

Maryland Department of Human Services

Title IV-B Child and Family Services Plan 2019 Annual Progress and Services Report



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



I. Table of Contents	
SECTION I: MARYLAND’S CHILD WELFARE SYSTEM	9
INTRODUCTION	9
COLLABORATIONS	15
SECTION III: UPDATE ON ASSESSMENT OF PERFORMANCE / UPDATE TO PLAN FOR IMPROVEMENT	17
GOALS & OBJECTIVES	17
SECTION IV: UPDATE ON SERVICE DESCRIPTION	85
PROMOTING SAFE AND STABLE FAMILIES	85
Time-Limited Reunification	86
Adoption Promotion and Support Services	86
Family Preservation and Family Support Services	87
Service Array	98
SERVICES FOR CHILDREN UNDER THE AGE OF FIVE	124
SECTION V: PROGRAM SUPPORT	130
MD CHESSIE	130
Overview	130
MD CHESSIE Onsite Support Unit	136
SECTION VI: CONSULTATION & COLLABORATION BETWEEN STATES AND TRIBES	142
SECTION VII: ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS	143
SECTION VIII: CHILD WELFARE WAIVER IV-E DEMONSTRATION ACTIVITIES	145
SECTION IX: QUALITY ASSURANCE (QA)	156
SECTION X: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN	158
REQUIREMENTS AND UPDATE	158
SECTION XI: JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD	179

SECTION XII: UPDATES TO TARGETED PLANS	210
FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN	210
HEALTH CARE OVERSIGHT AND COORDINATION PLAN	210
DISASTER PLAN	220
TRAINING PLAN	224
SECTION XIII: Statistical and Supporting Information	224
CHILD PROTECTIVE SERVICES WORKFORCE	224
JUVENILE JUSTICE TRANSFERS	229
EDUCATION & TRAINING VOUCHER PROGRAM/TUITION WAIVER	229
MARYLAND STATE TUITION WAIVER	234
INTER-COUNTRY ADOPTIONS	238
MONTHLY CASEWORKER VISIT DATA	238
SECTION XIV: CARE COORDINATION ORGANIZATIONS	241
SECTION XV: FINANCIAL	253
SECTION XVI: APPENDICES	255

ACRONYMS

ACF – Administration for Children and Families
ADHD – Attention- Deficit/Hyperactivity Disorder
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
AWOL – Away Without Leave
BSFT – Brief Strategic Family Therapy
CANS – Child and Adolescent Needs and Strengths
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
CCWIS – Comprehensive Child Welfare Information System
CCO – Coordination Organization
CFSR – Child and Family Services Review
CFP – Casey Family Programs
CFSP – Child and Family Services Plan
CIHS – Consolidated In-Home Services
CINA – Children in Need Of Assistance
CIP – Continuous Improvement Plan
CIS – Client Information System
CJAMS –Maryland Child, Juvenile and Adult Management 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
CSTVI - The Child Sex Trafficking Victims Initiative
CWA – Child Welfare Academy
CY – Calendar Year
DDA – Developmental Disabilities Administration
DEN – Drug-Exposed Newborn
DHMH – Department of Health and Mental Hygiene
DHS – The Maryland Department of Human Services
DJJ – Department of Juvenile Justice
DJS – Department of Juvenile Services
DOB – Date of Birth
EBP – Evidence-Based Practice
ECE – Early care and education
ECMHC – Early Childhood Mental Health Consultation
EFT – Electronic Funds Transfers
EHR - Electronic Health Record
EP – Emergency Preparation
ESOL – English for Speakers of Other Languages
EPSDT – Early and Periodic Screening, Diagnosis, and Treatment Program
ESF – Emergency Support Function
EA VPA – Enhanced After Care Voluntary Placement Agreement
ESSA – Every Student Succeeds Act
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
GOCCP – Governor's Office of Crime Control and Prevention
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
LEA – Lead Education Agency
LGBTQ – Lesbian, Gay, Bi-sexual, Transgender, Questioning
LIFT – Launching Individual Futures Together
MAF – Mission Asset Fund
MD THINK – Maryland’s Total Human Services Information Network
MEMA – Maryland Emergency Management Agency
MEPP – Maryland Emergency Preparedness Program
MFRA – Maryland Family Risk Assessment
MATCH – Making All The Children Healthy
MD CHESSIE – Maryland’s Children Electronic Social Services Information Exchange
MCO – Managed Care Organizations
MD-CJIS – Maryland Criminal Justice Information System
MDH/DDA – Maryland Department of Health / Developmental Disabilities Administration
MD THINK - Maryland’s Total Human Services Information Network
MFN – Maryland Family Network, Incorporated

MHA – Mental Health Access
MHEC – Maryland Higher Education Commission
MI – Motivational Interviewing
MOU – Memorandum of Understanding
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
NCSACW – National Center on Substance Abuse 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
OAG – Office of the Attorney General
OEO – Office of Emergency Operations
OOH – Out-of-Home
OHP – Out-of-Home Placement
OISC – Outcomes and Improvement Steering Committee
OLM – Office of Licensing and Monitoring
OLS – Office of Legislative Services
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
RTC- Residential Treatment Center
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
SUD - Substance Use Disorder
SYAB – State Youth Advisory Board
US DOJ, FBI, CJIS – United States Department of Justice, Federal Bureau of Investigation, Criminal Justice Information System
TANF – Temporary Assistance to Needy Families
TAY – Transition Age Youth
TFCBT – Trauma-Focused Cognitive Behavioral Therapy
TOL – Transfer of Learning
TPR – Termination of Parental Rights
UMB – University of Maryland, Baltimore
UMBSSW – University of Maryland, Baltimore School of Social Work
VPA – Voluntary Placement Agreement
VPN – Virtual Private Network
WIC – Women, Infants and Children
WWF – Wireless Web Form

SECTION I: MARYLAND'S CHILD WELFARE SYSTEM

INTRODUCTION

The Maryland Department of Human Services (DHS) 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. DHS administers the IV-B, subpart two, Promoting Safe and Stable Families plan and oversees services provided by the twenty-four 24 Local Departments of Social Services and those purchased through community service providers. The Department of Human Services, Social Services Administration (DHS/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 DHS/SSA's organizational structure, see Appendix A Social Services Administration Organization.

DHS/SSA envisions a Maryland where *Families Blossom* by strengthening families so that children are safe, healthy, resilient, and are able to grow and thrive. Maryland began this journey in 2007 with the launch of the Place Matters Initiative which led to the provision of family-centered, child-focused, community-based services that promote safety, family strengthening, and permanence for children and families in the child welfare system. The primary success of Place Matters is evidenced by the decreased number of children in Out-of-Home care (5,960 in SFY2013 to 4,661 in SFY2017; see figure 1). Since the start of these efforts in 2007, Maryland decreased the number of children in Out-of-Home care by over 55% (from 10,330 in SFY2007 to 4,661 in SFY2017) while the proportion of youth in group home placements declined from 19% in SFY2007 to 10% in SFY2017. This percentage of group homes has remained steady at 10% from SFY2013 to SFY2017, even as the number of children in group homes decreased from 599 (SFY2013) to 480 (SFY2017; Figure 2). The number of children in family homes has increased slightly from 72% in SFY2013 to 73% in SFY2017, even as the number of children has decreased from 4,281 (SFY2013) to 3,392 (SFY2017; Figure 3).

Overall, Maryland has increased the number of youth exiting from Out-of-Home as a result of the success of Place Matters and the implementation of the Families Blossom initiatives. Exits to Guardianship dropped from 507 in SFY2015 to 468 in SFY2016 to a slight increase in SFY2017 to 472 (Figure 6). Youth exiting due to Adoption increased from 295 in SFY2015 to 349 in SFY2016

with a slight drop to 320 in SFY2017 (Figure 4). The number of children reunifying increased over the year from 1,242 (SFY2016) to 1,321 (SFY2017), although overall the number of children reunified dropped from 1,526 (SFY2013) to 1,321 (SFY2017) indicating that more children are returning to their biological parent(s) than being adopted or going to guardianship.

Figure 1

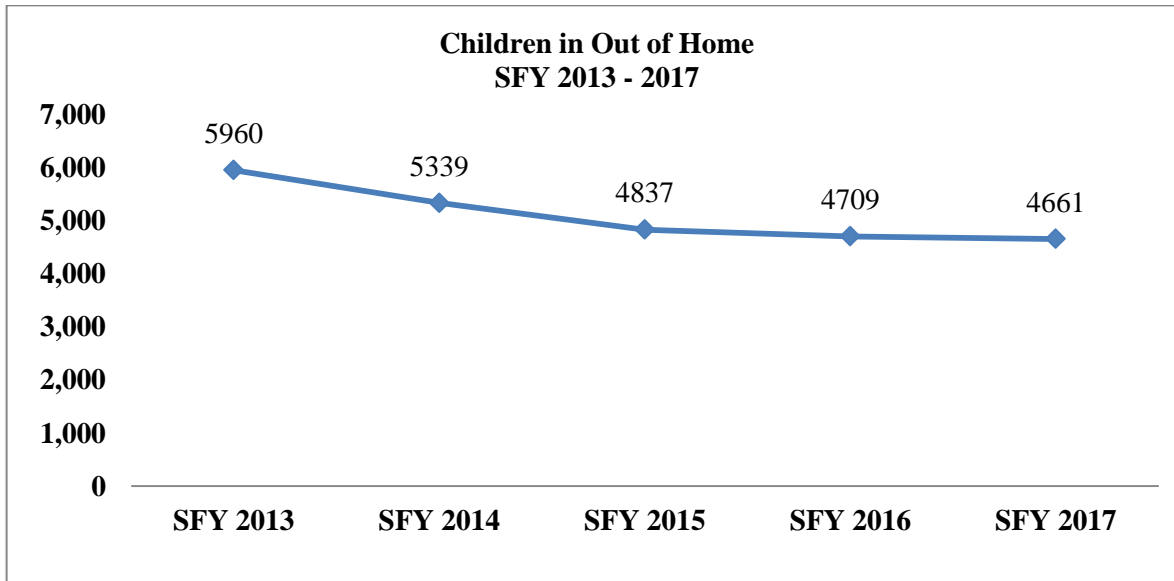


Figure 2

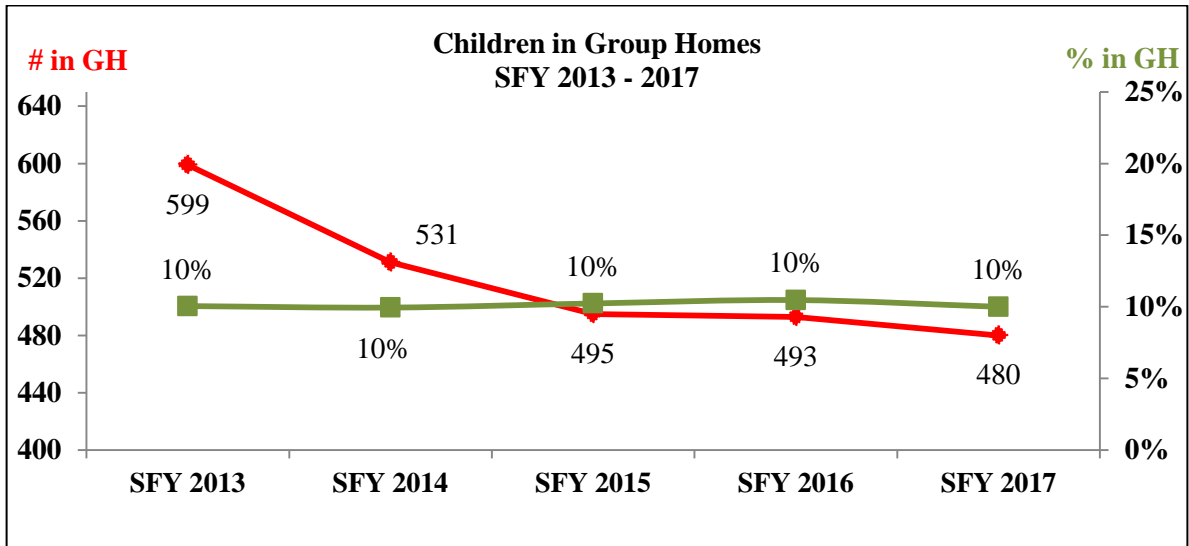


Figure 3

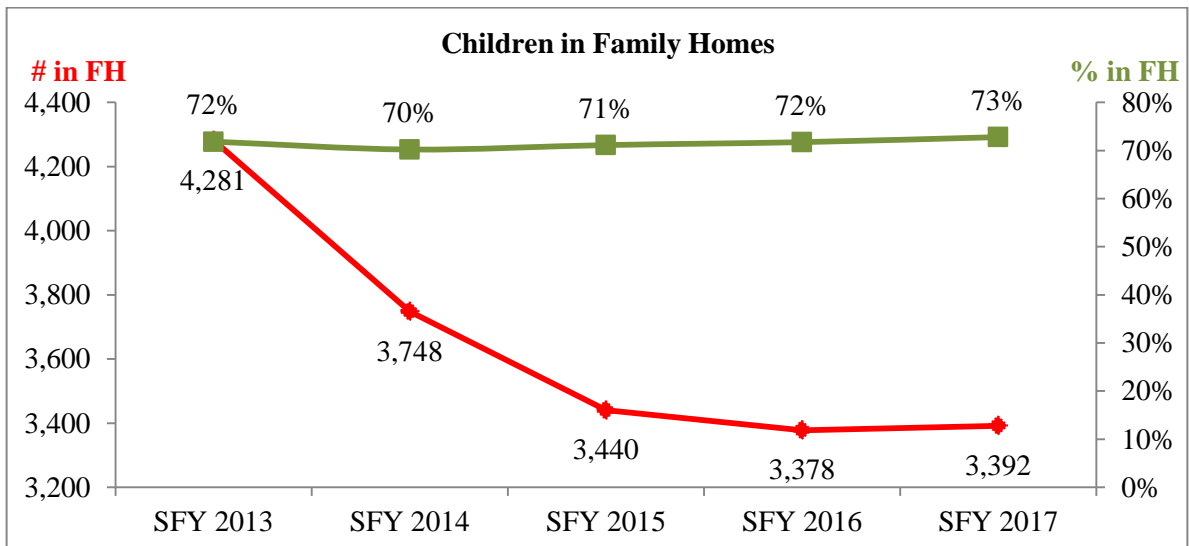


Figure 4

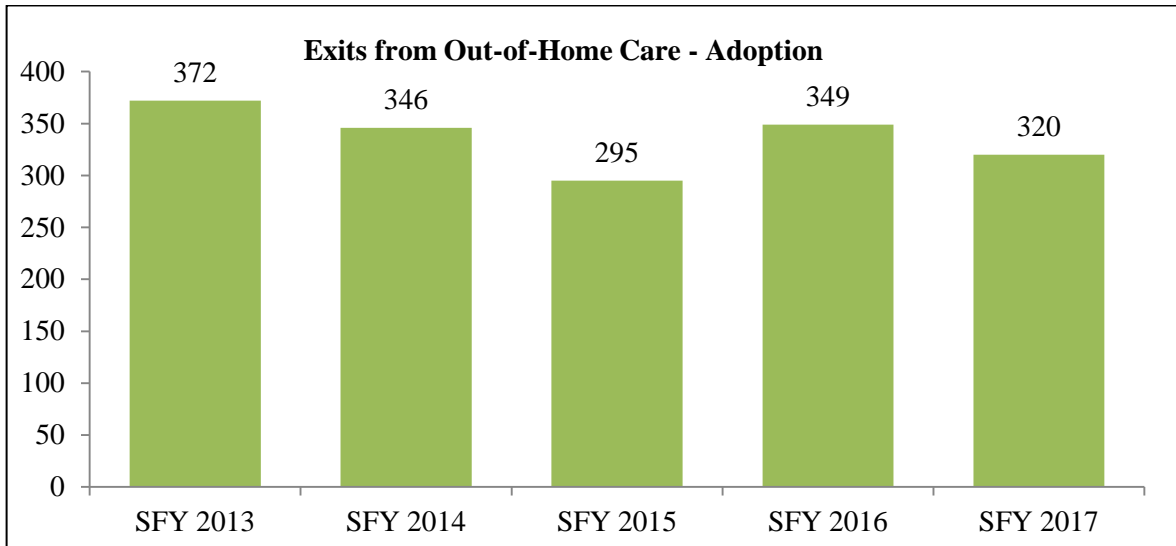


Figure 5

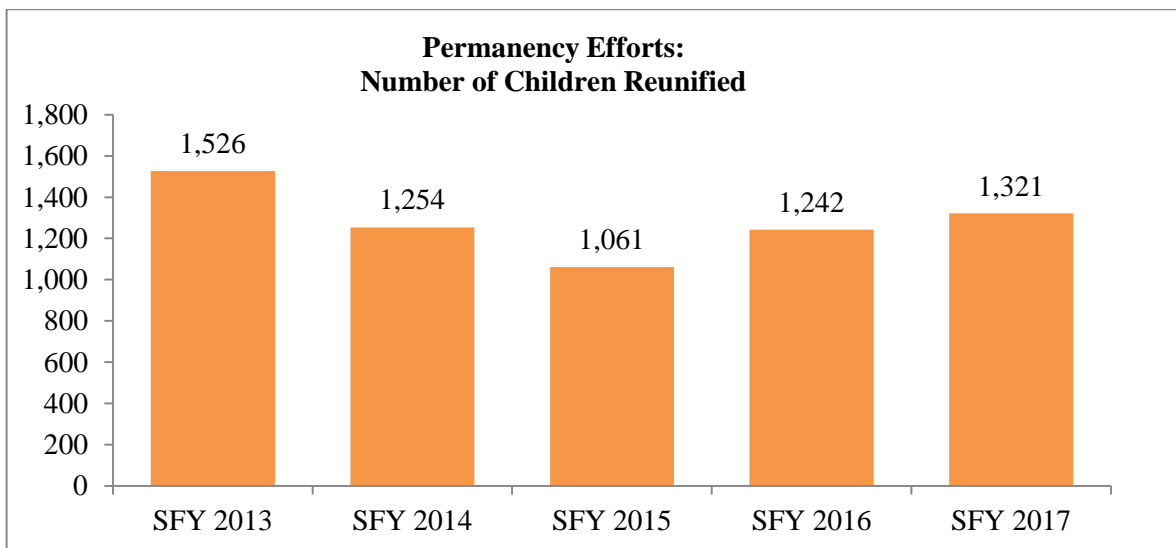
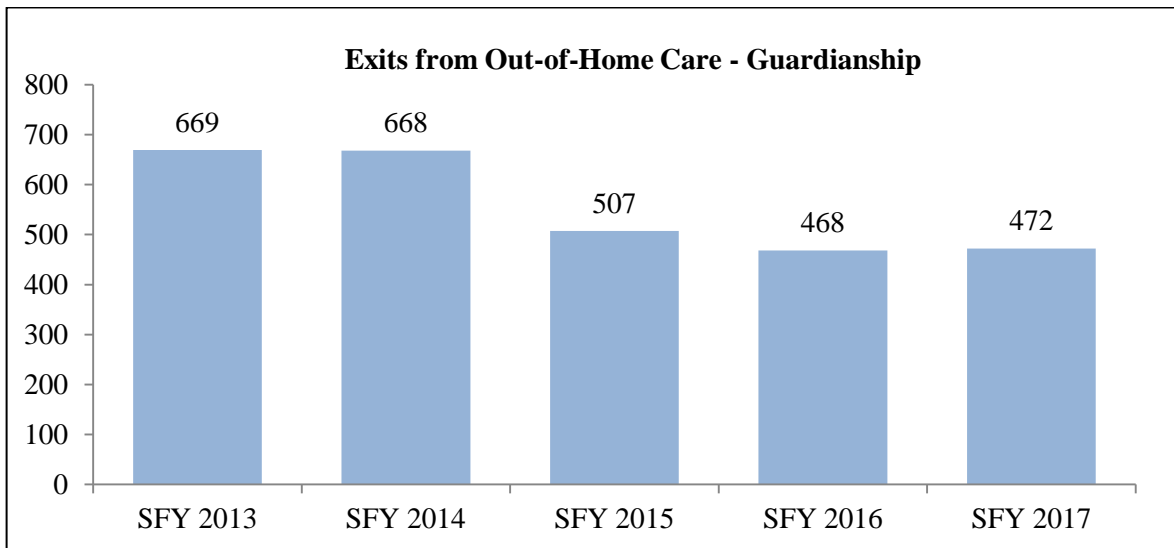


Figure 6



Data Source in Figures 1 – 6: MD CHESSIE

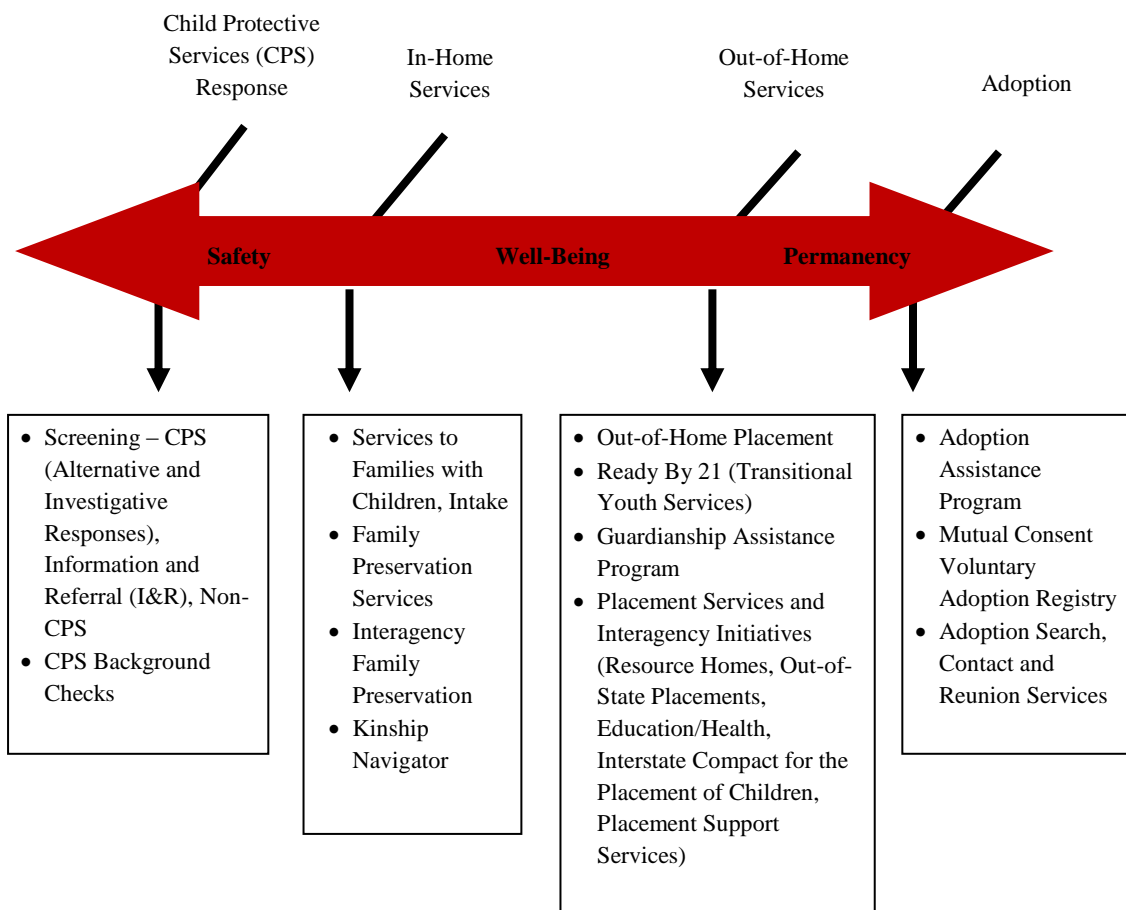
DHS/SSA’s Families Blossom (Maryland’s Title IV-E Waiver Demonstration Project), builds upon Maryland’s previous successful improvement efforts (Place Matters, Alternative Response, and Family Centered-Practice) to operationalize a comprehensive, Integrated Practice Model, by implementing and effectively utilizing comprehensive assessments and thereby expanding the existing service array. These efforts include, infusing trauma responsive, strength-based, family-centered and youth-guided principles within and across the child welfare continuum. In aligning these efforts with meaningful utilization of Child and Adolescent Needs and Strengths (CANS), Child and Adolescent Needs and Strength-Family (CANS-F), other assessment data in case planning and decision-making, the implementation and testing a range of evidence-based interventions available across the state and promising practices within identified jurisdictions, the State of Maryland will be able to:

- Improve well-being across the family unit
- Keep children and youth in their homes
- Ensure children and youth in Out-of-Home care have shorter lengths of stay, are placed in less restrictive placements and do not re-enter Out-of-Home Placement

Maryland continues to grow and enhance its child welfare system and practice, integrating trauma responsive practice into daily work across the continuum (see Figure 7, Maryland’s Continuum of Care), enhance and grow community-based services and evidence-based practices for children and families and implement comprehensive assessments to continue to shape future practice and improve children’s and families’ safety, permanence and well-being.

Figure 7

CHILD WELFARE CONTINUUM OF CARE



SECTION II: GENERAL INFORMATION

COLLABORATIONS

Maryland has developed collaborations with State and County agencies, stakeholders, nonprofits, community organizations and the courts to review and improve outcomes for children. Through these partnerships DHS/SSA 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. (For collaborations specific to goals and objectives, please review the Update on Assessment of Performance/Update to Plan for Improvement, Goals and Objectives.)

Strengths

DHS/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 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.

The strength of DHS/SSA's collaborations is the direct contact with DHS/SSA's partners. The 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.

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

Concerns

DHS/SSA continues to strengthen narratives to support the data. The implementation structure put in place, as noted in the Overview, has increased opportunities to clarify the stories behind the data and to ensure the collective work of the teams move Maryland's children to safety, permanency, and well-being.

Capacity Building Center for States

DHS/SSA met with staff from the Capacity Building Center for States. The Capacity Building Center for States made work plans, proposed recommendations and provided them to DHS/SSA to review the details and finalize the work plans. The proposal includes coaching, training, policy development and best practice recommendations to:

- Strengthen Maryland's Youth Advisory Board
- Improve timely permanency outcomes from Family Engagement
- Explore problems related to Foster Parent Support

After finalizing the work plans during the summer of 2018, DHS/SSA expects to report on the outcomes of the recommendations in the next report.

SECTION III: UPDATE ON ASSESSMENT OF PERFORMANCE / UPDATE TO PLAN FOR IMPROVEMENT

GOALS & OBJECTIVES

The Title IV-E Waiver Demonstration enables Maryland to continue to progress in achieving safety, permanency, and well-being for Maryland's children. Maryland has begun the work to implement an 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. The success of Place Matters, Alternative Response, Family Centered Practice, and Ready by 21 is measured by the results of the following goals:

Goal 1: Improve the safety for all infants, children, and youth in child welfare

Note: Goal 1 was changed from Improve the safety for all infants, children, and youth who have a child protective services investigation to include the population of children under the State's care (infants, children and youth in child welfare services).

Measure 1: Absence of Recurrence will be 90.9% or more

Objective: Reduce recurrence of Maltreatment

Measure 2: Maltreatment in Foster Care will be 9.5% or less

Objective: Reduce Occurrence of Maltreatment

Goal 2: Achieve permanency for all infants, children, and youth in foster care.

Note: To narrow its scope, Goal 2 has been revised from "Achieve permanency for all infants, children, and youth."

Measure 1: Permanency in 12 months for children entering foster care will be 40.5% or more.

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

Measure 2: Permanency in 12 months for children in care 12 and 23 months will be 43.6% or more.

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

Measure 3: Permanency in 12 months for children in care 24 or more months will be 30.3% or more.

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

Note: Measure 3 was changed from 17% to 30.3% to align with the National Standard

Measure 4: 12% or less of children exiting to reunification will reenter OOH care.

Objective: Reduce Reentry into care from reunification.

Note: Measure 4 was changed from 13% to 12% to align with other State reports.

Goal 3: Strengthen the well-being of infants, children, and youth in foster care.

Note: To narrow its scope, this goal has been revised from “Strengthen the well-being of infants, children, and youth.”

Measure 1: 85% of children entering foster care are enrolled in school within five days.

Objective: Children are enrolled in school within five days.

Note: Measure 1 was changed from 77% to 85% due to improvement.

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

Objective: Foster children have their health needs reviewed annually.

Measure 4: 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.

The objectives identified in the preceding pages are subject to change in order to ensure alignment with State and federal guidance.

Goal 1: Improve the safety for all infants, children, and youth involved in child welfare.

Note: Goal 1 was changed from Improve the safety for all infants, children, and youth who have a child protective services investigation to include the population of children under the State’s care (infants, children and youth in child welfare services).

Objective: Reduce recurrence of Maltreatment

Interventions to move DHS/SSA towards the Goal:

1. Intervention - CANS–F implementation

DHS/SSA has a contract with the University of Maryland, School of Social Work (UMSSW), Institute for Innovation and Implementation (“The Institute”) and Chapin Hall to continue to offer training on Child and Adolescent Needs and Strength (CANS) and Child and Adolescent Needs and Strength – Family (CANS-F) to produce detailed data on completion rates, and the needs and strengths identified. Data is provided to Local Department of Social Services (LDSS) to help evaluate their assessment of youth and families and to manage their caseloads. Data provided to the central office is used to identify where additional training or technical assistance is needed. Maryland is an approved IV-E Waiver Demonstration State. Maryland has chosen to use monies from the IV-E Waiver to implement evidence-based practices in all jurisdictions that will assist in the work that is done with families who are at risk of abuse and neglect. Preventing placement and reentry after reunification are the goals of the IV-E Waiver Demonstration effort. The Evidence-Based Practices should promote better family functioning, thereby reducing the recurrence of maltreatment. Further information about the CANS/CANS-F can be found in the CANS/CANS-F section of this report.

1.1. Benchmarks Activities – May 2017 – April 2018

1.1.1. Activity - Analysis of Child and Adolescent Needs and Strength-Family (CANS-F Data)

1.1.1.1. Update for May 2017 – April 2018

1.1.1.1..1. Analysis of system wide data reveals an under identification of needs and trauma, and an over identification of strengths. Staff is frequently not collaborating with the youth and family to come to a consensus about the needs and strengths. As a result, the assessment is not routinely integrated into a frontline staff’s work with a youth and family. While LDSS receive quarterly aggregate assessment reports,

these reports are very rarely utilized at the jurisdiction level to inform decision making.

- 1.1.1.1..2. DHS/SSA and technical assistance partners met with a total of one hundred forty (140) staff across Child Protective Services (CPS)/Family Preservation and Out-of-Home Services from twenty-four (24) jurisdictions, including agency Directors, Assistant Directors, Supervisors, and frontline staff between May – December 2017 to discuss the data with each jurisdiction.*
 - There were five (5) common areas of need that emerged out of these meetings: (1) Re-certification and training support through booster/refresher Trainings, (2) Practice integration support and training through Case consultation Workshops, (3) Data utilization through data support meetings, (4) Data report development through IT modernization efforts, and (5) Building local expertise through Child and Adolescent Needs and Strength (CANS) coaching cohorts.*
- 1.1.1.1..3. A draft report (LDSS CANS/ CANS-F Technical Assistance (TA) Planning Meetings) on the summary of the work completed between May-December 2017 on CANS Implementation was submitted for approval to DHS/SSA Executive Leadership outlining the plan for technical assistance support for the LDSS to improve the accuracy of rating the CANS/ CANS-F, improve compliance on using the CANS/ CANS-F and to increase CANS/ CANS-F certification by staff.*
- 1.1.1.1..4. A pilot training was held in Anne Arundel County in March 2018 regarding how the CANS-F can assist staff in conducting service planning with Family Preservation Services families. Based upon feedback from the trainees, adjustments will be made to the training prior to offering the training to staff statewide.*
- 1.1.1.1..5. Work was completed on programming for the CANS/ CANS-F in the my DHS portal at the end of 2017 which will allow DHS/SSA's contracted providers to enter CANS data on youth in their care and DHS/SSA will be able to factor that data into the assessment of our youth in care. (Since Maryland discontinued using SCYFIS several years ago, DHS/SSA contracted providers have been unable to enter CANS assessments on youth in their care into a centralized system; therefore,*

DHS/SSA has been unable to obtain CANS/ CANS-F data from private providers.

1.1.1.2. Plans for May 2018- April 2019

- 1.1.1.2..1. DHS/SSA, the Institute and Chapin Hall will begin to provide the support outlined above to the Local Department of Social Services (LDSS) when the draft Child and Adolescent Needs and Strength (CANS) Technical Assistance (TA) report is approved. The meetings with the LDSS will be held either locally or regionally as per the LDSS' request.*
- 1.1.1.2..2. Adjustments will be made to the training prior to offering the training to staff statewide based upon feedback from the Child and Adolescent Needs and Adolescent Needs and Strength – Family (CANS-F)/Service Planning pilot training.*
- 1.1.1.2..3. The training will become a part of the pre-service training for all new staff.*
- 1.1.1.2..4. The training to current staff and new staff will be provided by the Child Welfare Academy (CWA).*
 - *Consider how LDSS Administration may utilize their own data to make informed decisions at the family and case level as the new child welfare database is implemented.*
- 1.1.1.2..5. Activate the portal in my DHS so providers may input data and DHS/SSA can collect the data and compare to the CANS/ CANS-F completed by LDSS staff.*

2. Intervention - Ruled Out Investigations

During the 2016 Maryland Legislative Session a bill was passed and took effect on October 1, 2016, allowing the local departments to keep Ruled Out Investigations for two (2) years instead of expunging them within one hundred twenty (120) days. This change allowed the Department to examine all the investigations completed with families and determine whether the Department needs to intervene differently or earlier with families regardless of a Ruled Out finding. It will also help the Department understand the shortcomings of investigations especially in cases where a Ruled Out investigation was followed by a new Child Protective Services (CPS) report. At present CPS might be completely unaware that the family's situation was brought to the Department's attention because the record of the previous investigation was

destroyed. At the time of this writing there has not been sufficient time passed to determine if DHS/SSA's ability to maintain ruled out findings for two (2) years will have a significant impact on investigations.

2.1. Benchmark Activities May 2017-April 2018

2.1.1.1. Update for May 2017 – April 2018

2.1.1.1.1. Upon consideration of this item, DHS/SSA has concluded that this is not an intervention. While data from ruled out investigations is important, it is not being included in this report at this time.

3. Intervention - Evaluation of Risk Assessment Tools

3.1. Benchmarks Activities - May 2017-April 2018

3.1.1. Activity - Analysis of the effectiveness of these assessment tools on safety and service planning

3.1.1.1. Update for May 2017-April 2018

3.1.1.1.1. No further work has been done regarding the risk assessment tool as DHS/SSA awaits the new automated child welfare record to be developed. The new system and any new assessment tools will not become available to staff until the latter part of 2019.

3.1.1.2. Plans for May 2018- April 2019

3.1.1.2.1. As Modernization tools are developed, review the Risk Assessment Tools and their capabilities with the new system.

4. Intervention - Analysis of Alternative Response

4.1. Benchmarks Activities May 2017–April 2018

4.1.1. Activity - Data analysis. DHS/SSA will continue to use the available data from Alternative Response (AR) and Investigative Response (IR) to direct local practice. By mid-2018 it should be clear whether Alternative Response has been effective in reducing repeat maltreatment. Data should also help determine whether changes in the law are needed to expand or reduce the types of cases served in the alternative and investigative tracks. If appropriate, changes in law will be recommended.

4.1.1.1. Update for May 2017-April 2018

4.1.1.1.1. Data Analysis- DHS/SSA receives monthly data for AR and IR cases. Based on the data, it appears that AR has been effective, in that, only 5% of cases that were served on the AR track received an additional report within a twenty-four (24) month period.

4.1.1.1..2. Reviewed feedback from staff - During the AR learning collaborative, staff expressed concerns that they were having difficulties practicing AR as intended for physical abuse reports. Per Maryland law, all children must be seen for physical abuse cases within twenty-four (24) hours. With this mandate, staff often does not have time to make an appointment and meet with a family within the twenty-four (24) hour window.

4.1.1.2. Plans for May 2018- April 2019

4.1.1.2..1. DHS/SSA will continue to explore ways to address the issue of AR model fidelity for physical abuse reports. One option under consideration is eliminating physical abuse cases from the AR track. Another option is to change the law, and extend the time of response for AR physical abuse reports.

4.1.1.2..2. Review AR data as it relates to staff. During the next year, DHS/SSA will look at AR data to determine which jurisdictions have the numbers to support AR specific staff or units.

4.1.1.2..3. Engage jurisdictions having issues with AR model fidelity offer Technical Assistance (TA)

4.1.1.2..4. Continue to assist jurisdictions to engage the community to address AR families' needs and seek changes in service provision to meet the needs of families.

4.1.2. Activity - Continue to assist jurisdictions to engage the community to address AR families' needs and seek changes in service provision to meet the needs of families.

4.1.2.1. Update for May 2017-April 2018

4.1.2.1..1. The AR workgroup, established in March 2017 has been addressing creating community partnerships and educating the community. The workgroup reviewed and assessed current procedures and policy to determine if there are any needs for revision, as it relates to intervention by police, school, and courts in AR cases.

4.1.2.1..2. A survey was developed for LDSS to identify gaps in resources, collect data on primary stressor/most utilized referral sources for AR families, gain insight or examples on how LDSS educate Community Partners/Mandated Reporters on AR vs. IR. Once the survey is released, it can help to identify community partners in each LDSS, how

they establish and maintain partnerships, gaps in resources, engagement with the Local Management Board, Local Care Team partners, etc.

4.1.2.2. Plans for May 2018- April 2019

4.1.2.2..1. Develop a list of procedures that community partners can utilize in AR cases, highlighting the specific differences in involvement from an IR approach. The workgroup will also develop a standard community partner AR training/orientation for LDSSs and SSA to use when engaging community partners.

4.1.2.2..2. The survey that was developed and mentioned above will be distributed. The results will be reviewed to inform participants of the next steps.

4.1.2.2..3. LDSS will identify a community outreach contact person who will help to identify community partners in their jurisdiction, develop a plan on how they establish and maintain partnerships, assess for gaps in resources, and engage the Local Management Board, Local Care Team partners, etc.

4.1.2.2..4. Presentations will be given at on-going learning collaboratives sharing various LDSS' examples of community outreach efforts (ideas to share and replicate to engage the community in AR and prevention).

4.1.3. Activity - Continue to provide technical assistance, hold quarterly AR Learning Collaboratives and training to all jurisdictions to ensure adherence to AR model fidelity.

4.1.3.1. Update for May 2017-April 2018

4.1.3.1..1. Learning collaboratives were held in September 2017 and February 2018 (Please refer to the AR section for more details).

4.1.3.2. Plans for May 2018- April 2019

4.1.3.2..1. Learning collaboratives are planned for 2018. Topics discussed to be in alignment with the AR workgroup's goals.

4.1.4. Activity - Provide staff with more advanced training; Ask University of Maryland Training Department to provide trainings to staff in the Eastern and Western regions of the state.

4.1.4.1. Update for May 2017-April 2018

4.1.4.1..1. The workgroup reviewed all AR training for staff and supervisors to understand what trauma-responsive areas are already in place and

what additional training is needed. The group also examined the Signs of Safety Training curriculum as a way to integrate trauma responsiveness and determine other training topics that might be implemented in addition to Signs of Safety.

4.1.4.1..2. The workgroup examined available tools for supervisors, and identified new supervisory tools and materials to support the trauma responsiveness skills learned at AR related training sessions.

4.1.4.2. Plans for May 2018- April 2019

4.1.4.2..1. Receive approval from the Outcomes Improvement Steering Committee (OISC) for a transfer of learning (TOL) tip sheet for the AR Good to Great training for workers and supervisors. Once approved, share with supervisors and staff in the local departments for staff utilization.

5. Intervention - Training for Resource Parents

Pride Training - As an intervention for maltreatment in foster care, DHS/SSA will explore purchasing the new generation PRIDE training offered by Child Welfare League of America (CWLA) in order to train resource parents around issues of trauma.

5.1. Benchmarks Activities - May 2017- April 2018

5.1.1. Activity - Purchase PRIDE training

5.1.1.1. Update for May 2017 – April 2018

5.1.1.1..1. PRIDE training purchase in the Procurement Process and expected to be completed by the summer of 2018

5.1.1.2. Plans for May 2018- April 2019

5.1.1.2..1. Train on PRIDE beginning summer 2018

5.1.1.2..2. Review evaluations after training to improve

5.1.1.2..3. Review data after training to evaluate if training contributed to less maltreatment

5.1.1.2..4. Ask the Maryland Resource Parent Association to review the Maltreatment data in regional meetings to determine supports needed to reduce maltreatment

Data Review

Measure 1: Absence of Recurrence of Maltreatment will be 90.9% or more.

Objective: Reduce recurrence of maltreatment

Child and Family Services Review (CFSR) Safety Outcome 1: Children are—first and foremost—protected from abuse and neglect.

The Federal guidelines were modified to extend the base period and observation period from six months to twelve (12) months. Maryland revised their measure to reflect the new guidelines. Maryland's results are illustrated in Table 1.

Table 1

Absence of Recurrence of Maltreatment, by Federal Fiscal Year	
Target: Absence of Recurrence of Maltreatment will be 90.9% or more	
FFY2013	89.2%
FFY2014	89.8%
FFY2015	91.6%
FFY 2016	91.0%
<i>National Standard: 90.9% or more</i>	
<i>Source: MD CHESSIE; University of Maryland School of Social Work analysis.</i>	
<i>Revised based on new Federal guidelines</i>	
<i>Justification: Based on the CFSR Round 3, this is a modified federal measure that extends the base period and observation period from six months to 12 months.</i>	
<i>Note: The FFY 2017 data, base period October 2016 to September 2017, cannot be generated until 2018 using January's copy of MD CHESSIE.</i>	

Measure 2: Maltreatment in Foster Care will be 9.5 or less.

Objective: Reduce occurrence of maltreatment while in foster care.

Child and Family Services Review (CFSR) Safety Outcome 1: Children are—first and foremost—protected from abuse and neglect.

The Federal guidelines were modified to extend the base period and observation period from six (6) months to twelve (12) months. Maryland revised their measure to reflect the new guidelines.

Maryland's results are illustrated in Table 2.

Table 2

Rate of Victimization Foster Care by Federal Fiscal Year	
FFY2013	11.6
FFY2014	13.1
FFY2015	13.3
FFY2016	13.8
FFY2017	11.9
<i>Data Source: MD CHESSIE; University of Maryland School of Social Work analysis Revised based on Federal guidelines</i>	
<i>Justification: Based on the CFSR Round 3, this is a modified federal measure in two important ways: it includes all instances of indicated and unsubstantiated child maltreatment (no longer limited to maltreatment by foster parents and facility staff members), and has improved the denominator to reflect accurately the exposure to this risk among foster children. The rate of victimization per 100,000 days of foster care during a 12-month period.</i>	

Data / Measures of Progress

Table 3

Number of CPS Reports, by State Fiscal Year		
State Fiscal Year	Reports	Percent Change
SFY2013	52,629	
SFY2014	49,976	-6%
SFY2015	49,293	-1%
SFY2016	53,323	8%
SFY2017	57,523	8%

Data Source: MD CHESSIE and Baltimore City data, Child Welfare 03 files
Data reporting was changed from Calendar Year to State Fiscal Year for more consistent reporting.

Table 4

Number of New CPS Responses, by State Fiscal Year		
State Fiscal Year	Responses	Percent Change
SFY2013	26,522	
SFY2014	23,238	-12%
SFY2015	20,761	
SFY2016	21,346	3%
SFY2017	21,989	3%

Source: MD CHESSIE
Data reporting was changed from Calendar Year to State Fiscal Year for more consistent reporting.

Table 5

CPS Cases Open Less than 60 days, Average Percentage, by State Fiscal Year			
Target: 90% of CPS responses will be completed within 60 days			
Investigative Response		Alternative Response	
SFY2013	86%	SFY2013	N/A
SFY2014	86%	SFY2014	87%
SFY2015	90%	SFY2015	94%
SFY2016	88%	SFY2016	88%
SFY2017	85%	SFY2017	92%
<i>Data Source: MD CHESSIE; Child Welfare Place Matters files</i>			
<i>Data reporting was changed from Calendar Year to State Fiscal Year for more consistent reporting.</i>			

Table 6

Families and Children Receiving Family Preservation Services				
Total Number of Families and Children Served, by State Fiscal Year				
State Fiscal Year	Numbers		Percent Change	
	Families	Children	Families	Children
SFY2013	8,724	18,755		
SFY2014	8,626	18,137	-1%	-3%
SFY2015	9,813	20,520		
SFY2016	10,061	21,417	3%	4%
SFY2017	7,973	16,999	-21%	-21%
<i>Data Source: MD CHESSIE; 2010 -15: state of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2013-2015</i>				

Table 7

Number/Percentage of Children Who Were the Identified Victim of an Indicated Maltreatment Finding While Receiving Family Preservation Services		
State Fiscal Year	Number	Percent
SFY2013	366	2.70%
SFY2014	299	2.20%
SFY2015	406	2.60%
SFY2016	NA until SFY2018	NA until SFY2018
<i>Data Source: (MD CHESSIE); state of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2017</i>		

Table 8

Number/Percent of Children Who Were Placed Into Out-of-Home Care While Receiving Family Preservation Services		
State Fiscal Year	Number	Percent
SFY2013	569	4.30%
SFY2014	518	3.80%
SFY2015	504	3.69%
SFY2016	NA until SFY2018	NA until SFY2018
<i>Data Source: (MD CHESSIE); state of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2016</i>		

In addition to the data provided above, Maryland gathered additional information from case reviews conducted from June 2016 – January 2017¹. During this period seven (7) Local Department of Social Services (LDSS) were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed whether the agency’s responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) were made, within time frames established by agency policies or State statutes.

¹. For these reviews, the Onsite Review Instrument (OSRI) was used only for the document case review, while a state-developed interview guide was used to complete the case-related interviews. Generally the information gathered through the interview process was not included in the OSRI ratings.

Results showed that 79% of cases substantially achieved Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. Table 9 lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Table 9

Safety Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children are, first and foremost, protected from abuse and neglect.	38	0	8	27	73

Data Analysis

Absence of Recurrence of Maltreatment

Over the past two (2) federal fiscal years Maryland demonstrated that the absence of recurrence maltreatment has been around 91%, which is slightly higher than the national standard of 90.9%. DHS/SSA concentrated efforts on utilizing the Child and Adolescent Needs and Strength-Family (CANS-F) assessment tool to appropriately assess families and develop effective service plans. Data is consistently provided to LDSS to monitor the effective utilization of the CANS-F tool. Data showed, of the families served on the Alternative Response (AR) track, only 5% had an additional report within a twenty-four (24) month period. Stakeholder input noted that Maryland has been successful in ensuring that following engagement with the child welfare system maltreatment does not occur twelve (12) months following the provision of services. It was observed that while the rates are high, there was a drop in FFY2016 to 91.0%. Stakeholders also questioned the possible potential under reporting of maltreatment by older youth, particularly those on runaway. It was recommended to look at rates for these populations to determine any trends and potential service needs. In addition, the impact that the rise in human sex trafficking could have on rates of future maltreatment was highlighted. It was also suggested that resource placements could be a resource in continuing to strengthen this data.

Rate of Victimization in Foster Care

For FFY2017, the rate of child maltreatment in foster care decreased to 11.9 from 13.8 in FFY2016. Although this rate of 11.9 does not meet the Federal Standard of 9.5, the trend is going downward, in the right direction. It should be noted that when children are in foster care and report alleged maltreatment that happened prior to the entry into foster care, the data appears to still be a current maltreatment incident. Stakeholders also noted that additional data may be helpful to better understand the root cause (i.e. placement type and age). It was also noted that runaways are not included in this data and it was thought this would be an important population to include. Recommendations from stakeholders include additional training for foster parents and an increase in behavioral health services.

Alternative Response (AR) was fully implemented statewide as of July 1, 2014. In the report to the Maryland Legislature the organization conducting the legislatively required independent evaluation (IAR Associates) points out that families report higher ratings on feeling engaged and their participation in case direction decision-making. The time period of the evaluation was relatively early in AR implementation but suggests that the alternative path produces more family involvement in case direction. The September 2015 report also indicates the six month recurrence rate of AR families in jurisdictions with mixed units was 6.0% while the rate in jurisdictions with specialized AR units was 4.1%. The difference was statistically significant ($p < .001$). Provision of an all AR caseload may assist in limiting recurrence of maltreatment.

Per MD CHESSIE data, for the time period from July 1, 2015 to June 30, 2016 the average recurrence rate for jurisdictions with mixed units was 8.7% while the average rate in jurisdictions with specialized AR units was 9.07%. For the time period from July 1, 2016 to June 30, 2017 the average recurrence rate for jurisdictions with mixed units was 6.9% while the average rate in jurisdictions with specialized AR units was 5.71%. This data suggests that over time, jurisdictions with specialized AR units tend have lower recurrence rates for maltreatment. The recurrence rate in AR cases for both jurisdictions with dedicated AR Units and mixed units is going down, in the right direction. There has been no change in the number of jurisdictions with specialized AR units since 2015. SSA will work with the local departments over the next year to review data, practices and the feasibility of specialized AR units.

On July 1, 2015 Maryland's LDSS (with the exception of Baltimore City) implemented use of Child and Adolescent Needs and Strength-Family (CANS-F) as an added assessment tool for Family Preservation Services staff for identifying a family's strengths and weaknesses and to target assessed deficiencies in corresponding service plans developed with families. Baltimore City Department of Social Services (BCDSS) started using CANS-F in January 2016. Preliminary data shows that approximately 80% of cases where one would expect to find a completed CANS-F for the time period July 1, 2016 through June 30, 2017, actually had one in the record. This is up from 69%. Between July and November 2017, all jurisdictions were visited by the CANS team (staff from SSA, the Institute and Chapin Hall) to develop a CANS Technical Assistance (TA) plan based on areas identified as needing improvement. Only a few jurisdictions have begun to implement their plan. As the work gets underway, data results will inform the impact the TA plans have on the use and compliance of the tool.

