmentally appropriate and individualized programming to maximize the child's development and foster positive parent/child relationships that lay the foundation for success in future settings. Age-appropriate curriculum for infants and toddlers is provided; screenings for developmental delays using the Ages and Stages questionnaire (ASQ) and immunization checks. Across all programs statewide, 95% of participating children were immunized on time.

#### **Plans for May 2015 – April 2016**

Continuation and sustainability of existing program services as described above is MFN's focus for the next year. In addition, Maryland Family Network will expand Early Head Start (EHS) services to 55 children and families in five current EHS sites in four Maryland jurisdictions, in partnership with four community-based partners. MFN will add 52 EHS slots to one new child care center and one existing

child care center serving the west side of Baltimore City. 24 slots will be placed at the newly created Sarah's Hope Center, which is being constructed by St. Vincent de Paul at its homeless services facility and which will be operated by Parents and Children Together (PACT). 28 slots will be added to the Dukeland Child Care Academy, and the EHS program will be managed by Metro Delta Sorority. Total number of new child care slots to be provided to families with young children will be 107.

## **PROMOTING SAFE AND STABLE FAMILIES (PSSF)**

### *Coordination of CFSP Services with Other Federal Programs*

#### **OVERVIEW**

The Department of Human Resources (DHR), as the designated Title IV-B agency, administers this Plan based on the philosophy that children should be protected from abuse and neglect and, whenever possible, families should be preserved and strengthened in order to nurture and raise children in safe, healthy and stable communities. Service interventions are based on a set of beliefs about outcome-based practice that is both strength-based and child focused and family centered, underscoring the importance of timely, culturally appropriate, comprehensive assessments and individualized planning on behalf of the children and families that come to the attention of the Department.

Maryland continues to use the Promoting Safe and Stable Families grant (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. Funds are allocated to local departments on a State Fiscal Year basis, \$50,000 of the adoption promotion funds will be used for post-adoption services. Ten percent of the funds are set aside for discretionary activities and ten percent for administrative costs.

Maryland continues to monitor closely the spending by the local departments to ensure that the PSSF grant is spent in the following service categories: family support; family preservation; time-limited reunification; and adoption promotion, split evenly (20%) between the program areas. SSA receives monthly expenditure reports from the DHR Budget office in the Policy Directives for the above-mentioned services to monitor spending. In addition, SSA has language in the policy directives that informs local departments that if ½ of their allocation is not spent by January 1st of a particular year, any remaining amount will be subject to reallocation to other local departments that are spending their funds.

#### **TIME-LIMITED REUNIFICATION**

The twenty-four Local Departments of Social Services offer time-limited family reunification services. For SFY 2016, the allocation to the local departments will continue to be based on the number of children in the foster care system 15 months or less. One strength of time-limited reunification services is that each local can match the needs of the population served in its jurisdiction to the purchased services; however all the services are aimed at reunifying the family. Approximately 1,550 families and 2,150 children were served in SFY 2014. It is estimated that the same number of families and children will be served in SFY 2016. The types of services provided include:

- Individual, group and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Mental health services;
- Assistance to address domestic violence;
- Temporary child care and therapeutic services for families, including
- Crisis nurseries;
- Transportation; and
- Visitation centers

### **ADOPTION PROMOTION AND SUPPORT SERVICES**

The twenty-four Local Departments of Social Services offer adoption promotion and support services to remove barriers to a finalized adoption, expedite the adoption process, and encourage more adoptions from the foster care population, which promote the best interests of the children. The Department issues a policy directive each fiscal year that provides details and examples of how the adoption promotion money can be spent. For the SFY 2015 funds, the allocation for each local department is based on the number of children with a goal of adoption. The local departments are required to submit a plan each year that describes how they will spend their allocation. For SFY 2014, approximately 2,800 families and 2,960 children were served. It is estimated that the same number of families and children will be served in SFY 2016.

The types of services provided include:

- Respite and child care;
- Adoption recognition and recruitment events;
- Life book supplies for adopted children;
- Recruitment through matching events, radio, television, newspapers; journals, mass mailings; adoption calendars and outdoor billboards;
- Picture gallery matching event, child specific ads, and video filming of available children;
- Promotional materials for informational meetings;
- Pre-service and in-service training for foster/adoptive families;
- National adoption conference attendance for adoptive families; and
- Materials, equipment and supplies for training;
- Foster/Adoptive home studies; and
- Consultation and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption in making a commitment.

### **FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES**

In SFY 2015, family preservation and family support funds through PSSF were allocated to all 24 local departments in Maryland. Most of the local departments operate a specific program with these funds. The local departments that were not allocated funds for a specific program received “flex funds” that can be utilized to pay for a variety of supportive services for families receiving in-home services. The amount of the “flex funds” allocation depends on the caseload for in-home services. In SFY 2015, the following jurisdictions received “flex funds”: Anne Arundel County, Baltimore City, Caroline County, Dorchester County, and Kent County.

A proposal was required from the local departments to be considered for funding in SFY 2016 for a specific family preservation and family support service or program. An evaluation workgroup reviewed and scored the proposals. After an average score was obtained, the proposals were ranked. Most of the local departments have been awarded funds for a specific family preservation or family support program. The local departments that were not awarded funding for a particular program in SFY 2016 will receive “flex funds” that can be utilized to pay for a variety of supportive services for families receiving in-home services. The amount of the “flex fund” allocation depends on the caseload for in-home services. The following jurisdictions will receive “flex funds” in SFY 2016: Anne Arundel County, Baltimore City, Caroline County, and Dorchester County. Garrett County and Cecil County will also most likely receive flex funds. In addition to receiving funds for a specific program, Prince George’s County and Wicomico County will most likely be receiving “flex funds”.