The use of the CANS-F and the CANS data will continue to allow the LDSS to thoroughly assess a child's needs. The CANS and CANS-F are being utilized to create individual services plans that address the needs of the child and family. In the event that a child needs to enter Out-of-Home Placement, the assessments available will guide the LDSS in selecting the most appropriate placement for the child. Please see the CANS / CANS-F section for further details.

DHS/SSA recognizes that there may be some discrepancy in the number of cases of maltreatment reported while a child is in foster care. Children and youth in foster care often report prior maltreatment that predates their stay in foster care. The maltreatment is reported at the time of disclosure; therefore; DHS/SSA continues to explore how to accurately determine the number of reports of maltreatment while a child is in placement. SSA is hopeful the new automated child welfare record can assist in more accurately gathering this data.

The number of calls to LDSS hotlines statewide for SFY2017 continued to increase over the past several years. There has been an increase of 16% in the past two (2) SFYs. A large number of these calls are deemed inappropriate for a Child Protective Services (CPS) response and can be referred to other agency programs (e.g., allegations of substance-exposed newborns are received and referred internally to Services for Families with Children for assessment), referred to community resources, or closed with no action. A new Screening policy was issued in 2017 to include changes in sex trafficking screening guidelines and Risk of Harm case types. It is expected there will be an increase in screening reports due to these additions (Tables 3 and 4).

The number of calls accepted for a CPS response for SFY2017 increased over the previous year but continues below the highs set in 2011 (27,821), 2012 (27,761) and 2013 (26,522). There has been an increase of 6% in the past two (2) SFYs since those earlier years. Starting in 2014, LDSS were trained not to accept these cases for investigation unless it was clear at the time of the call that an act of abuse or neglect was suspected following the birth of the child. For the past few years several other types of cases now categorized as Risk of Harm case types are being accepted for assessment by child welfare staff. In past years, these types of cases may have been assigned for a CPS Response.

Table 6 shows a marked decrease (21%) in the amount of families and children receiving Family Preservation Services offered by the DHS/SSA. When looking closer at the data, it is possible to see that there was an increase in Family Preservation Services during SFY2015 and SFY2016 due to an increase in new cases during SFY2014 through SFY2016. This indicates that more families were being served by family preservation.

During SFY2017, there was a decrease in the number of new cases served but the number is greater than the number of new cases during SFY2013. DHS will monitor the new cases to determine if the numbers remain at the lower counts or increase again in the next fiscal year.

In Table 7 there is a slight upward trend (.4%) for the number of children identified as a victim while receiving Family Preservation Services. DHS/SSA will monitor this slight rise during the coming year to determine whether this is an ongoing concern. Table 8, continues to trend in the right direction with less children who are receiving Family Preservation Services needing to be placed in Out-of-Home care.

Strengths

The percentage of children who were identified as a victim of abuse/neglect while placed in an Out-of-Home Placement decreased. The number of cases being closed within sixty (60) days is improving. DHS/SSA continues to emphasize the usefulness of the Milestone Charts which seem to have had a positive impact on this area. The Milestone Reports allow caseworkers, supervisors and managers to see what has been done in the life of a CPS or Family Preservation Services case at a glance and, in some cases, give prompt feedback on when certain activities are to be completed. Milestone Reports are available on a daily basis to LDSS managers. Alternative Response continues to have a positive impact reducing the recurrence of new reports of alleged maltreatment (see Data Assessment for Goal 1).

Concerns

Improving family case planning continues to be an area of focus especially for Family Preservation Services. While Child and Adolescent Needs and Strength-Family (CANS-F) has been implemented on all Family Preservation Services cases, it has not yet been implemented for Child Protective Services responses (CPS) Alternative Response (AR) and Investigative Response (IR)). The data suggests assessments being completed under represent the extent of the needs of families. DHS/SSA cannot get a complete picture of the needs and strengths of a family throughout their involvement with child welfare. Better assessments will lead to better service planning.

Collaborations

DHS/SSA, along with technical assistance from Chapin Hall, continues to work with Local Department of Social Services (LDSS) on sustainability and fidelity of the Alternative Response (AR) model. The Department formed an Alternative Response Workgroup in January 2017 to address issues of community partnerships, training of the workforce on model fidelity and family engagement and the re-education of professionals who are necessary to support the AR model, such as law

enforcement, the school system, and the judiciary system. As part of its work, the group continues to review the data about how the AR program is working in Maryland, such as the number of referrals assigned as AR, the number of re-assignments from AR to Investigative Response (IR) and the number of IR to AR, and the number of subsequent investigations following an AR. After recruiting the appropriate stakeholders and establishing a workgroup charter, the workgroup began to meet in May 2017. Workgroup members include but are not limited to private providers, the Maryland Department of Health, the Maryland Department of Education, Advocates for Children and Youth, and the State Council on Child Abuse and Neglect. For Feedback results, please refer to Benchmarks 2017-2018 above.

DHS/SSA also continues to receive technical assistance from The Institute and Chapin Hall in supporting the work around CANS. The “CANS team” has travelled to each jurisdiction at least once in the past year providing training and planning regarding the use of the assessment with families/youth, data interpretation and certification requirements for use of the tool. This work will continue as each jurisdiction has identified a CANS plan which the CANS team will help them to implement. The CWA has also been a valuable partner in assisting SSA with developing training for staff related to using the CANS-F to inform service planning.

DHS/SSA also partnered with Chapin Hall, State Council on Child Abuse and Neglect (SCCAN), Maryland Department of Health and LDSS to review the data and issues around child fatalities. Reviews of fatalities that occurred in 2015 have begun to take place in order to determine if any common elements exist that can help inform our practice.

DHS/SSA plans to work with the Maryland Resource Parent Association (MRPA) in reviewing the maltreatment data to determine what supports the Association feels are needed to turn the curve on the data. DHS/SSA will also review the evaluations from the PRIDE training that is planned for the summer of 2018 to ascertain if the parents felt that the training was relevant and helpful to the work they do every day with foster care children and youth.

Support Needed

Maryland implemented AR, Structured Analysis Family Evaluation (SAFE)-C assessment, and CANS-F that, along with the Maryland Family Risk assessment, constitute the comprehensive assessment package for staff to use when working with Family Preservation Services families. Analysis of the effectiveness of these assessment tools on safety and service planning is needed to determine if deficiencies and strengths uncovered during assessment are effectively addressed in service provision and utilization by families. Work has begun on assessing the safety, risk and CANS

data for each family; however, there has been a problem with data matching that has delayed any analysis from being completed at this time. Research and data staff from the University of Maryland School of Social Work (SSW) and Chapin Hall continues to work on the data elements needed to conduct the assessment.

The implementation report from the Institute of Applied Research (IAR) pointed out that the jurisdictions with designated Alternative Response (AR) and (Investigative Response) (IR) units saw more benefits from the two path response system to allegations of abuse/neglect, assisting jurisdictions where possible in evaluating what it would take to move to AR and IR designated units needs to be explored. In some cases it may not be feasible due to number of staff. DHS/SSA plans to:

- Continue to provide technical assistance, hold quarterly AR Learning Collaboratives, and train all jurisdictions to ensure adherence to AR model fidelity.
- Provide staff with more advanced training, in addition to having the University of Maryland Training Department provide trainings to staff in the Eastern and Western regions of the State.

Services Needed (Service Array)

Child and Adolescent Needs and Strength-Family (CANS-F) data has supported the idea that 1) parental mental health and substance use; and 2) child mental health are the factors negatively impacting families who become involved in the child welfare system. Services that continue to be needed are:

- Increased access to the appropriate level of substance abuse treatment for adults and teens.
- Expansion of the number of child mental health providers, especially in rural parts of the State.
- Available daycare or respite services for parents so they can become more self-sufficient (work) and access other services they might need (substance abuse treatment or mental health services).
- Identification of non-traditional services that can assist families in meeting needs, such as family-based substance abuse treatment.
- Creation of financial assistance, transportation, housing, job training and services in rural areas that is available to families in their area rather than in the nearest city.

Goal 2: Achieve permanency for all infants, children, and youth in foster care

Note: The goal was changed from “Achieve permanency for all infants, children, and youth” to “Achieve permanency for all infants, children, and youth in foster care” to narrow the scope of the goal.

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

Interventions to move DHS/SSA towards the Goal:

1. Intervention - Concurrent Permanency Planning

Allows the LDSS to simultaneously pursue two permanency plans in order to achieve permanency for a child as safely and expeditiously as possible.

1.1. Benchmark Activities - May 2017 – April 2018

1.1.1. Activity - Train Out-of-Home Placement caseworkers on concurrent Permanency Planning

1.1.1.1. Update for May 2017 – April 2018

1.1.1.1.1. DHS/SSA has developed a guide regarding Concurrent Permanency Planning and posted it on the HUB (DHS/SSA Training) for the workforce to access.

1.1.1.2. Plans for May 2018- April 2019

1.1.1.2.1. DHS/SSA will continue to explore developing a Captivate training that is more interactive to assist the workforce around concurrent permanency planning.

1.1.1.2.2. DHS/SSA will continue to monitor the LDSS and identify areas for technical assistance around concurrent permanency planning.

1.1.2. Activity - DHS/SSA plans to reconvene with the Foster Care Court Improvement Project (FCCIP) around Concurrent Permanency Planning and provide training to judges and masters.

1.1.2.1. Update for May 2017 – April 2018

1.1.2.1.1. DHS/SSA has continued to participate in the FCCIP, however a training was not able to be developed during 2017- 2018; the training schedule had been completed for 2017

1.1.2.2. Plans for May 2018- April 2019

1.1.2.2.1. FCCIP is developing a project to examine “cold cases” of older youth in foster care. DHS/SSA and FCCIP are exploring different options for creating an algorithm for random case selection. The algorithm will determine how many cases are selected for the random sample. One of the primary focuses of this review will be concurrent permanency planning.

1.1.2..2.2. *DHS/SSA and FCCIP are exploring a joint conference to be held in April 2019 that will address improving practices among child welfare professionals and the judiciary. The specific focus of the conference has not been determined at this time, but topics under consideration include kinship care and placement stability.*

2. Intervention - Parent and Child Visitation

2.1. Benchmark Activities - May 2017 – April 2018

2.1.1. Activity - Revise the Case Planning/Concurrent Permanency Planning Policy

2.1.1..1. Update for May 2017 – April 2018

2.1.1..1.1. *DHS/SSA was unable to complete the revisions during 2017-2018 due to the Integrated Practice Model group being developed. DHS/SSA is still exploring revising the concurrent permanency planning policy.*

2.1.1..2.Plans for May 2018- April 2019

2.1.1..2.1. *DHS/SSA will revise the policy in collaboration with the Practice Model Workgroup to ensure that the policy aligns with the Integrated Practice Model.*

2.1.2. Activity– Parent and Child Visitation- Data evaluation

2.1.2..1. Update for May 2017 – April 2018

2.1.2..1.1. *DHS/SSA reviewed the data with the DHS/SSA steering committee and the DHS/SSA Advisory Board to solicit feedback. DHS/SSA received feedback regarding the data that concentrated on the incorrect documentation of visits that are actually occurring. The LDSS have committed to reviewing this data on a monthly basis and providing feedback to SSA.*

2.1.2..2. Plans for May 2018-April 2019

2.1.2..2.1. *DHS/SSA is currently developing a new child welfare information system. This area is a high priority to ensure easier documentation for casework staff. In the meantime, DHS/SSA will continue to monitor the data and provide technical assistance when needed.*

2.1.2..2.2. *DHS/SSA plans to develop a Placement and Permanency workgroup. This workgroup will address issues surrounding visitation.*

2.1.3. Activity – DHS/SSA plans to develop a Policy Workgroup to examine the visitation policies and documentation constraints to address the data accuracy.

2.1.3..1. Update for May 2017-April 2018

2.1.3..1.1. DHS/SSA established a Policy Workgroup in collaboration with Chapin Hall.

2.1.3..2. Plans for May 2018-April 2019

2.1.3..2.1. DHS/SSA in partnership with Chapin Hall is reviewing and examining every current policy to determine needed revisions.

Data Review

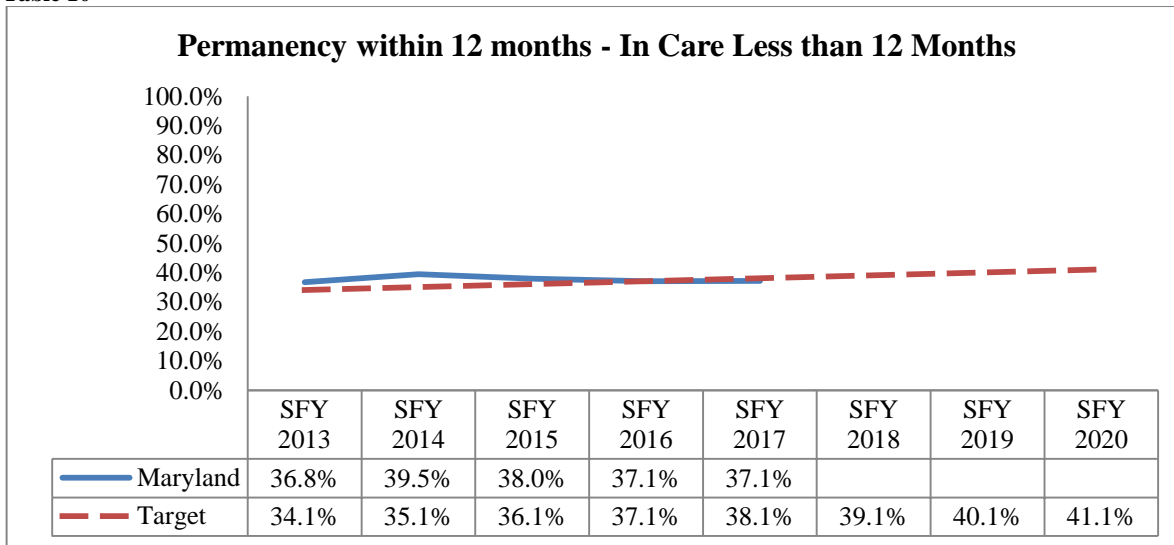
Measure 1: Permanency in 12 months for children entering foster care will be 40.5%.

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

National Standard: 40.5%

Data was changed from calendar year to fiscal year in order to maintain consistency with reporting throughout the report.

Table 10



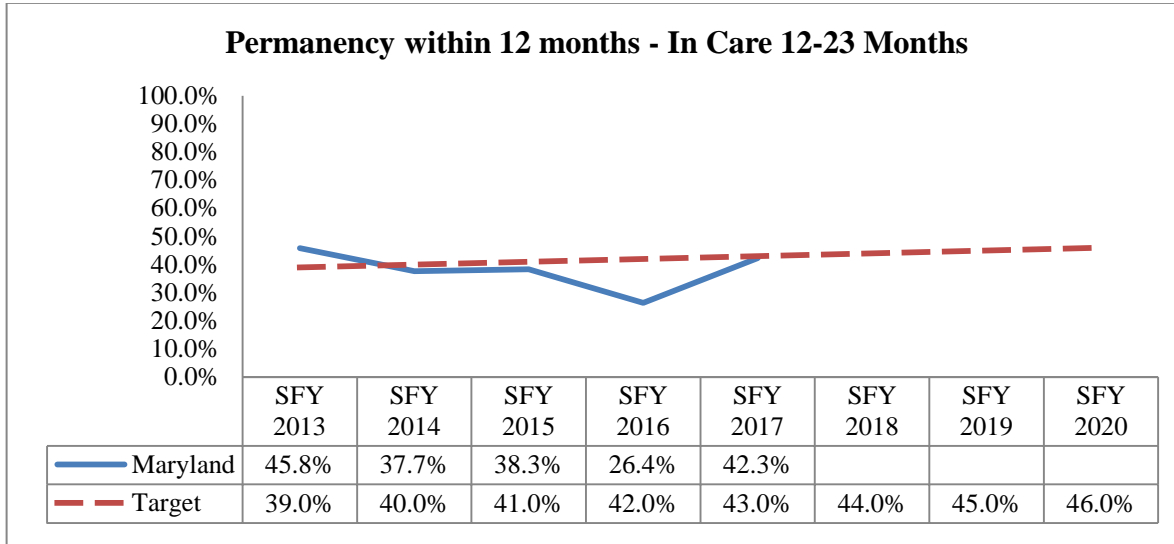
Measure 2: Permanency in 12 months for children in foster care between 12 and 23 months will be 43.6%.

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

National Standard: 43.6%

Data was changed from calendar year to fiscal year in order to maintain consistency with reporting throughout the report.

Table 11



Measure 3: Permanency in 12 months for children in care 24 or more months will be 30.3% or more.

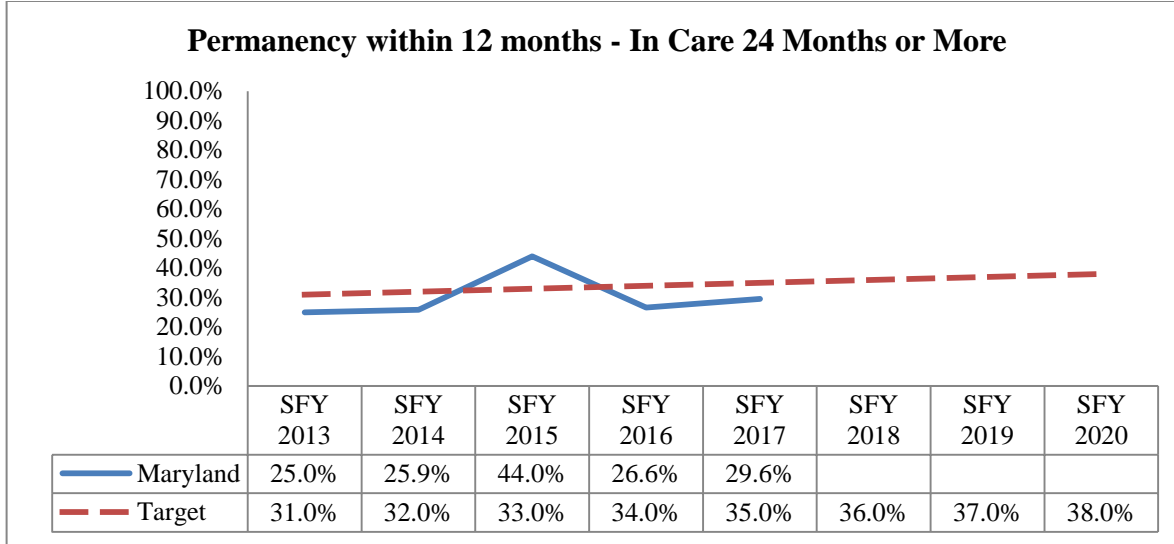
Objective: Improve services so that children are able to exit care

National Standard: 30.3%

Note: Measure 3 was changed from 17% to 30.3% to align with the National Standard

Data was changed from calendar year to fiscal year in order to maintain consistency with reporting throughout the report.

Table 12



Data Analysis

Since 2007, Maryland’s Place Matters Initiative focused on reducing the number of children in Out-of-Home Placement and achieving timely permanence for children who enter Out-of-Home Placement. DHS/SSA is making progress to reach its goal of the percentage of children attaining permanency based on their length of stay in foster care. DHS/SSA is quite close to reaching national targets for permanency among children who have entered foster care or been in care up to two (2) years. As for children in care two (2) or more years, DHS/SSA has considerably more progress to make, however, it should be noted that most of those are youth ages 18 and older: Among children under 18, only 30% have been in care two (2) or more years, whereas 88% of youth 18 and older have been in care two (2) or more years.

Stakeholders shared that the data provides opportunities to better understand root causes and identify strategies for improvement. To better understand current trends and test hypothesis on root causes it was suggested that further data analysis be completed to include placement type, age of youth, race and jurisdiction. Factors impacting data may be a lack of services being offered to parents, barriers to reunification including the impacted by substance use, or by the fact that children currently being served have higher more intense needs.

Table 13

Placement Stability - Rate of placement moves per 1,000 days of foster care Target: 4.12	
SFY2013	4.08
SFY2014	4.73
SFY2015	4.12
SFY2016	4.55
SFY2017	4.79
<i>Source: MD CHESSIE</i>	
<i>Justification: Based on the Child and Family Services Review round 3, this is a modified federal measure of foster care placement stability. The national target is 4.12 placement moves among children under 18 entering foster care in a 12-month period per 1,000 days in foster care.</i>	

The Rate of Placement slightly increased from 4.55 in SFY2016 to 4.79 in SFY2017. DHS/SSA is examining the reasons for the increase to ascertain if the cause is data input, resources available or not available at the time of placement or the child is moved from the placement because intense services are not needed and the child is “stepped down” to more appropriate services.

In addition to the data provided above, Maryland gathered additional information from case reviews conducted from June 2016 – January 2017. During this period the following seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert The case reviews for this outcome assessed if the child in foster care was in a stable placement, if any changes in the child’s placement were in the best interests of the child being consistent with achieving the child’s permanency goal(s), whether agency established appropriate permanency goals for the child in a timely manner and made concerted efforts to achieve reunification, guardianship, adoption or other-planned permanent living arrangement for the child.

Results of these case reviews from the seven (7) LDSS show that **90% of cases met substantially or partially achieved Permanency Outcome 1: Children have permanency and stability in their living situations.** Table 14 below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Table 14

Permanency Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children have permanency and stability in their living situations.	16	2	2	53	73

Data/Measures of Progress

Maryland tracks data on visitation between children in foster care and their siblings in care and those that are not in care, between children in foster care with their parents as well as children placed with relatives to assess the continuity of family relationships and connections is preserved for children.

Table 15

Parent/Child and Sibling Visitation <i>Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.</i>		
	Percentage of Cases with Monthly Sibling Visits	Percentage of Cases with Monthly Parent Visits
SFY2013	24.2%	21.1%
SFY2014	23.5%	21.2%
SFY2015	29.1%	25.2%
SFY2016	33.0%	28.2%
SFY2017	29.8%	26.8%
<i>Data Source: MD CHESSIE</i> <i>Data percentage is any visit with any parent, same with siblings for each full month in care, entry and exit months are not included as they are not full 30 days.</i>		

Table 16

Children Placed with Relatives					
	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Total Served*	8,936	8,054	7,461	7,306	7,253
Placements with Relative	1,615	1,320	1,471	1,412	1,536
Percent of placements with relative	18%	16%	20%	19%	21%
<i>Data Source: MD CHESSIE</i> <i>*Total Served count is higher than number of children served at end of SFY; includes children that entered and exited care within the fiscal year.</i>					

In addition to the data provided above, Maryland gathered additional information from case reviews conducted from June 2016 – January 2017. During this period the following seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed if the agency made concerted efforts to ensure that:

- Siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings,
- Visitation between children in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members,
- Children’s connections to their neighborhood, community, faith, extended family, Tribe, school, and friends are preserved,
- Children are placed with relatives when appropriate, and promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation.

Results of these case reviews from these seven (7) LDSS show that **100% of cases met substantially or partially achieved *Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.*** Table 17 below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable.

Table 17

Permanency Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
The continuity of family relationships and connections is preserved for children.	17	0	0	56	73

Data Analysis

Data from Maryland’s Children Electronic Social Services Information Exchange (MD CHESSIE) seems to indicate there are challenges with ensuring that visitation is occurring between children in foster care, their parents and siblings and that few children are placed with relatives. Despite this, the results from the seven (7) case reviews seem to indicate a higher performance in ensuring that the continuity of family relationships and connections are preserved for children. The discrepancy in the data is due to a number of factors. First, MD CHESSIE data is from one source where the Continuous Quality Improvement (CQI) data is from multiple sources. Secondly, MD CHESSIE data is based on the last placement during the time period when the data is pulled. Unlike the CQI process that looks at the entire period under review, which is a minimum of one year. Finally, MD CHESSIE data is pulled from the last entry in the electronic record while the case reviews completed gathered additional information that may have not been entered into the system timely.

For plans on child and family visitation percentages, please refer to benchmark above.

Table 18

Exits to Permanency	Reunification		Guardianships		Adoptions	
	#	%	#	%	#	%
SFY2013	1,315	40%	669	21%	395	12%
SFY2014	1,254	44%	617	21%	337	12%
SFY2015	1,035	42%	503	21%	296	13%
SFY2016	1,242	48%	468	18%	349	13%
SFY2017	1,299	51%	467	18%	320	13%

Source: MD CHESSIE, MD CHESSIE SFY15-17

Data was changed from calendar year to fiscal year in order to maintain consistency with reporting throughout the report.

Table 18 shows a high proportion of children continue to exit to permanency. Exits to Reunification increased from 48% in SFY2016 to 51% in SFY2017. Exits to Guardianship remained steady at 18% for SFY2016 and SFY2017 and Adoption remained steady at 13% for SFY2016 and SFY2017. The

length of stay of children in foster care has decreased (from an average of 35 months in SFY2016 to an average of 33 months in SFY2017, Table 20). The length of stay for children in Out-of-Home care increased for children in care 0-6 months from 22%-24% while the percentage of children in care 7-11 months decreased from 13% to 12% and decreased for children in care 12 plus months from 65% to 64% (Table 19), trends that reflect the efforts Maryland has exerted to increase exits out of care. Maryland will continue to collaborate with community partners to ensure all services needed by families (parents and relatives) are available. Maryland will move forward with its evidence-based trauma-informed practice.

Table 19

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		
	#	%	#	%	#	%	
SFY2013	1094	18%	685	11%	4186	70%	5,965
SFY2014	959	18%	621	12%	3,750	70%	5,330
SFY2015	861	18%	638	13%	3,323	69%	4,822
SFY2016	1,043	22%	622	13%	3,044	65%	4,709
SFY2017	1,089	24%	557	12%	2,984	64%	4,630
<i>Data Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file</i>							

Table 20

Average and Median Length of Stay of Children in Out-of-Home Care		
SFY	Average LOS (Months)	Median (Months)
SFY2013	43	24
SFY2014	41	23
SFY2015	39	23
SFY2016	35	20
SFY2017	33	19
<i>Data Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file</i>		

Table 21

Out-of-Home Entries and Exits								
	Numbers				Percent Change			
	OOH Entries	OOH Exits	OOH Total Served	OOH as of Jun 30	OOH Entries	OOH Exits	OOH Total Served	OOH as of Jun 30
SFY2013	2,517	3,353	9,175	5,960				
SFY2014	2,355	2,874	10,572	5,339				
SFY2015	2,125	2,503	7,464	4,837	-9%	-13%	-29%	-9%
SFY2016	2,491	2,432	7,328	4,709	16%	-3%	-2%	-3%
SFY2017	2,505	2,524	7,239	4,661	1%	4%	-1%	-1%

Source: MD CHESSIE and Baltimore City data; Child Welfare 03 files
Data was changed from calendar year to state fiscal year in order to maintain consistency with reporting throughout the report.

The Out-of-Home (OOH) entries slightly increased from 2,491 in SFY2016 to 2,505 in SFY2017 while the exits increased from 2,432 in SFY2016 to 2,524 in SFY2017. The total OOH decreased from 4,709 in SFY2016 to 4,661 in SFY2017. Maryland continues to support families and children to decrease the number of children in OOH. The increase in entries is slight but is something that Maryland will review to ensure it is not an upward trend.

Strengths

Out-of-Home Placements have been steadily decreasing since 2009. As of June 2017, there were 4,661 children in Out-of-Home care. This number is the lowest number of children requiring removal from their homes in over 28 years. There has been an increase in the percentage of reunifications while the percentage of guardianships and adoptions to total exits remained unchanged. Maryland made improvements in reducing the average length of stay in Out-of-Home Placements. The data in the Tables 8 and 9 with exits to permanency and length of stay support this trend. DHS/SSA attributes the number of exits and reduction in length of stay to the two interventions: concurrent permanency planning and parent/child visitation.

Concerns

Documentation of information on parent and child visitation into MD CHESSIE continues to be a concern. DHS/SSA will continue to work with LDSS around this issue. DHS/SSA has identified the LDSS with the lowest percentages. In 2019, DHS/SSA will continue to provide intensive technical assistance to the identified LDSS and will monitor the reports with the LDSS Assistant Directors.

Although documentation is a weak area on parent and child visitation, it has not affected the overall goal of achieving permanency in a timely manner. The Placement Stability rate has increased to 4.79 in SFY2017. DHS/SSA will continue to solicit feedback from stakeholders on these data points. DHS/SSA plans to conduct a strategic planning session with stakeholders, community partners, sister agencies and LDSS.

Collaboration/Feedback Loops

DHS/SSA involves community partners/stakeholders and LDSS staff in the review of the data and receives feedback on the data as they relate to the current practice. During Regional Supervisory Meetings, Steering Committee Meetings, Provider Advisory Council Meetings (PAC), and Monthly Assistant Directors Meetings these data are reviewed. Changes to policy and practice are a result of data review. DHS/SSA also receives input for policy revisions from the Assistant Directors Affiliates, Office of the Attorney General and the Office of Licensing and Monitoring to ensure legal sufficiency and that State laws, and best practices were followed and that the policy was written in a clear manner. DHS/SSA started a policy work group to revise and/or update existing policies surrounding visitation issues. The workgroup is in the beginning phases and an update will be available in the next report.

DHS/SSA's collaboration with the Foster Care Court Improvement Project (FCCIP) continues to have a positive impact on the required changes in court practices and findings as required by changes in federal laws, regulations, and program instructions. This collaboration also impacts the practice related to permanency within the LDSS. DHS/SSA and FCCIP review data as it relates to length of stay in foster care. DHS/SSA's collaboration with the FCCIP has ensured that the judiciary officials are educated on the importance of permanency for a child. DHS/SSA will continue to work with the FCCIP to move forward on concurrent planning.

DHS/SSA will continue to collaborate with FCCIP around increasing permanency for older youth in foster care. DHS/SSA and FCCIP have identified older youth as a target population for this year priority. Please see CRBC's Annual Report (Appendix B) for details of their review and the Social Services Administration's response (Appendix C).

Collaboration with Developmental Disabilities Administration

Coordination of CFSP Services with Other Federal Programs

DHS/SSA and the Maryland Department of Health/Developmental Disabilities Administration (MDH/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.

DHS/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 to the specific needs of each youth. These services include: education, health, mental health, employment, housing, and social networking, and ensure that the overall well-being of the youth is addressed.

2018 - 2019 Plan

DHS/SSA formed an Integrated Practice and Implementation Team which is Co-Chaired by Child Welfare and Adult Services. The Integrated Practice group includes a Congregate Care/Placement Group which focuses on permanency. This team consists of members from DDA, MDH, Behavioral Health Administration (BHA), Maryland State Department of Education (MSDE), the LDSS, Chapin Hall, and the University of Maryland Institute of Innovation and Implementation.

DHS/SSA will facilitate partnerships and hold regular meetings with the partners to ensure all youth with Developmental and Intellectual Disabilities have a smooth transition into adulthood. DHS/SSA and DDA are currently in the process of creating a Memorandum of Understanding (MOU) to outline practices around transitioning older youth from foster care to DDA services in an effort to ensure a continuation in the quality of care and services as well as ensure safety, permanency and well-being. DHS/SSA will partner with the two current medically fragile congregate care group homes with whom DHS/SSA contracts. DHS/SSA also has contracts with five (5) medically fragile treatment foster care providers in partnership with DDA.

Measure 4: 12% or less of children exiting to reunification will reenter Out-of-Home (OOH) care

Objective: Reduce reentry into care from reunification.

Note: The Measure was changed from 13% to 12% to align with other reports.

Child and Family Services Review (CFSR) Permanency Outcome 2: The continuity of family relationships is preserved for children.

1. Intervention - monitor data monthly and consult with local jurisdictions in order to identify the specific causes of the reentries and the steps needed to reduce reentries

1.1. Benchmark Activities - May 2017 – April 2018

1.1.1. Activity – Provide training and consultation to LDSS and stakeholders to target decreasing reentries

1.1.1.1. Update for May 2017 – April 2018

1.1.1.1.1. In collaboration with The Institute, formed a Substance Use Disorder Workgroup

- *Researched and identified evidence-based or promising programs that address parental Substance Use Disorder (SUDs) (narrowed down to Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR), Family Behavior Therapy (FBT) and Sobriety Treatment and Recovery Teams (START) models.*
- *Completed report to assess jurisdiction-level need, interest and capacity; and then developed a set of recommendations for SUDs model funding and implementation*
- *Researched and selected SUDS models to meet parental needs of child welfare to build a service array of models available to LDSS*
- *Forged relationships with SUDS model developers and organized model webinars to share selected SUDS models with LDSS to gauge interest*
- *Held (6) six regional SUDS all day meetings with LDSS from twenty-four(24) jurisdictions to review SAFERR, FBT and START models*
- *Assisted with gauging/collecting interest from LDSS which SUDS models they selected to implement*
- *Assisted DHS/SSA with model/developer scopes of work/contracts*
- *When FBT fell through, worked to re-identify a new treatment model to replace it. FAIR now under considering and going through same process to liaison with develop and educate LDSS, etc.*
- *Performing pre-work for START model until contract with developer in place.*

1.1.1.1. Plans for May 2018- April 2019

1.1.1..1.1. In collaboration with The Institute, the Substance Use Disorder Workgroup plans to:

- *Provide research and technical assistance to LDSS interested in new treatment model, FAIR, to determine whether to move ahead with implementing the model in their jurisdiction.*
- *Provide training and individualized technical assistance to LDSS implementing START.*
- *Develop evaluation and continuous quality improvement to support implementation of START.*
- *Provide training and individualized technical assistance to LDSS implementing SAFERR.*
- *Develop evaluation and continuous quality improvement to support implementation of SAFERR.*

1.1.2. Activity – Ongoing assessment of evidence-based trauma-informed practices

1.1.2..1. Update for May 2017 – April 2018

1.1.2..1.1. Assessed availability of trauma-informed evidence-based services by requiring all licensed providers to report services offered and population served by completing the Program Questionnaire.

1.1.2..1.2. Developed individualized Technical Assistance (TA) plans for each of the twenty-four (24) jurisdictions. TA plans generally focused on EBP and CANS implementation support.

1.1.2..1.3. Met with the thirteen (13) jurisdictions that expressed an interest in SFY2018 IV-E Waiver funding requests for Trauma-Responsive Care TA to assess current trauma-responsive care practice, and TA and training needs.

1.1.2..1.4. Provided monthly data reports and facilitated implementation team meetings to support continuous quality improvement for the jurisdictions implementing the following evidence-based programs:

- *Partnering for Success (Baltimore County- entire period);*
- *Functional Family Therapy (AA-August-April);*
- *Parent-Child Interactive Therapy (AA, Aug- April);*
- *Nurturing Parenting Program (Harford, Nov- April; Talbot, QA & Kent, Sept-April);*
- *Incredible Years (Allegany and Garrett, Nov-April)*
- *Solution-Based Casework (Baltimore City, Aug-April)*

- *Trauma Systems Therapy/ Bester Community of Hope (Washington County- Sept - March)*

1.1.2..1.1. Piloted a “Fundamentals of Implementation Workshop” with Allegany and Garrett (January, 2018)

1.1.2..1.2. Held collaborative meetings for LDSS and other public funders and implementers of Multi-Systemic Therapy (MST), Functional Family Therapy (FFT) and Nurturing Parenting Program (NPP).

1.1.2..2. Plans for May 2018- April 2019

1.1.2..2.1. Offer “Fundamentals of Implementation Workshop” to LDSS installing evidence-based trauma-informed practices.

1.1.2..2.2. Provide coaching to supervisors and administrators on trauma-informed care.

1.1.2..2.3. Offer a breakthrough collaborative to LDSS teams to address secondary traumatic stress.

1.1.2..2.4. Continue to provided monthly data reports and facilitate implementation team meetings for the jurisdictions implementing the following evidence-based programs:

- *Partnering for Success (Baltimore County);*
- *Functional Family Therapy (Anne Arundel Count (AACO));*
- *Parent-Child Interactive Therapy (AACO);*
- *Nurturing Parenting Program (Harford, Talbot, Queen Anne’s & Kent Counties);*
- *Incredible Years (Allegany and Garrett Counties)*
- *Solution-Based Casework (Baltimore City)*
- *Trauma Systems Therapy/ Bester Community of Hope (Washington County)*

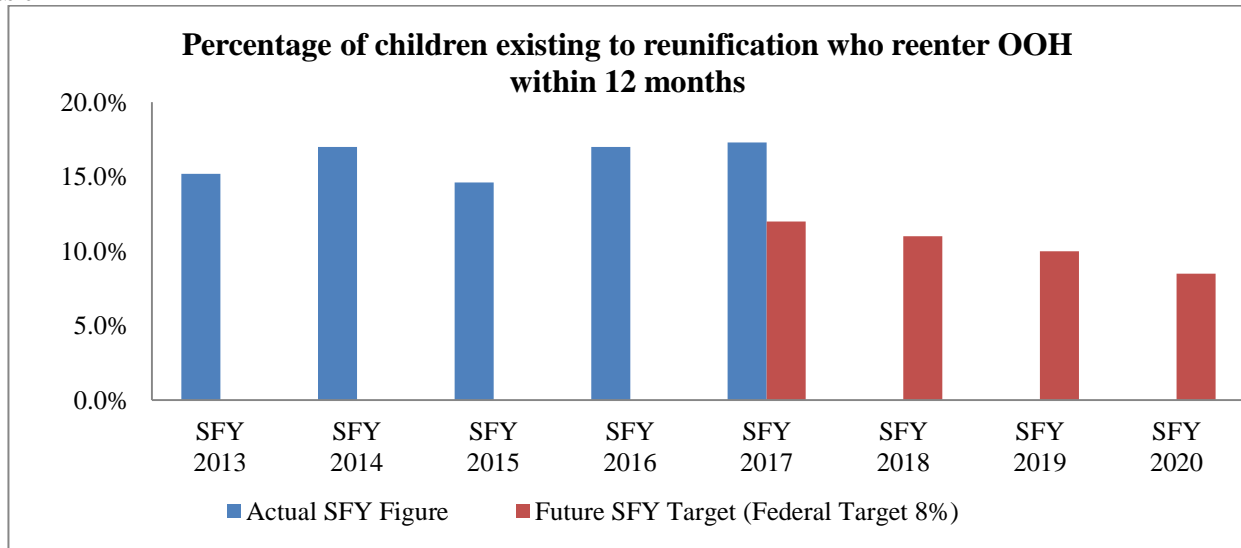
2. Intervention – Parent and Child Visitation

2.1. Updates for this Intervention are reported under Goal 2, Achieve permanency for all infants, children, and youth in foster care, Intervention 2.

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

Maryland tracks reentry data to assess that children are safely maintained in their homes whenever possible and appropriate.

Table 22



Data Source: MD CHESSIE

This data was changed from Calendar Year to State Fiscal Year to be in line with the rest of the data in the report.

In addition to the data provided above, Maryland gathered additional information from case reviews conducted from June 2016 – January 2017. During this period the following seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed whether agency made concerted efforts to:

- Provide services to the family to prevent children’s entry into foster care or reentry after reunification
- Assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

Results of these case reviews from the seven (7) LDSS show that **84% of cases met substantially or partially achieved Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate.** Table 23 lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Table 23

Safety Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children are safely maintained in their homes whenever possible and appropriate.	57	3	11	2	73

Data Analysis

As length of stay in Out-of-Home Placement (OHP) decreases, and the number of children achieving permanency increases, the reentry rate of children exiting OHP has increased. With the award of the Title IV-E Waiver, DHS/SSA is focusing on decreasing the number of reentries and providing sustainable service to families to lessen the likelihood of reentries. Maryland is continuing its development of creating a responsive evidence- and trauma-informed system that promotes well-being services. The goal is to support children and families to prevent Out-of-Home care and reentries into OOH care. Maryland currently uses concurrent permanency planning in taking concrete steps to implement both primary and secondary permanency plans to achieve permanence for a child as safely and expeditiously as possible.

Improvements are needed in establishing appropriate concurrent plans, examining and determining the reasons of reentries, and developing the most effective training and technical assistance to reduce the rate of reentries. Maryland believes that the reentry rate continues to increase because of the lack of services provided to families once the child returns home, especially among those children reunifying who present with one or more reentry risk factors: having siblings in foster care, length of stay in foster care less than three months, child behavior problems at removal, experiencing a residential placement during removal, having prior foster care experience, having a mother only household at time of placement into foster care, and court ordered return home against agency recommendation. Maryland has concentrated on implementing Evidence-Based Practices as a part of the Title IV-E waiver in order to reduce the amount of re-entries.

Maryland has concentrated on implementing Evidence-Based Practices as a part of the Title IV-E waiver in order to reduce the amount of re-entries. Specific information on these practices can be found in the IV-E Waiver Section of the report.

Service Array

As shown in the data, Maryland needs to focus on reducing the reentry rate. Maryland will partner with community partners to ensure all services needed by families (parents, relatives and children) are available. Maryland will move forward with its evidence-based trauma-informed practice.

DHS/SSA will be concentrating specifically on services around Substance Use Disorder (SUD). DHS/SSA has identified three (3) evidence based practices for implementation; more information will be available for the next reporting period. For updates on its evidence-based trauma-informed practice, please see the IV-E Waiver Demonstration section.

Strengths

With the award of the Title IV-E Waiver, Maryland is focusing on decreasing the number of reentries and providing sustainable services to families to lessen the likeliness of reentries. Maryland is able to successfully reunify children with their parent within twelve (12) months and shows that the intensive services are working while the LDSS is involved.

Concerns

Maryland has determined that one reason the reentry rate continues to increase is because of the lack of services provided to families once the child returns home, as well as the lack of community involvement with families.

Financial Management Information System (FIMS) may be underutilized prior to closing a case for reunification. A Family Involvement Meeting (FIM) should precipitate any placement change. The meeting is to mitigate any concerns and/or barriers that are present prior to changing the placement. FIMs prior to reunification ensure that the services needed by the family are identified and put in place in order to avoid any disruption or reentry into Out-of-Home placement.

Collaboration / Feedback Loops

DHS/SSA will review data with LDSS staff and community stakeholders/partners and explore the services needed to prevent reentry. DHS will reach out to community partners to assist in providing services to families after the foster care case is closed to ensure the continuation of services. A focus of the services will center on substance abuse for parent(s) and behavioral needs of children who have been exposed to trauma. During the last reporting period, DHS/SSA developed work groups that include representation from all stakeholder groups to provide feedback and inform policies and practices. These two specific groups are the Substance Use Disorder Workgroup and the Behavioral Health Workgroup. Both groups have examined data to inform new policies under revisions such as the Substance Exposed Newborn Policy and the Voluntary Placement Policy.

Through regular meetings with LDSS Assistant Directors, DHS/SSA steering committee and FCCIP, data are reviewed for each LDSS. LDSS with high reentry rates will be identified and targeted

technical assistance will be provided to that LDSS. LDSS expressed that substance use disorder continues to be an increasing issue that affect reentry rates.

Family Involvement Meetings

Child and Family Services Review (CFSR) Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs.

Family Involvement Meetings (FIMs) are one of DHS/SSA’s critical keys to family-centered case practice that engages families in making key decisions for their children. The goal of FIMs is to develop service plan recommendations for the safest and least restrictive placement for a child. FIMs are also considered appropriate permanency and well-being options that prioritize child safety and risk concerns. An essential part of FIMs are engaging families to support reasonable efforts for making a decision for a child’s best interest. When engagement occurs, it increases the number of individuals willing to help with the child and expands placement and permanency options for children when in-home care is not possible. Including families in decision-making makes it more likely that the family will be invested and participate in their service plan recommendations.

In SFY2017, approximately 4,248 FIMs were conducted statewide, which is a decrease as compared to SFY2016. Table 24 below shows the comparison of the number of Trigger Events and FIMs from SFY2016 to those from SFY2017.

Table 24

SFY2017 FIMs Comparisons with SFY2016 FIMs*			
	SFY2016	SFY2017	Difference*
REMOVALS			
Total Removals	2,360	2,301	↓59 (-3%)
Removals with a Removal FIM	911 (39%)	929 (40%)	↑18 (+2%)
Removals with any FIM	1,084 (46%)	1,056 (46%)	↓28 (-3%)
Removals without any FIM	1,276 (54%)	1,245 (54%)	↓31 (-2%)
PLACEMENT CHANGE			
Total Placement Changes	4,347	4,033	↓314 (-7%)
Placement Changes with a Change FIM	813 (19%)	668 (17%)	↓145 (-18%)

SFY2017 FIMs Comparisons with SFY2016 FIMs*			
	SFY2016	SFY2017	Difference*
Placement Changes with any FIM	1,501 (35%)	1,260 (31%)	↓241 (-16%)
Placement Changes without any FIM	2,846 (65%)	2,773 (69%)	↓73 (-3%)
PERMANENCY CHANGE			
Total Permanency Changes	1,054	1,142	↑88 (+8%)
Permanency Changes with a Permanency FIM	243 (23%)	262 (23%)	↑19 (+8%)
Permanency Changes with any FIM	369 (35%)	415 (36%)	↑46 (+12%)
Permanency Changes without any FIM	685 (65%)	727 (64%)	↑42 (+6%)
YOUTH TRANSITION			
Total Youth Transitions	2,298	2,154	↓144 (-6%)
Youth Transitions with Transition FIM	1,204 (52%)	1,125 (52%)	↓79 (-7%)
Youth Transitions with any FIM	1,588 (69%)	1,517 (70%)	↓71 (-4%)
Youth Transitions without any FIM	710 (31%)	637 (30%)	↓73 (-10%)
<i>Data Resource: University of Maryland</i>			

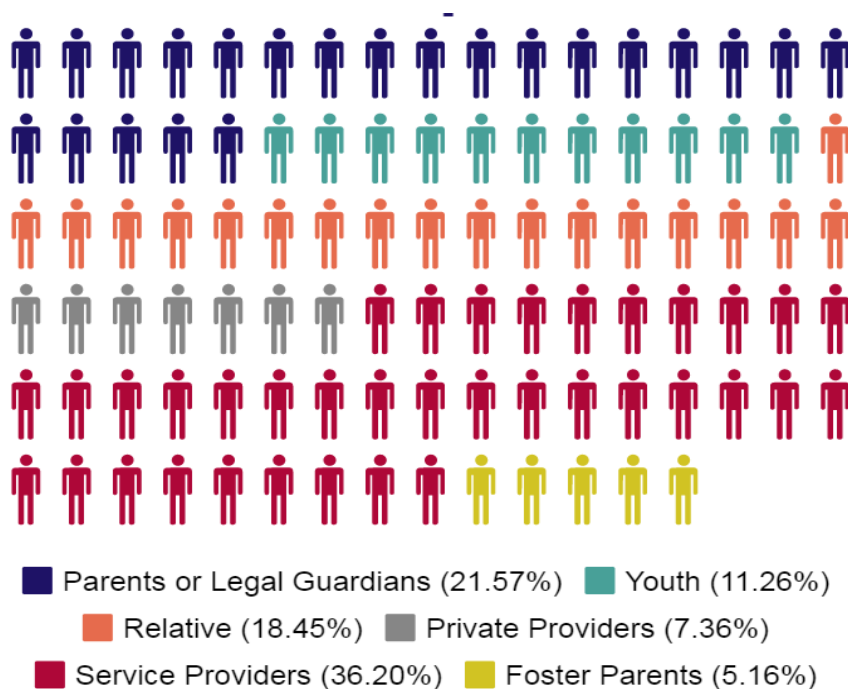
As indicated in Table 24, the total number of Removals, Placement Changes, and Youth Transition all decreased from SFY2016 to SFY2017 with only Permanency Changes showing an increase. While there have been slight changes in the number of trigger events, the frequency with which Family Involvement Meetings (FIMs) are occurring with each trigger has remained constant. The data also indicates that there appears to be challenges in ensuring that FIMs are occurring consistently with each trigger event. In the next reporting period DHS/SSA plans to implement strategies to improve the utilization of FIMs at the identified trigger events.

Local Departments of Social Services Self-Reports

Self-reported LDSS reports consists of the number of FIMs completed by type of program assignment, number of FIMs completed by type of trigger, outcomes from FIMs and number of FIMs participants. In SFY2017, LDSS reported a total of 2,666 FIMs conducted involving 3,629 children. When comparing SFY2017 self-reported LDSS data to SFY2016 self-reported LDSS data, there is a decrease for each data measure, except for FIMs held for youth in Independent Living Programs which had a 1% increase.

In SFY2017 LDSS reported the largest percent (48%) of FIMs were for Out-of-Home cases and the main trigger for which FIMs were conducted was at a Removal or Considered Removal (41%). According to the LDSSs, 1,399 (52%) Out-of-Home placements were diverted by a FIM during this time period and 626 (23%) cases were referred for Family Preservation services as a result of the FIM.

Figure 8



As noted in Figure 8, a number of individuals participated in FIMs in SFY2017. According to LDSS reports there were 2,789 Parent or Legal Guardian Participants, 1,456 Youth Participants, 2,386

Relative Participants, 951 Private Provider Participants and 4,680 Service Provider/Community Participants. The lowest number of participants was Foster Parents with 667 participants.

Utilizing the data from MD CHESSIE and self-report measures is useful in making comparisons between the use of FIMs and child welfare outcomes as well as helping create more targeted recommendations regarding data utilization practices, practice implications, and technical assistance needs.

Efforts continue to be made to ensure that LDSS self-report data matches the data entered into MD CHESSIE and that all FIM data will be integrated into the Maryland Child, Juvenile and Adult Management System (MDCJAMS).

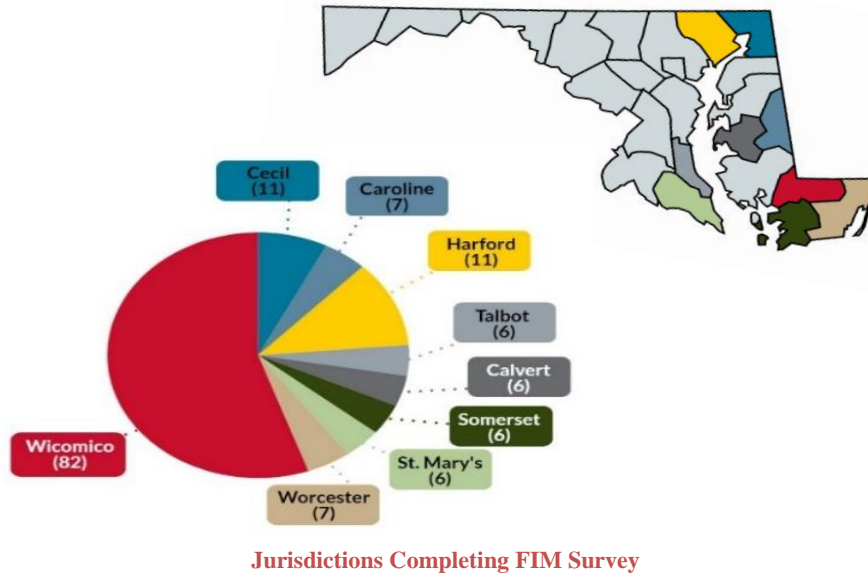
Family Involvement Meetings (FIMs) Feedback Survey

FIMs Feedback Survey Overview

The FIM Feedback Survey continued to be utilized to ensure that the FIM model is being implemented with fidelity to the model and to measure the impact of FIMs on referred families.

During SFY2017, FIM surveys were collected for one calendar month after each jurisdiction participated in a Continuous Quality Improvement (CQI) Onsite Review. Figure 9 shows the eight jurisdictions that participated during the SFY2017 following their Quality Assurance (QA)/CQI Onsite Review (Calvert, Caroline, Cecil, Harford, Talbot, Somerset, St. Mary's, and Worcester Counties). One county (Wicomico) elected to participate in monthly collection of the survey.

Figure 9



A total of 148 FIMs were surveyed across nine (9) jurisdictions, yielding 1,034 completed surveys. An overwhelming 108% percent of 754 surveys distributed resulted in responses (59 surveys were returned to the facilitator after survey completion, which resulted in a response rate of more than 100%).

FIM Outcomes

Table 25 below presents data on FIM outcomes. There were over 1,399 OHPs that were diverted and approximately 626 FIMs with In-Home Services Referrals for SFY2017. Over 660 children were reported as placed with or diverted with relatives after a FIM and 1,049 children were reported to have either remained with or were placed with parents after FIMs.

Table 25

FIM Outcomes	Total Number of FIMs	Percent (out of Total FIMs)
Number of OHP Diverted after FIM	1,399	52%

FIM Outcomes	Total Number of FIMs	Percent (out of Total FIMs)
Number of In-Home Services Referrals	626	23%
Number of Children Remaining with Parents After FIM	1049	39%
Number of Children Placed with Relatives after FIM	660	25%



Figure 10: Overall FIM Satisfaction

Impressions of Family Involvement Meeting (FIM)

Overall, ninety-three percent (93%) of FIM participants were satisfied with the FIM (Figure 10). Participants were most likely to agree that they understood the purpose of the FIM, were given the opportunity to share input with the team, felt their opinions were heard by the group, felt that the plan protected the child(ren)’s safety, and that the services and resources offered provided assistance in meeting the family’s goals. On a whole, there was little dissatisfaction with the FIMs that were surveyed (1%) (Figure 11). The largest area of concern was that 13.0% felt that not all relevant parties attended the FIM. A smaller group was concerned that they did not agree about the plan for the target child (2.9%) or with the decision of the child’s placement at the meeting (2.7%). The impressions conveyed in the FIM feedback survey by participants demonstrate the successful implementation of the FIMs and adherence to its intended purpose in the surveyed jurisdictions. Most

of the participants view the FIM process as helping to facilitate discussion and generate plans that result in positive outcomes for families. The largest area of concern is related to the inclusion of relevant parties in the FIM.

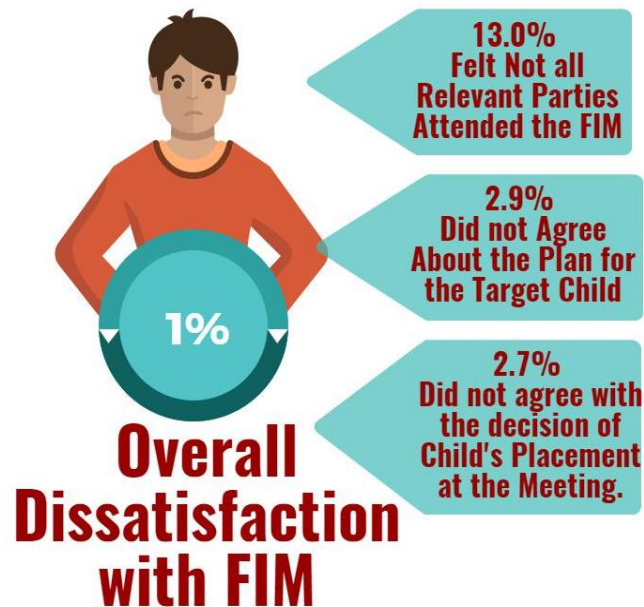


Figure 11: Overall FIM Dissatisfaction

Feedback Loops

The Family Involvement Meeting (FIM) Practice Facilitators Support Group meetings continue to take place and are held quarterly. In SFY2017, the group focused on how to explore increased “buy-in” from caseworkers and supervisors to have FIMs based on one of the five (5) triggers. During most discussions FIM facilitators acknowledged that they play a significant role when it comes to following the FIM Model. However, caseworkers and supervisors carry most of the weight in teaming and engaging with families. They do most of the work leading up to FIMs, and most of the work afterwards. They help a team decide whether to have a meeting or not. Therefore, accountability is mostly relied upon caseworkers and supervisors following the FIM model, and accurately placing the information into MD CHESSIE. The group concluded that messaging/branding the importance FIMs in other trainings, lectures, and significant meetings for Assistant Directors and Directors may increase more buy-in from caseworkers and supervisors. Like other trainings needed

to improve practice, DHS/SSA will develop a strategic plan on how to implement FIM practices to trainings and other needed areas.

2018-2019 Plan

- DHS/SSA has drafted a strategic plan to improve the implementation of FIMs statewide. The plan includes identifying FIM trends statewide over a number of fiscal years to determine targeted technical assistance. In addition, the plan identifies a number of strategies designed to explore barriers with LDSS and provide tools to assist with implementation.
- Continue to provide local departments with their specific FIMs outcomes so can they identify ways to improve their practice to align with the FIM model.
- FIM survey data collection is being revised to ensure statewide representation. The proposed methodology is to administer and collect FIM survey data uniformly across the State during two (2) months of the fiscal year allowing DHS/SSA to examine between 14% and 19% of the FIMs completed in Maryland.
- In partnership with the University of Maryland Baltimore School of Social Work, researchers at the Ruth H. Young Center, the Child Welfare Academy (CWA), and Chapin Hall, DHS/SSA is exploring ways how to align FIMs with the Integrated Practice Model.

Goal 3: Strengthen the well-being for infants, children and youth in foster care

Measure 1: 85% of children entering foster care and enrolled in school within five (5) days

Objective: *Children are enrolled in school within five (5) days.*

1. Intervention - Milestone Reports

Maryland continues to use the Milestone Report for children in Out-of-Home Placement (OHP) to provide details to case workers and supervisors across the State to assure that key data updates are made in the system, including school enrollment among school-aged children entering foster care. Maryland continues to expect to see improvement during the upcoming year through the use of this report. The OHP Milestone Report is closely monitored by the Education Specialist who provides technical assistance to the Local Department of Social Services (LDSS) in an effort to ensure accurate documentation and problem solving regarding enrollment of a child in foster care.

1.1. Benchmarks May 2017 – April 2018

Through continued utilization of the Milestone Report for Out-of-Home Placement and Technical assistance, Maryland expects to reach the school enrollment within five days benchmark of 85% by 2019.

1.1.1. Activity - Improve Documentation

1.1.1.1. Update for May 2017 – April 2018

- 1.1.1.1.1. SSA offered training in June 2017 to local department staff on the utilization of Milestone Reports to monitor program performance in this area.*
- 1.1.1.1.2. Held statewide regional supervisory meetings in Fall 2017 and included a review of education data in the Out-of-Home Placement Milestone report with LDSS supervisors and program staff. These meetings were an opportunity to provide insight to LDSS to meet educational requirements and identify opportunities to improve.*
- 1.1.1.1.3. DHS/SSA developed and distributed The Monitoring Desk Guide available to the 24 LDSS in April 2018. The desk guide provides guidance to:*
 - Ensure compliance with education requirements*
 - Correct documentation in MD CHESSIE*
 - Assist in understanding the education requirement and the related DHS/SSA policies, regulations, and best practices.*

- *Provide action items and tools such as job aids, and captivates trainings for LDSS staff to utilize.*
- *Provides the DHS/SSA point of contact for additional technical assistance for the education requirements.*

1.1.1.2. Plans for May 2018- April 2019

- 1.1.1.2..1. Conduct statewide training for supervisors and frontline staff regarding documentation of education records.*

2. Intervention - Policy Revision / Technical Assistance

2.1. Benchmark Activities May 2017 – April 2018

2.1.1. Activity – Policy Revision

2.1.1.1. Update for May 2017 – April 2018

- 2.1.1.1..1. In December 2017, DHS/SSA issued an updated Education Stability Policy which outlines guidelines to ensure education stability for children in Out-of-Home Placement under the Every Student Succeed Act (ESSA). The revised policy outlines the process for coordination of services with the Local Education Agency (LEA), establishing the Best Interest Determination Meetings, and developing transportation plans. The revised policy adds support to ensure this benchmark and other educational requirements are met. (Complete)*

2.1.2. Activity – Technical Assistance (new activity for 2018-2019)

2.1.2.1. Plans for May 2018- April 2019

- 2.1.2.1..1. Facilitate peer to peer sharing between local departments on best practices and improvement practices that have worked on a number of program areas and education targets.*
- 2.1.2.1..2. Provide strategy and intervention technical assistance to each LDSS utilizing the role of the Education Specialist.*
- 2.1.2.1..3. Implement and distribute Data Dashboards to the twenty-four (24) LDSS. Data Dashboards are derived from DHS/SSA Headline indicators, show trend lines and a comparison to DHS/SSA targets.*
- 2.1.2.1..4. Assess what barriers are faced by frontline staff, with implementation and documentation.*

Data Review

Measure 1: 85% of children entering foster care and enrolled in school within five days
Child and Family Services Review (CFSR) Well-being indicator 2: Children receive appropriate services to meet their educational needs

Table 26

Performance Measure	SFY 2013	SFY 2014	SFY 2015*	SFY 2016	SFY 2017	SFY 2018	SFY 2019
85% of children entering foster care and enrolled in school within five days	67%	65%	75%	79%	74%		
<i>Benchmarks</i>			69%	77%	79%	82%	85%
<p><i>Source: MD CHESSIE – ages five – 17; removal after July 1 for each year; derived by University of Maryland Baltimore, School of Social Work (Note: Table includes updated Education Enrollment and Health Assessment statistics)</i></p> <p><i>* Starting in 2015, data augmented by education data concerning foster children supplied by the Maryland State Department of Education (MSDE)</i></p>							

Data Assessment

It is critical for school-aged children entering foster care to be enrolled in school within five (5) days of removal. Factors influencing this statistic include (1) taking into account when a child entering foster care does not change schools, and (2) assuring that documentation about school enrollment is completed by the Local Departments of Social Services (LDSS). This statistic was augmented by the use of MSDE (Maryland State Department of Education) data for foster children, starting with SFY2015.

This performance measure decreased in SFY2017 slightly to 74%. Sufficient implementation supports have been put in place and with the effective implementation of intervention stated above; Maryland intends to meet its target of 85% before 2019. For Q2 of SFY2018, Maryland is at 81% for this measure.

Stakeholder input indicates that the current data measure does not fully demonstrate education well-being and recommendations were made to consider additional data measures for school performance, attendance, and educational service needs. In addition, stakeholders provided a number of recommendations to support improvements in this outcome, including (a) ensure Resource Parents have timely school information, (b) sort data by age, placement type, and grade to look at data trends, and factors and (c) utilization of a combined health and education passport. DHS/SSA plans to utilize this feedback in a number of ways. This feedback will be incorporated into the development of the educational wellbeing features of the upcoming management information system, Child, Juvenile and Adult Management System (CJAMS). This feedback will be utilized to create an education profile and passport in CJAMS. This will allow for a more comprehensive look at educational well-being that resource families can have access to. In addition, the feedback will be utilized to inform best practices and shape technical assistance offered to local departments around educational outcomes. DHS/SSA plans to develop and distribute a survey of LDSS to assess high areas of need and factors contributing to success or lack of success around educational outcomes and services. DHS/SSA will utilize the data from the survey to look at trends and address contributing factors.

In addition to the data provided above, Maryland gathered information from case reviews conducted June 2016 – January 2017. During this period the following seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed whether the agency made concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities. Results of these case reviews from the seven (7) LDSS show that **88% of cases met substantially achieved.**

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

Table 27 lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Table 27

Well-Being Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children receive appropriate services to meet their educational needs.	23	0	3	47	73

Further, the Citizens Review Board for Children's (CRBC) FY2017 Annual Report presented data that in 368 (85%) cases reviewed the children/youth were enrolled in school or another education/vocational program. One explanation for the variance of the data is not only the sources but how the information is pulled and gathered. The CRBC utilizes different methodology by way of interviews and case reviews to compile data. The data from MD CHESSIE does not reflect other sources of information.

Strengths

Since its implementation in 2015, the Out-of-Home Placement (OHP) Milestone report has shown to be a resourceful tool for the LDSS and DHS/SSA to monitor data. The tool has allowed DHS/SSA and LDSS to monitor data on an ongoing basis and will continue to be utilized in various ways to provide further support and technical assistance to the LDSS. The Department's current implementation structure allows for an effective feedback loop in which information, interventions, progress, and barriers are shared on a consistent basis between DHS/SSA, LDSS and other community partners. This structure aids in improving education outcomes for children served.

Concerns

Collaboration between the Lead Education Agency (LEA) and LDSS around enrollment, transportation and implementation of Every Student Succeeds Act (ESSA) in practice within and outside of a child's respective counties remains an area of concern. DHS/SSA has monitored these concerns as they arise and through collaboration with Maryland State Department of Education (MSDE) have addressed incidents and will continue to do so.

Maryland also continues to contribute lack of documentation by LDSS as a related issue. With modernization of the Child Welfare Information System and data clean up underway, DHS/SSA anticipates documentation will improve and will accurately reflect the work being done by the LDSS to improve education outcomes. Stakeholder input indicates that the current data measure does not fully demonstrate education well-being and recommendations were made to consider additional data measures for school performance, attendance, and educational service needs.

Implementation Supports

DHS/SSA recently restructured to develop the Child and Family Well-Being Unit. The goal of the Child and Family Well-Being unit is to ensure that children and families are on healthy developmental trajectories and achieve well-being outcomes. The Child and Family Well-Being unit consists of a Child and Family Well-Being Manager, an Education Specialist, and a Health and

Mental Health Specialist. With a focus on education, physical and mental health, the Child and Family well-being unit refines and implements robust well-being strategies for teens and young adults, ensuring that every young person in foster care has the permanent connections, opportunities, and support needed for a successful transition to adulthood.

DHS/SSA initiated the implementation of Memoranda of Understandings (MOU) between each LDSS and their Lead Education Agency (LEA) as part of the new Every Student Succeeds Act (ESSA) requirements. MOUs are implemented in all twenty-four (24) jurisdictions and establish joint procedures, roles and responsibilities between the LDSS and LEA staff. The MOU's support the education stability, school enrollment, transportation and opportunities for school success of students in foster care.

Twenty-four hour, seven days per week (24/7) accessibility to Maryland's Statewide Automated Child Welfare Information System Assessment Reviews (SACWIS) will improve performance measurement. Currently front line staff members must return to their offices to enter updates into the system. Once the new modernized Child Welfare Information System is implemented, the capability to make updates about school enrollment will not be delayed, thereby increasing data documentation and enabling the State to monitor the true percentage of school-aged children getting enrolled in school within five (5) days of removal.

Collaboration/Feedback Loops

The Department's current implementation structure allows for an effective feedback loop in which information, interventions, progress and barriers are shared on a consistent basis between DHS/SSA, LDSS and other community partners. This structure aids in improving education outcomes for children served.

Over the past year, DHS/SSA has strengthened its collaboration with various community entities and stakeholders who are involved in implementing interventions that support success for children in care. In an effort to implement the Every Student Succeeds Act (ESSA) specifically, DHS/SSA and the Maryland State Department of Education (MSDE) partnered to conduct a series of regional meetings regarding ESSA. Local Education Agencies and direct service staff were invited to attend these meetings. In attendance were key representatives from LDSS statewide and members of various advocate groups such as the Advocates for Children and Youth and the Public Justice Center. The meetings were held at three different locations regionally to allow for greater attendance. The MSDE in collaboration with DHS/SSA also drafted Memoranda of Understanding (MOU) templates to assist

each LEA and corresponding LDSS on addressing the guidelines of ESSA regarding children in foster care. This collaboration was helpful for both state agencies in assisting the local offices in the implementation of ESSA. The overall feedback from those in attendance was positive. DHS/SSA will continue to collaborate with this group to reassess how the process is working since implementation.

DHS/SSA has implemented a Well-Being Workgroup that is part of the feedback loop process. The Well Being Workgroup aims to not only focus on the compliance driven aspect of the work but remain attentive to the matters of the wellness of all families, children and adults served by the agency. This collaboration includes community partners from various human services and medical fields. The group has plans to address aspects of the needs of children coming in to care, specifically that of education services. One of the goals of the Well Being Workgroup is to review printed materials which are geared towards the agency's partnership with MSDE regarding access to education services for children coming into foster care. The group feeds into the DHS/SSA implementation structure by way of feedback loops and updates to the DHS/SSA service array team and the Outcomes and Improvement Steering Committee (OISC) for feedback.

DHS/SSA plans to review and share state and county level educational data with the Well-Being Workgroup members around items including but not limited to: student performance, chronic absenteeism and mobility, graduation, suspension rates and special education. Based on prospective feedback provided, DHS/SSA plans to incorporate this information into the development of strategies and best practices for staff, caregivers, resource parents and community based agencies, as well as creating opportunities to collaborate with external agencies that work with foster youth around education and impact data findings.

Goal 3: Strengthen the well-being for infants, children and youth in foster care

Interventions to move DHS/SSA towards the Goal:

Interventions for 2017-2018

1. Intervention - Data Clean up

Data cleaning efforts consist of ongoing distribution and training on the Out-of-Home Milestone Report, promoting the use of MD CHESSIE tip sheets for data entry and technical assistance to the LDSS around proper documentation of health requirements in MD CHESSIE.

1.1. Benchmarks Activities - May 2017 – April 2018

1.1.1. Activity - Data Clean up

1.1.1.1. Update for May 2017 – April 2018

1.1.1.1.1. DHS/SSA was able to identify challenges to documentation in MD CHESSIE in partnership with LDSS and DHS/SSA's Technical Assistance partners, University of MD and Chapin Hall, as well as through the process of data cleaning. Some of the identified challenges are:

- multiple options to input health and dental information into MD CHESSIE,*
- system glitches which interfere with correctly capturing information,*
- limited accessibility to scanners by some LDSS which interfere with their ability to scan health documents into the MD CHESSIE system.*

1.1.2. Activity - Technical Assistance

1.1.2.1. Update for May 2017 – April 2018

1.1.2.1.1. One-on-one Technical Assistance (TA) and support was given to LDSS by the DSH/SSA Health Specialist. The Health Specialist provided ongoing monitoring of the health requirements by reviewing the Milestone Reports and addressing trends and issues of concern.

1.1.2.2. Plans for May 2018- April 2019

- 1.1.2.2.1. The Health Specialist will review data reports monthly to ensure that health care services are documented accurately and timely.*
- 1.1.2.2.2. Technical assistance will be offered to LDSS through one-on-one meetings, structured training webinars to address data trends and emerging issues, develop capacity building in the LDSS as well as the assistance of supportive tools such as tip sheets and checklists.*

1.1.2.2..3. The Health Specialist will address issues as they emerge in TA and feedback loops.

1.1.3. Activity – Training Tools

1.1.3.1. Update for May 2017 – April 2018

1.1.3.1..1. An Interactive Training tool was developed by the DHS/SSA operations unit. The tool allows for actual simulation of proper documentation and enables users to experience how to document health care screens throughout MD CHESSIE.

1.1.3.1..2. Desk Aides developed and distributed electronically April 2018 to LDSS via DHS/SSA’s intranet to provide additional guidance on MD CHESSIE documentation of health services and ensure compliance with child welfare health care requirements. The reports, trainings, desk aids and webinars were well received by the local departments.

1.1.3.2. Plans for May 2018- April 2019

1.1.3.2..1. Review feedback and data to determine if tools were helpful

2. Intervention - Review barriers to Services

2.2. Benchmarks Activities - May 2017 – April 2018

1.1.4. Activity - Identify Barriers to services

1.1.4.1. Update for May 2017 – April 2018

1.1.4.1..1. Feedback from the LDSS was received to identify barriers to services in meeting these health requirements. This feedback was developed in collaboration with LDSS and DHS/SSA’s TA partners, UMD and Chapin Hall. The barriers identified include but are not limited to:

- Challenges with meeting the initial health screen time frame within five (5) days of removal*
- Completion of annual assessments is more challenging for older youth who may refuse to comply or are frequently AWOL (away without leave).*
- Delays in receiving documentation from medical providers.*
- Obtaining Birth Certificates, Social Security Number documents and education records which are reliant on the receipt of court orders.*
- Lack of dental providers in rural areas.*
- Lack of dental providers who accept Medicaid as payment type.*

1.1.4.2. Plans for May 2018- April 2019

- 1.1.4.2..1. Utilize the implementation structure including the Well-Being Workgroup and partnerships with other State agencies such as Maryland Department of Health (MDH) to address the barriers identified as it addresses quality of health services.*
- 1.1.4.2..2. Use the Maryland Child and Adolescent Needs and Strengths (MD CANS) Assessment and data analysis to address health needs and service provision and quality of health services for children in youth in care.*
- 1.1.4.2..3. Conduct ongoing data analysis to identify gaps in services, data trends, and emerging issues.*
- 1.1.4.2..4. Focus efforts on providing training and technical assistance to LDSS on the compliance around the use and timeframes of the CANS and the accuracy in completing the assessment and its use in service planning and monitoring outcomes with DHS/SSA's Well-Being unit, the University of Maryland and Chapin Hall Technical Assistance (TA) partners*

3. Intervention - Well-being Unit Formed

3.1. Benchmarks Activities - May 2017 – April 2018

3.1.1. Activity – Established focus and goals of unit

3.1.1..1. Update for May 2017 – April 2018

- 3.1.1..1.1. This unit's focus is beyond health requirements compliance Its focus is on the physical and mental health needs of children in care and the quality and adequacy of those services provided. The goal of the Well-Being Unit is to ensure that children and families are on healthy developmental trajectories and achieve well-being outcomes. The Well-Being Workgroup's focus includes, but is not limited to, increasing access to quality health services for children, youth and vulnerable adults and improving health outcomes that support children reaching their highest level of functioning and overall well-being. (Completed).*

4. Intervention - Modernization

4.1. Benchmarks Activities - May 2017 – April 2018

4.1.1. Participate with Maryland’s Child, Juvenile and Adult Management System (CJAMS) development

4.1.1.1. Update for May 2017 – April 2018

4.1.1.1.1. The Child, Juvenile, and Adult Management System (CJAMS is a data repository system that will make it easier to share information, provide services to children in foster care, improve use of data when providing child welfare services, and increase agency productivity.) Development is currently underway and the Health Specialist participates as a subject matter expert in the development process to ensure the system will allow for better depiction and monitoring of identified needs and quality health services. Child welfare workers will have the ability to input services and data timely and accurately. The system will be more intuitive to practice and better support documentation, reporting, and monitoring. CJAMS is expected to replace MD CHESSIE and be implemented in 2019.

4.1.1.2. Plans for May 2018- April 2019

4.1.1.2.1. The Health Specialist will continue to be a part of the development process ensuring that those health aspects that will allow for better depiction and monitoring of identified needs and service provisions are taken into account for the system build.

Data Review

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

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

Measure 4: 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 Services Review (CFSR) Well-Being Indicator 3: Children receive adequate service to meet their physical and mental health needs.

Maryland tracks completion of comprehensive health assessments, annual health assessments and dental assessments for children in foster care data to assess that children receive adequate services to meet their physical and mental health needs.

Table 28

Performance Measure	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Comprehensive Health Assessment for foster children within 60 Days	50%	67%	73%	77%	78%		
<i>BENCHMARK*: Comprehensive Health Assessment for foster children within 60 Days *Benchmarks were revised because of improved data.</i>					81%	84%	87%
Annual Health Assessment for foster children in care throughout the year	80%	68%	71%	71%	61%		
<i>BENCHMARK: Annual Health Assessment for foster children in care throughout the year</i>					86%	88%	90%
Annual Dental Assessment for foster children in care throughout the year	48%	49%	52%	53%	45%		
<i>BENCHMARK: Annual Dental Assessment for foster children in care throughout the year</i>					56%	58%	60%
<i>Data Source: MD CHESSIE</i>							

In addition to the data provided above, Maryland gathered additional information from case reviews conducted from June 2016 – January 2017. During this period the following seven (7) LDSS were

reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed whether the agency addressed the physical health needs of children, including dental health needs, and the mental/behavioral health needs of children.

Results of these case reviews from the seven (7) LDSS were **92% of cases met substantially or partially achieved.**

Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs. Table 29 lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Table 29

Well-Being Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children receive adequate services to meet their physical and mental health needs.	43	4	4	22	73

Data Analysis

The data for the comprehensive exams shows a small movement forward from 77% in SFY2016 to 78% in SFY2017. Although this is a small movement forward, the data is going in the right direction. The Annual Health Assessment and Annual Dental Assessment both decreased in SFY2017 by 10% and 8% points respectively. While the MD CHESSIE data appears to show a marked drop in annual health and dental assessments, case review data indicates higher compliance with ensuring children receive adequate services to meet their physical and mental health needs. The discrepancy in the data is due to a number of factors. First, MD CHESSIE data is from one source where the CQI data is from multiple sources. Secondly, MD CHESSIE data is based on the last placement during the time period when the data is pulled unlike the CQI process that looks at the entire period under review, which is a minimum of one year.

Data entry overall remains a major concern, particularly for the annual and dental exams. There has been an inconsistent system of documentation around health care in MD CHESSIE. Although children may be receiving proper health care, caseworkers in local jurisdictions are not documenting the practice properly in MD CHESSIE. This causes the data to be incorrect and appear that children are not receiving timely care. DHS/SSA will monitor the progress through the Milestone Report. Some local departments and stakeholders reported a lack of dental resources and multiple placement changes can impact the ability to complete annual dental assessments, however it was recommended to explore the utilization of dental therapists who travel anywhere to provide dental services. DHS/SSA continues to offer technical assistance to the LDSS in order to improve this outcome.

DHS/SSA recognizes the need to review additional data measures necessary to effectively determine if children are receiving adequate services to meet their physical and mental health needs and the quality of those service provisions. As mentioned above DHS/SSA plans to utilize the CANS data to inform and determine if children identified through the CANS as needing specific health care services were properly connected to those appropriate services and support decision making related to health care needs. Ongoing data analysis will be conducted to identify gaps in services, data trends, and emerging issues.

The Maryland Citizen's Review Board (CRBC) reviews cases every year and provides DHS with a report. The 2017 Citizens Review Board for Children annual report indicate that the CRBC reviewed 1,305 cases of youth in Out-of-Home Placements which represented 18% of the total number of 7,211 children served in the state of Maryland. The CRBC review had the following health findings:

- 84% of the children had current physical
- 72% had current vision exam
- 73% had a current dental exam
- 65% of the total cases reviewed the health care needs of the children had been met
- Approximately 41% of children/youth had been prescribed psychotropic medications
- 43% of children had behavioral issues with 39% having behavioral health needs addressed

In continuing to build on current collaborations, soliciting feedback from stakeholders, and identifying strategies for improving health outcomes, Citizens Review Board for Children (CRBC's) recommendations align with DHS/SSA's current efforts related to modernization Maryland's Child, Juvenile and Adult Management System (CJAMS), data monitoring and ongoing technical assistance for LDSS and cross system collaboration and coordination to ensure the health needs are met for children and youth in foster care.

Strengths

DHS/SSA's response and interventions provided to reach the above benchmarks have been positively received by the LDSS staff. Jurisdictions have data readily accessible and are better equipped to understand their data and respond accordingly. This progress is shown in the first two (2) quarters for SFY2018. The first two (2) quarters of SFY2018 Annual exams were at Q1: 73%, Q2: 71% which reflects an 18% increase. Comprehensive exams were at Q1: 82%, Q1: 80% which reflects a 3% increase. The latter reflects improvements in annual exams. Although this is a small movement forward, the data is going in the right direction in part due to recent interventions provided to ensure timely and accurate documentation.

The need to better assess quality of health services, ensuring children in foster care are connected to the health services they need, and improving overall well-being is widely supported by DHS/SSA, LDSS and child welfare stakeholders. Although challenging, collaborative efforts to coordinate services across public agencies to ensure health needs are being met and improved health outcomes for children in Out-of-Home Placement are promising.

Concerns

As mentioned above, DHS/SSA continues to solicit feedback from all LDSS around barriers and concerns that impede the progress of this goal. The coordination of services for children in care across public agencies such as primary care, behavioral health, Medicaid, juvenile criminal systems, education and other service agencies is very challenging. The challenge of accessing dental providers who accept Medicaid particularly in the rural areas of the State is an ongoing problem. In addition, assisting older youth with receiving the adequate health services they need is very challenging for those who may refuse to comply or are frequently away without leave (AWOL).

Adequate and ongoing assessments of health and well-being needs for children in Out-of-Home care are also an identified concern. While DHS/SSA looks to utilize the data from the CANS assessment to determine if children were properly connected to appropriate services, the CANS Assessment is not always completed efficiently and in a timely manner. The need for additional training and guidance to staff on how to adequately complete assessments has also been identified.

Data entry and insufficient documentation by LDSS remains a concern. DHS/SSA will continue to implement interventions that support LDSS to improve documentation and increase monitoring and oversight of health assessments and activities by the Well-Being Unit.

Plans for Improvement

As stated above, DHS/SSA will provide on-going data monitoring and technical assistance support to LDSS. DHS/SSA will utilize the CANS Assessment and data analysis to address health needs and service provision match as well as quality of health services for children in youth in care. In addition, DHS/SSA will utilize the Well-Being and Behavioral Health Work groups to identify issues related to improved health outcomes and overall well-being for children in care and develop recommendations to DHS/SSA.

DHS/SSA plans to hire a State Medical Director to oversee the coordination and monitoring of health care services for children and youth receiving child welfare service. The director, in consultation with Local Departments of Social Services (LDSS), will develop a Centralized Comprehensive Health Care Monitoring Program. See Health Care Oversight and Coordination Plan section of the report.

Lastly, as the building of CJAMS is underway, the Health Specialist as well as other subject matter experts will be a part of the development process ensuring those health aspects that will allow for better depiction and monitoring of identified needs and service provisions are taken into account for system build.

Service Array/Collaborations

DHS/SSA will consistently evaluate the health care data and policy implementation by collecting feedback on a regular basis and increasing opportunity for community partnerships. The Well-Being Workgroup recently shared a small sample of CANS data to the workgroup members to demonstrate how DHS/SSA plans to utilize the CANS to formulate a well-being metric. The group members/stakeholders provided feedback on how the analysis of this data and well-being metrics can be better organized and broken out by age group milestones to ensure well-being outcomes are reflected more appropriately. DHS/SSA is considering how to incorporate the feedback going forward.

DHS/SSA will continue to address barriers by performing on-going data analysis, distributing data reports and utilizing the service array workgroups such as the Well-Being Workgroup and the Behavioral Health and Emerging Adults Workgroups to identify strategies and collaborative opportunities that ensure that Maryland youth receive the highest level of health care. These workgroups are a result of the implementation structure of DHS/SSA. The workgroups are comprised of staff and representation from advocacy organizations, health care service providers, caregiver representatives, local and State agencies, Local Departments of Social Services (LDSS), DHS/SSA,

and Chapin Hall, faculty from the University of Maryland at Baltimore. These workgroups also support DHS/SSA in facilitating the activities within these workgroups.

In addition, DHS/SSA collaborates with and participates on the Maryland State Department of Education (MSDE) School Health Interdisciplinary Program (SHIP) Planning Committee. This committee builds on DHS/SSA's efforts to provide and ensure the educational and health needs for children and youth in foster care are adequately provided, as well as, identify strategies to decrease barriers within the child welfare and education systems in Maryland.

DHS/SSA also has an inter-agency agreement with Maryland Department of Health (MDH) Behavioral Health Administration (BHA). This agreement serves to provide mental health support and stabilization services to children and youth in care. The agreement aims to improve the stability of family placements and preventative services to children, adolescents, and transitioning adults. DHS/SSA also partners with BHA to provide crisis services to nine (9) jurisdictions in Maryland through Mental Health Stabilization Services Grants. These funds are awarded to the core service agencies.

As DHS/SSA takes a deeper dive into the well-being and service needs of children and youth, DHS/SSA plans to share State and county level education, CANS, and available behavioral health data with stakeholders. This data will be used to gather a better understanding of education and health needs of those in child welfare and will help DHS/SSA identify trends, gaps, and focus efforts to those areas of high need.

DHS/SSA continues to monitor the use of psychotropic medications prescribed to youth in foster care. An Inter-Agency Agreement with the University Of Maryland School Of Pharmacy to oversee the use of psychotropic medication has been extended. DHS/SSA plans to maintain and improve collaborations with the University of Maryland School of Pharmacy, Maryland Department of Health (MDH), and community based services to ensure that foster children are receiving appropriate mental health services. See Health Care Oversight and Coordination Plan section of the report.

DHS/SSA continues to take advantage of opportunities for ongoing collaboration with local pediatricians, child psychiatrists, mental health professionals, and other stakeholders. In addition, DHS/SSA is collaborating with MDH, and University of Maryland Medical System to explore how to implement child and adolescent services in areas that do not have an extensive service array. DHS/SSA will continue to meet with Medicaid to discuss new ways of collaboration and new ways

to share data. DHS/SSA and MDH are exploring ways to exchange specific health care data on foster children. The barrier to data sharing remains that medical providers around the State have up to 12 months to bill Medicaid. Therefore, the data that DHS/SSA and Medicaid exchange would not be completely up-to-date. DHS/SSA will continue to collaborate with Medicaid to discuss strategies to exchange accurate data.

As part of a continuation to improve practice and outcomes, DHS/SSA's Well-Being and Behavioral Health Workgroups were formed. These workgroups are a part of DHS/SSA's implementation structure and strategic vision and are a part of the Service Array Implementation Team. The workgroup consists of State and local agencies, community organizations, child welfare advocates, and stakeholders with expertise in the field of health and mental health, and child and caregiver representatives. The groups aim to identify and enhance the current health services array and support the strategic plan by identifying best practices for child welfare programs and staff, services and supports for resource parent and other caregivers, and improving the coordination of services across agencies to ensure the health care needs of children in foster care are met.

Collaborations / Feedback from the Health Care Oversight Advisory Committee

The Health Care Oversight Advisory Committee has been absorbed by the Well-Being and Behavioral Health Workgroups.

Collaborations indirectly supporting the well-being of children, youth and families.

University of Maryland School of Social Work

DHS/SSA and the University of Maryland School of Social Work (UMSSW) have long standing collaborations related to social services policy and programs. These collaborations include the evaluation of Family Centered Practice (FCP) and of Family Involvement Meetings (FIM), the redevelopment and implementation of the quality assurance process, facilitating data reporting, and providing data analytics. University of Maryland, Baltimore (UMB)/School of Social Work (SSW) personnel participate in ongoing meetings with DHS/SSA to discuss these collaborations and provide assistance to DHS/SSA related to data reporting, measurement and analytics. Data collaborations encompass the development and maintenance of child welfare outcome measures, case management reports, and reports to understand statewide and jurisdictional results related to various practice areas deemed to be important to the operation of the Maryland Child Welfare System.

Social Services Administration Steering Committee

The Social Services Administration Steering Committee is comprised of the Social Services Administration's Executive and Program staff, Services Directors, and Assistant Directors of Local Departments of Social Services (LDSS). The committee meets every other month, enabling DHS/SSA Central staff to exchange feedback on the impact of policies and practices, emerging issues and legislation, and the opportunity to collaborate and resolve issues and barriers to the safety, permanency, and well-being of children and adults.

DHS/SSA uses the Steering Committee as a forum to review policies, legislation, and programmatic issues. The Committee is instrumental in providing DHS/SSA with input for programs and policies to improve the outcomes of child welfare. Topics during May 2017 – April 2018 on which the Steering Committee provided feedback and reevaluation included, but were not limited to, Elements of the Milestone Reports and how the reports may be used to improve practice and data entry, upcoming legislation and support needed, information technology updates, clarifying the feedback loop between the DHS/SSA Central and LDSS, particularly for input needed rapidly, new outcome measures, feedback regarding policies, and data or procedures that may need clarification, revision, or deletion. The DHS/SSA Steering Committee plans to continue in 2018–2019 to review data and legislation, policy, and practices that impact the LDSS.

Local Departments of Social Services

The State meets monthly with the statewide Directors and Assistant Directors of the Local Departments of Social Services (LDSS). These meetings address new policies and practices that impact the practice of child welfare and offer LDSS the opportunity to provide updates or ask for assistance and feedback for any new initiatives. No formal evaluations are gathered at these meetings; however, the Directors and Assistant Directors do not hesitate to provide input to proposed policy and practices or to current policy and practice that may not be able to be implemented in the manner intended. The feedback received from the LDSS staff is used to review revise policies and practices as appropriate.

Each fall, Regional Supervisory Meetings are at five (5) locations statewide to review policy, legislation, and updates. The meeting is held at different regions of the State to allow access by all supervisors statewide. Data is reviewed and small groups discuss methods to improve the outcomes which in turn improve the data. In 2017 topics included:

- Ready for Modernization from the supervisor perspective
- The Effective Use of Evidence-Based Services: Supervisor's Role

- The Role of Continuous Quality Improvement in improving outcomes
- Building Supervisor's capacity to implement trauma responsive practices and empower youth, families and vulnerable adults

Evaluations are distributed and compiled with suggestions for improvement. DHS/SSA considers these meetings important to maintain relationships with LDSS supervisors, receive direct supervisory feedback and clarify policies and practices. In 2017 89% of the participants reported via Evaluation Reports that the meetings are useful to their work.

DHS/SSA Central staff also offer technical assistance to jurisdictions as issues emerge. This type of technical assistance is generally a telephone call or email seeking assistance with or clarification for Child Protective Services (CPS)/Family Preservation, Placement and Permanency, Maryland's Children Electronic Social Services Information Exchange (MD CHESSIE), Training, Quality Assurance, Interstate Compact work, or general questions. DHS/SSA Central staff assist and may not record every call because offering assistance is considered a part of the regular workday.

Title IV-E Compliance and Eligibility Unit Collaborations

Title IV-E State Plan Updates/Amendments

Title IV-E staff has been collaborating with Department of Juvenile Justice (DJJ), Office of the Attorney General (OAG), Foster Care Court Improvement Project (FCCIP) and other DHS/SSA staff to strategically plan for the upcoming Family First Prevention Services Act of 2018 and its impact regarding the current State Plan. The team also reviewed current DHS/SSA practices, policies, and procedures to ensure they were in compliance with updated Federal regulations. To date, the collaboration continues, and joint efforts will be made toward required changes in the DHS/SSA DJJ and court practices and findings, as required by changes in Federal laws, regulations, and programs. A draft plan will be submitted to the Children's Bureau and the workgroup will continue quarterly meetings. Title IV-E continues to work with other departments within DHS/SSA including Out-of-Home, Adoptions and Home Resources.

Independent Single State Audit

For State Fiscal Year 2018, Title IV-E was exempted from the audit firm S&B Company and staff from the Office of Legislative Services (OLS) for compliance of Title IV-E Foster Care, Adoption. Both Title IV-E foster care and adoption was exempted due to no errors in the previous audit. The Guardianship Assistance Programs has not yet reached the level of federal funding to be included in the Independent Single State Audit. The audit ensures that DHS/SSA is in compliance with the State and Federal guidelines of Title IV-E eligibility, maintenance and assistance payments.

Comprehensive Child Welfare Information System (CCWIS) Development

Title IV-E Compliance and Eligibility has been an active participant in the design process of the proposed CCWIS system for Maryland being titled Child, Juvenile and Adult Management System (CJAMS). The Title IV-E staff has worked diligently to assure that the complete eligibility determination process is included in the design of the system. This includes the determination process and as many outside database sources necessary for the eligibility determination process integrated into the new CCWIS system as possible. In addition to participating in the design process for eligibility determination, Title IV-E staff has also been active participants and collaborators in the design regarding other programs. Including finance, Child Protective Services (CPS)/Family Preservation, Placement and Permanency services, placement resources, and licensing and monitoring.

Title IV-E Policy and Procedure Manual

Title IV-E staff collaborated with the Department of Juvenile Justice in rewriting the Title IV-E manual to be compliant with current Federal/State laws and regulations. The Administration for Children and Families and Children's Bureau and SSA Executive Director reviewed a draft the revised Title IV-E Manual, and it is now going through the sign-off process with SSA Office of Attorney General. The next step will be Title IV-E collaboration with DHS/SSA Communications Department for appropriate style guide adherence. This manual will help ensure that DHS/SSA can provide adequate information to Title IV-E and DHS/SSA staff so that they can perform their duties effectively and efficiently as they relate to Title IV-E practices.

Title IV-E Liaison Workplan

Title IV-E staff collaborated with Maryland's Local Departments of Social Services (LDSS) to develop a work plan for each jurisdiction. The work plan is the communication flow between the LDSS and the DHS/SSA Title IV-E staff. This work plan ensures that all team members fully understand each other's roles and responsibilities, Title IV-E practices, and timelines. This process has improved the staff productivity level and DHS/SSA's overall goal of improving services to all children in foster care. All work plans were reviewed, edited in compliance with current policies/trends and acknowledged (via signature) by each jurisdiction effective fiscal year 2018-2019. It is expected that there might be some changes depending on the Family First Prevention Services Act of 2018. The work plans are now being utilized by all twenty-four (24) Maryland jurisdictions. They will be reviewed with the LDSS liaisons on an annual basis and modified as needed.

All of the activities identified in the preceding section are ongoing to ensure improved outcomes for children and families in care. Therefore, the Title IV-E unit will continue to collaborate with partners throughout 2018–2019.

Systemic Factors

For Data on the Systemic Factors, please refer to Appendix D.

SECTION IV: UPDATE ON SERVICE DESCRIPTION

PROMOTING SAFE AND STABLE FAMILIES

Overview

As the designated Title IV-B agency, DHS administers The Child and Family Services 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 (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 of Social Services (LDSS) on a State Fiscal Year basis. In addition, \$50,000 of the adoption promotion funds will be used for post-adoption services. Ten percent (10%) of the funds are set aside for discretionary activities and ten percent (10%) for administrative costs.

The administrative and discretionary portion of the Promoting Safe and Stable Families (PSSF) Grant is utilized for new initiatives and projects in the child welfare arena, including funding for contracts. The DHS/SSA Executive Director has the discretion as to how these funds should be used. Since IV-B Subpart 2 requires the State to utilize a significant portion of expenditures on services, Maryland uses only ten percent (10%) of the PSSF grant on each discretionary and administrative cost.

Maryland continues to monitor closely the spending by the LDSS to ensure that the Promoting Safe and Stable Families (PSSF) Grant is spent in the following service categories: family support, family preservation, time-limited reunification and adoption promotion, split evenly twenty percent (20%) between the program areas. DHS/SSA receives monthly expenditure reports from the DHSSSA Budget Office in the Policy Directives for the above-mentioned services to monitor spending. In addition, DHS/SSA has language in the policy directives that informs LDSS that if half (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 (24) Local Departments of Social Services (LDSS) offer time-limited family reunification services. For SFY2018, the allocation to the LDSS will continue to be based on the number of children in the foster care system fifteen (15)-months or less. Starting in October 2018, the fifteen (15)-month time limit on the use of family reunification services will be dropped. In addition, the LDSS will be allowed to utilize family reunification services for a child who returns home for fifteen (15) months beginning on the date the child returns home (per the Family First Prevention Services Act). A 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 1,150 families and 1,640 children were served in SFY2017. It is estimated that the same number of families and children will be served in SFY2019. 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
 - Visitation centers

Adoption Promotion and Support Services

The 24 LDSS 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 SFY2018 funds, the allocation for each LDSS is based on the number of children with a goal of adoption. The LDSS are required to submit a plan each year that describes how they will spend their allocation. For SFY2017, approximately 1,300 families and 1,500 children were served. It is estimated that the same number of families and children will be served in SFY2019.

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
- Materials, equipment and supplies for training
- Foster/Adoptive home studies
- 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 SFY2018, family preservation and family support funds through PSSF were allocated to all twenty-four (24) LDSS in Maryland. Most of the LDSS operate a specific program with these funds. The local departments that were not allocated funds for a specific program received “flex funds” that are used to pay for a variety of supportive services for families receiving Family Preservation services. The amount of the “flex funds” allocation depends on the caseload for In-Home services. In SFY2018, the following jurisdictions received “flex funds”: Baltimore City, Anne Arundel, Caroline, Dorchester, Cecil, Garrett, Kent, Prince George’s, and Wicomico Counties.

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 foster 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, Parent-Child Interactive Therapy, and various parenting curriculums that are utilized as part of parenting workshops. These evidenced-based practices have been very effective in preventing child abuse and neglect and entry into Out-of-Home Placement. For example, in the Healthy Families program, there was only 1 indicated case of abuse and 1 out-of-home placement in the 6 and 12 month period following case closure out of 128 families across four jurisdictions.

Table 30 below, gives the number of families who were served in SFY2017. In the first two quarters of SFY2018, the family preservation and support services program served approximately 516 families, 78 individual participants, 22 pregnant and parenting teens, and 35 children who received respite services. It should be noted that parents and children are not included in the family count, and pregnant and parenting teens are not included in the parent count. DHS is working on obtaining the data from these jurisdictions. Approximately the same number of families, pregnant and parenting teens, individual participants, and children who receive respite services will be served in SFY2019.

The table below lists a description of the family preservation and family support programs that will likely continue in SFY2019.