A strength of the PSSF family preservation and support service programs is that the local jurisdictions help to develop an adequate service array throughout the State by filling service gaps. All of the family preservation and support programs are different and are based on the needs in the respective jurisdiction. In addition, many of these programs are located in rural areas, including Allegany and Washington counties in Western Maryland; St. Mary’s, Calvert, and Charles counties in Southern Maryland; and several jurisdictions on the Eastern Shore.

Another strength of the PSSF family support and preservation services is that they are either provided in-home or they are located in accessible locations in various communities in the State. Some programs provide vouchers to clients for public transportation or cabs so they are able to receive services. The PSSF family support and preservation services are available to all families in need of services, including birth families, kinship families, and adoptive families.

In addition, some of the PSSF family preservation and support programs in the local jurisdictions are evidenced-based practices, including Healthy Families, Strengthening Families, Functional Family Therapy, and various parenting curriculums that are utilized as part of parenting workshops.

In the first two quarters of SFY 15, the family preservation and support services program served approximately 545 families, 59 individual participants, 29 pregnant and parenting teens, and 26 children who received respite services. The parents and children are not included in the family count, and pregnant and parenting teens are not included in the overall parent count. Approximately the same number of families will be served in SFY 2016.

The Local Departments of Social Services are required to complete a Maryland Family Risk Assessment (MFRA) on every family at the beginning and end of the service. In addition, the local departments are required to track families at 6 and 12 months post-closing for indicated cases of child abuse and neglect and Out-of-Home Placements. The local departments are required to report the overall MFRA scores and the outcome data for any indicated cases of abuse and/or neglect and out-of-home placements.

Listed below is a description of the family preservation and family support programs that will likely continue in FFY 2016.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2014
Allegany County	Parenting workshops are provided that utilize the Incredible Years' parenting curriculum. The workshops are offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training.	Family Preservation	53 families served. No indicated abuse and no out-of-home placements between 6 and 12 months post-closing; 66 families tracked.
Anne Arundel County	Flex Funds are used for Interpreter services for non-English speaking families; Supportive services not covered by medical assistance or other programs(i.e. anger management, play therapy, parenting classes); Daycare/summer camps; supportive services for kinship families; and rent and utility assistance.	Family Preservation "Flex Funds"	88 families served. No indicated cases of abuse and no out-of-home placements 6 months post-closing; 1family tracked.
Baltimore City	Flex funds are used to contract with The Choice Program to provide treatment services to youth including case management, counseling, crisis prevention/intervention, and wraparound services. In addition, "flex funds" are used to provide supportive services to families receiving in-home services.	Family Preservation "Flex Funds"	Data Unavailable
Baltimore County	Functional Family Therapy, and in-home mental health intervention, will be provided to families with children ages 10 or older and who are involved with the child welfare system.	Family Preservation	31 families served. No indicated cases of abuse at 6 months; 2 indicated cases of abuse at 12 months but no out-of-home placements; 11and 18 families were tracked at 6 and 12 months post-closing, respectively.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2014
Calvert County	Contracts out with a provider for an in-home parenting program that provides services to at-risk families. The program includes weekly home visits initially and decreases in intensity as the families become more stable. Families also have the option of attending a six week parenting group based on the "Active Parenting" curriculum.	Family Preservation	53 families served. No indicated cases of abuse and no out-of-home placements 6 and 12 months post-closing; 16 and 14 families tracked at 6 and 12 months post-closing, respectively.
Caroline County	Flex Funds are used to contract with a provider for In-Home Aide Services. This service would provide teaching and modeling of parenting skills, life skills, employment and job search techniques, and how to advocate for one-self.	Family Preservation "Flex Funds"	35 families served No data provided
Carroll County	Weekly formal parenting education classes that utilize the Nurturing curriculum. Home visits are also offered to parents.  Parent-Child Interactive Therapy is provided, which is a short-term clinic based intervention. Progression through the treatment program is based on skill mastery, so the treatment length varies amount families served.	Family Support  Family Support	66 families served. No indicated cases of abuse at 6 and 12 months post-closing; No out-of-home placements at 6 months-post closing and 2 out-of-home placements at 12 months post-closing. 19 and 31 families were tracked at 6 and 12 months post-closing, respectively. 42 families served. No indicated cases of



	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2014
			<p>abuse at 6 or 12 months post-closing; 1 out-of-home placement at 6 months and none at 12 months post-closing.</p> <p>29 and 23 families tracked at 6 and 12 months post-closing, respectively.</p>
Cecil County	Flex funds will be allocation this year to Cecil County.	Family Preservation "Flex Funds"	<p><b>No Numbers Given</b></p> <p>8 cases of indicated abuse and 6 months, and 5 at 12 months post-closing; No data on out-of-home placements.</p> <p>63 and 50 families tracked at 6 and 12 months post-closing, respectively.</p>
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age 5. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	Family Support	<p><b>59 families served</b></p> <p>No indicated cases of abuse or out-of-home placements at 6 and 12 months post-closing.</p> <p>10 and 14 families were tracked at 6 and 12 months post-closing, respectively.</p>
Dorchester County	Flex Funds are used to assist with housing to stabilize families and with utility bills.	Family Preservation	<p><b>16 families served.</b></p> <p>No indicated cases of</p>

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2014
		"Flex Funds"	abuse or out-of-home placements at 6 months post-closing. No cases closed for 12 months. 11 families tracked at 6 months post-closing.
Frederick County	Services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and fathers, child development, health education, life skills training, case management and home visitation.	Family Support	62 families served_ No indicated cases of abuse or out-of-home placements 6 or 12 months post-closing. 55 and 52 families tracked at 6 and 12 months post-closing, respectively.
Garrett County	Flex funds will be allocation to Garrett county for SFY 2016.	Family Preservation "Flex Funds"	11 families served. No indicated cases abuse at 6 or 12 months post-closing. 1 out-of-home placement at 6 months and 1 at 12 months post-closing. 5 families tracked at 6 months and 1 family tracked at 12 months post-closing.
Harford County	The Safe Start program is an early assessment and intervention program that targets children at-risk for maltreatment and out-of-home placement. If risk factors for	Family Support	33 families served. 3 indicated cases of abuse at 6 months and 2 indicated cases of