Table 30

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
Allegany County	Parenting workshops are provided that utilize the Incredible Years’ parenting curriculum. The workshops are offered to parents who are court-	Family Preservation	46 parents served. <hr/> Zero indicated abuse and zero Out-of-Home (OOH) Placements between 6 and 12 months post-

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
	ordered or strongly recommended by an agency to participate in parenting skills training.		closing; 83 families tracked between 6 and 12 months post-closing.
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"	137 families served. <hr/> 1 indicated case of abuse and zero OOH Placements between 6 and 12 months post-closing; 27 families tracked between 6 and 12 months.
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 not submitted yet.
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	43 families served. <hr/> 2 indicated cases of abuse at six months; 1 indicated case of abuse at 12 months; no OOH Placements at six months and 2 at

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
			12 months; 27 and 24 families were tracked at 6 and 12 months post-closing, respectively.
Calvert County	The NOVO Parenting Program is a 6-week in-home parenting program that provides parenting support, skills training, and behavioral health training to families with children.	Family Preservation	21 families served. Zero indicated cases of abuse and zero OOH placements 6 and twelve months post-closing; 4 and 15 families tracked at 6 and 12 months post-closing, respectively.
Caroline County	A family support worker is assigned to families to provide in-home parenting support, teaching and modeling of parenting , life, and social skills.	Family Preservation and Family Support "Flex Funds"	22 families served. Zero indicated cases of abuse at 6 and 12 months post-closing; zero OOH placements at 6 months post-closing, and 2 at 12 months post-closing. 55 and 46 families were tracked at 6 and 12 months post-closing, respectively.
Carroll County	Weekly formal parenting education classes that utilize the Nurturing curriculum. Families are also offered home visits. The home visitor is trained in Parents as Teachers Curriculum and the A-B-C Curriculum , and is also able to provide service linkages, general counseling, crisis intervention, and referrals.	Family Support	43 families served. Zero indicated cases of abuse at 6 and 12 months post-closing; 3 OOH Placements at 6 months- post closing and 4 at 12 months post-closing. 30 and 39 families were tracked at 6 and 12 months post-closing, respectively.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
	Parent-Child Interactive Therapy is provided to at-risk families and children, which is a short-term evidenced- based model.	Family Support	33 families served. <hr/> 1 indicated case of abuse at 6 and zero at 12 months post-closing; no OOH Placements at 6 and 12 months post-closing. 31 and 39 families tracked at 6 and 12 months post-closing, respectively.
Cecil County	Flex funds are allocated this year to Cecil County.	Family Preservation “Flex Funds”	Data Not Submitted Yet <hr/>
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age five. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	Family Support	21 teen families served. <hr/> Zero indicated cases of abuse or OOH Placements at 6 and 12 months post-closing. 16 and 18 families were tracked at 6 and 12 months post-closing, respectively.
Dorchester County	Flex Funds are used to assist with housing to stabilize families, with utility bills and child care, and with treatment	Family Preservation “Flex Funds”	6 families served.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
	services.		Zero indicated cases of abuse at 6 or 12 months post-closing; 0 OOH placements at 6 months and 1 OOH placement at 12 months post-closing. 2 and 1 families tracked at 6 and 12 months post-closing, respectively.
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, and life skills training, case management, counseling, and Parent as Teachers home visiting.	Family Support	62 Participants served. <hr/> Zero indicated cases of abuse between 6 and 12 months post-closing and no OOH Placements. 32 and 37 families tracked at 6 and 12 months post-closing, respectively.
Garrett County	Flex funds are allocated to provide direct services to families, assist with stabilizing families by helping with utility payments and rental assistance to prevent evictions, and provides are resource needs of families.	Family Preservation "Flex Funds"	13 families served. <hr/> No Data yet
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 abuse/neglect are identified,	Family Support	40 families served. <hr/> 2 indicated cases of abuse and 3 OOH placements between 6 and 12 months post-closing. 31 and 28 families tracked at 6

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
	<p>the program provides further assessment with intervention and follow-up services to families.</p> <p>In 2017, the Safe Start program was re-designed and now provides an extension of the classroom portion of the Nurturing Parenting Program (NPP) by offering parenting support groups to the families who participated in the NPP. Following the five week support group, an in-home coaching component is also offered to families.</p>		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	<p>35 teen mothers and 32 infants served.</p> <hr/> <p>1 indicated cases of abuse at 6 months post-closing, zero at 12 months post-closing; no OOH Placements 6 and 12 months post-closing.</p> <p>13 and 11 families tracked at 6 and 12 months post-closing, respectively.</p>
Kent County	Funds will be used for Healthy Families program that provides services to prevent child abuse and neglect, encourage child development, and improve	Family Preservation	<p>23 families served.</p> <hr/> <p>Zero indicated case of abuse and Zero OOH placements between 6 and 12 months post-closing; 13 families tracked between 6 and 12</p>

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
	parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.		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 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’ capacity to raise and guide their children.	Family Preservation	22 families served. <hr/> 10 families tracked at 6 months post-closing and zero at 12 months post-closing. Zero indicated cases of abuse and zero out-of-home placements.
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 & Flex Funds	Data not submitted yet. <hr/> Data not submitted yet. Data not submitted yet.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
	Funds are used to support families receiving in-home services.		
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	27 families served. <hr/> Zero indicated cases of abuse and Zero OOH Placements. 10 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	57 families served. <hr/> Zero indicated abuse at 6 months post-closing and one at 12 months post-closing. Zero OOH Placements at 6 months post-closing and 1 at 12 months post-closing; 56 and 77 families 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	67 participants served <hr/> Outcome Data not submitted yet.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
Talbot County	<p>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.</p> <p>The parent education program uses the Nurturing Parent curriculum, and 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.</p>	<p>Family Support</p> <p>Family Support</p>	<p>23 families and 26 children served.</p> <p>Zero indicated cases of abuse/neglect at 6 months and two indicated cases at 12 months post-closing. Zero OOH Placement six months post-closing and zero at 12 months post-closing.</p> <p>7 and 5 families tracked between 6 and 12 months post-closing.</p> <hr/> <p>22 parents and 36 parents in local detention center. (no outcome data)</p> <p>Zero indicated cases of abuse at 6 months or 12 months post-closing. Zero OOH Placements 6 and 12 months post-closing.</p> <hr/> <p>26 and 23 families tracked at 6 and 12 months post-closing, respectively.</p>

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
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	<p>95 families served.</p> <hr/> <p>Zero indicated case of indicated abuse or OOH placements at 6 and 12 months post-closing.</p> <p>29 and 45 and families tracked at 6 and 12 months post-closing, respectively.</p>
Wicomico County	<p>Funding is for respite services and summer camps.</p> <p>Flex Funds to provide support to families who are receiving in-home services.</p>	<p>Family Preservation</p> <p>Family Support</p>	<p>15 families and 26 children served.</p> <hr/> <p>Zero indicated cases of abuse or OOH Placements 6 and 12 months post-closing; 15 and 16 families tracked at 6 and 12 months post-closing, respectively.</p> <p>33 families served.</p> <hr/> <p>Zero indicated cases of abuse at 6 months post-closing and 1 case of abuse at 1 month post-closing; Zero OOH Placements at either 6 or 12 months post-closing; 20 and 12 families tracked 6 and 12 months post-closing, respectively.</p>
Worcester	Contracts with a private provider for a parent support worker that	Family	<p>28 families served.</p> <hr/>

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2017
County	provides services to change parental behaviors through teaching problem solving skills, modeling effective parenting and referring parents to additional community resources.	Preservation	Zero indicated case of abuse at 6 months post-closing and 1 indicated case of abuse 12 months post-closing; Zero OOH placements at 6 or 12 months post-closing; 20 and 21 families tracked between 6 and 12 months post-closing.

Service Array

Child Protective Services

Child Protective Services (CPS) 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.

Maryland Family Risk Assessment

The Children’s Research Center (CRC) conducted an analysis of Maryland’s risk assessment tool. The analysis showed a significant increase in the reliability and validity of the CRC’s risk assessment model over the current one being used in Maryland. Maryland began working with the CRC in February 2015 on three (3) new risk assessment tools based on an actuarial model. Implementation of

these new tools has been delayed until the 2019 completion of the child welfare database modernization.

Alternative Response

The Department of Human Services/Social Services Administration (DHS/SSA) convened an Alternative Response (AR) Workgroup which is tasked with working towards specific changes in attitudes, behaviors, knowledge, skills, or level of functioning as it relates to child protective services and family engagement. The AR Workgroup is developing strategies and monitoring the progress in the following areas:

1. Technical Assistance/Follow-up: Increase family engagement in the Alternative Response assessment process
2. Training: Increase staff utilization of trauma responsive skills (training and knowledge) when engaging with families and use these skills to inform service needs.
3. Community outreach: Increase community partnerships and resources across Maryland and increase knowledge and understanding of the AR process by courts, police, community, schools, etc.
4. Data usage: Inform the new enhancements to the statewide IT system to build capacity around service planning, monitoring and tracking the services offered and received to families.

Strategies and Tasks to achieve Goal #1 (Technical Assistance/Follow-up)

In an effort to reinforce the DHS/SSA's strategic vision for AR, learning collaboratives were developed and designed to examine AR successes, sustainability of the fidelity of the AR model, as well as, how data can be utilized to advance initiatives around prevention and diversion. Almost all local departments are represented at these events. Technical assistance in reference to standardization of AR tools across all jurisdictions for supervisors and case managers, and identifying fidelity indicators for AR, were provided to the local departments through the collaboratives.

Two learning collaborative were held during this reporting period. On September 26, 2017, Dr. Stacey Shipe, from the University of Maryland, School of Social Work presented her research and findings on AR in Maryland that included the difference between family and child characteristics for families receiving an AR versus Investigative Response (IR), child and family factors that predict re-investigation of child maltreatment among AR and IR families and a re-substantiated report of child maltreatment among AR and IR families. She also presented on organizational and external factors that influence decision making in day-to-day practice.

A question and answer segment was offered, and attendees had an opportunity to discuss what their local department has experienced since the implementation of AR. There were two (2) overarching concerns that were discussed: (1) the physical abuse 24-hour response mandate, which is in Maryland law and is in conflict with the fidelity of AR. The AR approach is to first contact the family to schedule a visit, not to show up at the school or a family's home without notice. However, due to the twenty-four (24)-hour mandate to see all children who are alleged victims of abuse, scheduling an appointment with the family can be difficult. The workgroup has begun to brainstorm solutions, and inquire if there is any flexibility in reference to this issue and (2) the lack of resources to refer customers outside the LDSS.

On February 20, 2018, Krista Thomas, PhD, of Chapin Hall at the University of Chicago reviewed the process of developing a Theory of Change for New York City's Family Assessment Response. She shared that this was done through a New York's AR approach; a collaborative process that included shared planning and consensus building. Through this process a theory of change tool was used to guide implementation, continuous quality improvement, and communication.

Attendees engaged in a break-out session, and reviewed a proposed Theory of Change for Maryland's AR approach that was drafted by the workgroup. They shared and suggested ideas for enhancements and discussed its use in communicating and engaging with staff and community partners. Lastly, the tool was analyzed on how it could impact AR monitoring. Attendees suggested the following should be included in the tool:

- Increase level of awareness of resources, so that families know who to call after a case is closed
- Incorporate words such as safety, trauma, trauma-lens, trauma-responsive and informed

The workgroup revised the tool based on the comments received. The tool is now going through the final stages of review and after the tool is approved, it will be disseminated to the local departments.

On March 12, 2018, technical assistance was provided to Harford County. There was a total of fifteen (15) staff in attendance which included the Assistant Director, Supervisors and Case Managers. Staff spoke about successes and barriers they have experienced since the implementation of AR. Guidance was given to complete more thorough AR Summaries. Harford County staff was provided with an AR Summary Guide. DHS/SSA will continue to monitor how the technical assistance may have benefited the LDSS staff.

Strategies and Tasks to achieve goal #2 (Training)

The AR workgroup agreed that adding a "transfer of learning" (TOL) component, integration of trauma-responsiveness and enhanced family engagement trainings are all needed for the sustainability of AR. Therefore, the workgroup will develop a series of transfer of learning tools for supervisors to be utilized during supervision.

Ninety-seven (97) LDSS staff attended training between May 2017 and April 2018. The next training cycle is scheduled to begin in June 2018. Advanced AR trainings such as Signs of Safety and Good to Great trainings continue to be offered through the UMSSW which, when applied to AR practice, can increase the family's participation and assist the worker in fully engaging families in the AR process.

As a result of discussions with University of Maryland CWA, trainings in the eastern and western regions of the State were offered. In November 8, 2017 the Good to Great training was offered in western Maryland in Washington County. On March 7, 2018, this training was also offered on the Eastern Shore in Dorchester County. DHS/SSA will continue to monitor the data to look for trends and will offer additional technical assistance should it be necessary.

Strategies and Tasks to achieve goal #3 (Community Outreach):

DHS/SSA's goal is to increase knowledge and understanding of the AR process in the community, e.g. courts, police, community, schools, etc. and to align and enhance existing resources to better serve families and children in Maryland.

An AR Community Survey was developed for the purpose of identifying gaps in resources and peer-to-peer learning. The survey will seek to determine how local departments establish and maintain partnerships and how they engage their Local Management Boards and Local Care Team partners. This survey is currently awaiting approval from the executive leadership team.

Strategies and Tasks to achieve goal #4 (Data Usage):

The workgroup's charge is to inform the new enhancements to the statewide IT system, to build capacity around service planning, monitoring and tracking the services offered and received to families.

As DHS/SSA participates in the development of the new Child Welfare Client Information System, recommendations will be made to the developers based on information gathered in the workgroup, to improve monitoring and the ability to assess fidelity practices of AR. The workgroup will also review AR data on a regular basis which will then be shared with the LDSS to inform their practice.

Feedback Loops/Continuous Quality Improvement

Maryland continues to be committed to enhancing Family-Centered Practice through a trauma-informed lens across the State. This approach focuses on the family's strengths and needs by identifying solutions to the multiple problems that may be impacting families' abilities to safely care for their children and promote their well-being. AR continues to acknowledge that families are the experts in their own circumstances, and recognizes that in most cases families want to alleviate threats to their child's safety. Through a family-centered approach, transparency, and the removal of stigma of a child protective services investigation, AR creates an environment that is more conducive to collaboration and partnership with families.

During the most recent AR learning collaborative staff stated the following about AR:

- AR reduces trauma for children and parents
- Families partner well with Child Protective Services (CPS); they are less fearful of CPS
- The AR brochure and welcome letter are well-received by families
- Decisions are made more independently by families
- AR is empowering families

The AR workgroup is also brainstorming how LDSS can obtain direct feedback from families. The workgroup suggested conducting a survey for families who were serviced on the AR track. The survey would be mailed to families within sixty (60) – ninety (90) days after case closure. It would provide qualitative data about the effectiveness of AR, and information on how the State could make improvements. The feasibility of this suggestion is still being reviewed.

Human Trafficking Initiative

Please see the Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update for updates on human trafficking.

Family Preservation Services *(formerly referred to as In-Home Services)*

Family Preservation Services are family preservation and assessment programs available within the Local Departments of Social Services.

Services to Families with Children – Intake

In-Home Family Services staff conducts assessments of families where there are allegations of a risk of harm to a child or for when a client requests services. There are several risk of harm categories

which include: substance exposed newborns, substantial risk of sexual abuse by a registered sexual offender, reports of domestic violence, caregiver impairment, prior death or serious physical injury to a child due to Child Abuse and Neglect (CAN), suspicion of sex trafficking, adult survivor of maltreatment and prior indicated or unsubstantiated CAN in a home where there is a current child aged 5 or younger. The LDSS protocols for evaluating the safety and risk of children apply in these assessments. Assessments are also completed regarding the strengths and needs of the family. At the conclusion of the assessment, staff will determine the need for on-going services either in the LDSS or in the community or both.

In July 2015, DHS/SSA implemented the use of a Child and Adolescent Needs–Family version (CANS-F) Assessment statewide for all Family Preservation Services cases to include risk of harm assessments. The CANS-F provides an outline for the family and worker to discuss and document the strengths and needs of the family. The results of this assessment help to map out the necessity of any services and in what areas those services should focus. While the CANS-F is completed only once during the thirty (30)-day risk of harm assessment period, the tool is completed at regular intervals during a family preservation program to help determine the efficacy of the work that is being done. The Department, in conjunction with staff from UMSSW, continues to collect data from the assessments in order to help LDSS make decisions about service needs in each local jurisdiction. The data is also being used to help inform the work of the Title IV-E Waiver project.

Maryland continues to move towards becoming a more trauma-informed system. The Department believes a greater awareness of trauma and its impact on families will help to enhance the resiliency and recovery of children and families resulting in improved outcomes. A section of the CANS-F focuses on the trauma experiences over the lifetime of the youth in the family. There is also a section regarding post-traumatic reactions any caregivers in the family have had or are having.

All staff members with a Family Preservation Services caseload were required to be trained in the use of CANS-F and to become certified. Initial and supplemental training on the use of the tool has also been offered to Family Preservation Services staff at each local jurisdiction since July 2015 by the School of Social Work. In addition, the Child Welfare Academy (CWA) has implemented a series of trainings focused on workers becoming more trauma-informed when working with families.

Family Preservation Services

The Family Preservation 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 Family Preservation is to promote safety, preserve family unity, maintain self-sufficiency and assist families

to utilize community resources. Family Preservation services are in-home and community-based. Depending on the local jurisdiction size and staff availability, the Family Preservation staff may consist of a child welfare professional or a child welfare professional and family support worker team approach to serving the family. (In prior reports, Family Preservation was referred to as Consolidated Services.)

Family Preservation uses the Maryland Family Risk Assessment, Structured Analysis Family Evaluation (SAFE)-C and the Child and Adolescent Needs and Strength-Family (CANS-F) to direct the service intervention. Individually each contributes to decision-making regarding the child’s safety, the likelihood of future maltreatment and individual functioning and needs of family members. The combination of the three (3) assessments promotes creation of Safety and Service plans that promote safety, permanence and well-being. Of all three (3), the CANS-F identifies specific strengths and concerns and allows social work and casework staff to collaborate with family members to design an intervention tailored to the family’s individualized needs and priorities.

Annual updates of a Maryland legislative report, FY2017 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan (http://goc.maryland.gov/wp-content/uploads/sites/8/2018/02/2017_OOHP_JCR_Final_Issued_02-12-2018_With_Append-compressed-3.83MB.pdf or Appendix E contains several details about the children and families served in a section named Family Preservation Services. Pertinent outcomes data regarding both Family Preservation and Interagency Family Preservation Services focus on Child Protective Services (CPS) reports and Out-of-Home (OOH) Placements.

Table 31

Indicated CPS Findings and OOH Care Placement Rates								
Family Preservation Services								
State Fiscal Year	Indicated CPS Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
SFY2015	2.53%	380	2.24%	306	3.45%	518	1.91%	260
SFY2016	1.85%	271	2.33%	311	2.89%	424	1.90%	254
SFY2017	1.70%	218	NA until FY19		3.38%	436	NA until FY 19	

Data Source: (MD CHESSIE); GOC-JCR 2017

As shown in Table 32 a relatively small percent of children whose families received Consolidated In-Home Services experienced an indicated finding during services (1.9% for SFY2016), and with a higher percent within one (1) year of case closure (2.2% for SFY2015). As for Out-of-Home (OOH) Placement statistics, the children whose families are receiving Family Preservation In-Home Services experienced foster care placement during services (2.9% for SFY2015), and a lower percent experienced placement within one (1) year of case closure (1.9% for SFY2015).

It should be noted that Family Preservation services are provided to families who have higher risks of maltreatment, and the higher percentage of children experiencing Out-of-Home Placement during Family Preservation services may be an appropriate response to addressing the needs of these high risk families. In other words, the case worker spends considerable time with the family, and the decision to place children into foster care from Family Preservation may be the culmination of a family/worker decision, in that placement is the best step to take at this point, both serving the best interest of the child while allowing more time for the family to make necessary adjustments. It is also likely that with the implementation of Alternative Response (AR) families being referred to Family Preservation may be those who were at higher risk as many Alternative Response families are more likely to be transferred to community-based services.

While DHS/SSA would like these statistics to be closer to zero, it is important to understand that a large majority of families are receiving Family Preservation and experiencing success in avoiding further experience with both indicated maltreatment and Out-of-Home Placement as reflected in the data. The Department will continue to monitor the results for these families, both safety and well-being, to continue to build its capacity to serve at-risk families and avoid entry and reentry into foster care. The SFY2015 implementation of the CANS-F should continue to assist workers in determining the strengths and needs of the families they are working with and provide data to support what is working. Appropriate entry of CANS-F data will assist staff in both noting the family's strengths but also the needs of the family. As the CANS-F data accumulates, further evaluation of services and the impact on families is being conducted.

Table 32

Interagency Family Preservation Services								
State Fiscal Year	Indicated CPS Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
SFY2015	0.84%	11	2.53%	30	3.13%	41	3.29%	39
SFY2016	1.93%	24	2.45%	28	2.90%	36	1.84%	21
SFY2017	2.75%	26	NA until FY 19		2.85%	27	NA until FY19	

Data Source: (MD CHESSIE); GOC-JCR 2017

Interagency Family Preservation Services

In addition to Family Preservation services administered by the Department of Human Services, Social Services Administration (DHS/SSA), Maryland also offers Interagency Family Preservation Services (IFPS). IFPS 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. The local department continues to be the vendor in twenty (20) jurisdictions, with the remaining four (4) jurisdictions contracting with private vendors.

One key question is whether IFPS produce better outcomes than do DHS/SSA administered Family Preservation Services. Information available from the Maryland legislative report on Out-of-Home Placement and family preservation suggests that there are not substantial differences. In particular, the focal outcome measures used for Family Preservation and IFPS reveal rather similar results. As shown in Table 32, a relatively small percent of children whose families received IFPS experienced an indicated finding during services (2.75% for SFY2017), and with a very slight percent decrease within one year of case closure (2.45% for SFY2016). As for OOH placement, the children whose families are receiving IFPS experienced foster care placement during services (2.85% for SFY2017), and a lower percent experienced placement within one (1) year of case closure (1.84% for SFY2016). Both the pattern magnitude in the results for families receiving either DHS/SSA administered Family Preservation or IFPS is similar.

Additional review of these and other results concerning both DHS/SSA administered Family Preservation and IFPS will be undertaken, to assess if the families and children being served in Interagency Family Preservation are, as believed, any different than those served in DHS/SSA administered Family Preservation Services. DHS/SSA has given considerable thought to folding this program into the DHS/SSA administered Family Preservation Services, if the funding stream (TANF funds) does not negate its use in Family Preservation Services. The current Temporary Assistance to Needy Families (TANF) State Plan is for the Federal fiscal years 2015-2018 and thus no changes can be addressed until the new State Plan is submitted.

As occurred in 2016 data during the same period in 2017, 75% of the families Interagency Family Preservation Services (IFPS) worked with had from one (1) to ten (10)+ identified needs at the initiation of services compared to families Family Preservation worked with which had 50% of the families with 1 to 10+ identified needs at the initiation of services.

While all service types revealed a decrease in needs, on average IFPS cases reported a significantly greater reduction among identified needs at the end of the provided service. At the same time it should be noted that Family Preservation Services did not report as many needs and there may thus have been less room for change. DHS/SSA's modernization effort which the DHS/SSA is looking to create a more effective child welfare electronic case record is still in development but the DHS/SSA continues to identify data elements within the new system that will assist in determining what is best for families and children in regards to safety, permanency and well-being in the coming year. Additional data may better assist DHS/SSA in determining the effectiveness of each of the in-home programs.

Substance Exposed Newborns

Please see the Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update for updates on Substance Exposed Newborns.

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 address 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.

DHS/SSA recognizes that permanency and well-being are of utmost importance. In order to decrease the time in foster care, 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 non-relative
- Guardianship by a non-relative
- APPLA (Another Planned Permanency Living Arrangement)

DHS/SSA recognizes that placement planning decreases the length of stay in foster care and increases permanency for children and youth.

Reunification

A plan of reunification shall be pursued with a reasonable expectation that the plan will be achieved within twelve (12) months from the date of entry into Out-of-Home (OOH) 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 fifteen (15) months out of the prior twenty-two (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 fifteen (15)-month period continues once the child is placed in another approved placement; in other words, the (fifteen) 15 month period does not restart.

DHS/SSA recognizes that services that lead to reunification should always be the first priority for children and families to achieve permanency.

The Child and Adolescent Needs and Strengths (CANS)

Maryland utilizes two versions of the CANS instrument to assess youth and family functioning in major life domains to identify needs and strengths; the Maryland CANS (MD-CANS) and CANS Family (CANS-F).

The CANS has been implemented in Out-of-Home services since 2012. The MD-CANS is required to be completed for youth ages 5-21 in Out-of-Home Placement. Youth are assessed within the first sixty (60) of entry into care and every one-hundred eighty (180) days to align with the development and update of the youth case plan. The assessment focuses on youth needs and strengths within the major areas of life functioning, including emotional/behavioral needs, risk behaviors, trauma experiences, as well as caregiver strengths and needs.

The CANS-F has been implemented in Family Preservation services since 2015. The CANS-F is required to be completed for families receiving Family Preservation services. The assessment focuses on family functioning, as well as the needs and strengths of each caregiver and child in the home. The CANS-F is required to be completed within the first thirty (30) days of services and every ninety (90) days thereafter to align with the development and update of the family service plan.

The CANS assessments are utilized for the following purposes:

To support decision making, including level of care and service planning

The CANS assessments are used by child and family teams to develop more individualized and ultimately more effective treatment plans and service plans. The Institute at the University of Maryland, School of Social Work provides technical assistance and training to Local Departments of Social Services (LDSS) to assist staff better integrate the CANS into practice, including connecting the assessment to the youth and family service plan.

Facilitate Quality Improvement Initiatives

As a quality improvement tool, the CANS has been included in various Continuous Quality Improvement (CQI) activities, such as measuring the degree to which the assessment connects to the case plan, as well as through the use of algorithms to assess level of care placement decisions, support treatment referrals, and assist with other decision making processes.

To allow for the monitoring of outcomes of services

As an outcome monitoring tool, the CANS is used to measure change over time and to identify prevalence of needs in relation to permanency outcomes. Each LDSS receives a Quarterly CANS Data Report, which provides an analysis of MD-CANS and CANS-F assessments for youth and families served by their agency during the previous Quarter. In addition, CANS data is also used to measure well-being outcomes. The Well-Being metric is an index (presented as a percentage) for all the children or caregivers who have achieved or maintained well-being in the area.

- *Achieving* well-being is defined as resolving all of the identified needs or gaining strengths in that area.
- *Enhancing* well-being is defined as resolving one or more identified needs or gaining a strength in that area.
- *Maintaining* well-being is defined as not having a need and/or having a strength in that area throughout the work with the youth or caregiver.

For youth in Out-of-Home Placement, there are five Well-Being indicators which are comprised of related items in the CANS:

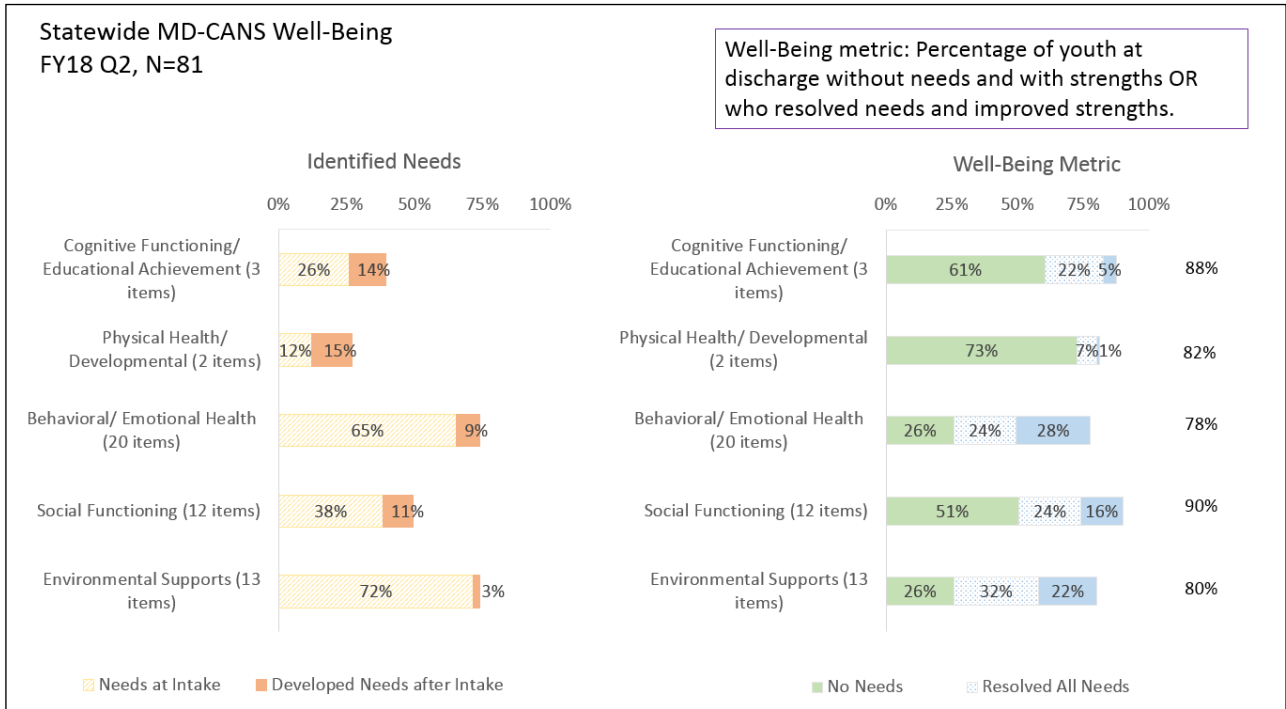
- Behavioral/Emotional Health (18 Item Index)
- Cognitive Functioning/Educational Achievement (3 Item Index)
- Environmental Supports (12 Item Index)
- Physical Health/Developmental (2 Item Index)
- Social Functioning (12 Item Index)

The charts below depict the Well-Being Metric for 81 youth in Out-of-Home care and 758 families receiving In-Home family services respectively. Youth and families who exited care or services in SFY2018Q2 and had at least two CANS/CANS-F Assessments (intake and discharge) were included in this analysis.

The Identified Needs percentages include Needs at Intake and Developed Needs after Intake. Needs at Intake represent the percentage of youth/caregivers who had a least one item within the Well-Being Indicator category rated as an actionable need (a score of two (2) or three (3) on the CANS or CANS-F) on their Intake assessment. Developed Needs after Intake represent the percentage of youth/caregivers that did not have a need at intake but developed a need on one of the items in the Well-Being Indicator category during a subsequent assessment.

The Well-Being Metric percentages are a sum of the No Needs Percentage and the Resolved All Needs Percentage. The No Needs percentage represents the percent of youth who had no needs on all of the items for each Well-Being Indicator category on each of their assessments (both Intake and all subsequent assessments). These are youth who maintained Well-Being in that respective indicator. The Resolved all Need percentage represents the percentage of youth who had at least one identified need in the Well-Being Indicator Category (either at intake or developed after intake) that was resolved by the time of their Discharge Assessment. These are youth who achieved Well-Being in that respective indicator.

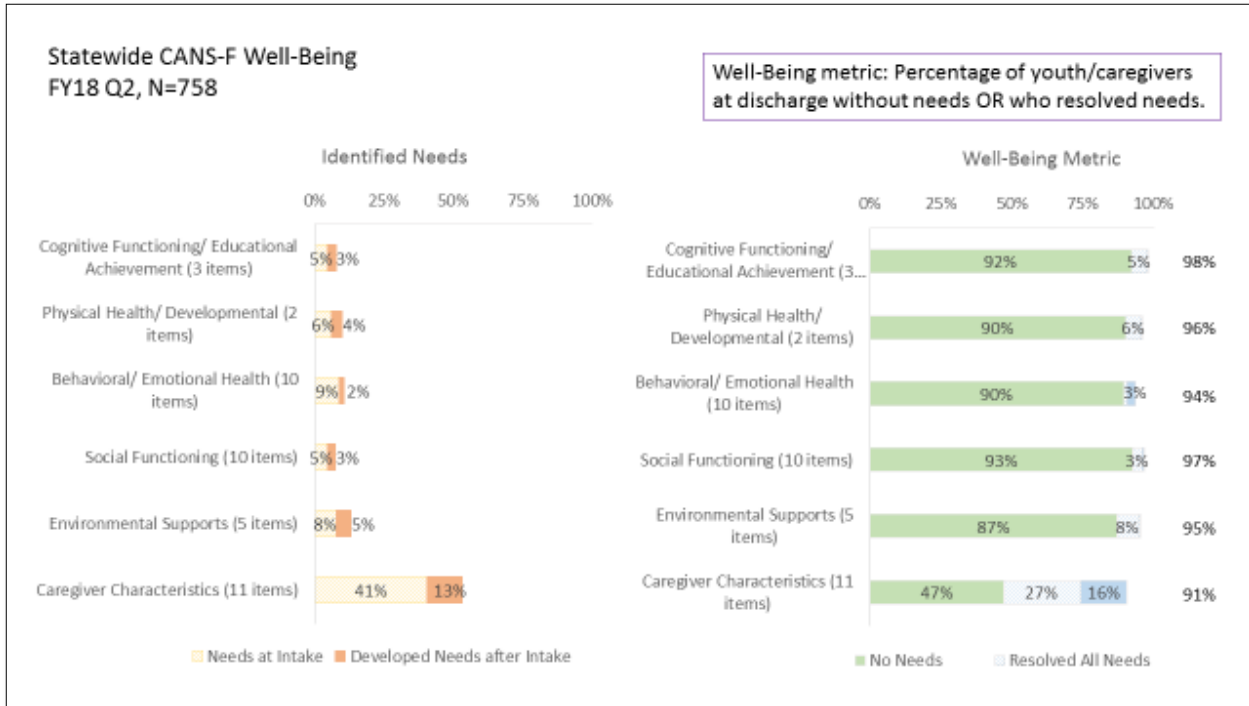
Table 33



For Families receiving Family Preservation Services, there are five Well-Being indicators which are comprised of related items in the CANS-F:

- Cognitive Functioning/Educational Achievement (3 Items)
- Physical Health/ Developmental (2 Items)
- Behavioral/Emotional Health (10 Items)
- Social Functioning (10 Items)
- Environmental Supports (5 Items)
- Caregiver Characteristics (11 items)

Table 34



The Well-Being metric represents the percentage of youth/caregiver who resolved a need that they had at intake or that they developed during the course of care or a youth who did not have a need at intake and did not develop a need in that area during the course of care.

Training & Certification

All Out-of-Home Placement workers have been trained in the MD-CANS Assessment and all Family Preservation Service workers have been trained in the CANS-F. New employees receive the CANS training, as part of the Child Welfare Training Academy’s Pre-Service Competency Training Series.

Between July 1 and March 30, 2018, 135 staff obtained their MD-CANS Certification or Re-Certification and 211 staff obtained their CANS-F Certification or Re-Certification.

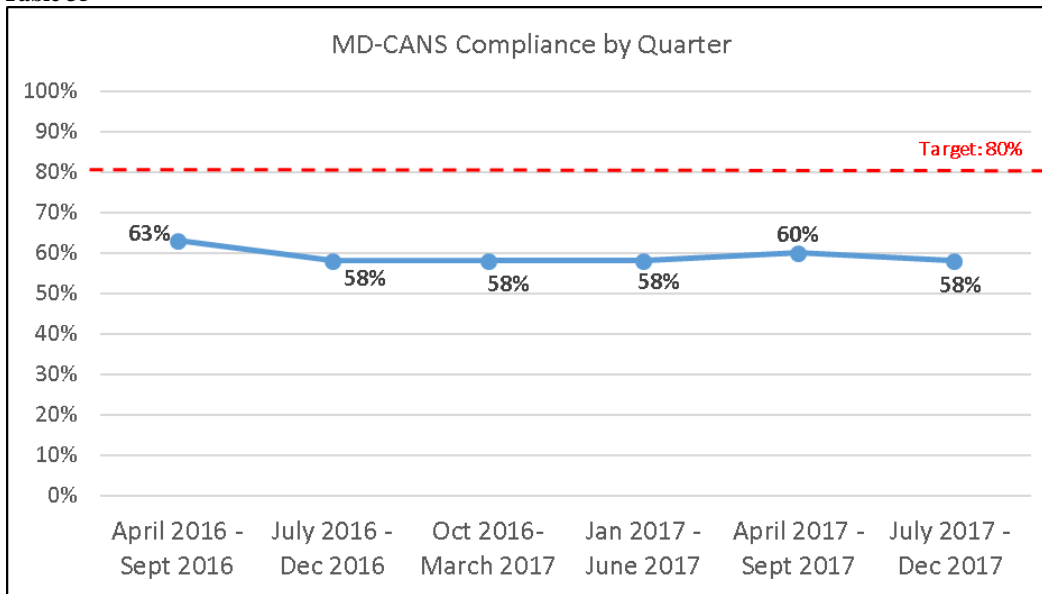
In order to track compliance with maintaining annual re-certification, Local Departments of Social Services receive a Quarterly Report indicating the certification status for each of the line staff and supervisors.

Compliance

Maryland CANS for Out-of-Home

Between July 1 and December 31, 2017, 2,192 youth received a MD-CANS assessment. The MD-CANS Assessment is required to be completed within the first 60 days of entry into care and every six months from date of entry. The time frame for completion aligns with the reconsideration process for youth in Out-of-Home Placement. The following figure illustrates the State's CANS compliance rates from the past two years.

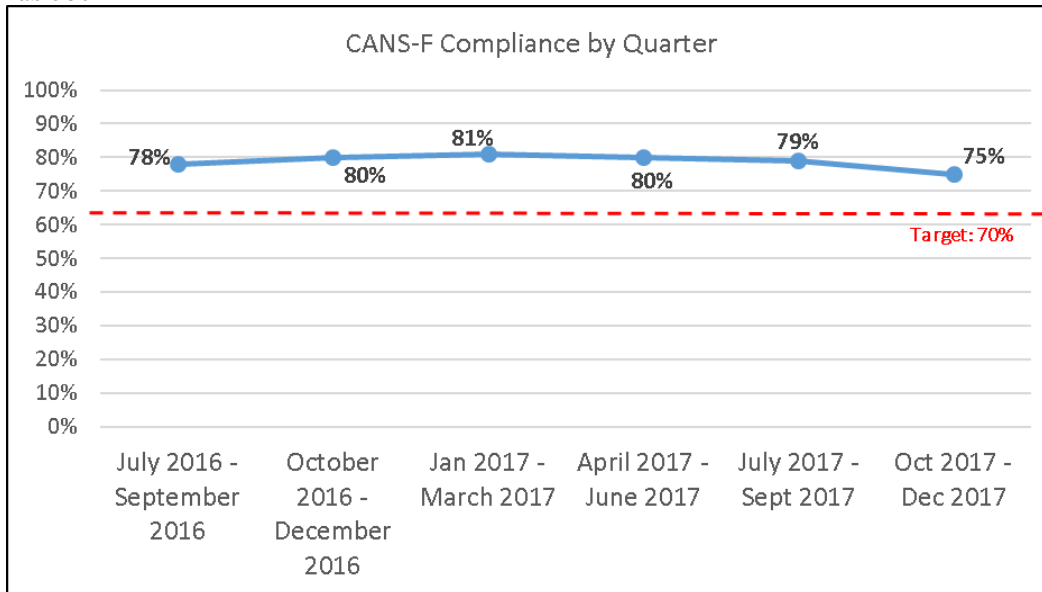
Table 35



CANS-F for In-Home

Between July 1 and December 31, 2017, 4,934 families received a CANS-F assessment. The CANS-F Assessment is required to be completed within the first 30 days of services and every 90 days from date of program assignment. The time frame for completion aligns with the development and update of the family service plan. The following figure illustrates the State's CANS-F compliance rates from the past two years.

Table 36



Technical Assistance

In an effort to enhance the quality of assessments and increase compliance, DHS/SSA utilized a collaborative process to design county specific technical assistance (TA) plans. MD-CANS/CANS-F TA planning meetings were scheduled with each of the 24 LDSS. These in-person meetings were staffed by a representative(s) from the State office as well as consultants from The Institute at the University of Maryland and Chapin Hall.

The outcome of each meeting was an individualized technical assistance plan for each local department. This report provides a summary of the requests as well as detailed county level information. Each of the TA plans is focused on achieving some combination of the following outcomes:

- increasing compliance,
- increasing certification for CANS and CANS-F assessors,
- improving data utilization, and
- integrating the assessment into practice and service planning.

The team met with a total of 140 staff across Family Preservation and Out-of-Home Services from twenty-four jurisdictions, including agency Directors, Assistant Directors, Unit Managers, Supervisors, and Frontline Staff. There were five common areas of need that emerged out of these

meetings: (1) Re-certification and Training support through Booster/Refresher Trainings, (2) Practice Integration Support and Training through Case Consultation Workshops, (3) Data Utilization through Data Support Meetings, (4) Data Report Development through Modernization efforts, and (5) Building Local Expertise through CANS Coaching Cohorts.

While each of the 24 counties expressed interest in TA and was hopeful about their ability to improve the utilization of assessments, there has not been a concerted effort to measure the impact of TA in the past. This report provides a baseline measurement of practice integration that creates an opportunity for tracking the potential benefits of a variety of TA approaches over time.

In addition to the TA requests, the meetings with the local counties highlighted the need for a unified assessment strategy that includes the specific needs of both youth 0-4 years of age and emerging adults or transition age youth (TAY).

CANS Data Portal for Contracted Providers

The MD-CANS is required for all youth age 5-21 in Out-of-Home Placement, including youth with Voluntary Placement Agreements. This includes youth placed in Treatment Foster Care (TFC) and Congregate Care (RCC) Settings. For youth placed in TFC and RCC settings the MD-CANS is completed within the first 30 days of entry into the program and every 90 days thereafter. This aligns with the treatment/service planning requirements.

With the build of the MyDHS Data Portal, providers shifted from using the CANS Comprehensive to the MD-CANS bringing them into alignment with the local DSS agencies. Staff is required to have attended an in-person training and passed the online certification test (TCOMtraining.com) to obtain their Maryland CANS Certification Number. Between October 2017 and March 2018, 325 TFC and RCC staff has attended an in-person Maryland CANS certification training. Of that group, 191 staff has gone on the pass the certification test.

The MyDHS data portal replaces the State Child Youth and Family Information System (SCYFIS), which was shut down in July of 2015. This web based portal will allow providers to enter their CANS assessments or upload their assessments from their existing Electronic Health Record (EHR) or case management system.

2018-2019 Plans

In the upcoming year, DHS plans to provide the following TA to the local jurisdictions:

Table 37

	In Person Training (Case Workers)	In Person Training (Supervisors)	Booster Sessions / Refresher Training	Case Consultation Workshops	Data Support Meetings	CANS Coaches Cohorts / Learning Collaborative	Pilot Project w/Unit (CANS Integration)	Total
Total	23	23	23	14	9	7	3	102

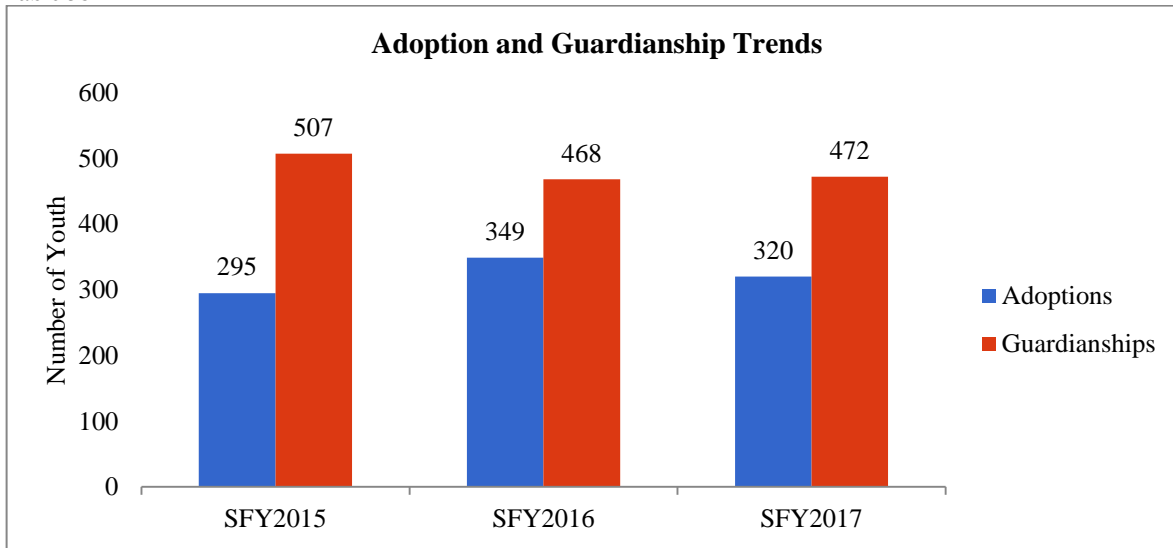
- DHS also plans to develop a CANS coaching program in order to utilize local staff as subject matter experts who can provide TA to their own staff.
- The CWA will provide a training to staff on the integration of the CANS with service planning.
- Once providers are able to enter CANS through the CANS portal, DHS/SSA will begin to evaluate the data comparing CANS entered by DHS/SSA staff and providers on any given youth to determine whether the data is comparable, and if not, to determine why.
- DHS/SSA will evaluate how safety, risk and CANS assessments intersect and impact the outcomes for youth.

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 (LDSS) 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.

MD CHESSIE generates a monthly GAP report which is available on business objects for LDSS administrators and DHS/SSA administrators to monitor GAP cases. As of March 2017, 3,006 children are receiving guardianship assistance payments, compared to 3,089 children, March 2016. As of March 2017, 2,986 children are receiving subsidy payments.

Table 38



Source: MD CHESSIE data based on exits, served files SFY2016 and SFY2017

Guardianships decreased by 8% from SFY2015 to SFY2016 and increased by 1% from SFY2016 to SFY2017. Local departments are ensuring that resources are extended to relative caregivers to ensure that youth maintain a stable environment and lasting connections. DHS/SSA plans to continue to promote the Adoptions and Guardianship Incentive Funding to provide increase services and stability in order for timely permanency to occur. DHS/SSA expects to continue to be able to reduce the number of children in foster care while maintaining safety as a priority.

2018-2019 Plans

DHS/SSA plans to continue to educate and provide technical assistance and support to the local departments around the successor guardian as well as the Guardianship Incentive and Post Guardianship funding available. DHS/SSA plans to create a Guardianship Milestone report to monitor how funds are being spent and monitor the number of exits on a quarterly basis.

DHS/SSA’s Integrated Practice Model

Since April 2017, DHS/SSA has been developing strategies to enhance its existing practices to support an integrated practice model that is family-centered, strength-based, and trauma-responsive. The Integrated Practice Model (IPM), built upon on DHS/SSA’s three existing practice models (Family Centered Practice, Youth Engagement, and Adult Services), is designed to meaningfully demonstrate how DHS/SSA’s values, principles and practice behaviors inform and guide day-to-day

engagement, communications, interactions, and decisions of DHS/SSA and Local Department of Social Services (LDSS) with the clients and community partners/providers. Figure 1A below illustrates DHS/SSA's the core values and practices contained in the IPM.



Figure 1A- IPM Key

2018–2019 Plans

An implementation plan for the IPM is currently being developed and informed by DHS/SSA, LDSS, and community partners. Key components of the implementation plan include strategies in the following areas:

- Training and coaching
- Policy Alignment
- Communication and Engagement
- CQI
- Human Resources
- IT/Modernization

Over the next few months DHS/SSA will be collaborating with TA partners from Chapin Hall and the University of Maryland School of Social Work Institute for Innovation and Implementation on conducting a series of focus groups with youth, birth families, and resource families to obtain their feedback on the IPM from their perspectives. Information gathered from these focus groups will be incorporated into the IPM and well as the implementation plan.

Supportive Services To Informal Kinship Providers

Maryland continues to provide support to informal kinship care providers who are raising their minor family members outside of the child welfare system. DHS/SSA's State Kinship Care Coordinator

provides information and referral, technical assistance and supports and advocacy to LDSS and to assist informal kinship providers caring for children to prevent Out-of-Home Placements.

DHS/SSA also provides and tracks health care affidavits to support informal kinship providers in accessing health care for the children for which they are caring. Finally, DHS/SSA has updated the “Kinship Care Facts Sheet” which outlines services and resources available to relatives. This publication is placed on the DHS internet web site and distributed to LDSS.

Feedback Loops

Through bi-monthly Kinship Navigator Support Group Meetings, DHS/SSA continues to offer technical assistance to the local departments. Caseworkers and supervisors who are responsible for providing kinship navigation attend these meetings to improve their practice.

2018-2019 Plans

- The Department will continue to provide referral services in response to inquiries from relative caregivers.
- DHS/SSA will provide training at a future quarterly regional Out-of-Home Placement Managers/Supervisors meeting about kinship care specifically relating to referring relatives for child benefits including medical assistance, child specific grants of temporary cash assistance, and food stamps.
- DHS/SSA partnered with the Ruth Young Center at the University Of Maryland School Of Social Work to develop an automated Kinship Navigator report. The data will be used to compare trends with existing indicators to assess practice outcomes and lay the foundation for incorporating key kinship navigation elements into CJAMS.
- In preparation for The Family First Prevention Services Act, DHS/SSA will begin to explore the requirements related to evidence-based kinship navigation programs to determine the enhancements needed to further develop Maryland’s statewide Kinship Navigation program.

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 (LDSS) 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 interest; the Mutual Consent Voluntary Adoption Registry; the Adoption Search, Contact and Reunion Services (ASCRS); the Post Adoption Services Permanency Program, (which provides limited funds for families when the adoption is at risk of disrupting); Adoption Incentive Funding; 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 five 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, LDSS and resource families.
2. Ongoing Adoption Assistance Policy Training on an annual or semi-annual basis. Collaboration will involve DHS/SSA, LDSS staff having expertise with adoption assistance, and the DHS 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 DHS/SSA and the private agency confidential intermediaries on training. Public and private agency staff will continue to serve as trainers.

Updates/Accomplishments for 2017-2018:

DHS/SSA held the following trainings in 2017-2018:

- Initial Confidential Intermediary Training: DHS/SSA held an initial CI training May 2017. DHS/SSA plans to hold an initial training, at least 1 to 2 times per year.
- Refresher Confidential Intermediary (CI) Training: DHS/SSA held refresher training in June 2017 and April 2018. CI’s are required to have refresher training every 2 years. The next trainings will be scheduled for 2018 and 2019 as DHS/SSA conducts these trainings on an annual basis.
- DHS has received letters and phone calls of successful adoption reunifications with birth parents regarding the confidential intermediary process put in place.

DHS/SSA held a statewide WebEx training for adoption workers. The WebEx was used to re-educate workers on how to properly document adoption assistance funding, the importance of completing the

annual recertification, terminating the assistance once children re-enter foster care, and how to properly document and verify higher subsidy adoption assistance subsidies.

2018-2019 Plans

Title 07.02.12 Adoption Regulations were published in the MD Division of State Documents. DHS/SSA plans to continue to provide training to the local departments regarding adoption assistance as needed at DHS/SSA Regional Supervisory Meetings and upcoming Placement and Permanency Regional Meetings. These meetings will be held twice a year in the Spring and Fall to begin in the fall of 2018. The Adoption Assistance manual for LDSS caseworkers is still being developed, as well as an Adoption Assistance manual for adoptive parents. Once the manuals have been approved, trainings will be offered to the local departments and technical assistance will be provided. DHS/SSA also plans to finalize the Adoptions Caseworker and Adoption Parent Manual over the next reporting period.

DHS/SSA plans to track and monitor adoption subsidy cases on a monthly basis to ensure that the LDSS is properly documenting higher subsidy rates appropriately, terminating adoption assistance funding once children re-enter care, and completing the annual adoption assistance determination appropriately in MD CHESSIE. For those cases found to have errors, DHS/SSA will provide technical assistance to the LDSS to ensure that corrections are made.

Heart Gallery

DHS works collaboratively with Adoptions Together staff to identify the children in Maryland that are legally free for adoption and in need an adoptive resource. This identification is completed by personally contacting the Local Departments of Social Services (LDSS) about their specific children that can be referred and placed into the Heart Gallery. The LDSS have been provided the information necessary to make referrals to the Heart Gallery, and support in getting the photo sessions completed for the children. The Heart Gallery can be used as a recruitment tool for caseworkers that have legally free children on their caseload and are searching for adoptive homes.

DHS plans to hold another Heart Gallery for the month of July. To date, there are 28 children currently in State custody that have their photos displayed in the Heart Gallery (*Data Source: Adoptions Together*). These children will be part of the Heart Gallery displayed at DHS in July, and they will continue to be part of the display as it is moved across Maryland, Virginia and Washington, DC.

2018-2019 Plans

DHS/SSA plans to continue to work more closely providing technical assistance (TA) to the local departments in partnership with Adoptions Together to ensure that more legally free children with a plan of adoption are photo listed. TA will be provided in the form of Webinars and the reporting of legally free youth that are eligible with a plan of adoption. These youth will be prioritized to ensure that they are listed. DHS/SSA will continue to request quarterly reports from Adoptions Together along with MD CHESSIE data on legally free children with a plan of adoption to assist with technical assistance.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

As identified as part of Maryland's 2015-2019 CFSP and as reported previously, Substance Exposed Newborns and Children with Behavioral Health challenges were identified as two populations with a great risk of maltreatment. SSA has conducted ongoing analysis of entry and reentry data to determine if either population is still affecting entry rates. Over the past fiscal year Maryland has continued to implement interventions and strategies to address these two populations.