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2014
	abuse/neglect are identified, the program provides further assessment with intervention and follow-up services to families.		abuse at 12 months post-closing. 3 out-of-home placements between 6 and 12 months post-closing.  29 and 34 families tracked at 6 and 12 months post-closing, respectively.
Howard County	The Family Options program provides services to help pregnant and parenting teens and very young parents. These services include group sessions, parenting classes, intensive case management, referral services, and substance abuse counseling.	Family Support	36 teen mothers, 31 infants.  No indicated cases of abuse and no out-of-home placements 6 and 12 months post-closing.  22 and 19 families tracked at 6 and 12 months post-closing, respectively.
Kent County	Funds will be used for Healthy Families program that provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.	Family Preservation	24 families served.  No indicated cases of abuse and not out-of-home placements 6 months post-closing.  2 families tracked 6 months post-closing, and no families eligible for tracking 12 months post-closing.
Montgomery County	A service is provided that targets adolescents who were referred to child welfare services because they are "out of control" and parents will not or can no	Family Preservation	15 families served.  No indicated cases of abuse at 6 or 12

			<b>Data from SFY 2014</b>
	<b>Description of Services Provided</b>	<b>Family Preservation or Family Support</b>	
	longer take responsibility for the child's difficult behavior. An intervention model is utilized that enable parents to effectively respond to their children. Cognitive and behavior therapy are used to develop and reinforce the parents' ability to be an effective resource for the child.		months post-closing. 3 out-of-home placements between 6 and 12 months post-closing.  4 and 9 families tracked at 6 and 12 months post-closing, respectively.
Prince George's County	The Strengthening Families Program (SFP) is a 14-session, parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in SFP, both separately and together.	Family Preservation	20 families served. <hr/> No indicated cases of abuse and no out-of-home placements. 20 families tracked between 6 and 12 months post-closing.
Queen Anne's County	The Healthy Families program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, extensive referrals to other sources, and developmental, vision, and hearing screenings.	Family Support	29 participants served. <hr/> No indicated cases of abuse and no out-of-home placements.  17 families tracked between 6 and 12 months post-closing.
Somerset County	The Healthy Families Lower Shore program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.	Family Support	51 families served. <hr/> No indicated cases of abuse at 6 and 12 months post-closing ; 1 out-of-home placements 6 months post-closing and none at 12 months post-closing.  34 and 32 families

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2014
			were tracked at 6 and 12 months post-closing, respectively.
St. Mary's County	A home visiting program strives to provide parenting services to at-risk families and increase a parent's knowledge of child development and early learning. This program targets families with children up to three years old.	Family support	56 participants served. 3 and 4 indicated cases of abuse at 6 and 12 months post-closing, respectively. No data on out-of-home placements.
Talbot County	Respite services provide support to families who have a child at risk of an Out-of-Home Placement. The program offers voluntary, planned, or emergency services for short-term Out-of-Home Placement in a respite provider's home.  The parent education program provides separate groups for parents and children that meet concurrently. Topics covered in the curriculum include: building self awareness; teaching alternatives to yelling and hitting; improving family communication; replacing abusive behavior with nurturing; promoting healthy development; and teaching appropriate developmental expectations.	Family Support  Family Support	92 children and 69 families served. Outcome data unclear.  35 parents served.  No indicated cases of abuse and no out-of-home placements 6 and 12 months post-closing.  19 families tracked between 6 and 12 months post-closing.
Washington County	Funding will be directed to the Family Center. Specifically, child care services, case management, and parent-aide services will be provided to parents.	Family Support	132 families served. 4 and 2 indicated cases of abuse at 6 and 12 months post-closing, respectively, and no out-of-home placements.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2014
			49 and 44 families tracked at 6 and 12 months post-closing, respectively.
Wicomico County	Funding is for respite services and summer camps.	Family Preservation	<p>20 families and 25 children served.</p> <hr/> <p>No indicated cases of abuse and no out-of-home placements 6 and 12 months post-closing.</p> <p>5 and 6 families tracked at 6 and 12 months post-closing, respectively.</p>
Worcester County	Contracts with a private provider for a parent support worker that provides services to change parental behaviors through teaching problem solving skills, modeling effective parenting and referring parents to additional community resources.	Family Preservation	<p>21 families served.</p> <hr/> <p>No indicated cases of abuse and no out-of-home placements 6 and 12 months post-closing.</p> <p>5 and 3 families tracked at 6 and 12 months post-closing, respectively.</p>

## **CONSULTATION & CONSULTATION BETWEEN STATES AND TRIBES/\_AGENCY RESPONSIVENESS TO THE COMMUNITY**

Maryland will continue to meet with the Commission on Indian Affairs bi-annually to discuss issues, updates, upcoming trainings and changes in policy related to Native American children in Out-of- Home Placement. The most recent meeting between SSA staff and Mr. Keith Colston, Administrator Director, Maryland Commission on Indian Affairs, was held at DHR on February 19, 2015. A draft policy directive was shared with Mr. Colston that clarifies services and policies on children who are in out-of-home placement and are from Federally recognized tribes and the children in care who are not from Federally recognized tribes. The policy directive will be finalized by June 30, and will be distributed to the Local Departments of Social Services.

Also discussed was the continuation of cultural sensitivity training for local department staff. Two (2) trainings have been scheduled for July 2015 in Frederick County and Charles County. Depending on the availability of the trainer, more training will be scheduled for 2016. Since September 2, 2014 trainings were held in Prince George's County and Baltimore City. The evaluations show that the trainings have enhanced local department staffs' knowledge of Native American culture.

Finally, there was a discussion on recruiting resource homes for children of Native American heritage. The local departments are required to identify their needs in their recruitment and retention plans. If a local department's plan specifically indicates a need for Native American foster homes, then they are expected to address the issue.

The only 2 Maryland recognized tribes, the Piscataway Indian Nation and the Piscataway Conoy, are an integral part of the Commission on Indian Affairs. There are no federally recognized tribes in the State. According to MD CHESSIE, less than 0.2% of children in out-of-home care identify as Native American. Maryland's process regarding identification of American Indian Heritage / Notification of Indian parents and tribes follows.

### **Identification of American Indian Heritage/ Notification Indian parents and tribes**

Children and parents must be asked if they are of American Indian heritage. Relatives shall also be asked about Indian ancestry if one or both parents are unavailable to provide the needed information. There are other circumstances when American Indian heritage may be identified:

1. Any party to the case, Indian tribe, Indian organization or public or private agency informs the local department that the child is of American Indian heritage.
2. Any public or state-licensed agency involved in child protective services or family support had discovered information, which suggests that the child is an Indian child.
3. The child who is the subject of the proceeding gives the court reason to believe he or she is an Indian child.
4. The residence or domicile of the child, his or her biological parents, or the Indian custodian is known by the local department to be or shown to be a predominantly Indian community, or presents reasonable indicia of a connection to the Indian community.

5. An officer of the court involved in the proceedings has knowledge that the child may be an Indian child.

Several actions must be completed by the child welfare worker if it is determined that a child has Indian heritage:

1. Parent and child will be provided with information on the Indian Child Welfare Act, a tribal ICWA contact person, American Indian advocates available in the community, services and resources available.
2. Notification of Services to an Indian Child must be sent to the identified Indian tribe.
3. The local department must inform the court of any indication that the child may be of American Indian heritage.
4. If a specific tribe is identified, the child's tribe must be contacted within 24 hours. Written notice must be sent to the tribe by certified mail with return receipt within 7 days.
5. When no specific tribe can be ascertained but ICWA eligibility is possible, the Bureau of Indian Affairs as agent for the federal Department of the Interior should be notified by certified mail with return receipt.
  - Placement Preferences of Indian children in foster care, pre-adoptive, and adoptive homes.
  - Maryland requires the strict enforcement of the placement preferences as defined by ICWA. Any Indian child accepted for foster care placement must be placed in the least restrictive setting which most approximates a family in which their special needs, if any may be met.

Preferences shall be given, in the absence of a good cause to the contrary, to a foster placement with:

1. a member of the Indian child's extended family
2. a foster home licensed, approved, or specified by the Indian child's tribe
3. an Indian foster home licensed or approved by an authorized non-Indian licensing authority
4. an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs

With regards to adoption of an Indian child, a preference shall be given, in the absence of good cause to the contrary, to a placement with:

1. a member of the child's family
2. other members of the Indian child's tribe
3. other Indian families

A child's safety is paramount; therefore, nothing in the ICWA regulations shall be construed to prevent the emergency removal of an Indian child in order to prevent imminent danger or harm to the child. Diligent efforts are made to place a child in a home of first preference. The local department shall ensure that the emergency removal or placement terminates immediately when it is no longer necessary to prevent imminent damage or harm to the child.



The local departments are directed to use the prevailing standard of the Tribe to guide the services and decisions on a case. Maryland requires the active efforts to be concrete efforts, which show an active attempt to resolve the conditions. Active efforts include but are not limited to:

- Inviting a Tribal representative to participate in case planning and actively seeking their advice.
- Giving a Tribe full access to social service records
- Consulting an expert with substantial knowledge of prevailing social and cultural standards and child-rearing practices within the tribal community.
- Developing a case plan with the parent/custodian that uses tribal and American Indian resources.
- Referring to American Indian agencies for services.
- Contacting extended family members as a resource for the child.
- Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe

Once the Tribe determines that a child is enrolled or is eligible for enrollment, it has the following rights:

1. Be informed of all progress and proceedings regarding the child
2. Determine placement (tribal home)
3. Allow the placement of the child by the local department
4. Intervene in CINA, TPR, and adoption proceedings

In return, Maryland asks that the Tribe notify the local department of:

1. The intent to take custody and commitment of a child under ICWA
2. The intent to allow placement of the child in an American Indian heritage foster home within the state
3. The intent to allow the state to place the child with non-American Indians
4. The intent to consent to state proceeding to terminate parental rights and place for adoption.

If a child is presumed to have Indian heritage and the tribe cannot be determined, notice shall be given to the Secretary of the Interior by certified mail with a return receipt. The Secretary will have 15 days after the receipt to provide notice to the parent of the Indian custodian and the tribe. No court proceedings may be held until at least 10 days after receipt of notice by the parent or Indian custodian and tribe or Secretary. Upon receipt the parent, Indian custodian or the tribe may be granted up to 20 days to prepare for the proceedings. The Indian custodian or tribe will be consulted on the appropriate plan or resources for the identified child.

## **SECTION VIII. ADDITIONAL PLANS, REPORTS, & DOCUMENTATION**

### **DISASTER PLAN**

#### **Continuity**

The Department has a Continuity of Operations Plan (COOP). This plan presents a management framework to establish operational procedures necessary to assure the capability to conduct and sustain essential agency functions across a wide range of potential emergency situations. The plan identifies mission critical functions, classifies vital records, systems and equipment, describes relocation procedures and alternative facility locations, and provides orders of succession and limitations of authorities, and details implementation and plan maintenance procedures. There were no disasters declared in Maryland last year and the COOP Plan has not changed since the June 30, 2014 submission.

In Maryland, direct services are delivered by the twenty-four (county) Local Departments of Social Services (LDSS), which are blended entities with both State and local authorities and responsibilities. All of the LDSS' have been directed by DHR to fully support their local emergency management office and to shoulder whatever responsibilities are assigned to them as part of the local (county) emergency plan. Each jurisdiction's emergency plan follows the standards set by DHR that include the services provided to children under State care and identified new cases for children displaced or affected by a disaster. The jurisdictions' COOP plans also include the response, communication, coordination of services and information and record access. The details of the COOP plans vary to adapt to the specific locale.