The number of referrals for SENS increased from SFY2016 to SFY2017 (for more details, please refer to the CAPTA and Substance Exposed Newborn (SEN) section of the report for details about the SEN population who are identified as a population at greatest risk of maltreatment and Table 47 for referral numbers) and the State implemented Evidence-Based Practices through the IV-E Waiver Demonstration (see Table 43, IV-E Waiver Demonstration Table) and plans to implement identified EBPs in the next period; utilization data will be available for some of the EBPs listed as jurisdictions move into full implementation.

Substance Exposed Newborns

Please refer to the CAPTA and Substance Exposed Newborn (SEN) section of the report for details about the SEN population who are identified as a population at greatest risk of maltreatment.

Child Behavioral Health

In order to address child behavioral health, particularly for 14 to 17 year olds at risk for entering Out-of-Home care (new entries and re-entries), Maryland has utilized the Title IV-E Wavier opportunity to implement two specific Evidence-Based Practices (EBP) designed to address child behavioral health issues in a single jurisdiction. Table 39 below reflects the numbers served in Anne Arundel County July 2017 – December 2017. Title IV-E Waiver evaluation will assist SSA in determining the expansion of EBPs implemented during the demonstration. For additional information about all

EBPs being implemented through the Title IV-E Waiver please refer to Section VII: Child Welfare Wavier IV-E Demonstration Activities.

SSA continues to collaborate with sister agencies, community providers, LDSS, and advocates to identify service needs and build the services array to address the populations at greatest risk of maltreatment. For additional information on Child Behavioral Workgroup Activities, please refer to Goal 3 Well-being, Plans for improvement, Service Array/Collaboration.

Table 39

Child Behavioral Health Models	
Anne Arundel County: Parent-Child Interaction Therapy (PCIT)	
<p><i>Numbers Served:</i> Referred = 9 families Served = 6 families Successfully Discharged = 2 families</p>	<p><i>Implementation Activities:</i></p> <ul style="list-style-type: none"> • Engaged a specialized technical assistance provider through The Institute to join monthly calls. • Began producing monthly and quarterly reports. • Continued monthly implementation meetings with providers, LDSS and The Institute. • Institute hosted and facilitated PCIT collaborative this fall with providers and LDSS.
Anne Arundel County: Functional Family Therapy	
<p><i>Numbers Served:</i> Referred= 31 youth Served = 16 youth Successfully Discharged = 9 youth</p>	<p><i>Implementation Activities:</i></p> <ul style="list-style-type: none"> • Institute hosted and facilitated FFT collaborative this fall with providers and LDSS and DJS partners. • Held quarterly in-person implementation team meetings with expert FFT consultant, Institute TA staff and LDSS • Held monthly implementation calls utilizing The Institute to review data, identify challenges and solutions, and monitor progress. • Began producing monthly and quarterly reports.

In addition to these specific EBPs being implemented in one jurisdiction, other LDSS have utilized Title IV-E Wavier reinvestment opportunities to provide an array of services and supports designed to address behavioral health issues and promote stability. Listed below in Table 40 are the Child Behavioral Health EBPs that LDSS will begin implementing in the next period; utilization data will be available for some of the EBPs listed as jurisdictions move into full implementation.

Table 40

Funding Category	Definition	Services Funded	Jurisdiction(s)
Behavioral/ Mental Health	Mental/behavioral health evidence-based/informed services and/or supports focused on keeping children in their homes and enhancing the caregiver’s sense of competency in managing challenging behaviors.	FFT	Baltimore County, Carroll, Harford, Howard,
		MST	Frederick, Prince George’s, Washington
		Trauma Focused Cognitive Behavioral Therapy(CBT)	Calvert, Washington
		Seeking Safety	Allegany

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

The table below displays the length of stay in care for children under five years old. A shift has occurred over this year. Overall, a substantial increase occurred in the number of children in care 12 or more months in SFY2017 (56.3%) than in SFY2016 (42.6%). One Factor for the increase could be that the number of entries where substance-use by the parent/caregiver is noted as contributing to the need to remove. There has been an increase by 1% for the each of the past two fiscal years. While Substance Exposed Newborn referrals have increased (see CAPTA Substance Exposed Newborns section), most do not lead to a removal following the assessment. More analysis will be conducted in 2018-2019.

Table 41

Social Services Administration: Children Under Age Five in Out-of-Home, Length of Stay (LOS) (In Months) State Fiscal Year 2017				
State Fiscal Year	6 or less	7-11 months	12 or more	Total
2013	442	299	677	1,418

**Social Services Administration: Children Under Age Five in Out-of-Home,
Length of Stay (LOS) (In Months)
State Fiscal Year 2017**

State Fiscal Year	6 or less	7-11 months	12 or more	Total
<i>Percentage of population</i>	31.2%	21.1%	47.7%	100.0%
2014	417	274	620	1,311
<i>Percentage of population</i>	31.8%	20.9%	47.3%	100.0%
<i>Percent Point Change: 2013 to 2014</i>	0.6%	-0.2%	-0.4%	
2015	428	216	583	1,227
<i>Percentage of population</i>	34.9%	17.6%	47.5%	100.0%
<i>Percent Point Change: 2014 to 2015</i>	3.1%	-3.3%	0.2%	
2016	471	279	557	1,307
<i>Percentage of population</i>	36.0%	21.4%	42.6%	100.0%
<i>Percent Point Change: 2015 to 2016</i>	1.1%	3.8%	-4.9%	
2017	437	243	878	1,558
<i>Percentage of population</i>	28.0%	15.6%	56.3%	100.0%

**Social Services Administration: Children Under Age Five in Out-of-Home,
Length of Stay (LOS) (In Months)
State Fiscal Year 2017**

State Fiscal Year	6 or less	7-11 months	12 or more	Total
<i>Percent Point Change: 2016 to 2017</i>	8%	4.8%	-13.7%	

Source: MD CHESSIE, SFY (July through June)

To keep making progress in the coming years, Maryland will continue to shift its child welfare service system to being trauma-informed, and establish expectations as part of the State’s IV-E Waiver efforts: making the best use of comprehensive assessment to understand the needs of children and families, especially families with young children who are coming to the agency’s attention, and to identify and expand to scale those service strategies, including evidence-based practices, that will help Maryland to reach a higher level of efficacy in serving children under five and their families.

It should be noted that in relation to the key issues of parental substance abuse and child behavior, strategies continue to be considered as part of the IV-E Waiver, and planning with other agencies to provide these services. Implementation of EBPs that specifically address parental substance use while keeping children in the home is occurring and will be evaluated to explore impact on the reduction of young children entering foster care.

These services offered in Maryland are for all vulnerable children under the age of five and are not limited to children in foster care.

Ready At Five

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 five. Ready At Five works toward this goal by:

- a. Coalescing, influencing, and galvanizing key stakeholders, policy makers, and communities to support early care and education
- b. Providing professional development to build a vibrant, highly skilled workforce of “First Teachers”—parents, early educators, and pre-k and kindergarten teachers
- c. Promoting high quality early learning environments and best practices to ensure positive results for young children

In August of 2016, Ready at Five and the Institute partnered to create the Family Engagement Website. Ready to Connect is an initiative created to combine face-to-face and technology resources. Its goal is to build the foundation that leads to a strong connection between families and children, families and programs, families with peers, and the larger community to create a culture of partnership. Ready Rosie is currently being piloted in Carroll, Somerset and Washington Counties. Additional information can be viewed at <https://theinstitute.umaryland.edu/family-engagement/>. This site is still live and family providers continue to log-in for trainings and support related to the content.

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, Home Instruction for Parents of Preschool Youngsters (HIPPO), 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 services 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 (The Institute) at: <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. Maryland receives MIECHV support through federal formula funding and competitive grants. Between 2010 and 2016, Maryland has been awarded \$12.46 million in formula grants and \$19.95 million in competitive funding, allowing for the expansion of home visiting programs statewide. Additional State Home Visiting workforce development initiatives have included training a cohort of home visitors serving families throughout Prince George’s County in the Fussy Baby Model, through Maryland Project LAUNCH funding and during LAUNCH’s last year of funding, efforts have expanded to train providers in the Fussy Baby Model across the State, embedding the model in a range of infant and parenting serving agencies.

Early Childhood Mental Health Consultation (ECMHC)

The Early Childhood Mental Health Consultation (ECMHC) is designed to improve the ability of early care and education (ECE) program staff and families to address challenging behaviors and mental health concerns in children birth to five years. Services include:

- Observing and assessing 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.

MSDE currently funds ECMHC programs that serve all 24 jurisdictions in Maryland. The ECMHC Outcomes Monitoring System was developed by The Institute on behalf of the Maryland State Department of Education (MSDE) to evaluate the utilization, fidelity and outcomes of Maryland's ECMHC programs. The ECMHC OMS project provides ongoing monitoring of ECMHC programs for the state of Maryland in an effort to strengthen the implementation and 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://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 MSDE. The purpose of SEFEL is to promote the social emotional competence of young children. The Institute is assisting the multi-agency effort in the development of a SEFEL initiative in Maryland. As part of that initiative, The Institute has created and is implementing a SEFEL fidelity and outcomes monitoring system for the state of Maryland and engaging a Cadre of Master Trainers and Coaches (30 SEFEL experts across the State) to use the system to track trainings and coaching support that they engage in with home-based and center-based childcare programs in addition to classroom staff in public and private school systems for children in Pre-K through 2nd Grade. The system is designed to provide the necessary data to help improve training and program implementation efforts. The SEFEL Project builds upon the Early Childhood Mental Health Consultation Outcomes Monitoring System, which has been actively collecting data on program and child outcomes related to consultation across the State for several years. In addition, MSDE commissioned The Institute to develop a SEFEL website that houses resources for parents, teachers, and coaches, as well as virtual SEFEL trainings. For more information on SEFEL, please visit:

<https://theinstitute.umaryland.edu/SEFEL/>. Additionally, through MSDE's State Systemic Improvement Plan, multi-year funding has been dedicated to support training and in-depth coaching of the Pyramid model through the State's 24 early intervention programs.

SECTION V: PROGRAM SUPPORT

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 of 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), Caseworker Visitation, the National Youth in Transition Database (NYTD), and the National Child Abuse and Neglect Data System (NCANDS). MD CHESSIE provides program outcomes of child welfare service delivery and has experienced numerous substantial improvements since the completion of its launch in 2007. Consequently, MD CHESSIE improves productivity through enhanced data accessibility, reduced paperwork for caseworkers, elimination of redundant data entry, reduced data entry errors, and enhanced monitoring of service delivery and effectiveness.

The MD CHESSIE team communicates with the users and providers regarding the impact of enhancements on payments, as well as the impact of changes in the system due to shifts in policy. All changes to MD CHESSIE are shared with LDSS in two basic ways. First, the MD CHESSIE Coordinators, comprised of representatives from the LDSS, including workers, supervisors, administrators, assistant directors, directors, administrative support, finance, resource home, IV-E, and licensing, are MD CHESSIE working group that is notified for discussion when changes are proposed. The MD CHESSIE Coordinators are also occasionally asked to participate in testing, and the communication plan is shared with the Coordinators prior to the deployment of new MD CHESSIE builds. Second, actual users are sent a PowerPoint prior to the deployment of the build explaining the changes and how these changes will affect their use of MD CHESSIE. The users are asked to complete surveys to share feedback regarding the changes. Thirty (30) and 90 days after a build, the MD CHESSIE Coordinators are then polled about the impact of changes.

The accomplishment of the goals is met through four units of the MD CHESSIE Team: Systems Development, Provider Call Center, User Support Call Center, and Onsite Support (Training):

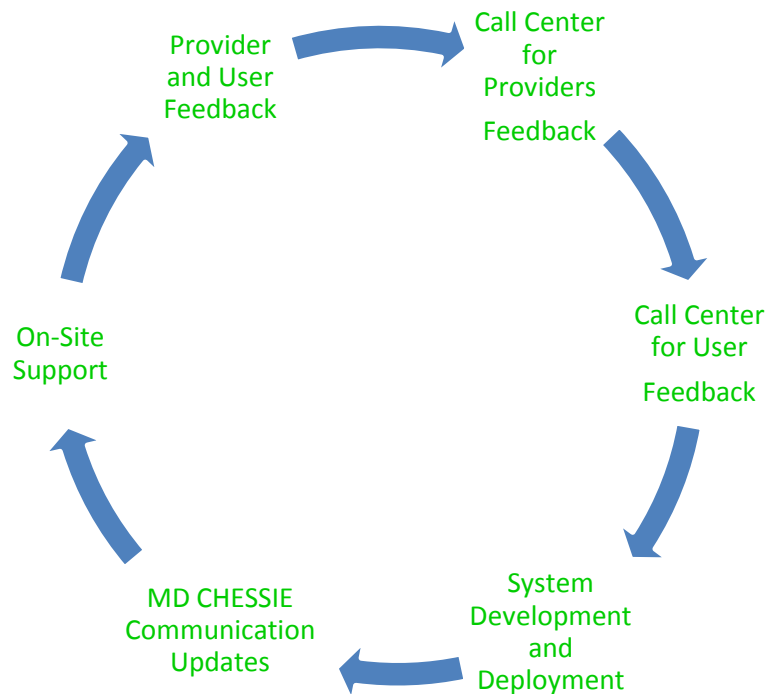
- System Development is responsible for the ongoing improvement of MD CHESSIE system. The MD CHESSIE System Development unit, along with the MD CHESSIE Onsite Support User Support Call Center units, collaborates with Social Services Administration (DHS/SSA)

central office, Local Departments of Social Services (LDSS) staff, Office of Licensing and Monitoring, Office of Budget, Office of State's Attorney General, Office of Inspector General, and Maryland State Department of Education (whose staff conduct background clearances for day care applicants), ensuring that system data input is accurate and reliable. The team frequently polls users regarding their feedback on changes planned and implemented in the system. In addition, the team assists with staff training for use of the Central Information System (CIS), accessing business objects, exception requests for MD CHESSIE security profiles and approving payments outside of MD CHESSIE. Finally, the team is responsible for coordinating the changes that are needed in MD CHESSIE with the MD CHESSIE Coordinators, DHS/SSA Programs, the Office of Technology for Human Services (OTHS), and the Affiliates (LDSS Assistant Directors workgroup that meets monthly). These teams along with all the leadership members are also engaged in an Information Technology Modernization effort including the whole department, as well as other State programs, to modernize and integrate the various databases throughout the State. Maryland is reviewing current systems for commonality and plans to phase in a new web-based system over the coming years.

- 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. The MD CHESSIE Provider Call Center also responds to requests for assistance from providers. Providers contact the MD CHESSIE User Support Call Center for discrepancies in payments. The staff works diligently to resolve the identified issues with the local departments.
- MD CHESSIE User Support Call Center responds to requests for assistance using MD CHESSIE. MD CHESSIE users in the LDSS, 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 team also generates communications to share with the users regarding enhancements and areas where policy affects MD CHESSIE and on how the changes are made in MD CHESSIE.
- MD CHESSIE Onsite Support (Training) provides up-to-date face-to-face and web-based support and training for all MD CHESSIE users. Trainings are conducted at new employee orientation, and at LDSS computer labs based on the complexity of the new enhancement to MD CHESSIE. Onsite support is provided based on federal audits, local requests, survey feedback, and clarification of existing system operations that impede user performance. The Onsite Support Team also creates Tip Sheets, training manuals and user guides.

The interactive collaboration of the MD CHESSIE team provides a continuous cycle of interaction among the system users, providers, and State and local managers who benefit from aggregate reporting from the system. This process provides continuous feedback on the effectiveness of provider and system user needs (see Figure 12).

Figure 12



Overview of Recent Activities of the MD CHESSIE Team

Payments Outside of MD CHESSIE

The MD CHESSIE Team reviewed 44 cases of payments approved outside of the system for which erroneous MD CHESSIE data entry generated payment suspensions. Of the reviewed cases forty-three (43) were approved for payment. Twenty-five (25) cases were caseworkers were unable to correct erroneous subsidy payment information after the last day of the month. Eighteen (18) cases involved issues where data fixes were needed to correct the system. Additional system training and

support used WebEx, onsite support, and Tip Sheets, to reduce future errors. Fiscal Enhancements completed in December 2015 have continued to result in a significant reduction in requests for payments outside of MD CHESSIE. Annual comparison of requests for payments for the period April 1, 2016 - March 31, 2017 have documented a 33% reduction in payments outside of MD CHESSIE for the same period in SFY2017.

MD CHESSIE Security Profile Exceptions

The unit is also responsible for approving exceptions to the established profiles for MD CHESSIE, to allow users needing to perform additional tasks to complete needed job functions. During the reporting period of April 1, 2017 through March 31, 2018 approximately five-hundred and eight (508), requests were received, a decrease of 47%. The decrease in the number of requests received is due in part to:

- Security Coordinator training on submitting access requests to MD CHESSIE
- The migration to a paperless exception request process using Google Forms, eliminating redundant requests

Log On for Business Objects

The unit is responsible for approving requests for access to Business Objects, the reporting system associated with MD CHESSIE. During the reporting period of April 1, 2017, through March 31, 2018, one-hundred nine (109) requests were received and approved. The request approvals represent an 85% decrease over the SFY2017 because the majority of LDSS Management has access to Business Objects.

System Development: Coordination among LDSS/SSA users, the technology unit, Quality Assurance, and other Department of Human Services Programs

To optimize the limited time allotted for maintenance and operations enhancements, the MD CHESSIE team works with the various programs and offices to identify needs and priorities. The needs of all stakeholders are clearly identified in a shared Google spreadsheet for everyone to see the planned activities and identified changes. All proposed changes are shared with the MD CHESSIE Coordinators and their input is documented. All changes to MD CHESSIE requires a clear understanding of what laws, policies, regulations or audit findings are affected.

MD CHESSIE Call Center for Local Use

The MD CHESSIE Call Center for Local Use was reversed back to the Office of Technology for Human Services (OTHS) for staffing. OTHS is now the central help desk for all systems under the Department of Human Services and will receive work order requests directly from local MD CHESSIE Coordinators. This transfer officially occurred in November 2017.

The MD CHESSIE team is in the process of transitioning from Remedy to a customer relationship management system by CRM Salesforce. The staff from MD CHESSIE Call for Local Use is merged with the MD CHESSIE Call Center for Providers to specifically resolve issues relating to placement, payment, license and contract; assuring that these issues are addressed accurately and timely.

With the agency's focus on developing a new child welfare system, during this reporting period there was a decrease in system updates. Majority of the focus has been on data cleanup in preparation for data migration to the new system. Therefore, the number of Tip Sheets has decreased.

During the reporting period of April 1, 2017 through March 31, 2018, the MD CHESSIE Call Center for local departments received:

- Three thousand six hundred fifty-nine (3,659) emails and/or direct calls for assistance from local department users. This is a 24% decrease for direct assistance. Previous updates to the system have helped staff utilize the system effectively.
 - A vast majority of requests for assistance were issues such as case closure, error messages preventing case process, moving cases to GAP or adoption, and how to resolve ticklers. The MD CHESSIE Call Center staff responded daily and walked local department staff step by step to a resolution.
 - Fifty-three (53) work order requests were submitted during this reporting period by DHS/SSA to the Office of Technology for Human Services (OTHS) on behalf of LDSS staff for data fixes in MD CHESSIE. This is 1% of the issues received by MD CHESSIE Call Center staff.
 - Thirty (30) of the data fix requests sent by the MD CHESSIE Call Center to OTHS have been corrected by the contractor during this reporting period. Six (6) were subsequently fixed by MD CHESSIE Call Center staff.
 - The MD CHESSIE Call Center for Local Users created two (2) MD CHESSIE Tip Sheets and two (2) notices to provide technical instruction to MD CHESSIE users. (For more details see Appendix F MD CHESSIE Call Center for Local Use Document Publication List 2017 - 2018).

MD CHESSIE Call Center for Provider Payments

The MD CHESSIE Call Center provides assistance when caseworkers are attempting to place a child electronically with a provider and a zero (0) or an error message regarding provider license or contract; and private providers with questions or issues with their monthly statements. Research is conducted in MD CHESSIE, in coordination with local department staff, and providers to get payment, placement, and zero vacancy issue resolved within 30 days or less (before the next payment cycle). Hot Tickets are generated and sent to local department MD CHESSIE Coordinators to correct placement discrepancies. Once the issue is resolved in the system, MD CHESSIE Call Center staff follows through with providers until correct payments are mailed and received. On occasion, MD CHESSIE Call Center staff utilizes Business Objects to recover monthly statements and send to providers that have raised an issue with delivery.

The MD CHESSIE Call Center for Provider Payments works closely with the licensing and contracts administrators to address any license or contract issues that prevent placements or providers from receiving payments for children in their care.

Exception Reports are generated indicating active cases in MD CHESSIE and have identified errors in client placement information. There are nine different MD CHESSIE Exception Reports that staff members review monthly. Once staff researches the cases, they coordinate with local department staff to resolve the issues or assist with closing the cases. The analyses of Exception Reports capture the following changes between April 1, 2017 and March 31, 2018:

Table 42

Exception Report	2018	2017
1. Details Of Clients With An Active Out-of-Home Program Assignment But No Active Placement Or Living Arrangement as of end of month	5	1
2. Details Of Clients With An Active Out-of-Home Removal Episode But No Active Program Assignment of OOH as of end of month	6	1
3. Details Of Clients With A Living Arrangement Start Date but without Living Arrangement Name as of end of month	0	0
4. Details of all Children with an open Program Assignment of OOH but no removal in MD CHESSIE as of end of month	0	0
5. Details of all Children with more than one open removal episode in MD CHESSIE as of end of month	0	2
6. Details Of All The Children with an Active Program Assignment of OOH	8	14

Exception Report	2018	2017
and an Active Placement/Living Arrangement But who are 21yrs or Older as of end of month		
7. Details of Children in OOH with Living Arrangement of Unknown to MD CHESSIE	201	153
8. Children having placement open and also a living arrangement of Trial Visit Home (TVH), runaway, hospitalization, TVH, Mother's Home, Father and Stepmother, Father's Home, Mother and Father's Home, Mother and Stepfather, Relative Home for over 30 days	81	48
9. Children having no active placement and a Living Arrangement of other or TVH with either mother, father, paramour or relative home, or runaway greater than six months	140	112

System modifications were made in 2016 to resolve the issues captured on Exception Reports 1 through 5. However, worker error caused a few clients to show on the report.

During the time period April 1, 2017 through March 31, 2018, the MD CHESSIE Call Center Hotline:

- Received four thousand three hundred fifty-one (4,351) calls through the hotline.
- Opened one hundred ninety-one (191) Hot Tickets in Remedy.
- Closed one hundred fifty (150) Hot Tickets.
- Closed aged Hot Tickets over 90 days old assigned to previous staff.
- Decreased the length of time Hot Tickets remain open, due to staff following through with local department case workers and supervisors via emails to expedite the resolution of identified placement matters.
- Received requests to assist with 62 zero vacancy issues.
- Assisted with 57 instances where a license, contract or rate expired and workers were unable to place or validate placement.

MD CHESSIE Onsite Support Unit

The MD CHESSIE Onsite Support unit is responsible for creating/maintaining the MD CHESSIE User Guides and Training Manuals, as well as the creation of Captivate training curriculum. The following Training Manual Modules/Captivate Curriculum were created/revised during the period of April 1, 2017 through March 31, 2018:

- Adoption User Guide

- Finance Management User Guide
- MD CHESSIE Audit Finding Guide
- Education Stability Captivate

The MD CHESSIE Onsite Support unit of DHS is responsible for providing MD CHESSIE, Milestones and Business Objects system orientation to all LDSS staff. The training is inclusive of task specific, face-to-face, WebEx-based sessions, Captivate E-learning curriculum, and pre-recorded modules on system updates and changes to program policies. The goal of the MD CHESSIE Onsite Support Unit is to provide up-to-date training for all MD CHESSIE, and Business Objects users. These trainings correspond to new enhancements to MD CHESSIE, and clarification of existing system operations that impede user performance.

The MD CHESSIE Onsite Support Unit, provides training to child welfare workers, supervisors, and Assistant Directors representing the 24 jurisdictions within the State, via face-to-face, WebEx, and E-learning modules. Through the feedback received at the end of each session, and from a subsequent 30-day follow-up evaluation, each class was developed to follow real world based scenarios that users encounter to make training more effective. This feedback also enabled the team to enhance current and to develop future training. Tip sheets, manuals, and pre-recorded training modules were created for additional training assistance. The Onsite Support team also participated in the development of the application for a more accurate and user-friendly data base.

The Onsite Support Unit also partners with the Child Welfare Training Academy (CWA) at the University of Maryland, School of Social Work, to provide MD CHESSIE orientation 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 training occurs over six weeks on five separate days and includes co-training with the CWA for a better understanding of, and stronger outcome, of the usage of MD CHESSIE, as well as the creation of more interactive labs, and a Jeopardy game review. As this training is not consecutive over four days, the Onsite Support Team created take away assignments the students were responsible for completing, through the usage of the University's Blackboard application. There were 211 new MD CHESSIE users that received Pre-Service training during the time frame of April 1, 2017 through March 31, 2018. In collaboration with the Child Welfare Academy, enhancements were made to follow up learning events for Intro to Permanency and Placement, and Intro to Family Preservation.

The Onsite Support team also used exception and governance reports; policy upgrades, legislative mandates, and data from the MD CHESSIE call center to re-evaluate and develop training modules. Training continues to offer classes for each build that occurs in MD CHESSIE, and works with the developer, to have builds pushed to the training region prior to production so users can become familiar with the enhancements before a build goes live. The team continues to utilize reports and a feedback loop with DHS/SSA policy analysts to gauge the most meaningful learning experience for users of MD CHESSIE.

The Onsite Support team utilized training evaluation surveys from both Survey Monkey and the HUB, DHS's training site as a means of determining the effectiveness of sessions offered. These surveys were given for Pre-Service training and any Onsite support offered. The initial training surveys indicated a success rate of 95-100% for both course content and instructor. The responses were very positive and did not indicate a need for future training. Individual surveys were created for the Pre-Service cohorts in order to gauge daily changes or modifications needed to this event.

2018-2019 Plans

- Enhance further the Pre-Service learning event
- Create a Captivate e-learning and face-to-face Supervisory learning event
- Enhance the Finance learning event, to include a uniform process to demonstrate properly batch processing, which cannot occur in the current MD Training region
- Create and publish an Educational Stability Captivate through the HUB
- Create and publish a Health Captivate through the HUB
- Create and publish a Permanency Planning Captivate through the HUB
- Create and publish a Visitation Captivate through the HUB
- Develop with program areas continued MD CHESSIE training based on DHS/SSA audit findings
- Enhance DHS/SSA Knowledge Base Page for easier access and documentation
- Develop with DMI and CWA all CJAMS training activities, including creation of CJAMS training region
- Develop with Human Capital Unit employee engagement process

The Onsite Support team has also participated in planning with Driving Mobile Innovations© (DMI) for Finance, Intake/Referral/Assessments, Family Preservation, preparatory to designing CJAMS, the Modernization team for the implementation of a new system and with the Human Capital Unit for the development of the employee engagement initiative; continue development and assistance with

the DHS training of the HUB and work on revisions to both the Public DHS Website and the DHS Knowledge Base page.

The Onsite Support team has seen a substantial increase in the number of newly hired staff required to attend Pre-Service training; CANS-F, and Intro to Family Preservation, and Placement in Permanency courses. This has required participation from all members of the Onsite Support unit as each Pre-Service training has seen attendance numbers of over 25 students. This has necessitated additional collaboration with the CWA and OTHS to ensure that MD CHESSIE is adequately updated and maintained to meet the needs of these increased sessions. There has also been an increase in the number of attendees participating in the Intro Family Preservation and Placement and Permanency. This has required additional data to be entered into MD CHESSIE for the Pre-Service and Intro courses, also requiring all Onsite Support staff to be available for all on site sessions. The Onsite Support Team continues to play an active role in collaboration with policy analysts and requests from local jurisdictions to structure training of MD CHESSIE that is more relevant to job functions. The Onsite Support Team continues to receive requests from locals for MD CHESSIE, Business Objects, and Milestone Report training. The supervisor of the Onsite Support Unit also serves as a Security Monitor, reviewing, evaluating, and advising on 672C requests (this form designates MD CHESSIE profile and tasks access).

Changes to Improve the System

The system modifications made during SFY2018 primarily focused on the remediation of user generated incidents that prevent placement, payment and service delivery. The resolution of these issues is ongoing in preparation of the data cleansing, validation, and migration from MD CHESSIE to the new Children, Juvenile, and Adult Management System (CJAMS) scheduled for the fall of 2019.

The system modifications completed from April 1, 2017 through March 31, 2018 include:

- DHR- DHS name change to MD CHESSIE Online Reports
- Finalized Expungement Checkbox
- Audit Log for Federal Audit Reporting
- MDC – GAP New Provider Search Link to allow user to change GAP provider
- Fix GAP Checkbox – Child is Under Age 1
- Fix Guardianship New Board Rates
- Modify Foster Care Board Rates for 2018 COLA.
- MDC File Cabinet Changes

DHS/SSA also implemented the National Electronic Interstate Compact Enterprise (NEICE) web-based application to replace the Interstate Compact on the Placement of Children (ICPC) system. The new application will comply with the new National Electronic Interstate Compact Enterprise (NEICE) regulations.

Changes

DHS/SSA is replacing Business Objects® with Qlik®. This web-based reporting platform update will give state and local management the ability to develop customized metrics such as data quality input, risk, service delivery, and program performance in real-time. New Business Objects® reports are in production to respond to state and federal findings as a part of the DHS/SSA corrective action plan. These reports include:

- Month CPS Background Clearance Production Report
- FM685R Title IV-E All Clients Report
- FM686R Title IV-E Foster Care 18-21 Report
- FM687R Title IV-E Foster Care Initial Determination 60 Day Overdue Report
- FM688R Title IV-E Foster Care New Entry Report
- FM689R Title IV-E Foster Care Redetermination 30 Days Overdue Report
- FM690R Title IV-E Foster Care Redetermination Report
- FM69R Title IV-E New Entry Report
- FM691R Title IV-E New Entry Report of Adoption Cases
- FM692R Title IV-E Adoption New Entry 30 Days Overdue
- FM693R Title IV-E GAP New Entry Report
- FM684R Title IV-E GAP 30 Day Overdue Report
- FM685R Title IV-E GAP 18 - 21 Report
- FM686 Title IV-E Adoption 18 – 21 Report

FFY2017 modifications, additions, and fixes stabilized and augmented existing MD CHESSIE functionality, incorporated Federal and State mandates for compliance, and executed other robust Maintenance & Operations (M&O) activities. In addition to these activities, OTHS has been facilitating a change management strategy to segue both program and IT staff to an ‘agile’ way of accomplishing tasks that will result in an amplified and improved service delivery. Both program and IT staff have been engaged in Program Increment (PI) meetings, legacy scrums, and sprints. Epics, user stories, and other Scaled Agile Framework (SAFe) methodologies have been utilized to capture and meet the needs of DHS’s internal customers. These activities, among others, are enabling staff to

prepare for the advent of the Maryland Total Human-services Integrated Network (MD THINK), a project currently underway that will transform and optimize the current technology infrastructure. The incorporation of the agile methodology along with the addition of this new technology platform will allow for increased information sharing and for system deficiencies and modifications to be expeditiously addressed, resulting in improved internal customer satisfaction and customer service delivery.

One of the first applications to rest on the MD THINK platform will be the Maryland Child, Juvenile, and Adult Management System (MD-CJAMS). This system will replace MD CHESSIE and will incorporate the Federal CCWIS requirements. A Federal response was issued in May 2017 to acknowledge the State's intention to transition from SACWIS to CCWIS and to conditionally approve the MD-CJAMS Consulting and Technical Services (CATS+) Task Order Request for Proposal (TORFP), that will allow for the creation of Maryland's CCWIS.

Maryland DHS is undertaking an agency-wide IT Modernization effort, and that effort will also include the replacement of MD CHESSIE with MD-CJAMS. Maryland's plan is to have MD-CJAMS meet CCWIS requirements, and the final result will be a Maryland modern CCWIS. DHS will be using the Agile/SAFe development methodology for working with the software vendor selected through the procurement process to develop and implement the MD CHESSIE replacement.

The outstanding SACWIS requirements remain important aspects of the MD CHESSIE replacement system, and those requirements will be addressed by meeting the CCWIS and AFCARS requirements. The anticipated dates of completion are tentatively scheduled for the end of FFY2020.

Research and Evaluation

In line with Families Blossom, data evaluation has focused on safety, well-being, and permanency to evaluate the work of child welfare. This evaluation has also led to the establishment of headline indicators that are identified in these categories and collection of data statewide as well as jurisdictionally regarding this data in comparison to federal and State defined targets.

In addition, there is continued evaluation regarding the impact of family substance abuse on both In-Home and Out-of-Home child welfare cases. This is an issue drawing attention statewide in several forums and DHS/SSA is working to better understand the needs of the families and children served.

As part of the work to better understand needs, DHS/SSA is in the early stages of restructuring in the ways in which evaluation and dissemination of information and data is occurring. Evaluation and dissemination of information and data was identified as an area that is not as effective as it could be.

Within this restructuring, there are groups specifically focused on understanding substance use and available services to address these needs and to develop a practice model to enhance the programming provided to families. In addition, a data/analysis group is evaluating the various data reports and the appropriate distribution of reports to give supervisors and caseworkers a clear and concise method to interpret data. The resulting information and recommendations from these groups is reviewed by an Outcomes Steering Committee to monitor progress, course corrections and impact on families.

2018-2019 Plans

Data dashboards are in the process of being developed as a means of improving the dissemination of data both at DHS/SSA and to the Local Departments of Social Services. These will be made available through Qlik® (expected launch in SFY2019), a web-based system that will allow for focused examination of the data by locals with regards to areas of interest. This will also allow for timely accessibility of the data which will allow for improved response to needed changes.

SECTION VI: CONSULTATION & COLLABORATION BETWEEN STATES AND TRIBES

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 DHS/SSA staff and Mr. Keith Colston, Director, Ethnic Commissions, Governor's Office of Community Initiatives, was held at the Governor's Office of Community Initiatives on April 9, 2018.

During the meeting, the continuation of cultural sensitivity training for Local Departments of Social Services' (LDSS) staff was discussed. One training was held in July 2017 in Harford County. More trainings will be scheduled for September and October of 2018, with one in Montgomery County and other regions of Maryland. The evaluations show that the trainings have enhanced LDSS' staffs' knowledge of Native American culture. The attendees were asked to complete an evaluation in which they were asked to respond to various questions pertaining to training content, the trainer, and application to their jobs. 100 percent of the attendees ranked all of these categories as either agreed or strongly agreed.

Also there was a discussion in collaboration with tribes on recruiting resource homes for children of Native American heritage to ensure that children are placed when appropriate with resource parent homes of the same ethnicity. Mr. Colston indicated he would discuss with the families who attend

the tribal meeting and inquire whether anyone would be interested in becoming a resource home. Placing children from tribes with resource parents from the same tribe as the child/youth will move the State closer to the goal of recruiting resource parents, Systemic Factor, Item #35, Diligent Recruitment of Foster and Adoptive Homes to match the ethnicity of the foster child/youth when appropriate. The policy directive on Native American children in Out-of-Home Placement has been discussed with Mr. Colston in previous meetings.

The only three Maryland recognized tribes, the Piscataway Indian Nation, the Piscataway Conoy, and the Accohannock, are an integral part of the Commission on Indian Affairs. There are no federally recognized tribes in the State. According to MD CHESSIE Out-of-Home served at the end of March 2018, less than 0.1% of children in Out-of-Home care identify as Native American. Mr. Colston did not believe that the number of Native American children in foster care was underreported. DHS/SSA is exploring additional training options for workers at the local departments on identifying children who are Native American. DHS/SSA has contacted the workers at the Local Departments of Social Services to inquire about the Tribal identification of Native American children in their caseload in Out-of-Home Placement. Neither of the two children that were identified as being Native American as their primary race is from federally recognized tribes. On a quarterly basis, DHS/SSA monitors compliance with ICWA by contacting the workers at the local Departments who have Native American children in their caseload. As part of future monitoring, DHS/SSA will explore the capabilities of the new system to capture the information of children and parents easily, review the information captured by the CQI Team and other methods.

There have been no changes to the policy and procedures regarding working with Native American children and their families.

SECTION VII: ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Maryland received a total of \$44,111 in adoption/legal guardianship incentive funding for federal fiscal year 2017. These funds must be obligated no later than December 31, 2019. Maryland utilized and will continue to utilize the funds if received in the following ways:

- Pre-adoptive finalization services to children in Out-of-Home Placement. Pre-finalization direct client services may include provision of support that will facilitate inter-county adoptive placement and adoptive placements that are considered difficult.

- Pre-finalization child specific recruitment activities and for children in Out-of-Home Placement. Pre-finalization child specific recruitment services may include identifying potential adoptive families for children with a permanency plan of adoption through a variety of means including special photo listings, and other recruitment events such as matching events.
- Direct client services to those children that have an approved permanency plan of custody/guardianship to a relative or non-relative. Client services may include provision of support that will facilitate the placement of the child in the relative or non-relative's home, which will lead to the relative or non-relative being granted custody/guardianship of the child, and receiving the Guardianship Assistance payments.
- Direct client post-adoption services to children adopted from Out-of-Home Placement and their families. Post adoption services may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs.
- Direct client services to children who have exited Out-of-Home Placement and their families through custody/guardianship to a relative or non-relative, and are receiving Guardianship Assistance payments. Services may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs.

Expenditures

Maryland spent 81% of the adoption incentive funds expended in FFY2017 for direct client post-adoption services. 19% of the adoption incentive funds expended in FFY2017 was for Direct client services to those children that have an approved permanency plan of custody/guardianship. The funds were drawn on FFY2015. The FFY2016, FFY2017, FFY2018 funds were not expended; no funds were expended in FFY2018.

Challenges

DHS continues to provide technical assistance to the LDSS by educating staff on the requirements and guidelines for Adoption Incentive Funding and how to expend the funding. Although communication regarding Adoption Incentive Funding has been shared and discussed, the funding continues to be underutilized. SSA plans to:

- Ensure that LDSS receive specific Adoption Incentive Goals
- Develop specific training for jurisdictions regarding the utilization of the funding

- Explore other methods that LDSS may utilize the funding

As a follow-up to the TA offered this year, DHS/SSA plans to survey the LDSS to further assess what challenges and/barriers the locals are experiencing in expending the funds and what types of services are needed to ensure adoption/guardianship families' needs are met. The survey is planned for Fall 2018. The results of the survey will be reviewed so DHS/SSA may assist the LDSS' in clarifying how the funds may be used.

SECTION VIII: CHILD WELFARE WAIVER IV-E DEMONSTRATION ACTIVITIES

During the reporting period (July 1, 2017 – December 31, 2017) Maryland continued its implementation of Families Blossom Place Matters, Maryland's Title IV-E Waiver Demonstration Project. Building upon Maryland's previous successful improvement efforts, Place Matters, Alternative Response, and Family Centered-Practice initiatives, Families Blossom Place Matters extends these efforts into a comprehensive, integrated Practice Model that will infuse trauma responsiveness, strengths-based, family-centered and youth-guided principles within and across the child welfare continuum. In addition to the integrated Practice Model, Families Blossom Place Matters includes the implementation of the CANS-F with Maryland's Family Preservation population and the implementation and testing of a range of evidence-based and promising practices within identified jurisdictions. Building evidence for what works in Maryland and subsequently expanding the array of effective, evidence-based interventions available across the State is a fundamental goal of Families Blossom Place Matters. The explicit focus of Families Blossom Place Matters is to assist Maryland in achieving the goals identified in its Child and Family Services Plan which include reducing the need for foster care, promoting timely and lasting permanency and strengthening the well-being of children, youth and families. Maryland has established these goals 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
- Children and youth have fewer trauma symptoms, improved social and emotional well-being, success in school, healthy development, and overall improved safety and permanency
- Children are safe from future abuse and neglect and
- Children avoid Out-of-Home Placement and
- Families are successful.

In order to assess Maryland’s success in achieving its desired outcomes, SSA has developed statewide and local data dashboards. These dashboards are being utilized within SSA and the LDSS to understand the impact of Families Blossom Place Matters on identified Safety, Permanency, and Well-being measures.

During the period of July 1, 2017 – December 31, 2017 a number of accomplishments were made in the implementation of Families Blossom Place Matters. These accomplishments include:

Implementation Structure

The DHS/SSA Implementation Structure continued to impact the full breadth of day-to-day practice across the child welfare continuum and improve partnerships and achieve the strategic vision with sister agencies, families and local partners to monitor progress on all of the goals identified in Child and Family Services Plan (Goal 1: Improve the safety for all infants, children, and youth in child welfare, Goal 2: Achieve permanency for all infants, children, and youth in foster care, and Goal 3: Strengthen the well-being of infants, children, and youth in foster care) and drive positive safety, permanency and well-being outcomes for children and families.

During this reporting period following accomplishments have been achieved:

- The OISC continued to meet every two weeks to oversee and coordinate DHS/SSA progress towards accomplishing its strategic vision and CFSP Goals, and reviewed work plans from the Integrated Practice and Service Array Implementation Teams’ working groups and cross-cutting networks.
- DHS/SSA launched the remaining implementation team, Service Array, and many of its targeted workgroups and cross-cutting networks (i.e., Data, CQI, IT Modernization, and Communications).
- The OISC and DHS/SSA Executive Leadership Team identified the need for an additional cross-cutting network. The Policy cross-cutting network operationalizes a policy-making process that further ensures successful implementation and sustainability of DHS/SSA’s strategic vision for a comprehensive trauma-responsive child welfare system.
- A cross-walk of goals and outcomes (known as headlines and storylines) was completed to ensure consistency with existing DHS/SSA measures (e.g., DHS scorecard, etc.) and data requirements including APSR and CFSR.

- IT/data enhancements (e.g., a joint meeting and presentation on GIS, Predictive Analytics, and MD CHESSIE Modernization) were explored for the potential to improve program performance, DHS/SSA’s current data and IT system, as well as overall outcomes (e.g., Safe Measures).

1. Evidence-Based/Informed Practices (EBPs)

In order to align with Goal 2 (Achieve permanency for all infants, children, and youth in foster care) of the CFSP, DHS/SSA continued the implementation of EBPs as part of Maryland’s Title IV-E Waiver. Eight (8) LDSS were originally selected to implement eight identified EBPs. During the reporting period, six LDSS continued to move forward with implementation. Two jurisdictions, Howard and Prince George’s Counties, determined that the implementation of SafeCare® was not an appropriate fit within their jurisdiction. The remaining locals have entered the initial implementation phase for each EBP and have been working on strengthening family and youth engagement in EBP interventions. The chart below outlines the utilization of each EBP and the preliminary outcomes identified in Maryland’s Interim Evaluation Report:

Table 43

EBP	JURISDICTION	UTILIZATION	PRELIMINARY OUTCOMES
Incredible Years Initial implementation: June 2016	Allegany	26 caregivers enrolled (33 children) 78% of caregivers graduated (n=18);	<ul style="list-style-type: none"> • For the 15 parents with pre-post test data, findings show: <ul style="list-style-type: none"> • <i>Decrease in number & intensity of child behavior problems;</i> • <i>Decrease in Parent Stress;</i> • <i>Increase in Parent-Child functional interactions.</i> • Of the 9 caregivers who completed IY at least 6 months ago, <i>no follow-up CWS investigations since IY</i>
Parent-Child Interaction Therapy: Initial implementation: August 2016	Anne Arundel	Referred: 28 families Admitted: 14 families Active: 6 families Discharged: 8 families	Too few families have completed YTD to have preliminary outcomes

EBP	JURISDICTION	UTILIZATION	PRELIMINARY OUTCOMES
Nurturing Parenting Program Initial implementation: April 2016	Harford	Graduated: 2 families 4 cohorts (47 caregivers; 65 children) enrolled; 28 caregivers graduated (60%)	<ul style="list-style-type: none"> From pre-test to post-test, parents showed: <ul style="list-style-type: none"> <i>Fewer high risk parenting behaviors;</i> <i>Increase in parenting knowledge;</i> High ratings of <i>participant satisfaction</i> with NPP. Of the 14 caregivers who graduated NPP at least 6 months ago, <i>only 1 had a subsequent CPS investigation (unsubstantiated).</i>
Functional Family Therapy Initial implementation: September 2016	Anne Arundel	Referred: 49 families Admitted: 34 families Active: 10 families Discharged: 24 families Graduated: 13 families	Youth Mental Health: <ul style="list-style-type: none"> Caregivers report significant <i>decrease in youth mental health symptoms;</i> Youth self-reported little change in symptoms. Family Functioning: <ul style="list-style-type: none"> Over 80% of caregivers, youth, and therapists reported <i>some improvement;</i> Youth reported less improvement than caregivers and therapists
Partnering for Success/ CBT+ Initial implementation: June 2016	Baltimore County	91 MH staff and 99 CW staff trained Screened: 371 youth Referred: 146 youth Enrolled: 96 youth	Over 90% passed knowledge test. Almost half of MH and CW staff has been certified in CBT+. Youth outcomes – too few youth with pre/post data to identify preliminary outcomes

EBP	JURISDICTION	UTILIZATION	PRELIMINARY OUTCOMES
Solution-Based Casework Initial implementation: Fall 2016	Baltimore City	<ul style="list-style-type: none"> • About 90 Family Preservation unit workers and supervisors trained • Workers completing milestones to demonstrate proficiency; 	

With assistance from technical assistance partners, LDSS are regularly reviewing data and meeting monthly with EBP providers to for the purpose of identifying and addressing barriers to engagement in and completion of EBPs.

In addition to the six EBPs, SSA/DHS also explored EBPs to decrease the impact of substance exposure on newborns. During the reporting period, DHS/SSA, in collaboration with The Institute and Chapin Hall, achieved the following in support of this goal:

- Continued to explore and enhance the 3-prong approach to address parental Substance Use Disorder (SUD) in Maryland, to include: 1) creation of workforce development opportunities to better understand addiction and recovery, impact on maternal health and children and families, increase effective engagement in services, care for drug-exposed infants and children, and address the role of spouses, significant others, and fathers; 2) increase access to existing service systems via learning collaboratives and multi-disciplinary teams; and 3) enhance the current service array by creating a continuum of services, beginning with the prioritization of services for parents of children ages 0-8.
- Reduced the 8 evidence-based SUDs models initially identified and researched in the last reporting period to 3 models through a vetting process that included a series of regional meetings. Current models under consideration include: Adult-Focused Family Behavioral Therapy (FBT), a treatment model, Sobriety Treatment and Recovery Teams (START), a peer support/home visiting model, and Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR), an assessment and cross-system collaboration model.
- Completed a survey of all 24 LDSS and developed a report of jurisdiction-level recommendations regarding the 3 SUDs models under consideration. Data were collected and triangulated from a number of sources, including administrative records and survey

data that assessed LDSS interest, need, and capacity to implement the models under consideration.

- Conducted conversations with SUD model developers and purveyors, reviewed materials and feasibility of implementation with an eye toward sustainability and LDSS interest, and requested proposals from START and FBT developers on cost and scope of work to implement these models in Maryland.

2. Trauma Responsive System of Care

CANS-F:

As noted in The Child and Adolescent Needs and Strengths (CANS) / CANS Family (CANS-F) **section**, the CANS-F is being implemented to address Goal 1 of the CFSP (Improve the safety for all infants, children, and youth in child welfare). As part of the Title IV-E Waiver Demonstration, the CANS-F continues to be implemented as part of DHS/SSA goal to develop a trauma responsive system of care. Between July 2017 and December 31, 2017 (FY18 Q2), 4,934 families received a CANS-F Assessment.

CANS-F compliance continues to be monitored to ensure youth and/or families are receiving CANS-F assessments according to Maryland DHS policy. Overall, statewide compliance was 75% for the most recent quarter (October 2017 – December 2017, see Table 37) and has remained relatively consistent from each of the previous quarters. For more information on CANS-F, please refer to the CANS/CANS-F section of this report.

Trauma-Responsive Practice:

The next phase in DHS/SSA's implementation of a trauma responsive system involves working with LDSS to integrate trauma responsive practices into day-to-day work. As the first step in this work The Institute met with thirteen LDSS between July and August 2017 who specifically requested SFY2018 Families Blossom Funding or TA to improve trauma-responsive practice. Each of the LDSS identified both unique and overlapping needs for their jurisdiction. Major themes from the meetings relate to the following topics:

- Trauma informed care;
- Training and transfer of learning/coaching;
- Addressing Secondary Traumatic Stress (STS) in the workforce and other workforce development concerns;

- Improving the trauma-informed care available through their community service array.

The CANS-F, with its focus on trauma experiences and symptoms, assesses the needs and strengths of the youth and his or her adult caregivers. It centers on the family unit as a whole for planning and measuring of service needs enabling caseworkers to better collaborate with families to identify and connect the services needed by families and children. Through the development of a trauma responsive system of care LDSS staff will be better able to reduce the need for foster care, promote timely and lasting permanency, and strengthen families so that children are safe, healthy, resilient, and able to grow and thrive.