The Office of Emergency Operations (OEO) coordinates the Department's emergency response efforts, including continuity planning (COOP), individual and mass repatriation, and twenty-four hour emergency response as required by the State Emergency Operations Plan. Under that Plan, DHR is the lead agency at the State level operations for Emergency Support Function #6 (ESF#6), Mass Care, Sheltering, Feeding, Housing, and Emergency Assistance. OEO offers several trainings for DHR employees throughout the year. Emergency Preparedness and Shelter Operations trainings are mandatory for all DHR employees and contractors. Designated DHR employees assigned to the State Emergency Operations Center and Local Emergency Operations Center also receive training in Shelter Operations, Shelter Management and Disaster Behavioral Health. Additional available trainings include Community Emergency Relief Tracking System (CERTS Database) Training, Building an Emergency Financial First Aid Kit, Individuals & Household Program (IHP)/Other Needs Assistance (ONA), Disaster Casework, Residential Damage Assessment Training and Continuity of Operations Training.

The Community Emergency Relief Tracking System (CERTS) is the Maryland Department of Human Resources system which enables the agency to track and manage the services and programs provided to assist individuals and households impacted by disaster or impending disaster. This function is critical in terms of providing the best possible services, preventing duplication of services and providing

documentation for Federal reimbursement. CERTS tracks and reports the services and benefits provided to the citizens of Maryland during emergency situations.

## Emergency Management

Additional functions and capabilities required during an emergency are organized under the Maryland Emergency Preparedness Program (MEPP) managed by the Maryland Emergency Management Agency (MEMA). The MEPP enlists and emphasizes the partnership of all of Maryland's governmental agencies and many private organizations. The MEPP establishes a tiered planning structure that addresses all phases of an emergency event, and further establishes multi-agency support teams to facilitate more effective and efficient use of resources in each of those phases. The function-oriented approach of the plan enables coordinators to deploy resources and complete tasks more effectively. It outlines an approach and designates responsibilities intended to minimize the consequences of any disaster or emergency situation in which there is a need for state assistance.

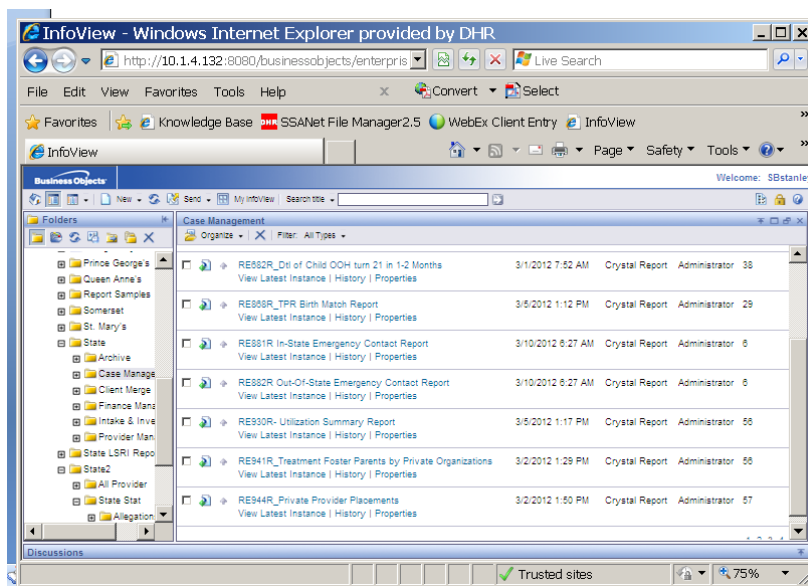
Under the MEPP, primary responsibility for addressing an event lies with the local jurisdiction. The State is expected to step in with supplemental resources or additional complete operations when asked to meet shortfalls at the local level. Under the State Response Operations Plan (SROP) DHR is designated as the lead agency at the state level to support Emergency Support Function #6 – Mass Care and Emergency Assistance (ESF #6). Twenty-one of the state's twenty-four local jurisdictions have designated their LDSS as the lead agency within their jurisdiction's response plan for ESF #6 and the remaining three jurisdictions have designated their LDSS as a support agency to that ESF. For more information, please refer to: <http://memama.maryland.gov/community/Pages/mepp.aspx>

The roles of the LDSS' and DHR as ESF#6 leads within their respective jurisdictions are fundamentally similar, and involve responsibility for developing plans, obtaining resources, and coordinating with other support agencies (both government and Non-Government Organizations (NGO)) to meet the needs for shelter, food and water, and other elements of "mass care" during a public emergency. The exact nature and details of those plans vary from jurisdiction to jurisdiction based on local circumstances and the local resources, while simultaneously empowering DHR to coordinate additional resources from throughout the State when they are needed to supplement local efforts.

## General Actions

DHR is taking many steps to meet those duties that naturally fallout from its normal operations, as well as its additional emergency management responsibilities under the MEPP. For example, all personnel at all levels of DHR are required to take in-service training courses in Emergency Preparation (EP), and in Shelter Management/Operations (SMO). These courses were developed internally but in consultation with the Federal Emergency Management Agency (FEMA), American Red Cross (ARC), and other partner agencies. SMO is taught jointly throughout the State by staff from Office of Emergency Operations (OEO) and American Red Cross (ARC). The EP course has been modified for presentation to Foster Parents, and other modifications are planned for other communities served by DHR.

Additionally, DHR continues to work with vendor support to develop a framework within MD CHESSIE for tracking the emergency plans of children placed in independent living. The goal is to develop a framework that can be easily adapted to other sorts of placements. The project outlined specific design objectives and is seeking budgetary resources. There are also ongoing investigations of different alternatives for post-disaster reunification and tracking of children in and out of State custody. Disaster planning for residential providers of children in foster care is incorporated in the licensing requirements of the Office of Licensing Management (OLM) as outlined in the Maryland Code of Annotated Regulations, COMAR 10.07.14.46 Emergency Preparedness, and COMAR



10.07.02.24 Emergency and Disaster Plan. There is also ongoing planning of different alternatives for post-disaster reunification and tracking of children in out-of-state custody. DHR recently purchased a database, HC Standard, which has capabilities which will significantly improve people-tracking for the purpose of reunification. Procedures are being established to implement the new reunification capabilities. Partnerships with other entities will likely play a significant role in any long-term solution. Current discussions involve different alternatives with fellow State agencies, nonprofits, and for-profit contractors, and are heavily impacted by budgetary considerations.

Since 2010, the State of Maryland Department of Human Resources has experienced multiple disaster responses where the Department of Human Resources activated plans which addressed the needs of children.

The State Mass Care Shelter Strategy (SMCSS) directs operations for the State Emergency Support Function #6 – Mass Care, Emergency Assistance, Housing, and Human Service. The SMCSS has been updated twice since 2010. Both updates of the plan improved the written policies related to the care of children in shelters, specifically increasing the directions provided for care of children in shelters, care of unaccompanied minors and bathroom protocols for children in mass care centers. Many of these updates came from real-world scenarios in which responders needed direction on how to better assist children in mass care environments. Trainings were updated to include more information on these and similar policies for addressing the needs of children during disasters.

DHR has developed and provided training for Resource Parents and for youth placed in the Independent Living Program (ILP). The training focuses on preparedness for disasters and emergencies. Training includes financial planning, which was developed following Hurricane Sandy Disaster Recovery Center operations. Additionally, following Hurricane Irene, DHR developed and implemented an evacuation

tracking program, and now has recently purchased software for the system. This will be used for reunification during the Papal visit. Part of the impetus for developing the tracking program was the Commission on Children in Disasters report following Hurricane Katrina. Additionally, modifications to the software were the result of issues faced by New York and New Jersey following Hurricane Sandy.

DHR hosts the 'Children in Disasters' Task Force, which influences policies and planning for the Emergency Operations Plan. The Task Force was critical in developing the current State Reunification Program.

In addition to updating existing plans on an annual or biannual basis, DHR has been proactive in its purchase of mass care shelter supplies. These supplies include items specific to addressing the needs of children and infants in shelters, including: cribs (pack-and-play style), diapers, bottles, pacifiers, formula, blankets, infant clothing and children's games. During the Star-Spangled Spectacular in Baltimore City, Maryland activated evacuation plans, which included an evacuation center for travelers. Many infant supplies were purchased in anticipation of possibly needing to assist children and infants at the evacuation center.

On October 29, 2012, Maryland was impacted by Hurricane Sandy. The State of Maryland received Federal funds (Supplemental Social Services Block Grant funding) to assist individuals with unmet social service needs resulting from Hurricane Sandy. The goal of the Supplemental Social Services Block Grant was to promote self-sufficiency and the health and well-being of affected individuals; particularly addressing the needs of children, seniors, people living with functional needs or disabilities, people from diverse origins, people with limited English proficiency, and other under-served populations. The Department of Human Resources, in conjunction with the Somerset County Long Term Recovery Committee, used some of the funding to host 'Camp Noah' ([www.campnoah.org](http://www.campnoah.org)), which serves the mental health needs of children and families affected by disasters. The camp was funded in the storm-affected region for two years and served 100 impacted children for each of those years. The Supplemental Social Services Block Grant also assisted families with long-term recovery planning casework and temporary housing.

After Hurricane Sandy, DHR worked with the State Department of Housing and Community Development (DHCD) to provide housing options for individuals and families (with children) who were displaced by the storm. DHR provided safe, temporary housing options for families in the immediate aftermath of the storm, transitioning into DHCD's 'Maryland Housing Assistance Program (MDHAP).' MDHAP provided temporary housing for hurricane-affected residents prior to Maryland receiving an Individual Assistance Declaration from FEMA. Many children were housed by this program. Wrap-around services for people using the MDHAP funding included DHR assisting with toy donations and holiday presents for children in temporary housing.

Maryland has been working on a State Emerging Infectious Disease (EID) plan for the past few months. One of the plans DHR is working on to support the EID planning process is how DHR might assist children whose parents or guardians are placed in quarantine or isolation during times of Emerging Infectious Disease.

Plans, trainings and exercises are regularly updated to better serve children in disasters. DHR depends on many sources for determining how plans should be updated. Sources include Subject Matter Experts, after action reports and real-world activations.

In order to keep track of foster children, the MD CHESSIE reports, RE881R In-State Emergency Contact Report and RE882R out-of-state Emergency Contact report are generated weekly. These reports are accessible through business objects. Business objects is a web-based application that is accessible to anyone with the proper security and Virtual Private Network (VPN) access. The report contains the identity and location for children under State care or supervision. The report also provides the names of the worker and their contact information.

### **JUVENILE JUSTICE TRANSFERS**

The State of Maryland looked at this reporting requirement. At this point no children under the care of the State child protection system have been transferred into the custody of the State juvenile justice system. The Department defined these children as having a legal status of supervision of custody and still residing in their home. They are not committed to the State or in Out-of-Home Placement.

### **MONTHLY CASEWORKER VISITATION REPORT**

Maryland's Local Departments of Social Services are required to have a number of contacts with a foster or kinship child on a regular basis. Contacts can be in the form of phone calls, e-mails, letters or visits. A monthly visit is a face-to-face contact that includes dialogue (or communication as appropriate to the age and ability of the child) and exchange information pertinent to the child and family. This distinguishes a visit from a simple contact. Visitation or face-to-face contacts are vitally important to the provision of child welfare services, meeting the needs of the child, promoting well-being, and achieving permanency.

Policy Directive #12-7, Caseworker Visitation with Child, <http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2012-07%20Caseworker%20Visitation%20with%20Child.pdf>. This directive provides a detailed outline of the standards for the communication and information gathered during the monthly face to face visit.