3. Reinvestment Strategies

DHS/SSA’s reinvestment strategy is designed to provide LDSS an opportunity to implement services and supports to meet the specific needs of the children and families served and prevent entry or reentry into foster care. In preparation for SFY2018 allocations, LDSS submitted proposals outlining services and supports they were interested in implementing. LDSS utilized this opportunity to identify range of services and supports; including evidence-based and promising practices; that included the following:

Table 44

Funding Category	Definition	Services Funded	Jurisdiction(s)
Parent Education	Evidence-based/informed parent skill building/training programs designed to help develop positive relationships and attachments between parents and their children, build parental social supports and problem solving skills, increase the knowledge and utilization of effective parenting tools, and promote child social competence, emotional regulation, and problem solving with the goal of reducing the	Incredible Years	Garrett
		Nurturing Parenting Program	Harford, Kent, Queen Anne’s, Talbot,
		Healthy Families America	Charles, Harford
		Circle of Security	Anne Arundel
		Strengthening Families Program	Prince George’s, Somerset, St. Mary’s

Funding Category	Definition	Services Funded	Jurisdiction(s)
	risk of child abuse and neglect.		
Substance Use	Evidence-based/informed substance use disorders interventions and supports provided to children and families involved with or are at risk of involvement with child welfare and are impacted by substance use.	Safe Babies Court	Frederick
		Families in Recovery	Caroline
		Trauma Recovery and Empowerment Model (TREM)	Charles
		Substance Use Disorder Services and Supports	Anne Arundel, Baltimore County, Montgomery, Wicomico
Behavioral/ Mental Health	Mental/behavioral health evidence-based/informed services and/or supports focused on keeping children in their homes and enhancing the caregiver's sense of competency in managing challenging behaviors.	FFT	Baltimore County, Carroll, Harford, Howard,
		MST	Frederick, Prince George's, Washington
		Trauma Focused Cognitive Behavioral Therapy(CBT)	Calvert, Washington
		Seeking Safety	Allegany

These Reinvestment Strategies promote safety, permanency, and well-being for children and families, specifically to prevent out of home placements. By building parenting skills and providing interventions for families impacted by substance use as well as mental/behavioral health services, families will have the skills and services needed to keep children from re-entering or entering foster care.

Listed below are the major demonstration activities that will be started or continued during the upcoming reporting period (January 2018 – June 2018):

Implementation Structure

- Continue to implement and support the implementation structure and workgroup activities and provide ongoing training, resources and support to all SSA workgroup leads.
- Continue utilization and monitoring of workgroup progress, challenges and accomplishments through direct review of each workgroup’s work plans through the OISC bi-weekly meetings.

Youth and Family Engagement

- SSA will identify a vendor and execute a contract to fully support family and youth engagement.

Evidence Based Practices:

The chart below lists the recommendations and planned activities for each EBP being implemented through Families Blossom Place Matters:

Table 45

Collective Impact Approach to Child Abuse Prevention
<p>Washington County: Bester Community of Hope (BCOH)</p> <ul style="list-style-type: none"> • Develop an updated shared resource directory for partners and families to navigate local systems • Produce a local public service announcement to inform partners on the importance of a shared data reporting tool • Work with The Institute, DHS/SSA, Casey Family Programs and others to identify the best ways to track and report on BHOH. • Implement of a mindfulness program at Bester called “Mind Up” to address self-regulation and behavioral challenges. • Implement the HRSA Grant to expand the scope and impact of the Bester Health Center • Host Geoffrey Canada, Jim Sporleder and Dante DeTablan on March 29th at the Maryland Theatre will continue to build community consensus around trauma, collaboration and shared vision for positive outcomes for children and families in Washington County.
Parent Education Models
<p>Allegany County: Incredible Years (IY)</p> <ul style="list-style-type: none"> • Efforts are underway to improve the referral process, particularly focusing on an improved mechanism for tracking referrals. Work will continue with the provider to improve data collection clarity and procedures, and CQI data will begin being reviewed monthly by both the provider and DSS leadership to assess progress on referrals and completion of IY. • Plans are also underway to develop a companion document to the IY one-pager for DSS staff that is designed for families to help DSS staff discuss the program with families. Additional in-service trainings will be held with DSS workers to encourage use of shared language and allow for reinforcement of IY concepts by DSS workers as well. • In the next reporting period, efforts will be made to develop a relationship with a local IY certified coach to provide ongoing coaching and/or consultation to further improve the program and ensure continued fidelity to the model. • DSS leaderships, providers, and stakeholders will attend an implementation science workshop offered

through The Institute.

Harford County: Nurturing Parenting Program

Recommendations/Next Steps:

- Fine tune data collection and reporting process, as needed.
- Maximize potential of monthly and cohort-based data reports to inform continuous improvement through regular review, discussion and planning. Facilitate a debriefing and planning session with The Institute for next NPP group.
- Revise plan for support group and in-home coaching model as necessary to attract increased participation.
- Recruit facilitation and support staff for the 5th 12-week group.
- Train new HCDSS staff and interested community partners in NPP model. (Tentatively planning on Feb 1st, 2nd and 9th.)
- Recruit families for the 5th NPP 12-week group to begin in March 2018. (Tentatively March 14, 2018)
- Develop program based on NPP curriculum which DSS In-Home staff deliver. It will allow DSS In-Home staff to incorporate the NPP parenting promoted skills and behaviors into their work with families.

Child Behavioral Health Models

Anne Arundel County: Parent-Child Interaction Therapy (PCIT)

Recommendations/Next Steps:

- Determine if provider and LDSS concerns about utilization barriers can be fully articulated and a plan made to address these concerns. For example, would a plan to increase volume of referrals improve overall utilization and clinical outcomes for all clients, and particularly LDSS referred clients?
 - Continue monthly PCIT implementation calls.
- Continue provider and LDSS attendance at PCIT learning collaborative meetings held three times annually.

Anne Arundel County: Functional Family Therapy

Recommendations/Next Steps:

- Continue monthly implementation calls. These efforts, which occur in collaboration with the FFT provider, may help to continue the increases in appropriate referrals and successful completions.
- Continue to attend learning collaborative meetings held three times annually.
- A majority of referrals made in December 2017 have been waitlisted, indicating that the need for FFT might be exceeding the capacity of the therapist assigned to serve Waiver families. Given the success of FFT implementation thus far, it may be appropriate to fund a second therapist to serve this population.

Washington County: Trauma Systems Therapy (TST)

Recommendations/ Next:

- Target older youth who have been in care for several years to use TST assessment tools in order to provide a trauma based assessment of their clinical needs to help move to permanency.
- Explore expanding the service to In Home to prevent placement.

Baltimore County: Partnering for Success (PFS/CBT+)

Recommendations/ Next Steps:

- Maximize potential of monthly data reports to inform continuous improvement through regular monthly review and discussion.
- Continue monthly implementation team meetings to identify challenges, success and solutions to challenges.
- Review options for development of a web-based data collection system; determine whether it's feasible to engage in development of new system and utilize The Institute to outline specifications and develop system to meet specifications.
- Recommend a plan to DHR/SSA to sustain therapist and staff training and transfer of learning process.
- Provide compensation to three trainer of the trainers

Child Welfare Practice Models

Baltimore City: Solution Based Casework (SBC)

Recommendations/ Next Steps:

- Continue to build buy-in for SBC in Family Preservation.
- Develop an implementation plan that addresses the installation activities outlined by the National Implementation Research Network (Fixsen et al., 2005). Installation activities help set up an infrastructure that will support successful implementation.
- Form an implementation team with representation from the various units of BCDSSS that contribute to successful implementation, e.g. communications and training units.
- Identify a coordinator, who reports to Executive leadership, to manage the multiple tasks associated to allow the Family Preservation staff to focus more on practice, relieving them of some of the planning and coordination.
- Certify one of three unit managers not certified.
- Identify the caseworkers and supervisors that need to be trained and schedule trainings for January, 2018.
- Provide a refresher to trainers on how to deliver the Supervisor training in January, 2018.
- Clearly define the roles of the SBC coaches, trainers, supervisors, and CRT Team.

SUDs

- Identify which jurisdictions will implement one or more of the three identified SUD EBPs and being initial implementation.

Reinvestment Strategy

- Support local jurisdictions in executing contracts with providers and implementing identified evidence based and promising practices.

Trauma Responsive System of Care

- **CANS-F** - Beginning in SFY2018Q3, The Institute and Chapin Hall will be coordinating with each LDSS to provide the requested Technical Assistance.
- As a result of the meetings with the LDSS regarding integrating trauma responsive practices into day-to-day work, The Institute will develop, in partnership with SSA and LDSS, the following potential strategies:
- Create Transfer of learning modules that will complement trainings offered by the Child Welfare Academy (CWA):
- Provide an overview of the Plan-Do-Study-Act (PDSA) process as it relates to small steps of change process.
- Complete LDSS organization self-assessments to identify strengths and needs to prioritize goals to enhance professional development as it pertains to STS
- Assist LDSS in developing strategies to promote resilience-building activities that enhance knowledge about STS and professional competency.

- Development of a STS resilience protocol.
- Provide consultation and coaching to assist LDSS with the translation of trauma responsive care from intellectual concept to practice and policy

SSA has begun and will continue a number of strategies to sustain Families Blossom Place Matters interventions once the Waiver authority ends on 9/30/19:

- Hold a series of strategic planning sessions with LDSS and community providers and stakeholders, first of which was held in June 2018, to identify strategies for continuing to:
 - Work together to advance the goals of Families Blossom Place Matters,
 - Advance SSAs system transformation effort, and
 - Best position Maryland for the enactment of the Family First Prevention Services Act.
- Conduct a series of webinars on the currently Families Blossom Place Matters funded EBPs to provide an overview of each interventions, highlight evaluation outcomes, and set the stage for conversations around making determinations for continuation following the end of the Waiver authority.
- Review utilization and outcome evaluation data to identify Families Blossom Place Matters interventions that best align with SSA’s strategic vision as well as the goals and objectives of SSA’s CFSP and provide the desired outcomes for children and families served and develop an implementation and financing plan for sustaining identified interventions.

SECTION IX: QUALITY ASSURANCE (QA)

In SFY2017 DHS/SSA began the process of revising its CQI system to include an overall CQI process that includes the requirements for a State-led CFSR. As part of this process the following activities were completed:

- Development and approval of Maryland’s CQI manual detailing Maryland CFSR process
- Development and approval of sampling methodology that ensures that all eligible cases are included in the sampling pool and those jurisdictions are equally grouped every six month review period to allow of comparison across each six-month cycle
- Development of a staffing plan that identifies a sufficient reviewer pool

- Development of training curricula for Peer Reviewers and QA staff need for the CFSR review. Completion of two Peer Reviewer trainings and a third training scheduled in May 2018.
- Completion of three pilot reviews in Washington, Baltimore, and Howard counties.

Maryland was approved to conduct a State-led CFSR on December 1, 2017. To that end, the CFSR Onsite Review process, which began in April 2018, will provide DHS/SSA with the ability to fully implement a quality assurance system that operates in all jurisdictions utilizing standards to evaluate the quality of services, strengths and needs of the service delivery system, and implemented program improvement measures. To date, Maryland has not made practice or system improvements based on QA/CQI. Additionally, there has not been an evaluation of the QA/CQI data.

Maryland uses the Onsite Review Instrument (OSRI) (the Federal OSRI) for case reviews and will review 65 cases each 6-month cycle except during period 5 when 67 cases will be reviewed. The foster care to in-home sample cases proportion in each jurisdiction will approximate the overall 40/25 split for the overall sample. The ongoing CFSR Onsite Review will continue with each jurisdiction being reviewed on a three year cycle. DHS/SSA anticipates continuing to receive technical assistance from the Children’s Bureau as well as from Chapin Hall and the University of Maryland, Ruth Young Center to make adjustments to the ongoing CQI process and support the CFSR.

DHS/SSA has embedded CQI in the foundation of the strategic vision and is a part of DHS/SSA’s Implementation Structure allowing for collaboration across workgroups to examine evidence and to guide decision-making. To assist with this process DHS/SSA has piloted a process for locals to review their data related to safety, permanency, and well-being, and identify 3-5 indicators where performance trends warrant deeper investigation of “the story behind the curve”. Feedback received as a result of the pilot in Carroll County on April 26, 2018 included that the data dashboard was easy to understand, there was surprise by some of the trends, and a request for a drill down to case level of some evidence.

In addition to the work with locals the CQI network proposed a “CQI Cycle” in early 2018 designed to assist workgroups examine data related to headline performance on a quarterly basis. This data presented allows for the identification of key findings, successes, and concerns which can then be used to make decisions around factors contributing to performance issues and to identify potential solutions.

To view a future schedule for CQI reviews, please see Appendix D, Systemic Factors, Item 25.

**SECTION X: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE
PLAN
REQUIREMENTS AND UPDATE**

CAPTA Spending Plan

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.

DHS/SSA received \$458,491 in fiscal year 2018 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 FY15. 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 \$199,363.00. The vendor for the service will remain the same for this year (SEC. 106 #11).

In SFY2017 the Family Connections Program (FCP) provided services to a total of 75 families including 206 children; 68 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. Service locations included the client's homes, community agencies and sites (schools, legal services, mental health centers, LDSS offices, parks, stores, and playgrounds), and the Family Connections site.

FCP has made a significant impact in helping families achieve positive outcomes while contributing to research and the implementation of effective models serving families struggling to meet the needs of their children. Central to the design of the model is a "whole family" approach thus providing services, either directly from model interventions, or partnering with appropriate community

resources for children and/or parents. Assessment activities also include all family members to provide a comprehensive understanding of individual and family functioning.

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. For this reporting period, Family Connections Program made updates to their protocols, as it relates to their assessment instruments when examining caregiver and child outcomes. FCP now uses eight family/caregiver measures instead of twelve, and three child measures instead of eight. FCP no longer collects youth self-report assessments. The caregiver now identifies a target child who is most concerning to them as they complete a computer assisted structured interview (CASI).

Measures are completed twice, at program entry (i.e. baseline) and again at case closure (i.e. closing). All measures are completed by the caregiver. Statistical significant differences were measured; however, given the small sample size, results should be viewed with caution.

Family Connections Program achieved outcomes similar to previous years. Preliminary analysis suggests significant declines in caregiver trauma and depressive symptomatology, while decreases in average child trauma symptomatology were also observed.

Table 46

Change in Risk Factors Over Time				
Means and Standard Deviations for Measures of Risk and Protective Factors				
	Baseline		Closing	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Caregiver Risk Factors				
PCL-C total score* (<i>n</i> = 19)	30.79	18.25	10.89	7.96
CES-D total score* (<i>n</i> = 19)	29.95	11.73	15.32	7.42
Child Risk Factors				
UCLA PTSD Total Scale Score* (<i>n</i> = 18)	11.39	10.26	6.28	5.48

Child Protective Factors				
SDQ (4-11 year olds; n = 12)	20.42	5.96	16.92	4.54
<i>Data source: Family Connections Annual Report for 2016-2017.</i>				

Per Family Connections data, further outcomes in overall caregiver, child, and family well-being and safety significantly improved over time. FCP has a great relationship with community partners, and continues to coordinate with them 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 parents' anonymous support groups. The award from CAPTA is \$101,770 annually and was 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 was shared by the Family Tree reflecting activity and families served between July 1, 2016 and June 30, 2017. The Parent Stress Line exceeded their expected number of 4,700 contacts responding to 6,404 calls. The Parent Support Groups had 286 participants, the Parent Education Classes served 679 participants and there were 106 participants in the Home Visiting program in Baltimore City and Baltimore and Prince George's counties. In October 2017 the Family Tree, Inc. was awarded another contract to continue to provide Child Maltreatment Prevention Services in Maryland through 2020. The Family Tree, Inc. will continue to provide the services listed above.

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 Services committed \$75,000 annually to support SCCAN. DHS continues to support the salary of the SCCAN Executive Director.

SCCAN membership includes representatives from all of Maryland's child serving Departments (MD Department of Health (MDH), Department of Juvenile Services (DJS), and MD State Department of Education (MSDE), the Director of the agency receiving CAPTA Part II funds, physicians, legislators, victims of abuse/neglect and other individuals interested 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. The 2017 Annual SCCAN Report is pending and is expected to be available the summer of 2018 (SEC. 106 #14). The response to the report will be completed after the report is available and reviewed.

SCCAN meets its CAPTA responsibilities in addition to systematically exploring prevention activities and programs and bringing representatives to Maryland to present at SCCAN meetings. SCCAN again this year invited several individuals representing Evidence-Based and Promising Practices to Maryland for their input on effective prevention programs to be considered for implementation here. Several of the SCCAN meetings have focused on trauma and resiliency in children. The group has explored the research study done on Adverse Childhood Experiences (ACEs). As a result, SCCAN brought proponents of the ACEs study to Maryland to provide training to SCCAN members who will go out into the community to train other professionals regarding childhood trauma and the use of the ACEs questionnaire in assessing for childhood trauma. To date, several trainings have occurred with professionals and lay people across the State on the use of the tool.

Local Departments of Social Services (LDSS) will 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 will receive \$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 and assistance with secondary trauma interventions for staff. For example, annually the Washington County Department of Social Services receives \$5,000 to support their regional child maltreatment conference held in April.

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)

Program Descriptions

As stated above, Maryland awarded a three-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. The plan is to issue a request for proposals to continue to provide these services. 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 conducts 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-term 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 hallmark 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 XIII of this report.

Human Trafficking

Responses to sex trafficking in child welfare have been evolving and changing in accordance with both federal and State changes and ongoing assessment and reassessment of what constitutes best practice.

With the passage of P.L. 113-183, as well as the Maryland Protecting Victims of Trafficking Act of 2017, the Department has reviewed existing policies for compliance and clarity in relation to any changes required due to the passage of this legislation and changes in CAPTA. On September 1, 2017, the Department released a new policy SSA-CW Policy # 17-16 Human Sex Trafficking Victims. There are several critical changes in this updated policy. The new policy provides definitions for terms previously left undefined and instructs LDSS staff to comply with Trafficking Victims Protection Act requirements to define minor children involved in commercial sex without a trafficker as trafficking victims. The new policy explicitly states that the trafficker does not have to be in a caretaking role and provides specific law enforcement contacts that workers should use when reporting and investigating child trafficking cases. This policy also creates a new Risk of Harm category in which allegations of youth suspected of being trafficked, that do not have sufficient information to open a CPS investigation, must still receive a sex trafficking assessment obtaining information from the child and caretaker.

Another new policy released, SSA-CW #18-10 Identification, Reporting, Management & Training Related to Child Sex Trafficking Victims was to inform all child welfare staff of the requirements in CAPTA that screening for human trafficking be done for all youth receiving services. The policy also

addresses the very recent changes in Maryland statute that aligns the definition of sex trafficking with the Federal definition. The policy instructs child welfare staff on new responsibilities for identifying, reporting, managing and training related to child sex trafficking (CST) victims as required by federal law. Additionally, several other SSA-CW policies have been updated to provide guidance on child sex trafficking cases including the CPS screening policy (SSA-CW# 18-06), and the Runaway/Missing or Abducted Children policy (SSA-CW# 16-04). Information reflecting new Maryland law and SSA policies was integrated into the training design and participant workbook used for the “Engaging Child Trafficking Victims” training for child welfare staff.

Maryland’s sex trafficking screening tool will be added to the new automated child welfare system to improve the State’s data collection. This screening tool is to be completed by the child welfare worker after a runaway incident. The Child Sex Trafficking (CST) Tier 1 Screening Interview used by DHS is a 25 question narrative based tool adapted from Shared Hope International’s Intervene tool (<https://sharedhope.org/product/intervene-identifying-and-responding-to-americas-prostituted-youth/>) or it may be found as part of SSA-CW#17-16. Per Shared Hope International, Intervene is “a unique resource designed to improve identification and response to victims of sex trafficking. Created by professionals, vetted by a multi-disciplinary committee of experts and survivors, the Practitioner Guide provides instruction on the vulnerability factors of potential victims, common recruitment and grooming tactics, methods of control and coercion used by pimps and gangs, and the impact of trauma on survivors.” The CST Tier 1 Screening Interview used in Maryland is a shortened version of this tool that guides a conversation between child welfare workers and high risk youth returning from runaway. The questions focus on red flags for trafficking including number and length of runaway incidents, what prompted the child leaving, how youth take care of themselves while away from home, perceived safety, personal/romantic relationships, tattoos, recent police contact, and personal belongings. Staff has been directed to scan the tool into the MD CHESSIE File Cabinet until such time as the tool is able to be incorporated into the new automated system. A request has also been made to add an identifier in MD CHESSIE that can be used for non-pimp controlled cases. Drafts of all revised and new policies on trafficking were circulated for comment before release.

In order to address the identification of sex trafficking victims, Maryland has provided training in recognizing the signs of trafficking. The human trafficking training for Maryland’s child welfare staff, entitled “Engaging Child Trafficking Victims: The Role of the Child Welfare Worker,” was finalized in early 2017. In partnership with the University of Maryland School of Social Work’s Child Sex Trafficking Victims Initiative (CSTVI) and the Child Welfare Academy (CWA), four pilots of this full day curriculum were piloted between April and May 2017. CSTVI conducted pilots

in Baltimore City, Baltimore County, Prince George's County, and Montgomery County and trained 95 workers during these four pilots. Feedback indicated participants are satisfied with the training and appreciate the approach and the content. On average, 89% of child welfare staff participating responded "Strongly Agree" or "Agree" (score of 5 or 4 on Likert scale from 1-5) to evaluation statement "Overall, I am satisfied with this training" or scored 5 or 4 on the question "Overall, how would you rate this training on a scale from 1-5, with 1 being "poor" and 5 being "excellent?" On average, 89% of child welfare staff participating responded "Strongly Agree" (5 on Likert scale from 1-5) to evaluation statement "The training significantly increased my knowledge and awareness."

A continuous quality improvement (CQI) meeting was held on July 31 with the staff from CSTVI and CWA to discuss overall changes and updates to the training based on feedback and comments from the four full day pilots. All training materials (participant workbook, PowerPoint slide deck, and *Case-by-Case* game materials) were updated with these changes and policy updates by September 30, 2017.

Beginning September 1, 2017, the Department, CSTVI, and CWA officially began the mandatory statewide training roll-out which will continue until May 2019 and all of Maryland's LDSS staff is trained. In the first six months of the roll-out, 11 of these full day trainings were conducted and resulted in 277 child welfare staff being trained. The long term training implementation plan remains the same and the full day will be added to the mandatory two-year Training Track for all new child welfare staff once all current staff are trained during the initial roll-out.

Each referral identified as sex trafficking is reviewed by the Child Sex Trafficking Support Initiative grant provider to assess appropriateness of the referral, respond to placement issues, identify supports that may be required and to collect data. Input on cases has been provided when deemed necessary due to management, placement or issues noted regarding problems between law enforcement and child welfare. DHS/SSA and the Department of Juvenile Services (DJS) work cooperatively to ensure that cases identified by DJS receive an appropriate child welfare response. Screened in referrals are reviewed to ensure that the referral has been managed appropriately and that the screener has not missed requesting important information. Should any referral indicate that any of the respondents have not addressed an appropriate issue, follow-up is provided. Fewer cases have required DHS/SSA intervention or further exploration as staff is better trained and becomes more familiar with trafficking cases. While some intervention continues to be required, far fewer incidents have occurred.

CSTVI staff continued work on the CANS/CANS-F-based Child Sex Trafficking Screening Tool with partners from the Institute for Innovation & Implementation at the University of Maryland. The algorithm has been adjusted and applied to CANS data on two occasions to review the accuracy of the algorithm. Needed adjustments have continued to be made to facilitate increased accuracy.

The grant coalition meetings have taken place on a quarterly basis and have focused on grant activities as well as improving services to victims. While limited expansion of services has been possible, discussions have included; how best providers, caseworkers and law enforcement can work together, what is needed to prevent runaways after recovery, management of victims once placed and what is required or can be done to expand the current service array.

University of Maryland School of Social Work applied for and received another grant to build upon existing relationships and to further efforts to improve outcomes for victims of trafficking in Maryland. Pilot jurisdictions were identified (Prince George's County, Montgomery County, Baltimore County and Baltimore City). With the support of the grant, Baltimore City has a trafficking multidisciplinary team that has reviewed 12 cases since the end of 2017. The other pilot counties continue to work on developing their multidisciplinary approach to trafficking. The grant also plans to develop a unified strategy to provide training throughout the State to those who come in contact with victims (law enforcement, service providers, health care officials, child welfare and juvenile justice workers, prosecutors and judges).

Continued participation on the Maryland Human Trafficking Task Force, Steering Committee and the Victim Services Sub Committee continued on a quarterly and monthly basis respectively. The Steering Committee of the Task Force is attended by DHS/SSA's Executive Director and also by the trafficking policy analyst. During the Steering Committee meetings each subcommittee chair reports out on activities the committee has undertaken, issues requiring attention and updates. The Victims Services Subcommittee has a large representation which includes the Department of Juvenile Services (DJS), Local Departments of Social Services, law enforcement; Governor's Office of Crime Control & Prevention (GOCCP), provider agencies, homeless shelter staff, faith-based agencies, sexual assault agency, legal centers, and survivors. The Victims Support group addresses challenges, issues that arise between various agencies, needs, gaps in service, problems encountered, changes needed as well as having outside speakers who can inform practice. This group has dealt with both macro and micro issues relating to trafficking and works to solve problems and how to best ensure that victims are provided with needed services and to address changes needed. The subcommittee has continued to grow in membership which increases opportunities for collaboration. This group has also held combined sub group meetings with the Law Enforcement Sub Committee and the Foreign

National Sub Committee to discuss how to better ensure the best service for victims as there is overlap in all of these groups. DHS is also represented on the Baltimore City Human Trafficking Coalition which currently meets bi-monthly.

The CSTVI grantees meet quarterly to review grant activities, discuss barriers to service provision, problems that current providers may be experiencing, develop plans to move forward and at times may discuss individual problems presented in a specific case.

A Safe Harbor Workgroup was legislated in 2015 and was extended to 2018. The group consisted of 23 members which included DHS/SSA leadership. Meetings were held around the State and input was provided by multiple interested parties (law enforcement, attorneys, providers, State agencies, etc.) A final report was submitted in 2015, 2016, and 2017. While some of the recommendations resulted in the introduction and passage of some legislation, Safe Harbor legislation, itself, was not passed.

DHS/SSA continues to work closely with the MD Human Trafficking Task Force to address the service needs of victims for interventions in trafficking cases have a positive outcome for victims, and to advocate for additional funding and resources to serve families and trafficking victims. As occurred last year, Safe Harbor legislation was introduced was not passed in the 2018 legislative session. DHS/SSA continues to work with the task force around issues that include funding for services. Services for trafficking victims are currently very limited and federal mandates have to this point been unfunded. These services include maintaining data on victims and services (existing and gaps) to use when creating policy, looking for funding sources and working with the legislature.

DHS/SSA is also working on issuing a Statement of Need (SON) to expand the number of beds available to trafficking victims. This Statement of Need was issued by DHS/SSA on November 2, 2017. It sought proposals to provide Diagnostic Evaluation and Treatment Program (DETP) and High Intensity Group Home (HIGH) beds specialized for “male and female and transgendered children, ages 14-20, from all areas of the State who have may have co-occurring treatment needs and/or history of sexual abuse as a result of sex trafficking.” As of March 2018, DHS/SSA is currently in the procurement process.

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 as well as quarterly grant coalition

meetings continued. Meeting with law enforcement, Task Force meetings, participation in statewide and local trainings also continued. Collaboration with private agencies as well as current providers to improve services, in spite of the lack of funding that is critical to move forward.

Conversations continued that revolve around how to best prevent repeat abuse from occurring, how to address repeat runaways after recovery and assist 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 continued to be 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. This work continues to be a significant challenge given the limited resources, the lack of funding to assist current providers, develop new resources or expand existing effective resources. Members of the Victims Services Sub Committee are taking on addressing this issue. However, because the Safe Harbor bill did not pass during the last legislative session and there is no funding source, this work remains challenging.

The grant initiative has also permitted the collection of data on all trafficking referrals received by Local Departments of Social Services. The number of referrals is tracked and additional factors such as need for emergency placement, age, race, and whether receiving child welfare services at time of referral are reviewed. CSTVI created an updated *Child Sex Trafficking in Maryland* report in 2017 at the request of the Governor's Safe Harbor Working Group. This report was provided to DHS and the Working Group leadership and key stakeholders. Important findings include:

- 350 suspected child trafficking cases screened in by CPS units statewide between June 2013 and September 2017, involving 296 individual suspected victims.
- Maryland counties with the highest number of reported cases were Baltimore City, Baltimore County, Prince George's County, Washington County, and Anne Arundel County.
- Reports of suspected trafficking increased from approximately 40 reports in SFY2014 to more than 100 in SFY2017.

The raw data provided by DHS/SSA and analyzed by CSTVI is the most accurate and complete data on child sex trafficking cases existing in Maryland. As CSTVI continues to train professionals (child welfare, juvenile justice, law enforcement) on mandated reporting for child trafficking and establish

better reporting and screening protocols, the single point of entry through CPS units is strengthened and helps ensure as many cases as possible are received, monitored and included in data analysis.

Maryland's State Liaison Officer is Brandi Stocksdale, Director, Child Protective Services/Family Preservation, 311 W. Saratoga St., Baltimore, MD 21201, (410) 767-7561 or brandi.stocksdale@maryland.gov. Ms. Stocksdale is identified as the State Liaison Officer on the Department's website at: <http://dhr.maryland.gov/child-protective-services/>

Substance Exposed Newborns

As identified as part of Maryland's 2015-2019 CFSP and as reported in Maryland's 2018 APSR, Substance Exposed Newborns (SEN) remains a population with a great risk of maltreatment and Maryland continues to work to implement interventions and strategies to better address the needs of this populations.

Policy and Practice:

SEN referrals are accepted by the LDSS as a "risk of harm" referral rather than a maltreatment report. The LDSS assigns the case to an In-Home service caseworker. The caseworker is mandated to see the newborn within 48 hours and initiate contact with the family. The caseworker engages the mother and family to make a safe plan for the infant upon discharge from the hospital. The LDSS is responsible for monitoring the plan of safe care.

Assessment

The caseworker completes a safety assessment on the newborn and all other children in the household (Maryland SAFE-C). The SAFE-C may prompt the worker to initiate a safety plan if any children are determined to be "unsafe" if left in the care of the parent. The safety plan is an agreement between the LDSS and the parent to ensure the safety of the child. Should conditions be so severe and a safety plan is refused or conditions cannot be satisfied by a safety plan, DHS/SSA will petition the Juvenile Court to help ensure the safety of the newborn.

The caseworker will also conduct a home assessment in order to ensure the home is safe for the newborn and any other children in the household. The caseworker also conducts a full assessment of the family for the next 30 days. At the 30-day mark, the caseworker completes the Maryland Family Risk Assessment and the CANS-F. These assessments guide the worker to make the determination if the family is in need of services beyond 30 days. If it is determined the family is in need of further services, the LDSS will transfer the case to Family Preservation In-Home Services where the family

can receive services until all of the risk factors have been addressed. DHS/SSA has plans to revise and update the SEN policy to reflect new legislation in June of 2018.

SEN Progress

During this reporting period, DHS/SSA has made significant strides to come into compliance with CAPTA and address the needs of infants born substance exposed. During the 2018 legislative session, DHS/SSA sought a private sponsor to introduce the Child Abuse and Neglect-Substance Exposed Newborn-Reporting; House Bill 1744. This bill amends the existing Maryland legislature updating the definition of SEN and alters the conditions in which health care providers are required to notify the department of social services of SEN cases. The Assurance signed by the Governor may be found in Appendix H.

The new bill defines Substance Exposed Newborn as a newborn who (a) has a positive toxicology screen for a controlled drug as evidenced by an appropriate test after birth; (b) Who displays the effects of controlled drug use or symptoms of withdrawal resulting from prenatal controlled drug exposure as determined by medical personnel; and (c) Who displays the effects of Fetal Alcohol Syndrome (FASD). The bill removes the positive toxicology screen of the mother for a controlled drug at the time of delivery from the definition. The new bill eliminates the conditions (as stated in the previous law) under which a health care provider was exempt from making a report to the local DSS. Ultimately with the passage of this bill, health care providers are required to make a report to DSS for all SENs cases for both legal and illegal substance. The bill passed favorably in the House and Senate and is effective June 1, 2018. DHS/SSA will begin to update the internal Substance Exposed Newborn policy to reflect the legislative changes on May 1, 2018 to be effective June 1, 2018.

DHS/SSA made concerted efforts to gain support, solicit feedback and collaborate with community partners to address the growing and complex needs of the SEN population and their families. During this reporting period, DHS/SSA held learning collaboratives and regional meetings across the state. The purpose of the learning collaboratives was to focus on a system of care for Substance Exposed Newborns and create a learning environment for front line staff. Through this effort, DHS/SSA hopes to enhance the State's plan of safe care for SENs. DHS/SSA presented at several key stakeholders meetings. During the meetings, stakeholders were able to share their experiences, thoughts, concerns, as well as perceived barriers around serving this population. Stakeholders who attended these meetings were government officials, health care practitioners, parent advocates, and substance abuse

treatment providers. The feedback from the meetings plays a pivotal role in shaping DHS/SSA's policies, practice and collaboration around SENs.

As reported in Maryland's 2018 APSR, parental substance abuse, particularly for children ages zero to eight, has been identified as a key factor in placing children at risk for entering care (new entries and re-entries). Through the Title IV-E waiver, Maryland continues to utilize a 3-prong approach to address parental SUD and implement activities to support this population.

3-prong approach to address parental SUD in Maryland:

- Creation of workforce development opportunities to better understand addiction and recovery, impact on maternal health and children and families, increase effective engagement in services, care for drug-exposed infants and children, and address the role of spouses, significant others, and fathers;
- Increase access to existing service systems via learning collaboratives and multi-disciplinary teams; and
- Enhance the current service array by creating a continuum of services, beginning with the prioritization of services for parents of children ages 0-8;

During this reporting period Maryland's DHS/SSA:

- Identified three Evidence-Based Practice assessments, parent training, peer support, and treatment models that support Parental Substance Abuse; START (Sobriety Treatment Addiction Recovery Treatment), SAFERR (Screening and Assessment for Family Engagement and Recovery) and FBT (Functional Behavioral Therapy).
- Hosted and facilitated regional meetings throughout the State with local jurisdictions who expressed interest in the EBP models. The regional meetings were in collaboration with model developers as well as local jurisdiction partners such as health department, recovery courts, as well as addiction providers.
- 18 out of the 24 local DSS committed to implementing one or more of the EBP models presented.
- Began the planning efforts to implement these models in Maryland. Planning efforts include contracting with model developers, discussions with developers, local DSS and partners around needs and feasibility of implementation and sustainability.
- Collaborated with community partners to train local DSS program managers and supervisors on working with infants with prenatal substance exposure and families affected by SUD.

These trainings aim to build capacity of managers and supervisors to better understand the needs of this population, develop action plans to meet the needs and improve outcomes for this population. This training is scheduled to begin July of 2018.

- Partnered with University of Maryland and Maryland Department of Health to offer regional cross collaboration training and information sharing around SEN to home visitors, infants and toddler providers and local DSS caseworkers. This training is a pilot and is scheduled for May 2018.

DHS/SSA has continued to see a rise in the number of reported Substance Exposed Newborns. Since SFY2015 the average number of referrals per month has growth from approximately 158 per month to approximately 184 per month in the first three quarters of SFY2018. The chart below illustrates the increase in numbers since SF20Y15:

Table 47

Referrals of Substance Exposed Newborns by State Fiscal Year			
	*SFY 2015	*SFY 2016	*SFY 2017
Maryland	1,862	1,962	2,334
<i>Percentage change for 1 year</i>	20%	5%	19%
<i>Data source: MD CHESSIE; report run date April 2017* updated</i>			

The data shows that referrals continue to increase each year; most recently, the percentage of referrals increased by 19% from SFY2016 to SFY2017. While there continues to be an increase in SENs, the percentage of those SENs resulting in Out-of-Home Placement remains relatively low. There were a total of 7,822 reports of SEN from 2015 through March of 2018, only 4.3 percent of those SEN cases resulted in an Out-of-Home Placement. The data around SEN referrals to service providers is limited due to the MD CHESSIE system. MD CHESSIE does not allow for accurate tracking of appropriate service referrals and service provision for SENs and the caregiver. DHS has recently identified a procedure within MDCHESSIE that will allow for inputting and tracking these service referrals. DHS plans to provide guidance to LDSS through the development of an updated SEN policy.

Substance-Exposed Technical Assistance

The Department continues to convene meetings with health departments, hospitals and LDSS' staff to discuss issues related to successful planning for substance exposed newborns and their families.

All LDSS have been offered onsite training for the Substance Exposed Newborn policy, practice, and data entry. The feedback received from the local departments regarding onsite training was that the training was effective in enhancing their practice.

Through restructuring, DHS/SSA developed the Child and Family Well-Being Unit. The unit consists of a Well-Being Manager and a Health and Mental Health Specialist. One of the primary areas of focus for the Health and Mental Health specialist are SENs. Since onboarding, the Health and Mental Health Specialist has provided technical assistance to LDSS's to present Evidence-Based Practice models that support families affected by Substance Use Disorder (SUD) and SENs. The Health Specialist has assisted LDSS with improving collaborations with community providers, stakeholders, and advocates around the substance use disorder service array. In addition, the Health Specialist has been a part of the facilitation of webinar trainings offered to LDSS staff on guidance and compliance with SEN policy including timeliness of assessments and ensuring Plans of Safe Care are completed.

The Health Specialist also has a leading role in organizing collaborative efforts designed to revise DHS/SSA's SENs policy to ensure consistency with current legislation. The Health specialist collaborates with the Institute for Innovation to facilitate the Substance Use Disorder (SUD) Workgroup. The workgroup is comprised of stakeholders, community partners, substance abuse treatment providers, State agencies, and legislators. The workgroup examines Evidence-Based Practices to implement for families struggling with substance abuse issues and SENs.

Currently DHS/SSA and the Behavioral Health Administration (BHA) in the Department of Health (MDH) are participating In-Depth Technical Assistance (IDTA) provided by National Center on Substance Abuse and Child Welfare (NCSACW). DHS/SSA and BHA are partners on this initiative. IDTA focuses on strengthening collaboration and linkages across child welfare, addiction treatment, public health, health care, early intervention systems, and family courts to improve outcomes for children and their families. The IDTA model is focused on infants with prenatal substance exposure and their families.

The state of Maryland was assigned a Change Leader from the NCSACW. The IDTA consist of: Monthly calls with the Change Leader; Peer Networking and Access to Mentor Sites; Development

of Cross Systems Guides/Surveys; Topical Discussion through Webinars or Conference Calls; Access to NCSACW Technical Assistance Resources and Consultants; Possible Site Visit; and, the Development of a Data Profile Template. The state of Maryland developed the following goals to address:

1. Develop formal agreements between State agencies that outline shared principles to guide collaborative efforts to improve systems and services for pregnant and post-partum women affected by opioid use disorders, their children and families.
2. Develop a comprehensive continuum of care that meets the needs of pregnant and post-partum women affected by opioid use disorders, their children and families.
3. Develop a statewide strategy for a plan of safe care that addresses the needs of the infant and the affected family or caregiver.
4. Develop a strategy for cross systems workforce development among agencies and organizations serving pregnant and post-partum women affected by opioid use disorders, their children and families to reduce stigma, support best practices, enhance knowledge and improve cross system communication.
5. Inventory current data and agency capacity to collect data to determine systemic enhancements for effective needs assessment, planning, monitoring, and tracking performance measures.

Currently, DHS/SSA, BHA and the Change Leader from NCSACW are working to identify appropriate LDSS' and addiction authorities to be a part of a pilot site. The intention with pilot is to support a county (or a regional collaborative) to understand how they are identifying pregnant women with SUDs and engaging them in care. The pilot consists of walk through. The walk through is coupled with a morning of discussion/training on best practices to support pregnant women and infants with prenatal exposure. DHS/SSA and BHA are looking to target counties/regions that have identified this as an issue they want to address.

The pilot supports the State team to understand current practices to help build guidance on implementation of recovery support services and, it supports the county/region to understand where its challenges lie and what potential pieces could be added/addressed to support early identification and engagement of women with SUDs. DHS/SSA and BHA see this initiative as promising and a great opportunity to help SENs and families suffering from substance use.

Increased CAPTA Funding

DHS/SSA plans to use the increased CAPTA funds to continue to support the implementation of Evidence-Based Practice (EBP) models targeting families affected by substance use and are involved in Child Welfare such as Sobriety Treatment and Recovery Teams (START) and Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR) in the Local Department of Social Services (LDSS). CAPTA funding will be used to support the Family Mentor positions which are a key component of the START model. As part of the START model family mentors will assist parent and/or caregivers and other family members affected by Substance Use who are currently receiving services and/or supports with child welfare. Family mentors support child safety through monitoring, coaching, and reinforcing safety plans including Plans of Safe Care (POSC), support parental sobriety through engagement in treatment, self-help meetings, and recovery supports, responding to signs of relapse, support family stability and self-sufficiency through case management and coaching on sober living skills and support permanency of child placement through education of family members and coaching of parents.

DHS/SSA will also explore supporting and implementing of additional EBP models that include an in-home treatment component. CAPTA funding will support statewide efforts to educate Health Care Providers about Substance Exposed Newborns and the notification requirements to the LDSS. SSA plans to develop POSC tool kits as well host and facilitates community forums and trainings that bring various Health care and Substance Use Treatment providers together. The forums and tools kits will include information and guidance on POSC. The tool kits, which will be available and shared statewide, will consist of brochures and training materials related to Caring for infants with prenatal exposure to include but not limited to a POSC Brochure, POSC Flow Chart, and a POSC Template.

Citizen Review

Each of Maryland's three citizen review panels' reports includes Executive Summaries with the major findings listed. DHS/SSA responded to the summaries and recommendations within the response letter to each panel. Please find the reports and responses as follows:

- Citizen's Review Board for Children (Annual Report, Appendix B, DHS/SSA Response letter, Appendix C),
- State Child Fatality Review Team (Appendix I, DHS/SSA Response letter, Appendix J,
- State Council on Child Abuse and Neglect Report (Appendix W) (Response letter is expected in the Fall of 2018)

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.

Additionally, Maryland’s safety and risk assessments both direct attention to children 0-5 years of age. The revised Safe-C asks workers to consider when a child is under the age of six as a factor influencing vulnerability. 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 LDSS 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 Maryland Department of Health 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 LDSS initiates an investigation and the central office is notified as required by policy. Other members of the local teams include law enforcement, health department representatives and other community agencies. Information regarding the law enforcement investigation is presented at the team meetings and LDSS and law enforcement coordinate their efforts when the fatality under review possibly resulted from child abuse or neglect. In most instances however, the LDSS investigated prior to the team meetings since many reports of suspected child abuse/neglect resulting in the death of a child start with notification to the LDSS from law enforcement. Information from the coordinated investigation is documented in MD CHESSIE and contributes to data for reporting on child fatalities where child abuse/neglect was determined to be a factor in the death.

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 Annual Progress and Services Review submission). The OCME cases are the cases local CFR teams are to review. The cases that go to the OCME are the cases that are "unusual or unexpected" child deaths. (For example, a death from leukemia in the hospital would not go to the OCME.)

Monthly the Maryland Department of Health also sends the local CFR coordinator and the 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 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 five 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 a CPS Response or providing another child welfare 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. The Maryland State Child Fatality Review Team 2016 Annual Legislative Report was recently released. A copy of the Department’s response to the report is attached, Appendix J.

In 2017, the State Council on Child Abuse and Neglect (SCCAN) in collaboration with the State Child Fatality Review Team formed a Maryland Child Abuse and Neglect Fatality Review Workgroup (MCANF). The Workgroup is focusing on reviewing all “unusual and unexpected” fatalities statewide of 0-4 year olds in calendar year 2015 to determine: whether or not the death was related to abuse and neglect, and what system improvement recommendations could prevent future deaths. It is expected the review will provide preliminary observations and possible policy change recommendations.

Disclosure of Information

During the 2010 Legislative Session, the Maryland General Assembly, with strong support from the Department of Human Services, 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. Child Fatality/Near Fatality and memorandum dated 4/17/2012

providing instruction to LDSS staff for completing the report can be found in Appendix K. 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 Workforce (CPS) – Please see the Child Protective Workforce Section for information.

SECTION XI: JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Maryland refers to the John H. Chafee Foster Care Program for Successful Transition to Adulthood 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 successful adulthood. Nearly half of the youth in foster care in Maryland are between the ages fourteen (14)-twenty (20), with almost thirty percent (30%) of youth in care ages eighteen (18)-twenty (20). 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 as supported by the NYTD data. (Please see the NYTD data section.)

The Department of Human Services/Social Services Administration (DHS/SSA) provides Ready By 21 services to all youth in any Out-of-Home Placement (foster care, kinship care, and pre-adoptive placement), fourteen (14) through twenty (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 of 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

Accomplishments

For the period of April 2016- March 2017, DHS' Welfare Reform Program through State contractors job placement agreements successfully placed 14 foster youth. The youth received successful job placements with 10 retaining those job placements. In SFY2018 the Maryland General Assembly allocated state funds to develop a Foster Youth Savings Program to assist older foster youth with accruing assets prior to exiting foster care. In January 2018, DHS/SSA created a Foster Youth Savings Program for foster youth ages 14-20. Foster youth received a one time savings of either three hundred fifty dollars (\$350) for ages fourteen (14) –seventeen (17) and eight hundred dollars (\$800) for youth ages eighteen (18) – twenty (20) to contribute to any asset they would acquire as they transition from care. The funds will be provided to the youth once they exit care.

Maryland continues to identify and 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 fourteen (14) - twenty-one (21) in Out-of-Home care. With the passing of FFPS, Maryland will be exploring ways to continue to support foster youth until age 23. Services include but are not limited to: case planning including transitional planning, independent living service agreements, and life skills assessments and training; to address needs for self-sufficiency. Maryland provides the following services:

- Maryland Youth Transitional Plan - Each child starting at age fourteen (14) starts a Maryland Youth Transitional Plan which is updated every one hundred eighty (180) days, 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 overcome barriers in completing school, obtaining and maintaining gainful employment, finding adequate and affordable housing, finding a connection and accessing health and mental health

care. In conjunction with resource providers, caseworkers provide opportunities for youth to obtain and practice acquired skills as outlined in the Ready by 21 benchmarks as outlined in the Ready by 21 manual (Appendix L). Youth receive support and guidance on financial literacy and basic money management, healthy relationships, preventive and routine health care including sex education, pregnancy prevention, and substance prevention. 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 (See Tuition Waiver section of this report) 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. Local Department of Social Services (LDSS) have established relationships with community members 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 for all youth. As per the NYTD Data, Cohort 1, FFY 2017, 93% of youth taking the survey have an adult connection.

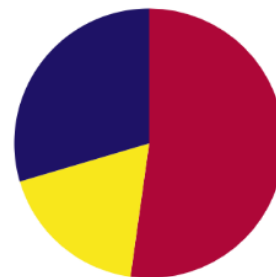
To help foster youth engage in age or developmentally appropriate activities, including but not limited to:

- National Museum of African American Black History and Culture
- Hersey Park
- Disney, in Orlando, FL
- Graduation ceremony and recognition at Gunpowder State Park
- Harriett Tubman Museum
- Cruise on the Spirit of Washington
- Premier viewing of Hidden Figures
- Camp Connect
- Daniel Memorial Independent Living Conference
- Escape room team building
- Mediation/Yoga conference
- Terrapin Adventure & Paintball team building
- National Mall Tour
- Six Flags
- Power of Relaxation/Painting party
- Youth Shadow Day as noted later in this report,
- College tours in Central, Eastern and Western Maryland

- Baltimore Orioles baseball game
- Semi Independent Living Arrangement (SILA) provides youth ages sixteen (16) - twenty-one (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 LDSS. During SFY2017, ninety-three (93) youth participated in a SILA placement while one hundred twenty-two (122) youth participated in an independent living placement setting.
- Youth that are in Out-of-Home Placement must be given the opportunity to engage in age or developmentally appropriate activities. Through the implementation of the Youth Matters Practice Model caseworkers are required to engage youth in the case planning process. Youth are mandated to attend all Family Involvement Meetings (FIMs) and drive the services outlined in their transitional plans and service agreements. In SFY2017, two thousand, one hundred fifty-four (2,154) Youth Transitions triggers occurred, signaling the need for a Youth Transition FIM. As shown in Figure 13, approximately 52% (1,517) of the youth transitions triggers resulted in a Youth Transition FIM occurring while for another 18% Figure 13 ion planning occurred as part of a FIM held for another reason. For almost 30% (637) of youth transition triggers no Youth Transition Planning FIM was held. (Please see FIMs data under Goal 2). DHS/SSA plans to review the reasons for the percentage of youth without a Transition FIM and to review the success of Achieve My Plan (AMP) that is being piloted on the Mid-Shore (please see Thrive@25 for more information)
- Resource providers are required to allow youth to participate in activities that are age appropriate for them.
- DHS/SSA accesses consumer credit reports for youth age fourteen (14)-twenty-one (21) years old in Out-of-Home Placement annually. The credit reports are pulled from each of the three (3) major credit reporting agencies (i.e., TransUnion, Equifax and Experian). The consumer

FY17 Youth Transitions (N=2,154)

- YT with YTP FIM (52.23%)
- YT with Non-YTP FIM (18.20%)
- YT with no FIM (29.57%)



credit reports, in turn, are used to advance financial literacy and foster self-sufficiency of youth in Out-of-Home Placement. DHS/SSA has continued to provide technical assistance for identified issues for Baltimore City, Harford County and Prince George's County as it relates to youth understanding the importance of credit and how to interpret the reports to provide guidance on the results received in the consumer credit reports. Additional technical assistance has been provided on retrieving reports at no cost.

- DHS/SSA evaluates 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. For SFY2017, there were three hundred thirty-six (336) foster youth aging out-of-care. Of those three hundred thirty-six (336), three hundred seventeen (317) were eligible to participate in the study. There were fourteen (14) youth who declined to participate and surveys that were missing. Overall, ninety-two percent (92%) youth participated in the study. Of all surveyed ninety-one percent (91%) indicated that they have a place to live after turning twenty-one (21) and ninety-four percent (94%) of youth stated that they have a stable adult in their life or are a part of a support network. In addition, eighty percent (80%) of youth received a high school diploma or GED certificate, sixty-three percent (63%) have a job, forty-one percent (41%) are enrolled in school or college, thirty-three (33%) have enrolled in job training or an apprenticeship and thirty-four (34%) completed job training, an apprenticeship and earned a certificate. Even though, there are some great out comes for youth, DHS/SSA will continue to monitor and assess this data to incorporate policy and practices to provide better enhanced services to youth.
- Services to former foster youth - Independent Living Aftercare services are available on a voluntary basis to youth eighteen (18) to twenty-one (21) years old who were in Out-of-Home Placement on their eighteenth (18th) birthday and exited care after their eighteenth (18th) birthday. Independent Living Aftercare services are designed to support former foster care youth ages eighteen (18) to twenty-one (21) years old expanding to age twenty-three (23) in their effort to achieve self-sufficiency. These services are divided into two (2) types: Independent Living After Care Services or Enhanced After Care Voluntary Placement Services. 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.
- Youth that exit Out-of-Home Placement via adoption or relative guardianship after their sixteenth (16th) birthday are eligible to receive Independent Living After Care Services. Independent Living Aftercare services are designed to support former foster care youth ages eighteen (18) to twenty-one (21) years old in their effort to achieve self-sufficiency.