Maryland has reached a high level of performance for caseworker visitation, and established a solid track record documenting caseworker visitation in MD CHESSIE (Maryland's SACWIS). Maryland had begun generating caseworker visitation data entirely from MD CHESSIE starting with the FFY2011 report, and has successfully shifted to the new federal methodology required for FFY2012. Indeed, Maryland's performance in documenting caseworker visitation has already surpassed the FFY2015 targets since 2013:

For caseworker visitation data, please visit the Maryland StateStat web site at <http://www.statestat.maryland.gov/reports.html>, Department of Human Resources Report, Visitation tab.

<b>Caseworker Visits Goals and Maryland Performance</b>					
<b>FFY</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015*</b>	<b>2016</b>
<b>Goal</b>	90%	90%	90%	95%	95%
<b>Result</b>	94.6%	96.6%	96.8%	96.1%	Pending
<b>Caseworker Visits in the Home Goals and Maryland Performance</b>					
<b>FFY</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015*</b>	<b>2016</b>
<b>Goal</b>	50%	50%	50%	50%	50%
<b>Result</b>	69.7%	72.5%	73.7%	81.8%	Pending

Maryland uses a monthly data report to help the local departments to track their progress documenting caseworker visitation that has proven very effective, and will continue to use this feedback to sustain the State’s performance in this area.

In September 2014, the Department distributed a policy directive delineating the requirements for caseworker visitation funds. SSA also required a caseworker visitation plan from Local Departments of Social Services for the period July 1, 2014 – June 30, 2014 to ensure the guidelines would be met. These plans were approved by Central staff. The caseworker visitation funds are being utilized to improve the quality of caseworker visits focusing on caseworker decision-making on the safety, permanency, and well-being of foster children and on caseworker recruitment, retention, and training.

In August 2014, the Department distributed a policy directive delineating the new Federal requirements for caseworker visitation funds. Each local department is required to submit a caseworker visitation plan to ensure the guidelines are met. The plans are approved by Central staff. The local departments will be required to submit a plan on a yearly basis. They are also required to submit quarterly reports that state how the funds were spent. The local departments are utilizing the caseworker visitation funds in various ways to improve the quality of caseworker visits focusing on caseworker decision making on the safety, permanency, and well-being of foster-children and on caseworker recruitment, retention, and training. Various trainings are offered by several local departments across the State utilizing the Caseworker Visitation funds. These trainings are separate from the training offered by the Child Welfare Academy. Examples of trainings include enhancing skill building for assessing risk and safety; cultural diversity training; resiliency and best practices for working with LGBTQ youth; and compassion fatigue and vicarious trauma. In addition, some local departments are purchasing video cameras to allow for the video-taping of visits, so that the worker’s supervisor can assess the visits and help the worker enhance his/her skills. Portable scanners are also being purchased by a few local departments to be used by caseworkers when they work with foster children on life books, case plans, and youth

transitional plans. Finally, several employee recognition events or retreats are being held in various local departments to reward outstanding achievement and dedication of caseworkers. SSA plans to utilize the funds for retention and training.

### **FINANCIAL REPORTS**

In FY 2005, state and local spending on IV-B part 2 activities totaled \$64.5 million. These amounts include services that prevent the risk of abuse, assist families at risk of having a child removed from their home, promote the timely return of a child to his/her home, and if returning home is not an option, provide appropriate placement and permanency. The FY 1992 baseline is \$31.7 million.

The State does not spend Title IV-B, Subpart 1 funds for foster care maintenance payments, adoption assistance payment or child day care related to employment or training for employment.

The state spent \$3,703,588 in Chafee FY 2005 funds. The amount spent for room and board (per COMAR 07.02.11.03, "Board rate" means the reimbursement to the out-of-home placement provider for the child's maintenance expenses) was \$25,721 or 0.6% percent of the total. The state spent \$876,163 in ETV FY 2005 funds.

Maryland intends to expend twenty percent on each of the following services: family preservation, community-based family support, time-limited family reunification and adoption promotion and support services.

See **Appendices Z, AA and AB** for more detailed Financial Information.

### **SECTION IX. CONCLUSION**

Maryland is proud of the work accomplished under the Place Matters initiative that began in 2007. The State plans to build on that success for the next four years as it enters into the next progression of services for families and children through the Title IV-E Waiver Demonstration. Maryland's next progression is from a child-focused initiative to initiatives, collaborations and practices that involve the family and continue the evolution of Family Centered Practice.



## SECTION X. ACRONYMS

ACCWIC - Atlantic Coast Child Welfare Implementation Center  
ACF - Administration for Children and Families  
ADHD - Attention-deficit/hyperactivity disorder  
AECF - Annie E. Casey Foundation  
AFCARS - Adoption and Foster Care Analysis Reporting System  
AFS – Automated Fiscal Systems  
APD – Advance Planning Documents  
APPLA – Another Planned Permanency Living Arrangement  
APSR – Annual Program Services Review  
AR – Alternative Response  
ARC - American Red Cross  
ASCRS – Adoption Search, Contact and Reunion Services  
ASFA – Adoption and Safe Family Act  
BSFT - Brief Strategic Family Therapy  
CANS - Child and Adolescent Needs and Strength  
CA/N - child abuse/neglect  
CANS – F Child and Adolescent Needs and Strength - Family  
CAPTA – Child Abuse Prevention and Treatment Act  
CASA – Court Appointed Special Advocates  
CB – Children’s Bureau  
CBCAP - Community-Based Child Abuse and Prevention  
CCIF - Children’s Cabinet Interagency Fund  
CCO - Coordination Organization  
CFSR – Child and Family Services Review  
CFP – Casey Family Programs  
CIHS - Consolidated In-Home Services  
CINA - Children in Need Of Assistance  
CIP - Continuous Improvement Plan  
CIS - Client Information System  
CME - Care Management Entities  
CQI – Continuous Quality Improvement  
CRBC - Citizens Review Board for Children  
CRC - Children’s Research Center  
CSA - Core Service Agencies  
COOP - Continuity of Operations Plan  
CPS - Child Protective Services  
CSOMS - Children's Services Outcome Measurement System  
CWA – Child Welfare Academy  
CY – Calendar Year  
DDA - Developmental Disabilities Administration  
DEN - Drug-Exposed Newborn  
DHMH - Department of Health and Mental Hygiene  
DHR - The Maryland Department of Human Resources  
DJS – Department of Juvenile Services  
DOB - Date of Birth  
ECE - Early care and education  
ECMHC - Early Childhood Mental Health Consultation