Beginning at age thirteen (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.

Maryland provides Out-of-Home placement services to youth beyond the age of 18 should they wish to remain. In SFY 2016, there were three hundred seventy-three (373) 18-year-olds, three hundred forty-six (346) 19-year-olds and three hundred forty-one (341) 20-year-olds in care (1,060 youth aged 18-20). The numbers decreased in SFY2017 by almost one hundred (100) youth overall to nine hundred sixty-six (966). There were three hundred seventeen (317) 18-year-olds, three hundred twenty-eight (328) 19-year-olds and 321 20-year-olds. All of these youth are eligible for Independent Living Aftercare services upon their exit. These services are also available to youth who exit care to adoption or relative guardianship after their 16th birthday.

In SFY2017, five hundred thirteen (513) youth exited care between 18 and 21 who had been in Out-of-Home Placement on their 18th birthday. This is a decrease from the five hundred eight-four (584) youth who exited care in SFY2016. These youth are eligible for two (2) types of Independent Living Aftercare services. One of which is Enhanced Aftercare VPA (EA VPA) and during SFY2016 and SFY2017, there were seventeen (17) former foster care youth each year who reentered out-of-home placement via this option. The other type of Independent Living Aftercare Service does not require youth to reenter Out-of-Home and there were sixteen (16) former foster care youth in SFY2017 and twenty (20) in SFY2016 who utilized these services.

During SFY2017, there were ten (10) youth (16 or older) who exited care to adoption and twenty-six (26) who exited to guardianship that will be eligible to receive Independent Living After-Care Services in the future. In the previous year, SFY2016, there were only eight (8) youth exiting to adoption and substantial greater number, sixty-four (64) who exited to guardianship who will be eligible for these services.

Life Skills Assessment

Maryland continues to use a Life Skills Assessment Tool annually for all youth ages fourteen (14)-twenty-one (21) as part of assisting youth transition to self-sufficiency. Every youth between the ages of fourteen (14) and twenty-one (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 LDSS' can connect the youth to the appropriate group for life skills training. Maryland designed the following topics that the LDSS' 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.

Housing and employment are highly identified, as areas needing support among older youth. DHS/SSA, in partnership with the Department of Labor, Licensing, and Regulation (DLLR), utilize hiring agreements to increase foster youth job placements and promote independence. The Hiring Agreement Program provides specific populations with first priority to State contracted jobs. Over the next year, DHS/SSA and DLLR will explore partnerships with the corporate, private, and governmental businesses to offer employment, internship, and mentorship opportunities to the foster youth population. LDSSs have a plan to target youth ages 17 and older to address housing and employment strategies that promote self-sufficiency, independence, and better support for youths as they transition out of foster care. Included in the plans are new housing and employment strategies the LDSS's intend to start implementing over the upcoming year.

Training

DHS/SSA provided trainings to resource providers including foster parents and group home/Independent Living providers at quarterly provider meetings throughout the State on Ready By

21/transitional youth services. These training topics included transitioning youth from foster care to independent living (See Appendix M, Training Matrix), Creating a Better Tomorrow by Partnering with Youth Today, In-Service Training and Creating Teachable Moments, In-Service Training, Helping Your Teen Succeed, Navigating the Challenges of the Educational System, and Planning with Transitioning Youth: Independence vs. Interdependence. Is There One without the Other?), special considerations for older youth placements, and youth participation in Family Involvement Meetings (FIM's) and transitional planning. Planned for 2018, DHS/SSA has partnered with the University of Maryland, School of Social Work and the Human Rights Campaign to roll out a statewide Lesbian, Gay, Bi-Sexual, Transgender Questioning (LGBTQ) training.

2018-2019 Plans

- SSA is collaborating with the Assistant Attorney General's office, the Maryland Cash Campaign, the LDSS to develop ways to provide financial incentives to foster youth who complete their education goal in conjunction with the Maryland Youth Transitional Services.
- During the SFY2019, DHS/SSA will enhance and augment the current financial literacy services already offered to older youth by procuring a financial literacy curriculum that will include basic, intermediate, and advanced training techniques on financial literacy modules on supporting older youth in and transitioning Out-of-Home Placement to support the Foster Youth Savings Program.
- DHS/SSA will seek technical assistance on enhancing youth participation on the Youth Advisory Board (YAB) and State Youth Advisory Board (SYAB) so youth will have the opportunity to improve their leadership skills, participation in the legislative process and becoming better change agents as they transition out of care.
- DHS/SSA will continue to collaborate with current and former older foster youth in focus groups to illicit feedback on current policy, best practices, Integrated Practice Model and Youth Engagement to improve service delivery and outcomes for youth in foster care.
- DHS/SSA will continue partnerships with Department of Housing and Community Development (DHCD) for the Family Unification Program (FUP) and New Future Bridges Program to secure independent housing for youth aging out of foster care. DHCD and DHS/SSA will co-facilitate a WebEx on the FUP program to share with foster care workers, Independent Living Coordinators and Youth on eligibility and program requirements during the Summer of 2018.
- DHS/SSA will provide a workshop on DHS' Welfare Reform Program and Hiring Agreement requirements to older youth foster care workers, independent living coordinators to increase the number of job opportunities afforded older youth.

- The Maryland State Youth Advisory Board in conjunction with the LDSS Independent Living Coordinators and DHS/SSA will begin revision of the Maryland Youth Transitional Plan beginning in the Fall of 2018.
- Update the Ready by 21 manual to reflect the expansion of services for youth up to age 23 beginning in the Fall of 2018.
- Expand Aftercare services until age 23
 - DHS/SSA plans to expand aftercare services until age 23 for the following areas:
 - Employment Assistance
 - Apprenticeships and Intern Opportunities
 - Education (refer to the Education Training Voucher section)

Other services will be considered in subsequent years.

The services will be implemented through Policy Directives and by providing Technical Assistance. DHS/SSA plans to inform identified stakeholders of the changes through communication, and presentations:

Community Stakeholders through:

- Foster Care Court Improvement Project

Resource Parents Stakeholders through:

- Resource Parent Ombudsman
- Maryland Resource Parent Association

Locals Stakeholders through:

- Policy
- SSA Steering Committee
- SSA Workgroups
- Provider Advisory Committee
- DHS Communications Office
- Family Involvement Meetings

Youth through:

- Youth Advisory Boards statewide
- Independent Living Coordinators
- Foster Care Youth Ombudsman
- Maryland Connect MYLIFE

State Youth Advisory Board

The State Youth Advisory Board will continue to review child welfare policies and provide guidance and input regarding child welfare practices for children in care. In February of 2017, the State Youth Advisory Board participated in a Focus Group conducted by the Institute for Innovation and Implementation at which they provided input regarding DHS Title IV-E services for Transitional Aged Youth. Themes included the implementation of a Youth-Run/Consumer-Run Organization (YRO) for the purpose of engaging youth and young adults currently and formerly in foster care (up to age 30) throughout the state with the work of the Families Blossom/Place Matters.

Identified tasks of the YRO include supporting youth/young adults in effectively and appropriately sharing their stories in an effort to align experiences in the systems and policy design for support in the continuous quality improvement processes. Assemble and support a diverse cohort of youth and young adults representing different experiences within the child welfare system that includes different geographic areas of the State. Provide an opportunity for youth/young adults to participate consistently in DHS/SSA workgroups and committees to review proposed services, practices, policies, job description and recruitment announcements, training materials; and other documents/forms to provide feedback and obtain a comprehensive youth and young adult input. Provide an online survey of current and former foster youth who did not participate in the focus groups.

The outcomes from the Focus Group were shared with the DHS/SSA Executive Leadership Team and the DHS/SSA Outcomes Improvement Steering Committee. DHS/SSA will extend invitations to members of the State Youth Advisory Board to participate on the DHS/SSA Integrated Practice and Service Array Implementation Teams.

On February 14, 2018 and February 15, 2018, foster youth throughout the State participated in the 2nd Annual Legislative Shadow Day, which was coordinated by a State Delegate and sponsored by DHS/SSA. The foster youth who participated attended a hearing in support of the Fostering Employment Act of 2018, a proposal to establish an apprenticeship and job readiness-training program for foster care recipients and homeless youth that was signed into law at the end of the legislative session.

During the 2018 Maryland General Assembly Legislation session, DHS/SSA collaborated with the Department of Legislative Services to include the participation of a current foster youth in the Student Page program for Maryland High School Seniors. This board of education approved program allows Maryland High School Seniors the opportunity to learn about the legislative process by serving as student pages in the Senate and the House of Delegates during the annual session of the Maryland General Assembly. The High School Senior reported that participation was a positive experience and DHS/SSA will pursue an opportunity for another youth in 2019.

2018-2019 Plans

- DHS/SSA will seek technical assistance from the Capacity Building Center on enhancing youth participation on the Youth Advisory Board (YAB) and State Youth Advisory Board so youth will have the opportunity to improve their leadership skills, participation in the legislative process and becoming better change agents as they transition out-of-care. DHS/SSA and the Center for Capacity Building identified a work plan that encompasses consultation, coaching and training SSA in strengthening the recruitment and retention, strategic planning, and policy development of the SYAB and local YABs. The Center for Capacity Building will provide DHS/SSA with best practices from across the nation in youth development and strengthening YABs. The Center for Capacity Building consultation and coaching is derived from the Youth Engagement Blueprint tool.
- DHS/SSA currently involves youth in stakeholder interviews during the Child and Family Services Review. DHS/SSA plans to continue to receive feedback from the youth after the CFSR through focus groups. These focus groups will include questions related to practice and implementation.

Human Trafficking and Youth

DHS in conjunction with the University of Maryland School of Social Work grant (Child Sex Trafficking Victims Initiative (CSTV) partners and Innovations Institute have been testing algorithms using the CANS and CANS-F to identify youth in Child Welfare who may be at risk of sex trafficking. The algorithm results have been fine-tuned and when last tested rendered accurate results. It is planned to begin to run the algorithm on a quarterly basis to identify those youth who require further screening. In a recent policy revision, child welfare staff received a screening tool which will be used to have a conversation with youth identified to further assess the risk level.

2018-2019 Plans

- Given that Maryland still does not have adequate resources to address both victims and those identified as at risk, the Victim Services Subcommittee (of the Maryland Human Trafficking Task Force MHTTF) has convened a smaller group consisting of DHS/SSA, Department of Juvenile Services (DJS), and direct service providers to address the service array needs. This group will continue to list out the needs of each of the trafficking group (sex trafficking, labor trafficking, LGBTQ and transgender youth, gang related trafficking, etc.) and to attempt to put a cost to the needs. The Maryland Safe Harbor Workgroup, extended one more year by the legislature has also expressed a desire to research a single point of entry and to also identify the service needs of victims. The Victim Service group will continue to work in conjunction with the Safe Harbor Workgroup to identify needs.
- DHS/SSA will explore opportunities to partner with the provider community to secure diagnostic beds with provider agencies such as Arrow Family Ministries and the Children's Home.
- DHS/SSA will create and implement a timeline to procure additional services in State for this population.
- DHS/SSA plans to seek opportunities to partner with out-of-state providers when appropriate, to secure services that specialize in providing services specific to victims of sex trafficking.
- DHS/SSA will provide LGBTQ and trafficking training that will identify risk factors

Safe Harbor Workgroup

The Safe Harbor Workgroup was appointed by the legislature. It was not recommended that any trafficked youth be involved as generally recovered youth are not prepared to identify themselves as trafficking victims or survivors and discussions of trafficking can be re-traumatizing. They have not had the time required to move through their trafficking experience to engage in open discussions regarding trafficking. There was, however a concerted effort to have an adult survivor participate in the workgroup. One survivor has been participating since the beginning of the Safe Harbor Workgroup. Her input has been extremely valuable and useful to the work of the group.

Thrive@25

Thrive@25 is Maryland's Children's Bureau-funded Youth At-Risk of Homelessness Implementation Cooperative Agreement focused on preventing and ending homelessness for youth and young adults with foster care involvement and histories. Led by The Institute for Innovation & Implementation at the University of Maryland School of Social Work, in partnership with the Department of Human Services (Maryland's child welfare & social services agency), the Talbot

County Department of Social Services on behalf of the five Local Departments of Social Services on the rural Mid-Shore (Caroline, Dorchester, Kent, Queen Anne’s, and Talbot Counties), and the National Center on Housing and Child Welfare, The current Thrive@25 implementation activities build on a Phase I planning grant from the Children’s Bureau (2013-2015); the current cooperative agreement began in 2015 and will go through 2019.

During the Phase I evaluation, youth, child welfare workers, and others identified a lack of transportation and other resources for youth in foster care on the Mid-Shore, including educational support and hands-on training for youth transitioning to adulthood. Workers identified a significant need to ensure follow up from transitional planning meetings; both workers and youth identified transitional planning meetings as a source of frustration based on lack of engagement and follow up. Youth also reported a disconnection between their transitional plan and the planning process/meetings. As of March 1, 2018, sixty-two percent (62%) of all youth in Out-of-Home Placement in the five (5) Mid-Shore LDSS are ages fourteen (14)-twenty-one (21). Although there are only eighty-nine (89) youth in Out-of-Home Placement in these five (5) LDSS, this high proportion of youth who are fourteen years old (14) and older necessitates a comprehensive approach.

Table 48

	Total # Out-Of-Home Placement	14-21 In Out-Of-Home Placement	% 14-21 In Out-Of-Home Placement
Caroline	27	14	52%
Dorchester	31	23	74%
Kent	7	4	57%
Talbot	15	9	60%
Queen Anne	9	5	56%
TOTAL	89	55	62%

As of March 1, 2018 (data provided by LDSS Directors to Thrive@25 staff)

This has been part of an important shift in the intervention in Phase 2—moving from serving only those youth identified as high risk to supporting all youth ages fourteen (14)-twenty-one (21) in Out-of-Home Placement. Thrive@25 is installing, implementing, refining, and evaluating 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.

The Thrive@25 team is implementing a multifaceted intervention responsive to the individual needs and strengths of youth transitioning from foster care—one that is culturally responsive to the needs of minority and LGBT youth and relevant to rural and non-rural communities across Maryland and the nation. The primary intervention for Thrive@25 is individualized, youth-driven transitional planning using the Achieve My Plan (AMP) practice model.

AMP, an evidence-informed intervention developed by Portland State University in partnership with youth and young adults, was selected as an overlay to the transitional planning process because it provides workers with the necessary skills to engage meaningfully with youth around their own transition plans. The Thrive@25 team believes that an individualized, youth-guided transition planning process will result in plans that are more successful, more sustainable after care, and improve outcomes for youth.

Foster care workers and supervisors in the Mid-Shore are being certified in AMP, and Family Involvement Meeting (FIM) facilitators are being certified in a modified version of AMP. Certification is ongoing as new staff joins the LDSS; coaching has begun and will continue with supervisors who have completed the certification process. It is expected that by December 2018 all of the workers, supervisors, and FIM facilitators should be certified.

Thrive@25 also includes a focus on resource development, including implementation of year-round youth employment programs and support for the Thrive House. A part-time housing navigator provides support to LDSS to identify appropriate housing solutions for youth in care and anticipating an exit from care. Other areas of focus include providing individualized flexible funds to meet the needs of older youth in foster care, engaging with youth with foster care histories to identify interventions to prevent homelessness, and exploring strategies to address transportation challenges. Thrive@25 is currently piloting a risk screen to identify those youth most at-risk of homelessness and is utilizing the CANS-TAY module in conjunction with the CANS currently in use for youth in foster care. The findings will be reported at the end of the grant in September 2019. A comprehensive formative evaluation is underway that includes administrative data, youth and worker surveys and interviews, and focus groups. The formative evaluation will include the findings from the risk screen pilot and the use of the CANS-TAY. The formative evaluation will be completed by September 30, 2019.

Results from SFY2018

In State Fiscal Year 2018, the Thrive@25 team trained and certified two (2) cohorts of foster care workers, supervisors and Family Involvement Meeting (FIM) Facilitators across the Mid-Shore

Region in the AMP model. The Thrive@25 Transitional Planning Coach has been certified by Portland State University as a Level II trainer and has begun individual coaching with supervisors as well as a community of practice group with all trained workers. During this year, the Thrive House was fully leased to four (4) current or former foster youth and the Year-Round Employment Program worked with multiple youth across tiers to support their employment readiness. The Thrive@25 team has engaged representatives from the Developmental Disabilities Administration, Court Appointed Special Advocates (CASA), and many other community stakeholders to provide more individualized services and supports to older youth in foster care. The Thrive@25 team has also been involved with DHS/SSA's Title IV-E Waiver/Families Blossom work, particularly in relation to emerging adults and the integrated practice model. The Institute has had the opportunity to co-present with DHS/SSA and LDSS leadership in multiple venues, including in front of the Maryland General Assembly's Joint Committee on Ending Homelessness, at the Maryland Association of Counties' Winter Conference, and at the Child Welfare League of America's annual conference. Additional updates on Thrive@25 have been provided every six months to the Children's Bureau through the Youth At-Risk of Homelessness Implementation Grant Semi-Annual Reporting process and are available as requested.

Although the findings from the formative evaluation will not be available until the end of the grant, pre-test data from the workers and the youth have been provided to the LDSS. Highlights of Dr. Elizabeth Greeno's findings are below.

Youth Pre-Test

All youth in Thrive@25 jurisdictions who were between the ages of 14-21 and were in an Out-of-Home Placement were eligible to participate in the study. A pre-test assessing substance use, well-being, and trauma were given to youth. Substance use was assessed by the AUDIT-C and DAST-10. Well-being was assessed by three scales: The Flourishing Scale, the Beck Depression Inventory (2nd edition), and the Beck Anxiety Inventory. Trauma was assessed by the Davidson Trauma Scale. A total of 48 youth were eligible for the study (i.e., lived in Thrive jurisdictions, were between the ages of 14-21, and were in out-of-home placements). **Of the 48 youth, 39 consented to participation yielding a response rate of 81%.** Pre-tests were administered between May and June 2017.

Substance Use Findings: Of the 39 youth, 36 (92%) indicated they NEVER drank alcohol. Three youth (8%) indicated they did drink and when they drank they **typically drank 1-2 drinks per drinking occasion.** Of the three youth who indicated they drank, one youth indicated they binge drank on a monthly basis. 36 out of 39 youth answered the DAST survey. Of the youth who answered the survey, **61% (22) indicated they never used illicit drugs and 14 (39%) youth**

indicated they were using drugs. Of the 14 youth who indicated they were using drugs, 12 answered the question regarding drug of choice; the most common drug was marijuana. Thrive@25 youth are drinking below national averages and are using substances below the national average.

Well-Being Findings: Youth scored an average of 46 on the Flourishing Scale (Range 21-56, SD = 8). This score suggests youth perceive a high level of psychological resources and strengths. In a student sample (non-foster youth) the average was 47; studies with adult populations have averages around 40. All 39 youth answered the Beck Depression Index (BDI). The average score was 10 (SD = 12.13), indicating on average youth reported a minimal level of depression. Norms reported by Beck, Steer, and Brown (1996): College students scored an average of 13; Young adults receiving outpatient therapy scored an average of 22. The average score on the Beck Anxiety Index was 9 (SD = 13) indicating a mild level of anxiety. Norms reported by Beck & Steer (1993): Non-clinical samples of students scored between 7-10.

Trauma Findings: Youth scored an average of 30 (SD=35) on the Davidson Trauma Scale (DTS) which measures symptoms of PTSD. On average youth scored 30 (SD = 35). According to classifications from Davidson (2002), this finding suggests that youth likely² meet criteria for PTSD (using DSM IV-TR criteria).

Worker Pre-Test

All child welfare workers who will be trained in Achieve My Plan (AMP) are given a pre-test before training. The pre-test involves a demographic questionnaire and three standardized measures: Professional Quality of Life Scale, Maslach Burnout Inventory-Human Services Survey and the Spector Job Satisfaction Scale (short form). Research questions explored are: did the Achieve My Plan training have an impact on work satisfaction, emotional exhaustion and emotional fulfillment. The total sample size for the study is 32 child welfare staff. The total response rate for the survey is 72% (22/32 staff answered the survey).

The Professional Quality of Life Scale (PQL) measures the pleasure a person derives from being at work, difficulties being able to deal with your work effectively, and work-related secondary traumatic stress (STS; Stamm, 2010).

² Specifically this score suggest that 13.40 individuals for every 1 individual (76%) with a score of 30 meet the criteria for PTSD.

Table 49

Scores and Interpretation for the PQL	
Subscale	Caseworker Score Mean (SD) Score (N=23)
Compassion Satisfaction	40.3 (Range 29-48, SD = 4.1); Overall Average level of compassion satisfaction
Burnout	21.4 (Range 13-33, SD = 5.1); Overall Low level of burnout
Secondary Traumatic Stress	21.2 (Range, 13-34, SD = 5.3); Overall Low level of STS

The Maslach Burnout Inventory (MBI) is a 22-item measure that assesses a person's burnout and stress related to work.

Table 50

Scores and Interpretation for the MBI, N = 22	
MBI Subscale	Thrive Workers Average Score
Emotional Exhaustion	19.3 (Range 5-48, SD = 10); moderate emotional exhaustion
Depersonalization	6.2(Range 0-25, SD = 6); low depersonalization
Personal Accomplishment	36 (Range 21-47, SD = 6.5); moderate personal accomplishment

Perceived Organizational Support. The 8 questions reflect items specific to agency and supervisor support. Two questions were added to measure the respondent's perception of the supervisor's knowledge about child welfare policy and practice skills. Higher scores represent greater perceived organizational support. Thrive workers on average scored a 6 (Range 4-7, SD = 1). Using interpretations from Eisenberg et al. (1986) and Kim et al. (2016), **scores indicate respondents report a high level of perceived organization (POS) support.**

Table 51

Average for the POS Items	
POS Item	Thrive Workers M (SD) (N = 23)
1.My agency values my contribution to its well-being	5.5 (1)
2.My supervisor fails to appreciate any extra effort from me	6 (1)
3.My supervisor would ignore any complaint from me	6.2 (1.2)
4.My supervisor really cares about my well-being	5.1 (2.3)
5.Even if I did the best job possible, my supervisor would fail to notice	6.4 (1.1)
6.My supervisor cares about my general satisfaction at work	6 (1.3)
7.My supervisor shows very little concern for me	6.3 (1.6)
8.My supervisor takes pride in my accomplishments at work	5.7 (1.5)
9*. My supervisor has ample knowledge about child welfare policy	5.7 (1.5)
10*. My supervisor has ample knowledge about child welfare practice skills	6 (1.4)

*questions 9 and 10 added to the 8-item POS

Feedback from youth and workers: Anecdotal information is being collected from youth, workers, supervisors, and others, including through the AMP Implementation Team. The following is a quote from a worker reflecting on the impact of AMP:

“AMP has been a valuable tool for working with our youth in foster care. It has helped **engage the youth more in planning for their future and feeling like they have control** over deciding their goals and how they will achieve those goals...[and] as a worker, AMP has **made me more self-aware of the skills I am using** with youth and afforded me ample opportunities to work on fine-tuning some skills that I have not used with youth in a while. [It] has also helped **align me with the youth I work with and strengthen our rapport**, as the AMP model encourages cooperation and is so youth-driven, which decreases the youth's perspective of being told what to do.”

-AMP-certified foster care worker [emphasis added]

2018-2019 Plans

The Children's Bureau provided Maryland with supplemental funding and an additional year for the grant, enabling Thrive@25 to continue through September 30, 2019. As such, some of the plans for the upcoming year include the following:

The team will continue to work with local partners on Maryland's Mid-Shore to identify resources needed to meet the individualized needs of older youth in foster care. As has been offered successfully in prior years, in June, transition-aged youth will be invited to a resource fair where they can learn about services that are available to them. Each youth will be given a resource binder that they can use to collect information. Work will continue to enhance housing resources on the Mid-Shore, including supporting continuation of a tenant council for the Thrive House and life skills training for youth on housing strategies. In addition, the newly formed Experiential Living Workgroup will explore shifting the current model of independent living courses to one that will better meet the needs of the youth.

A third and possibly fourth cohort of LDSS staff will be trained in AMP and the enhanced youth transitional planning model.

The Thrive@25 Executive Management Team and committees will continue their work on the priorities identified to ensure sustainability of Thrive@25 at the conclusion of YARH2. In addition, further conversations are scheduled with DHS/SSA to continue discussions regarding funding options to support sustainability of the enhanced youth transitional planning process using AMP and the year-round employment program.

On Our Own of Maryland will be conducting a youth engagement workshop for foster care staff, leadership, and stakeholders, entitled *Supporting Authentic Youth Engagement and Leadership*, to introduce participants to the principles of authentic youth engagement and specific strategies for how to support meaningful involvement for youth and young adults as equal partners in local, State and national system levels. Efforts will continue to develop a plan and activities for increased youth engagement in conjunction with State Title IV-E Waiver activities and growing partnerships with non-profit organizations specialized in engaging youth and families.

The Institute and Portland State University were accepted to present a three and a half hour (3.5 hour) institute at the University of Maryland, Baltimore (UMB) Training Institutes in July 2018 in Washington, DC. This session will introduce AMP and Thrive@25 and explore what the model is and how it has been adapted. This session will include a Mid-Shore LDSS worker or supervisor. The

Thrive@25 team was also accepted to provide a poster presentation on innovative housing strategies for older youth in rural areas at the 2018 UMB Training Institutes.

National Youth in Transition Database (NYTD)

The Department of Human Services / Social Services Administration (DHS/SSA) continues to ensure that transitioning youth are connected to valuable relationships such as mentors and/or adults upon their exit from foster care. The 2017 National Youth in Transition Database Survey (NYTD) provides some insight into youth perspectives on having significant positive connections to adults in their lives. The following table, NYTD Survey – Connection to Adults provides both encouragement and concerns.

Table 52

NYTD Survey -- Connection to Adults		
Youth Perspectives - Cohort 1 (starting FFY 2011) versus Cohort 2 (starting FFY 2014) versus Cohort 3 (starting FFY 2017)		
Percent of Youth Reported Having a Current Positive Connection to an Adult		
Baseline (when foster youth were 17 years old)		
	All Youth	
FFY2011	92%	
FFY2014	92%	
FFY2017	93%	
Follow-up (when foster/former foster youth were 19 years old)		
	Still in Foster Care	Left Foster Care
FFY2011	83%	92%
FFY2014	88%	88%
Follow-up (when foster/former foster youth were 21 years old)		
FFY2011	86%	91%
FFY2014	88%	82%(Half year only)

When youth in all three (3) cohorts were turning seventeen (17) years old, those in Federal Fiscal Year 2011 and 2014, ninety-two percent (92%) and during FFY2017, ninety-three percent (93%) of them reported that they had a positive connection to an adult. Connections are considered a great asset in the transition to young adulthood. Maryland was further encouraged when Cohort 1 had its first follow up, during which the feedback was that the youth still reported a high level of being

connected positively to an adult, especially for those youth who have left care (eighty-three percent (83%) among youth still in foster care, ninety-two percent (92%) among former foster youth).

The first follow-up of NYTD surveys among the youth in Cohort 1 and 2 (when they were turning nineteen (19) years old) found an increase in the number of youth in Cohort 2 who were still in foster care having a greater connection to adults, while those who have left foster care had a lower connection to adults than those in Cohort 1. The second follow-up NYTD survey (conducted when they were turning twenty-one years old (21)) has shown that those in Cohort 1 have increased their connections to adults if in foster care but had a slight reduction in their connections to adults if they were no longer in care. Cohort 2 (with only half of the year completed) has maintained the same percentage with a connection to adults if still in care but showed a reduction for those who are no longer in care.

In comparison, Maryland conducted its own survey over the years, known as the Ready By 21 Exit Survey that is given to every youth aging out of foster care upon turning twenty-one (21) years of age. This survey has a similar question as the NYTD question about having a positive connection to an adult. Among youth aging out of foster care (by reaching age twenty-one (21) while in foster care) between July 2016 through June 2017, ninety-four percent (94%) report having a stable adult in their life or report being a part of a support group. Although most of these youth exit foster care without a permanent home, it is encouraging that a very high proportion reports that they have a mentor or adult connection in their lives. In addition, these results call into question the results from the follow-up NYTD survey for Cohort 2. There will be additional scrutiny and focus on this issue by the State through the work of the Older Youth Specialist with Local Departments of Social Services (LDSS).

Throughout this year, DHS has worked closely with MD Department of Health (MDH) and LDSS' to ensure that transitioning youth secure their health care services upon exiting foster care. The results from the NYTD survey for Cohort 1 (FFY 2011), Cohort 2 (FFY 2014), and part of Cohort 3 (FFY 2017) provide encouraging trends. At the baseline (seventeen (17) year old) each subsequent cohort shows a greater awareness regarding having access to health care. At the first follow-up (nineteen (19) surveys), the 2014 cohort demonstrates a much greater awareness about having health care compared to the 2011 cohort and it is anticipated that this will continue to increase as additional cohorts are surveyed. Youth are more likely to be connected to the health care for which they are eligible, either on their own, or through Medicaid, as shown in the following table. It is interesting to note that foster youth who are still in care for the final follow-up (when approaching twenty-one years old (21)) are less aware of their health care access. It will be important to ensure that they are aware that they have Medicaid as part of their foster care experience.

Table 53

NYTD Survey -- Access to Health Care				
Youth Perspectives - Cohort 1 (starting FFY 2011) versus Cohort 2 (starting FFY 2014) versus Cohort 3 (starting FFY 2017)				
Percent of Youth Reported Having Access to Health Care (Medicaid or Other Type)				
Baseline (when foster youth were 17 years old)				
	All Youth			
	Medicaid	Other Type		
FFY2011	63%	25%		
FFY2014	86%	17%		
FFY2017	91%	23%		
Follow-up (when foster/former foster youth were 19 years old)				
	Still in Foster Care		Left Foster Care	
	Medicaid	Other Type	Medicaid	Other Type
FFY2011	62%	14%	12%	6%
FFY2014	75%	27%	14%	3%
Follow-up (when foster/former foster youth were 21 years old)				
	Still in Foster Care		Left Foster Care	
	Medicaid	Other Type	Medicaid	Other Type
FFY2011	19%	8%	91%	6%
FFY2014	13%	21%	92%	8%

Similarly, DHS/SSA's Maryland Ready By 21 Survey (report period July 2016 through June 2017) indicate that among the two hundred ninety-two (292) participants in the survey, ninety-three percent (93%) have a primary care physician, sixty-six percent (66%) have received or are currently receiving mental health treatment, and seventeen percent (17%) have received or are currently receiving substance abuse treatment. It appears that most of these youth are connected to a health provider and receiving health services as they step away from foster care. This connection is a good sign of progress in Maryland's efforts to connect transitioning youth to health services.

Data Collection

Maryland continues to participate in the NYTD initiative and has been successful in achieving its data entry targets over the last year. In particular, the State was able to exceed the federal NYTD Survey participation rates of nineteen (19) year old foster (86.8%) and former foster youth (62.5%) during FFY2016. DHS/SSA prepared for the NYTD survey collection by ensuring that staff knew the importance of having contact information for youth leaving care and eligible for NYTD surveys. As a result, there were more youth in cohort 2 who were able to be located and thus able to participate due to better documentation of contact methods (telephone numbers, email addresses, etc.) which meant that more youth were able to be included in the surveys.

Review

NYTD data is collected and used to drive services provided to youth in Out-of-Home Placement. The feedback received from the NYTD survey is reviewed by DHS/SSA and is presented and reviewed by a number of partners. The purpose presenting and reviewing the data with partners is to discuss changes in practice that will better address the areas of need identified in the survey. During this period, NYTD was discussed with the Foster Care Court Improvement Project (FCCIP) and Resource Providers (group providers and resource parents). Through this review of the data and discussion, changes were made to education including adjustments in the tuition waiver law and the need for development of foster youth employment opportunities.

Results and information from NYTD surveys are also shared and discussed with youth, the staff at the LDSS', and with agency front line case workers and supervisors. A summary of NYTD cohort 1 results, NYTD cohort 2 results for the baseline are included in the charts, first follow-up (nineteen (19) year old) survey as well as first half of FFY2018 (twenty-one (21) year old) and baseline (seventeen (17) year old) NYTD cohort 3 has been developed for review. A brief review comparing the baseline for FFY2014 and FFY2017 and second follow up experience (containing survey statistics separately for foster youth and former foster youth at the time of the follow up NYTD Survey, for the FFY2011 and FFY2014 (only first half of year surveyed) reveals a bright spot as well as several trouble spots:

- Financial mixed picture: the baseline 2014 and 2017 cohorts show very similar data with regards to employment and training (18.1% and 21.7%, 18.1% and 20.2% respectively). Fewer in the 2017 cohort receive financial aid for educational expenses (1% vs. 2%). With regards to the second follow up for 2011 and part of 2014, many more discharged youth report employment in the 2014 (50% vs. 43.4% from 2011) cohort although they also report a

greater reliance on public assistance (financial, food, and housing) than those in the 2011 cohort (0.02% vs. 9.1% for financial, 17.5% vs. 22.7% for food and 12.5% vs. 13.6%).

- Education picture mixed: the baseline cohorts of 2014 and 2017 show that while those in 2017 (89.7% vs. 92.1%) report fewer being in school, there is a greater number reporting having completed school or received their GED (5.8% vs. 2.8%) as well as a small percentage who received their vocational license or certificate (0.3% vs. 0%). In the second follow up, the 2014 cohort shows concerning information for discharged youth regarding high school attendance (4.5% vs. 28.95%)/completion or GED (50% vs. 68.4%) although greater numbers receiving vocational license or certificate (9.1% vs. 1.32%) and a greater number of those in foster care receiving a college degree (3.6% vs. 1.32%).
- High Risk/Living Stability mixed: At baseline the 2017 cohort shows many fewer youth reporting high risk behaviors (16.4% vs. 22% (substance use), 8.6% vs. 15.1% (incarceration), 8.2% vs. 4.5% (parenting) or experiencing homeless (6.5% vs. 8.2%) when compared to the 2014 cohort. So far, the second follow up is showing a reduction with regards to substance abuse (5.5% vs. 9.76% (still in foster care), 9.1% vs. 11.84% (discharged)) and incarceration (9.1% vs. 13.01% (still in foster care), 13.16 vs. 32.89% (discharged)) for the 2014 than the 2011 cohort although there is an increase in those in the 2014 cohort who report being parents (27.3% vs. 17.89% (still in foster care), 27.3% vs. 18.42% (discharged)) or being homeless (5.5% vs. 6.5% (still in foster care), 54.5% vs. 19.74% (discharged)) (especially for those who were already discharged in the 2014 cohort). This substantial increase in the number of 2014 cohort reporting an experience of homelessness needs to be better understood.
- Connection to Adults mixed: The 2017 cohort shows slightly more responding that they have positive connection to an adult (92.8% vs. 91.8%). At the second follow up, those youth who have already discharged in the 2014 cohort report many fewer having positive connections than any of the other sub-groups (86.99% vs. 90.9% (2011 vs. 2014 – still in foster care), 90.79% vs. 81% (2011 vs. 2014 – discharged)).
- Health picture is aligning with the reality that all these youth are eligible for health care: at baseline the 2017 cohort demonstrates a much greater awareness about having health care compared to the 2014 cohort (91.4% vs. 85.7% (MA), 22.9% vs. 17% (some other insurance)). For the second follow up, fewer youth report having Medicaid (82.93% vs. 81.5% (2011 vs. 2014 – still in foster care), 51.32% vs. 45.5% (2011 vs. 2014 – discharged)) in the 2014 cohort although more report having some other type of health insurance (12.20% vs. 29.1% (2011 vs. 2014 – still in foster care), 14.47% vs. 27.3% (2011 vs. 2014 – discharged)). The bright spot here is that this may mean that these youth may be more likely to seek the health care that they in fact do have, either on their own, or through Medicaid.

Maryland will continue to engage its stakeholders to review the statistics gleaned from this NYTD survey, in order to understand the magnitude of the issues facing young adults who are transitioning from foster care, and continue to improve the State's approach to supporting these youth so that they can be successful. The Older Youth State Independent Living Coordinator will continue to work with the federal Capacity Building Center and other technical assistance partners to examine the status of transitioning youth in Maryland in order to improve the State's response in support of the transition they are making to young adulthood.

In its efforts to inform youth about NYTD, Maryland has dedicated a page on the mdconnectmylife.org website which provides youth information through three simple questions: What is NYTD? Why is it important? And 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 Board (SYAB) members, with emphasis on the critical importance of receiving input from youth. Youth feedback provides essential understanding of the needs of youth leaving foster care, and points to child welfare service areas that can improve so that youth can have better outcomes.

DHS/SSA plans to re-establish a feedback loop with the SYAB for practice and policy changes that will better serve youth. As areas of concern are identified, LDSS will provide feedback that they can use to improve the life skills classes and other training sessions. The data collected from the NYTD surveys are used to enhance the Ready By 21 services provided to all youth in foster care ages fourteen (14) and above. This initiative is a critically important initiative that Maryland is undertaking 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.

2018-2019 Plans

Information, data and policies will be presented to the youth through the State Youth Advisory Board. On a quarterly basis, starting in the fall of 2018 discussions will be held with youth to share data and relevant information on the implications for transitional services and youth outcomes. Proposed policies, regulations and legislative mandates will be shared with youth as they become available during monthly department youth board meetings. Youth feedback will be gathered and presented to SSA workgroups i.e. Emerging Adult Workgroup, Outcome Improvement Steering Committee, Services Array Workgroup and the SSA Steering Committee for improvement considerations on the following:

- Youth feedback on the Practice Model and Youth Engagement
- NYTD survey data will be presented to the youth and their feedback will be incorporated in the revisions to the Ready By 21 Manual as well as the other policies.
- Trainings that will be presented to caseworkers will be presented to the youth to determine any adjustments.
- Child and Family Services Review processes and feedback

Office of the Department of Human Services Secretary's Foster Youth Ombudsman

The Foster Youth Ombudsman reaches out to youth through visits to all Child Care Agencies, Local Departments of Social Services (LDSS) and Life Skills Classes as a way to introduce how the position's services may be utilized by foster youth, LDSS staff and Child Care Provider Staff. This outreach includes the education around the eligibility around enhanced after care and independent after care services. The DHS/SSA helpline (1-800-332-6347) includes a direct referral for foster youth to the Foster Youth Ombudsman for assistance.

Accomplishments and progress for 2017-2018

- The Foster Youth Ombudsman:
 - Completed and released the Foster Youth Rights Video and worked very closely with the Communications office to post on DHS' social media platforms.
 - Participated in the Foster Youth Shadow Day in Annapolis on February 14th and 15th which gave current foster youth around the State the opportunity to interact with their delegate and witness how bills are introduced, heard and passed or denied. Approximately sixty (60) foster youth were able to participate and efforts are underway to ensure this opportunity will continue to take place on an annual basis.
 - Testified on Senate Bill 85 (Tuition Waiver Bill) which would close a loophole that made foster youth who left foster care to guardianship or adoption ineligible for the Tuition Waiver. The Foster Youth Ombudsman also provided written testimony for Senate Bill 0787 (Children in Out-of-Home Placement - Rights) which would require the DHS/SSA to provide the Foster Youth Bill of Rights, at least one time each year, to a child who is at least thirteen (13) years old. DHS/SSA currently shares Foster Youth Rights with foster youth through the Youth Matter Handbook and online resource (mdconnectmylife.org) but this bill will codify this expectation allowing consistency throughout the state.

2018-2019 Plans

The Foster Youth Ombudsman plans:

- To continue efforts to ensure the Foster Youth Rights Video is widely dispersed.
- To work with DHS Communications and DHS/SSA team members to develop and implement a Social Media Outreach strategy for youth currently in care and alumni of foster care (former foster youth) focusing mainly on Facebook and Twitter.
- To work to develop connections between current foster youth and alumni of foster care through Peer to Peer Programming and in partnership with DHS/SSA and the State Youth Advisory Board (SYAB).
- To continue to discuss ways to build DHS/SSA' Foster Youth Development Pillar to include proactive strategies to prepare foster youth to transition from foster care into self-sufficiency.
- To continue to visit Local Departments of Social Services (LDSS), providers and community organizations connected to youth in care.

Employment

Workforce Development

DHS's young TANF and foster care populations, in addition to the Department of Labor and Licensing and Regulation youth workforce development programs, utilize the Hiring Agreement Program, a legislative mandate, to increase foster youth job placements and promote independence. The Hiring Agreement Program provides specific populations with first priority to State contracted jobs. Through State contractors job placement agreements successfully hired 757 current TCA, former TCA, children of current TCA, children of former TCA, and Foster Care Youth placements with 10 retaining those job placements. The two highest retention groups were former TCA recipients (90%) and Foster Care Youth (71%).

Job Corp

DHS/SSA collaborated with the Woodstock Maryland Job Corps center and celebrated a streamlined admission process for all DHS/SSA foster youth to gain entry into their career-training program. The Maryland Job Corps training program offers training in finance, business, construction, health care, automotive and machine repair, information technology, renewable resources and energy, retail sales and services, public services and advanced manufacturing. At the completion of the Jobs Corps program, foster youth acquire employment skills needed to transition out of foster care as emerging adults who are qualified and prepared for the professional workplace. SSA continues to work with

Maryland Job Corps center to gather data on the status of youth who participated and completed the program. Data and outcomes will be available in the Fall of 2018.

Youth are provided with opportunities to identify career goals and the necessary steps to achieve those goals. Many youth have an opportunity to learn basic job skills through summer youth employment or year-round employment programs provided by the LDSS or their community partners. DHS/SSA is exploring the potential use of a statewide career/education assessment tool which will assist LDSS staff with linking youth with employment or educational employment opportunities that meet their interests and abilities. Some providers of youth employment programs for youth in foster care (summer or year-round) have specific assessment tools they use to support this work (e.g. AcuMax).

DHS/SSA continues to explore ways to expand these programs and develop additional programs to increase job training and employment opportunities for Maryland former foster youth. DHS/SSA has developed a number of employment programs for youth to develop job-related skills and employment opportunities, which are detailed below:

Summer Youth Employment Programs through LDSS

Each of Maryland's twenty-four (24) jurisdictions implement a summer youth employment program for foster youth ages fourteen (14) and older. These programs provide job readiness training and job placements, career development, life-skills training, as well as field trips to colleges and/or businesses, and regular monitoring regarding each youth's performance. These programs play a critical role in helping foster youth acclimate to the workforce through the development of work habits and skills. Specific data for the percentage employed and percentage finishing the program is not available at this time and DHS/SSA is considering how to collect the data efficiently and effectively.

Foster Youth Summer Internship Program)

DHS/SSA continues to work with the Department of Budget and Management (DBM) to secure statewide summer internships in Maryland State Agencies that are tailored to the interests and needs of interested foster youth. SB 785 provides provisions for foster youth training and experience through internships in agencies within the Executive Branch of State government. The partnership with the summer youth internship program is extremely important to the foster youth because it provides youth in care, ages fifteen (15) and older with the opportunity to work in a professional setting to obtain experience and job skills for resume building.

Fostering Employment Act of 2018 (Senate Bill 308)

DHS/SSA will be partnering with the Department of Labor and Licensing (DLLR) to strategize on a plan to implement a program to foster care recipients and unaccompanied homeless youth to provide employment opportunities through training that lead to industry-recognized credentials through the participation of a DLLR registered apprenticeship program or; job readiness training.

Internal Workforce Development Workgroup

DHS has initiated an internal workforce development workgroup to promote and support the Maryland Workforce System Benchmarks of Success. The workgroup is a collaborative effort of the Family Investment Administration (FIA), Child Support Enforcement, Social Services Administration and the Office of Refugee Services. The workgroup will map out all of the workforce development programs facilitated by DHS. The workgroup established data points for each participating department to expand on to expose trends. The identified data points include employment, job retention, earnings, health benefits, program participation, program completion, participant characteristics and Workforce Innovation Opportunity Act (WIOA) benchmarks. The workgroup intends to use the data to create minimum data collection requirements across DHS administrations and create one specific location for the data to be housed and for reporting purposes reported.

Per the Action Transmittal from DHS/Family Investment Administration, “Through this collaborative effort, DHS/SSA has partnered with FIA to extend the Vehicles for Change Program to foster youth. On January 1, 2017, FIA entered into a one (1) year grant agreement with Vehicles for Change (VFC). VFC will administer a statewide Transportation Assistance Program (TAP) to provide vehicles and related services to eligible former and current Temporary Cash Assistance (TCA) recipients, foster care youth between the ages of eighteen (18)-twenty-one (21), and TCA-connected, non-custodial parents in order to obtain and maintain employment. The basic premise of TAP is to provide Maryland State inspected vehicles at a reasonable price to eligible customers who are employed or have a verified job offer and do not have reliable means of getting to and from work. TAP will provide low-cost, used Maryland State inspected vehicles on a first-come, first-served basis. LDSS offices may in certain cases offset the customer cost for the vehicle through Welfare Avoidance Grants (WAGs).” This collaboration allowed DHS to have access to over one hundred (100) vehicles for youth who are working a minimum of thirty (30) hours per week and are licensed to drive in the state of Maryland.

2018-2019 Plans

SSA plans to continue to collaborate with FIA to identify opportunities that foster youth can explore to obtain and secure employment starting with the training of the hiring agreement program with Independent Living Coordinators. FIA training of the hiring agreement program and process begins during the summer of 2018.

Family Unification Program

The Family Unification Program (FUP) provides resources necessary to prevent family separation and to prevent homelessness among aging-out youth. The FUP provides Housing Choice Vouchers (HCVs) to:

- Families for whom the lack of adequate housing is a primary factor in either:
 - The separation or the threat of imminent separation of a child or children from their families to an Out-of-Home Placement.
 - The delay in the discharge of the child or children to the family from an Out-of-Home Placement.
- Youth whom are either at least 18 years old and not more than 24 years old and:
 - left foster care at age 16 or older or will leave foster care within 90 days and lack adequate housing
 - are homeless
 - are at risk of homelessness

FUP vouchers used by youth are limited, by statute, to thirty-six (36) months of housing assistance. Families and youth may use the vouchers provided through FUP to lease decent, safe, and sanitary housing in the private housing market. In addition to rental assistance, supportive services must be provided to FUP youths by the Local Department of Social Services (LDSS) for the entire 36 months in which the youth participates in the program. Examples of the skills targeted by these services include money management skills, job preparation, educational counseling, and proper nutrition and meal preparation. The program does not require LDSS to provide supportive services for families; however, LDSS' make them available to families as well. Currently, three hundred thirty-five (335) FUP vouchers are utilized throughout the State according to the following schedule:

Table 54

Jurisdiction	# of FUP Vouchers Issued
Calvert County Housing Authority (HA)	25
Baltimore City HA	100
Prince George's County	60
Maryland Department of Housing and Community Development (DHCD) (Allegany, Garrett, Frederick, Caroline, Dorchester, Kent, Somerset, Talbot, Wicomico and Worcester)	100
St. Mary's County HA	50
TOTAL	335

The Maryland Department of Housing and Community Development (DHCD) had success with the FUP program in the past. However, it was recently decided to streamline the referral process (for the Maryland DHCD FUP vouchers) through the DHS to ensure all of the Local Departments of Social Services (LDSS) receive notification simultaneously when there is program availability. The new procedures also allow for better tracking of FUP voucher usage and availability.

Updates and Accomplishments for 2017-2018

Since September 2017, there have been two hundred ninety-nine (299) referrals for the New Future Bridges Subsidy Program, of which one hundred fifty-four (154) were foster youth. There are sixty-three (63) transitioning youth receiving rental subsidies and eighteen (18) additional youth that are working with a Housing Navigator in their search to obtain permanent housing.

SECTION XII: UPDATES TO TARGETED PLANS

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

DHS/SSA continues to work towards the goals of the Foster and Adoptive Parent Diligent Recruitment Plan. The Goals of the Foster and Adoptive Parent Diligent Recruitment Plan are:

Goal #1 - Increase the number of resource parents in Maryland to meet the needs of the state *with the objective of recruiting and retaining resource families appropriate for children in care,*

Goal #2 Increase certification rate of eligible applicants by 20% statewide *with the objective of promoting timely and diligent recruitment efforts*

Goal #3 Children in foster homes will have greater placement stability with the objective to preserve willingness and strengthen the abilities of current foster parents.

Goal #4 Increase number of resource homes by 20% to reflect the demographics of children entering foster care *with the objective to build positive perception of foster care*

Each Goal includes strategies and action steps to move the State closer to achieving the Goal. To see the Goals, Strategies, Action Steps and updates, please see Appendix V, including ongoing work for Goals 1-4. Specific accomplishments to Goals 2 and 3 are listed below.

Accomplishments for Goal #2 Increase certification rate of eligible applicants by 20% statewide for which the strategies include Engage Resource parents in developing and attending recruitment events, facilitate focus groups, offer trainings at convenient times and locations, provide family and family oriented responses to inquiries.

- Trainings at convenient times and locations:
 - Spring 2018 Resource Parent Conference
 - The Resource Parent Conferences were held to equip resource parents with skills and appropriate knowledge. The conference was held in March of 2018 at the Chesapeake College in Wye Mills, Maryland. A total of one hundred twenty-one (121) resource parents were in attendance. Conference topics that are counted towards re-certification included:
 - *Basic LGBTQ Competency for Resource Parents*
 - *Finding Children's Strengths in the Oddest Places*
 - Holding it Together: Disruption Prevention
 - Healing Childhood Trauma in Foster Care
 - Parenting Troubled Teens

- Ready by 21 and Creating Teachable Moments
- Infant, Youth & Adult CPR
- Digital Safety: Understanding the Dangers of Technology

Accomplishments for Goal #3 Children in foster homes will have greater placement stability for which the strategies include training, support services and appreciation events.