EFT - Electronic Funds Transfers  
EP - Emergency Preparation  
EPSDT - Early and Periodic Screening, Diagnosis, and Treatment Program  
ESF - Emergency Support Function  
EA VPA - Enhanced After Care Voluntary Placement Agreement  
FASD Fetal Alcohol Spectrum Disorder  
FAST - Family Advocacy and Support Tool  
FC2S – Foster Care to Success  
FEMA - Federal Emergency Management Agency  
FBI-CJIS - Federal Bureau of Investigation reports  
FFT - Functional Family Therapy  
FCCIP – Foster Care Court Improvement Project  
FCP – Family Centered Practice  
FEMA - Federal Emergency Management Agency  
FIM- Family Involvement Meetings FPL - Federal Poverty Level  
FMIS - Financial Management Information System  
FSC - Family Support Center  
GAP - Guardianship Assistance Program  
GAPMA - Guardianship Assistance Program Medical Assistance  
GEAR – Growth, Empowerment, Advancement, Recognition  
GED - General Educational Development  
GOC - Governor’s Office for Children  
IAR – Institute of Applied Research  
ICPC Interstate Compact on the Placement of Children  
ICAMA - Interstate Compact on Adoption and Medical Assistance  
IDEA - State Interagency Coordinating Council for the Individuals with Disabilities Education Act  
IEP - Individualized Education Programs  
IFPS - Inter-Agency Family Preservation Services  
ILC – Independent Living Coordinator  
IR – Investigative Response  
LDSS – Local Department of Social Services  
LGBTQ - Lesbian, Gay, Bi-sexual, Transgender, Questioning  
LIFT - Launching Individual Futures Together  
MAF – Mission Asset Fund  
MEMA - Maryland Emergency Management Agency  
MEPP - Maryland Emergency Preparedness Program  
MFRA - Maryland Family Risk Assessment  
MATCH – Making All The Children Healthy  
MCO - Managed Care Organizations  
MD-CJIS - Maryland Criminal Justice Information System  
MFN - Maryland Family Network, Inc.  
MHA - Mental Health Access  
MHEC – Maryland Higher Education Commission  
MI - Motivational Interviewing  
MRPA - Maryland Resource Parent Association  
MSDE – Maryland State Department of Education  
MST - Multi-Systemic Therapy  
MTFC - Multi-Dimensional Treatment Foster Care

NCANDS – National Child Abuse and Neglect Data System  
NCHCW – National Center on Housing and Child Welfare  
NGO - Non-Government Organizations  
NRCPRFC- National Resource Center for Permanency and Family Connections  
NRCCWDT - National Resource Center for Child Welfare Data and Technology  
NYTD - The National Youth in Transition Database  
OEO - Office of Emergency Operations  
OOH – Out-of-Home  
OHP – Out-of-Home Placement  
OLM - Office of Licensing and Monitoring  
OFA – Orphan Foundation of America  
PAC - Providers Advisory Council  
PCP – Primary Care Physician  
PIP – Program Improvement Plan  
PSSF – Promoting Safe and Stable Families  
QA – Quality Assurance  
RFP – Request for Proposal  
RTT-ELC - Race-to-the-Top Early Learning Challenge  
SACWIS - Statewide Automated Child Welfare Information System Assessment Reviews  
SAFE - Structured Analysis Family Evaluation  
SAMHSA - Substance Abuse and Mental Health Services Administration  
SARGE - State Automated Child Welfare Information System Review Guide  
SCCAN - State Council on Child Abuse and Neglect  
SCYFIS - State Children, Youth and Family Information System  
SDM – Structure Decision Making  
SED - Serious emotional disturbance  
SEFEL - Social Emotional Foundations of Early Learning  
SEN – Substance Exposed Newborn  
SFC-I - Services to Families with Children-Intake  
SILA – Semi Independent Living Arrangements  
SMO - Shelter Management/Operations  
SOCTI – System of Care Training Institute  
SoS – Signs of Safety  
SROP - State Response Operations Plan  
SSA – Social Services Administration  
SSI - Supplemental Security Income  
SSTS – Social Services Time Study  
SYAB – State Youth Advisory Board  
US DOJ, FBI-CJIS – United States Department of Justice, Federal Bureau of Investigation  
TANF – Temporary Assistance to Need Families  
TAY - Transition Age Youth  
TFCBT - Trauma-Focused Cognitive Behavioral Therapy  
TPR – Termination of Parental Rights  
UMB – University of Maryland, Baltimore  
VPA – Voluntary Placement Agreement  
VPN – Virtual Private Network  
WIC - Women, Children and Infants  
WWF - Wireless Web Form

## SECTION XI. APPENDICES

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Appendix V	Child Welfare Academy provided training (MD CHESSIE)
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Appendix Y	Training Matrix
Appendix Z	CFS I, II, III, Excel
Appendix AA	CFS I, II, III, PDF
Appendix AB	CFS I Revised 2015
Appendix AC	Health Care Oversight and Coordination Plan
Appendix AD	Foster & Adoptive Parent Recruitment Plan / Diligent Recruitment of Foster and Adoptive Homes (includes both 2012 Policy and 2015 Plan Template)