- Appreciation events for foster parents:
 - In May 2018, twenty-six (26) Local Departments of Social Services resource parents were honored at Adventure Park USA and presented with Governor Citations, Chick-fil-A gift cards, and Oriole baseball tickets as tokens of appreciation for their service.
- Training/support services:
 - The Child Welfare Academy offers training for Resource Parents. Evaluation results for the trainings may be found in Appendix D, Item 28. The evaluation results include responses to the statements:
 - I will be able to apply the knowledge learned from this training
 - The training was relevant to my role as a resource parent.
 - The information I learned today will make me a more effective resource parent.
 - This training met my expectations as a resource parent.
- To implement a training protocol for foster parents, SSA is finalizing the procurement of the New Generation Pride Training with an anticipated roll-out date of Fall 2018.

Also, resource parents reported that the LDSS is responsive to their needs, which speaks to the Department's acknowledgement and appreciation for their service:

- 78% of resource parents acknowledge they receive responses always or almost always from the LDSS via phone/email within one business day. (Increase from 72% in 2017)
- 71% of resource parents receive notification of Family Involvement meetings. (Increase from 67% in 2017)
- 82% of resource parents feel they are treated with dignity, respect, and consideration as a member of the child welfare team. (Increase from 73% in 2017) (Although this question does not speak directly to skills and knowledge, it reflects indirectly how the resource parents are treated and viewed by child welfare staff and stakeholders as having the skills and knowledge needed to parent children and youth in care.

- 81% of resource parents feel they have received adequate opportunities for training.
(Decreased slightly from 89% in 2017)

It is planned to include evaluation questions for the conferences in the upcoming year regarding training relevant to the role of the foster parent.

Recruitment/Retention Plans

There are currently no changes to the DHS/SSA Recruitment and Retention plan for this reporting period.

Maryland Foster Home Board Rates Updates

As of State Fiscal Year 2017, Maryland Public Foster parents received a two percent (2%) Board Rate Increase.

Table 55

Foster Family Care SFY2017 Monthly Board Rates			
	Per Diem	Monthly Clothing	Monthly Board
Regular Care (Payment Category 2173, 7173)			
o Infant through age 11	\$28.00	\$60	\$852
o Age 12 and older	\$28.50	\$75	\$867
Emergency Care (Payment Category 2171, 7171)			
o Per Diem o Retainer	\$30.60		\$30.60
Respite Care (Payment Categories 7157 (Foster Care) and 7158 (Kinship Care))	\$30.60		\$30.60
Intermediate Care (Payment Category 2174, 7174)			
o Infant through age 11	\$31.86	\$60	\$969
o Age 12 and older	\$32.36	\$75	\$984
Intermediate Difficulty of Care Stipend			
o Infant through age 11	\$38.43	\$60	\$1,169
o Age 12 and older	\$38.94	\$75	\$1,184
Public Treatment Foster Care (Specialized Care) (Payment Category 2175, 7175)			
o Infant through age 11	\$28.00		\$852
o Age 12 and older	\$28.50		\$867

Policies for Recruitment

- Maryland prohibits discrimination towards the diversity of children. Resource parents are expected and encouraged to foster/adopt regardless of a child's sexual preference or racial background.
- Maryland contracts for private residential child care providers and prohibits the discrimination of employees (resource parents) or in accepting children.
- Maryland also prohibits against the discrimination of LGBTQ youth for public/private placements.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Accomplishments/Progress

The Health Care Oversight and Coordination Plan was developed in order to encompass all of the required federal mandates. The plan lays out a pathway to continuously improve and ensure the quality of care of all children in Out-of-Home Placement in Maryland. There were no changes or additions needed in the Health Care Oversight and Coordination. The Health Care Oversight and Coordination Plan will be updated for the 2020-2024 Child and Family Services Plan (CFSP).

DHS/SSA made a concerted effort to look at opportunities to strengthen program activities, policies, partnerships and collaborations that will improve the health care and oversight of children and youth in foster care. DHS/SSA was able to build upon partnerships with Maryland's Department of Health (MDH) including the Behavioral Health Administration and The University of Maryland (UMD).

SSA was able to develop various tools such as desk guides, checklist and trainings to assist the Local Department of Social Services (LDSS) in the oversight and coordination of health care services for children within their jurisdictions. These tools were developed to aid the LDSS staff in maintaining up-to date and complete health records and health passports for children in care, ensure the health care assessments and appointments for children are scheduled timely and follow up is conducted and ensuring the health needs of children are determined in a timely manner and monitored thereafter.

During this past year, the department in partnership with child welfare stakeholders was able to identify requirements within the Health Care Oversight and Coordination Plan that were not being fully implemented at the local level. Through various feedback loops and review of policy, practice and data, a number of contributing factors were identified that lead to the difficulty in proper

documentation and identification of health problems, access to health care services and adequate monitoring of the health care needs of children in care across the state.

Some of the contributing factors identified were, delays in receiving documentation from medical providers, challenges with meeting the initial health screen time frame of within 5 days of removal, challenges with obtaining documentation such as birth certificate, social security documents and education records; Foster parents inability or lack of authority to sign for specific health related services has also been identified as a contributing factor that delays accessing health care services. It has also been identified that there continues to be a lack of dental providers in rural areas and dental providers who accept Medicaid as a payment type.

There is a large shortage of mental health services specifically child psychiatrist and the completion of annual assessments has also been a challenge for older youth who may refuse to comply or are frequently AWOL. High employee turnover at the local level has also contributed to a lack of clarity in regards to the proper way to document health related activities for children in care in MDCHESSEIE.

This past year the SSA advisory committee reviewed data around health care and placement stability and recommendations were provided. These recommendations spawned the Medical Director's bill introduced during the 2018 legislation session referenced below. In addition, the systematic factors related to proper documentation of health care needs and services are being addressed in the build of the new data system CJAMS.

During the 2018 Legislative session, Maryland House Bill 1582 Centralized Comprehensive Health Care Monitoring Program was passed. House Bill 1582 requires DHS to hire a State Medical Director to oversee the coordination and monitoring of health care services for children and youth receiving child welfare service. The director, in consultation with Local Departments of Social Services, must develop a Centralized Comprehensive Health Care Monitoring Program. Some of the responsibilities of the Medical Director include, (1) data collection on the timeliness and effectiveness of the provision or procurement of health care services for children in care, (2) track health outcomes for children in Out-of-Home Placements; (3) assess the competency of health care providers who evaluate and treat abused and neglected children in the custody of a Local Department of Social Services; (4) periodically assess the supply and diversity of health care services that evaluate and treat children in Out-of-Home Placement and work with specified entities to expand the supply and diversity of such services; (5) work with stakeholders to identify systemic problems affecting health

care for children in Out-of-Home Placement and develop solutions; and (6) using practice guidelines developed by specified entities, ensure best-practice medical review and evaluation of cases of suspected child abuse or neglect. This bill aligns with DHS/SSA strategic vision of well-being outcomes for children in care. The Department's efforts in implementing this law is currently under development and the Medical Director roles in oversight and coordination of health care for children in care will be addressed in the updated Health Care Oversight and Coordination Plan CFSP 2020-2024 submission.

As part of a continuation of improve practices efforts, DHS/SSA restructured to develop The Child and Family Well-Being Unit. The goal of the Well-Being unit is to ensure that children and families are on healthy developmental trajectories and achieve well-being outcomes. One of the functions of this unit includes implementing and coordinating strategies with LDSS and other health care providers to ensure access to health care for children, youth and young adults in care including their mental health and dental care needs. This unit is also responsible for monitoring the health care related data and providing needed support and technical assistance to LDSS in this area. The Well-Being unit consists of a Child and Family Well-Being Manager, an Education Specialist and a Health and Mental Health Specialist.

Since implementation of the Unit in November of 2017, much of the unit staff efforts have been around reviewing of the current health care coordination plans, policies and procedures, health related data and coordinating with state and local staff to identify opportunities to strengthen the oversight plan and improve progress around oversight. Further information on implementation and coordinating strategies as well as technical assistance provided to LDSS can be found in the Health Goal section of this report.

This past year, as part of the DHS/SSA implementation structure, the Well-Being and Behavioral Health workgroups were formed to support health care oversight. The workgroups consist of an array of stakeholders in various capacities such as State and private agencies, advocate groups, health care providers, and family representatives. At the time of this report, the Well-Being workgroup held three meetings in which goals were established to support health care oversight with preliminary plans to begin identifying barriers impeding progress and practice within the Local Department of Social Services and ways to enhance services for children in foster care.

Some identified barriers include smooth coordination of services and information between various providers and LDSS staff, delays in receiving necessary documentation needed to ensure care is provided as well as challenges with tracking the health care needs of, or services received, by

children cared for at the LDSS. As the workgroup continues to collaborate monthly, its role is around developing strategies to address barriers and improve outcomes. The work plans to review DHS/SSA policies related to healthcare oversight and providing recommendations for improvement. With ongoing and meaningful collaborations such as these groups, DHS/SSA expects to utilize the feedback and recommendations from these groups to improve and enhance health service array leading to improve health outcomes for children and youth in care. Please see Goal 3, Strengthen the well-being for infants, children and youth in foster care for more detail around these efforts.

Psychotropic Medications

DHS/SSA continues to monitor the use of psychotropic medications prescribed to youth in foster care. An Inter-Agency Agreement with the University Of Maryland School Of Pharmacy to oversee the use of psychotropic medication has been extended. DHS/SSA plans to maintain and improve collaborations with the University of Maryland School of Pharmacy, Maryland Department of Health (MDH), and community based services to ensure that foster children are receiving appropriate mental health services.

All youth who receive Medicaid in Maryland and are prescribed antipsychotic medication, are monitored by State level child psychiatry. This program is known as the Peer to Peer Program. The Peer to Peer Program conducts pre-authorization review for antipsychotic medication treatment for youth that receive Medicaid. The Peer to Peer Program and the Oversight of Psychotropic Medication Policy continues to support and guide DHS/SSA with strengthening Maryland's child welfare system and fulfilling federally mandated monitoring with reporting provided from University of Maryland School of Pharmacy on psychotropic medication of children and youth in foster care.

The ongoing psychotropic monitoring of youth in foster care provides useful data to support SSA's strategic plan for addressing the emotional, behavioral, and mental health needs and services for children and youth in foster care. The Behavioral Health Workgroup and Psychotropic Medication Subcommittee plans to review and utilize data to identify trends, goals, and develop strategies to support the LDSS with improving policy and practice to meet the emotional, behavioral, and mental health needs for children in foster care.

The most current data shows that approximately 25% to 27% of foster care children ages 0-18 are prescribed psychotropic medications. Overall, there has been a decrease in psychotropic medication prescription among foster care children ages 0-18 years, and more specifically for ADHD, anti-psychotic, and anti-depressant medications since April 2017. Data also indicates a slight decrease

from 6% to 5% of children in foster care age 0-18 who are prescribed three or more psychotropic medication since April 2017. Ongoing discussions are held with stakeholders, LDSS, and community providers; in addition to, Behavioral Health and Psychotropic Medication workgroups to identify needs supporting the overall health for children and youth in foster care. Psychotropic Medication Subcommittee plans to review data monthly with LDSS staff, community providers, and stakeholders.

DHS/SSA also utilizes findings from the Citizen Review Board (CRBC) reports to inform decisions needed for systematic improvements. The findings during State Fiscal Year 2017, showed approximately 41% of foster care children/youth had been prescribed psychotropic medication. This reflects a slight increase, <5%, from 2015 and 2016 findings of 37%. Although this data is reflective of a small sample, 18% of the total number children served in the state of Maryland, the data support what is already known regarding the utilization of psychotropic medication for children in care. The reviews provide additional insight on areas of improvement around psychotropic medication and DHS/SSA plans to utilize recommendations to develop strategies, improve practices, and strengthen coordination of services in this area. The agency will utilize the recently formed Psychotropic Subcommittee to address areas identified as needing improvement.

The Subcommittee is an extension of the Behavioral Health Workgroup and the overall SSA implementation structure and feedback loop. Psychotropic Medication Subcommittee was created in February 2018. This subcommittee was formed to enhance Maryland's oversight of psychotropic medication for children in foster care. The group is in the process of identifying overarching goals and specific tasks that will guide the committee in addressing the needs and concerns of children and youth in care who have mental health needs and receive psychotropic medication. It should be noted that the subcommittee is newly formed with four meetings held at the time of this report.

The subcommittee members consist of stakeholders and advocates around mental health services e.g. University of Maryland/Psychiatry (child psychiatrists), child welfare administrators, University of Maryland/Pharmacy staff, and DHS/SSA program manager and policy analysts. The Psychotropic Subcommittee currently meets monthly. The subcommittee plans to review data during meetings to identify barriers, trends, and service array needs. Preliminary discussions include types of data to review such as psychotropic medication by age group, gender, and medication class. Additionally, compare utilization across various jurisdictions in Maryland to better understand service needs, oversight, and expansion. The preliminary focus areas and plans for subcommittee include but not limited to the following:

- Reviewing psychotropic medication data may assist with identifying needs within Local Department of Social Services to support oversight and determine expansion of the Peer to Peer Program to support monitoring of psychotropic medications for FY 2019.
- Utilizing the experience, expertise, and knowledge of subcommittee members may direct the workgroup in determining revisions and recommendations for enhancing current policy, and addressing barriers to resolve and improve emotional and behavioral health services
- The subcommittee comprised of LDSS staff, stakeholders and advocates, plans to develop specific plans and activities to increase child welfare staff, foster parents, and provider community knowledge related to foster youth and medication i.e. guide on psychotropic medications.

The current Health Care Oversight and Coordination Plan was reviewed to determine if the plan meets the recent Family First Prevention Services amendment around clear procedures and protocols to ensure children are not inappropriately diagnosed.

DHS/SSA's current State Health Care Oversight and Coordination Plan as well as the Oversight and Monitoring of Health Care Services policy, outlines procedures for overall health care oversight for children who come into care. SSA will need additional time to further develop procedures and protocols to ensure children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and are not placed in settings as a result of the inappropriate diagnoses as described in ACYF-CB-PI 18-06.

Steps taken to date:

During the 2018 Legislative session, Maryland House Bill 1582 Centralized Comprehensive Health Care Monitoring Program was passed. House Bill 1582 requires DHS to hire a State Medical Director to oversee the coordination and monitoring of health care services for children and youth receiving child welfare service. The implementation of a Child Welfare Medical Director is another opportunity in which the state can provide additional oversight of diagnosis.

2018-2019 Plan

As the agency makes provisions for implementation of this bill, SSA has begun strategizing with input from stakeholders how the Medical Director can be utilized to provide oversight of mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities diagnosis. Some of the targeted responsibilities of the Medical Director include tracking

health outcomes for children in Out-of-Home Placements and assessing the competency of health care providers who evaluate and treat abused and neglected children in the custody of a Local Department of Social Services (LDSS) and consulting with LDSS and other state lead Health Care providers to ensure best-practice medical review and evaluation of cases of suspected child abuse or neglect. SSA plans to include the monitoring of diagnosis and placement as a result of the diagnosis as a responsibility in the Medical Director's job description and included in the state's updated Health Care Coordination and Oversight plan.

The establishment of the Medical Director including finalizing the scope of responsibilities and recruitment efforts will take place in the second State fiscal quarter (October – December 2018) and DHS anticipates having a Medical Director hired in the third State fiscal quarter, (January – March 2019).

SSA initiated stakeholder feedback and input of health care oversight opportunities through the various workgroups established within SSA's implementation structure in June of 2018 and will continue the collaborative efforts and planning meetings throughout the first (July – September 2018) and second (October – December 2018) State fiscal quarters.

Currently SSA is collaborating with the University Of Maryland School Of Pharmacy staff and other health experts in the state to identify additional opportunities in which the monitoring of diagnosis can be completed at both the State and local levels. Opportunities explored include the review of data, identifying "Hot Spots" in various jurisdictions, and placements in which there are high medications and placement mobility as well as exploring how each LDSS within the state can establish internal procedures around oversight of diagnosis.

Guidance Manual Plan

SSA and the Development Disabilities Administration (DDA) has established a joint guidance manual for the LDSS and local DDA, to provide guidance around identifying and referring children in care have developmental disabilities may be eligible for DDA services. This guidance will be issued in the fourth state fiscal quarter (April – June 2019). The fully developed procedures to ensure children are not inappropriately diagnosed and placed in settings based on diagnosis will be outlined in the 2020-2024 Child and Family State Plan that will be submitted in June 2019.

DISASTER PLAN

The Maryland Emergency Management Agency finalized the updated state of Maryland disaster response and recovery plan in September of 2017. The State now has one plan – the state of Maryland Consequence Management Operations Plan. DHS remains the State lead for disaster human services in the updated plan. The state of Maryland Consequence Management Operations Plan can be found at this link:

http://mem.a.maryland.gov/Documents/Maryland_Consequence_Management_Operations_Plan%209.5.17.1_Public_Version.pdf or at Appendix P.

The main change related to DHS in the new plan is a change in terminology from “Emergency Support Functions (ESFs)” and “Recovery Support Functions (RSFs)” to “State Coordinating Functions (SCFs).” DHS is now considered the lead for “State Coordinating Function, Human Services.” DHS responsibilities remain the same, and still include mass care, sheltering, feeding, disaster reunification and recovery social services.

Within DHS, the Office of Emergency Operations (OEO) remains the operational entity responsible for the Department’s emergency response coordination efforts, including Continuity of Operations Plan (COOP), individual and mass repatriation, and twenty-four hour emergency response as required by the state of Maryland Consequence Management Operations Plan. Within DHS, OEO reports to the Chief of the DHS Division of Administrative Operations (DAO).

Emergency Preparedness and Shelter Operations trainings are still mandatory for all DHS employees and contractors. There is a high percentage of compliance, and most DHS workers have completed the trainings. DHS has increased training opportunities, and now have trainings in all of the following emergency response areas: Emergency Preparedness, Shelter Operations, Shelter Manager Training, Disaster Behavioral Mental Health, Community Emergency Relief Tracking System Training, Building an Emergency Financial First Aid Kit, Individuals & Households Program and Other Needs Assistance Training, Disaster Casework, Residential Damage Assessment, Continuity of Operations, Emergency Operations Center/Resource Request Response and Service Center Training. Some training is available to all DHS employees on the DHS Intranet. DHS continues to maintain The Community Emergency Relief Tracking System (CERTS) database, and regularly updates its capabilities.

Per the State Consequence Management Plan, DHS provides disaster family reunification services. Over the past year, DHS has worked with the Maryland Department of Health and the Maryland Institute of Emergency Services Systems to increase capabilities for disaster people tracking during large-scale evacuations and mass casualty events. DHS workers are currently being trained to use the Chesapeake Regional Information Systems for our Patients (CRISP) database. The CRISP database houses medical intake records for Emergency Rooms and medical facilities statewide. DHS staff will have access to specific and appropriate information during certain disasters for purposes of disaster family reunification. The database is used in conjunction with a call center to assist with tracking and reuniting people during disasters and emergencies. When the call center is open, the American Red Cross, and other partner agencies are typically invited to send representatives, or to support virtually.

Disasters or Emergency Response Activations Since the Last Reporting Period

There were multiple activations of the State Emergency Response Plan which were relevant to this report: May 15, 2017 School Bus Accident, July 24, 2017 Queen Anne’s County Tornado, September Hurricane Repatriation Standby, Multiple Winter Weather Events for Winter Season January -March 2018, The March 20, 2018 High School Shooting, and the March 24, 2018 ‘March For Our Lives’ Events.

May 15, 2017 School Bus Accident

On the morning of May 15, 2017, a bus transporting students and staff from a school in Pennsylvania crashed in Harford County (city of Havre de Grace) Maryland. The Harford County Office of Emergency Management worked with the Maryland Emergency Management Agency (MEMA) and the Pennsylvania Emergency Management Agency (PEMA) to respond. MEMA requested DHS support because DHS is the lead for family reunification per the State plan. DHS sent representatives to Harford County to assist the local jurisdiction with family reunification activities, including a Family Reunification Center (which was set up and prepared but not used.) Ultimately, most reunification activities were handled by Harford County Emergency Management, in coordination with Philadelphia Emergency Management and the Pennsylvania school system. The State response plan calls upon State resources to support local jurisdictions. The plan was enacted appropriately, and no after action items were noted for DHS related to this event. There were no closures to the Local Department of Social Services (LDSS) related to this event.

July 24, 2017 Queen Anne’s County Tornado

In the early morning hours of July 24, 2017, a confirmed EF2 tornado touched down in the Kent Island area of Queen Anne’s County. The Maryland Emergency Management Agency (MEMA) raised the State Response Activation Level (SRAL) to “Enhanced” status, and DHS was activated

virtually to support Human Services needs. The tornado caused power outages and destroyed multiple homes; there were no reported deaths, and 1 individual with minor injuries was taken to the hospital and discharged shortly after. Queen Anne's County Department of Social Services opened a shelter at Centreville Middle School for impacted residents within hours of the tornado leaving the area. A "Friends and Family Center" was stood up in Queen Anne's County to provide residents with a safe place to rest, light food and hydration services, and other assistance available from the county and the American Red Cross. DHS reported to the Friends and Family Center to support Queen Anne's County's efforts. The American Red Cross also provided mobile feeding services throughout the community and some assessment of damages. DHS requested information from the Department of Housing and Community Development (DHCD) for availability and potential activation of the Maryland Disaster Housing Assistance Program (MDHAP), which ultimately assisted a small number of residents following the tornado. Additionally, the Maryland Insurance Administration (MIA) provided information and advocacy through a disaster service center for a few weeks after the event. The plan was enacted appropriately, and no after action items were noted for DHS related to this event. There were no closures to the LDSS related to this event.

September 2017 Hurricane Irma Repatriation Standby

On September 6, 2017, Hurricane Irma made landfall in the Caribbean, impacting Saint Martin before moving towards the US Virgin Islands and Florida. The US Department of Health and Human Services (HHS) notified Maryland that BWI may be identified as a point of entry for the emergency repatriation of 3,000 people from Saint Martin. As the operational lead of emergency repatriation activities for the State, DHS was placed on standby on September 9th, and began preparations to receive repatriates and provide emergency assistance. DHS notified Human Services partners of the emergency repatriation standby status, including the Maryland Department of Commerce, American Red Cross, Maryland Department of Health, Maryland Voluntary Organizations Active in Disaster, and internal DHS support through the DHS Procurement, Technology, and Finance offices. DHS placed supplies and resources necessary to open an Emergency Repatriation Center (ERC) at BWI Airport. DHS also held frequent coordination calls with the Maryland Emergency Management Agency (MEMA) and partners supporting the potential activation to discuss updates and ensure all preparations were in place, should the emergency repatriation activation occur. On September 15, 2017, HHS notified DHS that individuals from Saint Martin would not repatriate through Maryland, and DHS was taken off of standby status. The plan was enacted appropriately, and no after action items were noted for DHS related to this event. There were no closures to the Local Department of Social Services related to this event.

January – March 2018 Winter Weather Activations

Maryland was impacted by numerous weather events in the early portion of 2018. DHS was requested to support Human Services coordination for winter weather events in early January and late March 2018, as well as a severe wind event in early March 2018. DHS reported to the State Emergency Operations Center (SEOC) for these events, and supported the SEOC virtually as the weather threats subsided. DHS coordinated with local DSS liaisons throughout the State to determine whether any jurisdictions required State-level Human Services support for mass care and sheltering activities. Local jurisdictions were able to address sheltering and mass care needs that arose in their counties, and DHS resource support was not required for any of these events. The plan was enacted appropriately, and no after action items were noted for DHS related to this event. The winter weather season resulted in the following closures to LDSS facilities: On January 4th and January 5th 2018 LDSS offices were closed in Calvert, Caroline, Charles, Dorchester, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico and Worcester Counties. On March 21st 2018, all LDSS offices were closed statewide.

March 20, 2018 High School Shooting

In the morning of March 20, 2018, an active shooter opened fire at a high school in Saint Mary's County. MEMA elevated the State Response Activation Level to "Partial" status in support of Saint Mary's County, and DHS was requested to support the State Emergency Operations Center virtually. A "Friends and Family Center" was opened in Leonardtown, MD to reunify students with their parents. Additionally, the DHS Emergency Command Center reunification hotline was staffed in anticipation of supporting family reunification and providing emergency assistance, as needs arose. The activation of the hotline was ultimately not requested, and the phone number was not publicized. MEMA downgraded the State Response Activation Level to "Normal" status on March 22, 2018, and DHS support was deactivated at that time. The plan was enacted appropriately, and no after action items were noted for DHS related to this event. There were no closures to the LDSS related to this event.

March 24, 2018 'March for Our Lives' Events

On Saturday, March 24, 2018, a "March for Our Lives" demonstration protesting gun violence occurred in Washington, DC. Similar rallies were held on the same day in Annapolis, Bethesda, and Silver Spring, Maryland. MEMA activated the State Emergency Operations Center to monitor the DC and Maryland events early Saturday morning. DHS reported to the State Emergency Operations Center for Human Services coordination, and staffed the DHS Emergency Command Center hotline

at DHS Central to support family reunification services, as requested by the Maryland 211/311 systems. The hotline phone number was not publicized, and the service was deactivated in the early afternoon following the rallies and marches in DC and Maryland. All marches and rallies remained peaceful, and the State Emergency Operations Center was deactivated at 4:30 pm on March 24th. The plan was enacted appropriately, and no after action items were noted for DHS related to this event. There were no closures to the LDSS related to this event.

Each activation of the State Consequence Management Plan over the past year led to successful and coordinated emergency responses from DHS. While most of the activations largely involved local efforts, DHS was prepared to provide resources to support local and State activities during each event. Following emergency activations, DHS strives to participate in after-action reviews hosted by MEMA. Successes, lessons learned, and corrective actions are discussed during after-action meetings, and any necessary revisions are made to respective emergency plans. DHS is currently completing maintenance updates to emergency response plans.

Plan Maintenance Updates

Over the last few months, DHS has been working with Federal Emergency Management Agency (FEMA) to update the State Mass Care and Shelter Strategy to include a mass care ‘playbook.’ The mass care playbook is an extremely consolidated version of the State Mass Care and Shelter Strategy. It is easy to use during a disaster, and clearly delineates the roles and resources available during disaster response. There is a specific section on providing services to the entirety of the community (accessibility.) The playbook will be finalized during May of 2018. Updates to the state of Maryland Reunification Plan and to the Family Assistance Center Plan (annex to the State Mass Fatality Plan) remain ongoing.

TRAINING PLAN

For a list of training classes, please see Appendix M.

SECTION XIII: Statistical and Supporting Information

CHILD PROTECTIVE SERVICES WORKFORCE

Maryland’s child welfare workforce which includes Child Protective Services workers is comprised of approximately two thousand (2,000) staff. There are nearly one thousand two hundred (1,200)

child welfare caseworkers in the twenty-four (24) local jurisdictions and over two hundred (200) supervisors. In 1998 Maryland's General Assembly passed legislation which required the Department of Human Services (DHS) 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 DHS 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.

Education/Qualifications

Child Protective Services (CPS) caseworkers must possess a minimum of a Bachelor's of Arts or a Bachelor's of Science 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. As of January 1, 2018, Salaries for CPS caseworkers range from \$34,390 to \$65,827 based on years of experience and level of education. There are various caseworker positions which are listed in the Salary Ranges Table with the minimum education and years of experience requirements.

Advancement in CPS is based on years of service, level of education and licensure. CPS Supervisors, as well as all Child Welfare Supervisors must have a Master's of Social Work degree and possess an advanced license to practice social work in the state of Maryland. Supervisors must have a minimum of three (3) years of experience in child welfare or a related field. 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. Supervisor salaries range from \$44,017 to \$75,012 depending on years of experience.

Recruitment and hiring of child welfare staff is completed at the local level. Job announcements are posted on the DHS Website as well as the Maryland Department of Budget and Management's Website. Job postings are also sent to the American Public Health Association (APHA) and National Association of Social Workers (NASW) for posting. All CPS staff members are required to have a minimum of a Bachelor of Arts (BA) or Bachelors of Science (BS) from an accredited institution in order to qualify to be a CPS worker. Hiring preferences are for those applicants with a Master's of Social Work degree.

Once an employee is hired, the Department currently does not track if an employee earns a Master's degree after employment unless the employee applies for a position that requires a Master's degree or the years of experience. DHS/SSA issued a survey to the CPS workforce regarding demographics and education level. The survey results are reported in Appendix Q Final Statewide CPS Demographics.

DHS/SSA does not believe that the demographics and education levels of staff will be automated through CJAMS and anticipates utilizing survey methods until a more automated system can be identified.

Table 56

CHILD PROTECTIVE SERVICES STAFF QUALIFICATIONS AND SALARY				
CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF 1/1/18	
CPS CASEWORKERS				
CASEWORK SPECIALIST FAMILY SERVICES	Master's Degree in Social Work	None	\$38,880.00	\$61,691.00
FAMILY SERVICE CASEWORKER TRAINEE	BA or BS in appropriate behavioral science	None	\$34,390.00	\$54,186.00
FAMILY SERVICES CASEWORKER I	BA or BS in appropriate behavioral science	1 Year	\$36,557.00	\$57,808.00
FAMILY SERVICES CASEWORKER II	BA or BS in appropriate behavioral science	2 Years	\$38,880.00	\$61,691.00
FAMILY SERVICES CASEWORKER III	BA or BS in social work	3 Years	\$41,358.00	\$65,827.00
CPS SUPERVISORS				
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
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 Graduate, Certified or	1 Year	\$44,017.00	\$70,265.00

CHILD PROTECTIVE SERVICES STAFF QUALIFICATIONS AND SALARY				
CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF 1/1/18	
	Certified Clinical Social Worker			
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

As of May 2018, the current vacancy rate in child welfare is approximately 7.6%. This percentage is for child welfare as a total and has remained relatively steady year to year across all programs, including CPS. 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.

Training

New Child Welfare staff, including CPS employees is required to attend the pre-service training offered at the Child Welfare Academy and pass the competency exam administered to the pre-service training participants. The Pre-Service modules include:

- Module I Foundations of Practice
- Module II Engaging Families in the Process of Change to Promote Safety, Permanency and Well-Being
- Module III Conducting Family Centered Assessments
- Module IV Planning with the Family
- Module V Working Effectively with the Court
- Module VI Implementing Strategies for Achieving Safety, Permanency and Well-being

CPS staff as well as child welfare staff upon completion and passage of the Pre-Service Training must also complete these additional courses, with Introduction to CPS and Alternative Response specific courses for CPS staff.

- SOS: Assessing and Planning for Risk and Safety
- Introduction to CPS/In-Home Family Services/Out-of-Home Placement

- Alternative Response
- Trauma Informed Casework
- Family Centered Planning: Recipes for Success
- Impact of Maltreatment on Child Development
- Secondary Traumatic Stress
- Enhancing Your Credibility in Court
- A Journey to Remember: The Caseworker's Role on the Road to Recovery
- Intimate Partner Violence: Assessment, Dynamics and Intervention

No Annual training is currently required after the Pre-Service and Additional courses listed above are completed. CPS workers are eligible to participate in on-going training offered by the Child Welfare Academy. At this time, the attendees are not tracked by program area; e.g., CPS, In-Home, Out-of-Home. Other entities offer training in which staff may participate: Children's Alliance offers yearly training for CPS staff in specific categories related to child abuse and neglect. This training is generally free to staff. Additional training is available to staff through community based workshops. University of Maryland, School of Social Work offers some free workshops to the child welfare staff. In addition, staff may elect to take a workshop for which they would have to pay through the University of Maryland. National Association of Social Workers, Maryland Chapter offer workshops, as does Kennedy Krieger Institute, Department of Mental Health and Hygiene and others in Maryland which any worker can elect to enroll.

For more information on training, please see Appendix D, Systemic Factors, Items 26 and 27.

Licensing

Employees with a social work license are required to maintain a minimum of 40 Continuing Education Units (CEUs) in approved courses every two years in order to maintain their license in Maryland. This requirement is monitored by the Maryland Board of Social Work Examiners and locally by the Local Departments of Social Services' Human Resources unit or direct supervisors.

Maryland Caseload Standards

The standard CPS worker/CPS response ratio is 1:12. As of December 2017, the average CPS caseload was 1:8.4. During that same month, the supervisor/worker ratio averaged 1 supervisor to 5.0 workers. CPS supervisors do not carry a caseload. The staffing ratio standards for Maryland are set as follows:

- Investigations—1:12 (Count of Open CPS Responses—Investigative or Alternative Response)

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 December 2017 the ratio was 1:8.5. Neither Maryland law nor regulation establishes a worker to case ratio for an individual employed as a CPS worker. As of December 2017 the average supervisor to worker ratio was 1:5.

JUVENILE JUSTICE TRANSFERS

The state of Maryland reviewed 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 services 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.

EDUCATION & TRAINING VOUCHER PROGRAM

The federal government makes available, through an amendment of the Chafee Foster Care Independence program, additional funds for post-secondary educational opportunities. This program is known as the Education Training Voucher (ETV) Program. Maryland's ETV program is administered by Foster Care to Success (FC2S) and provides eligible youth with up to \$5,000.00 per federal fiscal year for college and vocational training for full time students. Part time students may be eligible for up to \$2,500 annually. With the passing of the Families First Services and Prevention Act (FFSPA), the ETV program was expanded to include eligibility for foster care recipients ages 14-26, but for no more than five years, whether consecutive or not.

Foster care youth are eligible for ETV if they are:

- A current foster/kinship care youth, voluntarily placed or committed to the state of Maryland;
- A youth adopted from foster care after the age of 16;
- A youth, who after the age of 16, entered into a guardianship placement from foster care; or
- A former foster care youth who left care at the age of 18 but is not yet 21.

Additionally, foster care youth must be:

- A high school graduate or a General Education Development (GED) recipient; and

- Enrolled and attending a college, university or accredited vocational school.

Participation in the ETV program is renewable until the individual's 26th birthday provided the youth began receiving ETV prior to their 21st birthday for five years. Youth must demonstrate that they are actively enrolled in a postsecondary or training program and making satisfactory progress towards completion of such program.

Progress /Accomplishments

In October 2017, DHS renewed its contract with Foster Care to Success (FC2S) for another two years. However, in order to implement the recent amendments of ETV under the Families First Services and Prevention Act (FFSPA), in the spring 2018, the agency began the process to modify the contract with its vendor in order to implement services to now include the changes to the ETV program. The agency has worked to strengthen its relationship with FC2S to maintain regular and open lines of communication. Foster Care to Success has been instrumental in providing essential educational services to youth in foster care. DHS collaborated with FC2S to identify barriers around student accessibility and identify interventions needed to improve. Some of those identified barriers as reported by the agency were a lack of awareness of ETV by youth and agencies that work with foster youth. Additional barriers identified were a lack of preparedness of foster youth who exited care at 21 and continuity of resources for individuals who have experienced trauma. Foster Care to Success facilitates and has invited DHS to participate in monthly webinars which provide strategies for working with transition age youth. The webinars are intended for professionals who work with transitional age youth to plan for college and exit care. The education specialist participates in these webinars and distributes the information to the LDSS. The monthly Webinars have provided information on how to address some of these concerns.

DHS also strategizes with FC2S to identify trends impacting youth's post-secondary education attainment occurring amongst those who receive the voucher. The ETV coordinator and FC2S and the departments Education Specialist, collaborate on these matters. Some of the identified trends are the lack of social supports in place for older youth to help them address recurring issues such crisis, housing and academic challenges related to being a college student. Being ill prepared for college is an overall trend identified for those who utilize the voucher.

DHS will continue to strategize on how to impact these trends. These matters are being discussed and addressed through the Well-Being and Emerging Adults service array work groups. The department

is also assessing strategies case workers and foster parents can utilize to support youth and assist with post-secondary education readiness.

During this past year, DHS implemented the Emerging Adult Workgroup which comprises of various community stakeholders with interest in older youth. The workgroup meets monthly and collaborates to improve programs and access to services for older youth. The workgroup focuses its efforts on improving outcomes for transitioning youth including education. Increasing the utilization of The Maryland Tuition Waiver and the Education Training Voucher are both areas of focus for this workgroup.

The Department has made efforts to raise awareness and promote ETV within State and private education institutions. One of the steps towards awareness of the program was a revision of the Department's State regulations to include the new eligibility parameters offered through the changes to ETV. The Social Services Administration also has plans to revise its internal policy directive to the local departments on the updates to the ETV program; the policy will go out July 1st, 2018.

The education specialist has provided guidance to institutions on the education services available to youth who were or are currently a part of the foster care system. In the event a student has alerted the school of their eligibility as a foster care recipient, the institution is prepared to respond and offer appropriate services to the youth. Awareness will continue to be an ongoing effort and priority by the department in order to increase utilization.

The Department participated in Ready by 21 Independent Life Skills group for foster youth between the ages of 14-17 which focused on education planning and financial aid. DHS/SSA continues to encourage LDSS to facilitate life skills course in an overall effort to get younger age foster care recipients aware of the funding opportunities as it relates to education. This effort aims to expand utilization of the ETV program and maintain their interest in attending a post-secondary institution. The Administration plans to continue to participate in various Ready By 21 Independent Life Skills session to promote awareness of the program with foster youth, including promoting awareness of the expansion of the program.

DHS/SSA continues to utilize the State Independent Living Coordinators meetings to engage the local Independent Living Coordinators to further advance the program. Moreover, DHS/SSA continues to work cooperatively with FC2S to ensure that student applications for the program are processed and approved in a timely manner.

Maryland continues to ensure that funds for the Education and Training Voucher Program are available to eligible children in Out-of-Home Placement. In academic year 2016-2017, 209 eligible Maryland youth were funded. One Hundred and thirty-eight (138) individuals did not meet program eligibility criteria or were ruled ineligible by the State, and did not receive funding. These applicants included those who were not in foster care, did not enroll in school, unable to contact, were not making progress or first-time applicants over the age of 21, and previous recipients who are older than 23 years of age.

The total amount of funds awarded and disbursed as of June 2017 was \$490,817.50. Seventy-three (73) recipients received ETV funding for the first time and 103 recipients were returning students who were funded in previous years. (Appendix AG). More than 73 % of applicants reported receiving the Tuition Waiver. Additionally, FC2S provided \$102,000 in private scholarship funding to Maryland students. FC2S is premised on engagement and providing support services to youth in receipt of ETV funding. The following are the student support services offered during the 2016-2017 school year:

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 actively participated in the ETV Program. The care packages contained school supplies, toiletries, gift cards and healthy treats.

Academic Success Program (ASP): 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.

Financial Literacy, Budgeting and School Choice: Prior to being funded, each MD ETV student must have a meeting with their Maryland ETV coordinator to discuss financial aid and classes. In conversations with students, FC2S recognized that many youth are financially “illiterate” requiring communication throughout the year. Maryland ETV coordinators use scheduling software to reserve 15 to 20 minute blocks of time throughout the year to teach money awareness and budgeting skills. Furthermore, FC2S helps students develop budgets based on each semester’s combined funding, and explains how MD ETV students can pay for school without incurring excessive debt.

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 Facebook. 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 a Human Resources (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.

2018-2019 Plan

DHS/SSA will continue to collaborate and strategize with FC2S to identify new barriers and examine promising practices for increasing college access and completion among foster youth. In an effort to further implement the expansion of the program, DHS/SSA has the following activities planned to increase utilization of the Education Training Voucher:

- Update DHS/SSA printed materials to provide to students, foster parents, service providers, community partners and other stakeholders.

- Facilitate statewide outreach to the LDSS via staff meetings at the Local level and at the state level, as well as regional resource parent trainings in an effort to inform youth, staff and resource parents on the program expansion.
- Facilitate outreach to local public institutions on education funding available to foster care recipients.

MARYLAND STATE TUITION WAIVER

Maryland provides the Tuition Waiver for Foster Care Recipients to support current and former foster care youth achieve educational and economic success by attending a Maryland public institution of higher education. The waiver can be accessed by eligible current and former foster youth enrolled in an academic or vocational program for an associate, bachelor's degree or vocational certificate at a Maryland public college or university. The waiver is applied to the cost of tuition and registration, as well as all required enrollment fees. Scholarships and grants that the youth receives may not be used to pay for these costs.

During the 2015-2016 academic year two hundred forty-eight (248) students received the Maryland State Tuition Waiver, with one hundred one (101) of those students having received the waiver in the previous 2014-2015 academic year. This is a 14.3% increase from 2014-2015 year. Below are tables highlighting demographic data with respect to the tuition waiver recipients. The data for the 2016-2017 academic year will be reported in next year's report.

Table 57

2015-2016 Academic Year Gender of Recipients		
	Count	Percent
Female	164	66.1%
Male	84	33.9%
Total	248	100%
Race/Ethnicity of Recipients		
American Indian or Alaska Native	2	0.8%
Asian	10	4.0%
Black or African American	118	47.6%
Two or more races	2	0.8%
Native Hawaiian or Other Pacific Islander	1	0.4%
Unknown	1	0.4%

White	94	37.9%%
Non-resident Alien	5	2.0%
Hispanic (of any race)	15	6.0%
Total	248	100.0 %

Maryland remains committed to developing partnerships across the State to achieve best outcomes for current and former foster youth. An important collaboration is information sharing between local colleges in Maryland. In the event a student's name does not appear on the tuition waiver eligibility list to Maryland Higher Education Commission (MHEC), local State institutions have been provided guidance on to address the matter. Institutions are able to contact DHS/SSA's Education Specialist to verify the information and vet for any possible errors. This ensures foster care recipients are fully vetted for eligibility to ensure they receive the waiver. DHS/SSA continues to have a strong collaborative relationship with MHEC which includes data collection and analysis with respect to the utilization of the tuition waiver.

To increase youth participation in the Maryland Tuition Waiver for foster Care recipients and the Education and Training Voucher (ETV) programs, DHS/SSA collaborated with the local Department of Social Services (LDSS) and other stakeholders to identify barriers to utilization and develop strategies for improvement. Some of the barriers were that foster youth were not prepared for college, continuity of resources and support upon exit from care, as well as lack of education and awareness of eligibility requirements by foster care recipients, resource parents and other providers. The LDSS facilitated college tours to enhance youth interest in post-secondary education, and life skills classes and informational workshops that explore post-secondary educational and employment opportunities. The Education Specialist attended independent life skill course geared towards foster care recipients ages 14-17. This course is focused on building interventions needed to initiate post-secondary options at an early age. Maryland employs Independent Living Coordinators (ILC) in each of the 24 LDSS to assist in addressing the educational needs of youth. DHS facilitates monthly meetings with ILC's. These meetings are an opportunity to discuss barriers related to educational outcomes at the local level, and explore opportunities for intervention.

Highlights

Senate bill 0085 was introduced during the 2018 legislative session and favorably passed into law with testimonial support by the DHS/SSA and other advocate groups. The bill expands eligibility criterion of the tuition waiver, removing previous barriers related to a child's permanency outcome.

The bill also extends the period of time during which a foster care recipient may continue to be exempt from the payment of tuition from 5 to 10 years after first enrolling as a candidate for an associate's degree or bachelor's degree. DHS anticipates the bill to become law in July 2018.

The local partnership between Bowie State University and Prince George's County Department of Social Services held its second annual college experience called "Bowie at Glance". This collaboration is intended to provide a glimpse of college life to high school students in foster care who would have otherwise not had an opportunity to attend college. The program introduces foster care students to college campus experiences through the collaboration. The program has now expanded its efforts in recruiting mentors, but specifically mentors who were former foster care recipients currently attending the University. The education specialist attended the orientation and shared information on education funding resources, including promotion of the MD Tuition Waiver.

The Department consulted with a Wayne State University researcher who has conducted extensive research on Tuition Waiver programs nationwide. The research presented detailed information on how to expand tuition waiver and what other states have accomplished through their legislative process to increase utilization. One of the recommendations suggests DHS/SSA continues to make a point to attend local State sponsored events to expand knowledge and access of ETV and Tuition Waiver.

Maryland Higher Education Commission (MHEC)

The Department continues to work closely with the Maryland Higher Education Commission (MHEC) by providing a tuition waiver eligibility list. This list contains the name of those individuals eligible for tuition waiver. MHEC distributes the list to all Maryland public colleges and universities offices of financial aid. The tuition waiver eligibility list was sent in June 2017 and January of 2018. In efforts to ensure accuracy of the eligibility list and reduce the chances that an individual is omitted from the list, the department consulted with the operations and data unit as well as the LDSS around improved documentation and tuition waiver eligibility criteria.

DHS/SSA will continue collaborating with MHEC to ensure the expanded eligibility requirements for the tuition waiver are understood by LDSS staff, foster youth, resource parents, private placement providers, colleges and universities across Maryland; thus, potentially increasing the total number of foster youth enrolled in higher education across Maryland.

Out-of-Home Education Committee (OHEC)

This committee was dissolved. The Department has focused its collaborative efforts in specialized workgroups to collaborate with community partners and stakeholders across the state. The Emerging Adult workgroup is working to increase access and utilization of the Maryland Tuition Waiver. This workgroup consists of members of private foster care agencies, researchers, advocates, local department case managers, and foster youth.

Special Education Advisory Committee (SESAC)

DHS/SSA actively participates in the Special Education Advisory Committee (SESAC) to represent children in child welfare. SESAC is established in accordance with the provisions of the Individuals with Disabilities Education Act (IDEA). The mission of SESAC is to advise and assist the Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services Administration in administering, promoting, planning, coordinating and improving the delivery of special education and related services and to assure that all children with disabilities 3-21 years of age, and their families have access to appropriate education and related services. The committee is comprised of parents, State agencies, educators and advocates for special needs. The committee has been instrumental in providing updated technical assistance bulletins from MSDE to local partners, which continues to inform DHS/SSA practices regarding children in child welfare who receive special education services.

Education Behavioral Health Community of Practice (COP)

DHS/SSA continues to participate in the Education Behavioral Health Community of Practice (COP). The Community of Practice is a collaborative initiative that utilizes a family-school-community shared agenda to further promote awareness of behavioral health issues in Maryland's schools. Additionally, the COP serves as the State Advisory Committee for the Advancing Wellness and Resilience Education (AWARE) grant program that expands the capacity of State education agencies (SEA) and local education agencies (LEA) to:

- Increase awareness of mental health issues among school-age youth
- Train school personnel and other adults who interact with school-age youth so they can detect and respond to mental health issues
- Connect children, youth, and families who may experience behavioral health issues with appropriate services

This workgroup will continue to shape and inform DHS/SSA's work around behavioral health and education in connecting families the agency serves to appropriate services through their various training opportunities and conferences.

INTER-COUNTRY ADOPTIONS

Maryland does not provide any specific programs targeted to children adopted from other countries. If these children enter care post adoption, they receive the same services as those provided to children born in this country, aimed at reunifying the family as soon as possible. At the time of removal, families are eligible to receive post adoption supports which include entering into a Voluntary Placement Agreement with the Local Departments of Social Services. These VPA services also include assistance with the placement of youth who have special treatment needs that require specialized placements such as reactive attachment disorder or other emotional and/or physical challenges. Parents may also receive post adoption counseling support services under the VPA.

Beginning July 1, 2015, Maryland implemented 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. This tracking system also included information on the agencies who handled the placement or the adoption, plans for the child, and the reasons for the disruption or dissolution of the adoption. Each LDSS is responsible for tracking and reporting the number of children who were adopted from other countries and who have entered into State custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution. There were zero (0) disruptions and (0) dissolutions for FFY2017 for Inter-Country Adoptions.

MONTHLY CASEWORKER VISIT DATA

LDSS 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 #16-03, Caseworker Visitation with Child, 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’s performance in documenting caseworker visitation continues to surpass the FFY2015 targets. Maryland uses a monthly data report to help the LDSS 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. DHS/ SSA continued to monitor caseworker visitation. Each month SSA sends out caseworker visitation data to every LDSS. The LDSS also receive the OOH milestone report on a weekly basis in order to monitor this data on a weekly basis. DHS/SSA also presented the data to the SSA Steering Committee as well as the SSA Advisory Committee for feedback. Timeliness of the data entry was identified as a major concern. The performance for FFY 2017 for total Caseworker visits is 96.9% vs. the goal of 95%; the performance for FFY 2017 for Caseworker Visits in the Home is 83% vs. the goal of 50%.

2018-2019 Plans for Data Review

- Caseworker visitation data will be presented to MASS-D (Maryland Association of Social Services Directors)
- DHS/SSA plans to conduct webinars with each LDSS (to include local case workers, supervisors, and management staff) to review data, and to discuss ways to improve

Table 58

Caseworker Visits in the Home Goals and Maryland Performance			
FFY	2015	2016	2017
Goal	50%	50%	50%
Result	75.4%	76.5%	83.3%

*Data Source: MD CHESSIE
Please note that FFY2018 data is not available and will be sent to Children’s Bureau by December 15, 2018.*

Total Caseworker Visits Goals and Maryland Performance			
FFY	2015	2016	2017
Goal	95%	95%	95%
Result	96.6%	97.1%	96.5%
<i>Data Source: MD CHESSIE</i>			

Policy

In July 2016, the Department distributed a policy directive delineating the new federal requirements for caseworker visitation funds. Each LDSS submitted a caseworker visitation plan for the period July 1, 2017 – June 30, 2018 to ensure the guidelines are met and are also required to submit quarterly reports that state how the funds were spent. The plans are approved by Central staff. Caseworker visitation plans are also required from each LDSS for the period July 1, 2018- June 30, 2019. Central Staff monitor the quarterly Caseworker Visitation Reports submitted by the LDSS to ensure the LDSS are spending the funds appropriately

Utilizing Funds

The LDSS 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 training include secondary trauma, ethics, team building, forensic interviewing, drug abuse trends, compassion communication, stress management, and effects of heroin and opiate use by parents on child development. In addition, local departments have purchased high quality digital recording equipment that is used to record caseworker visits for later review between caseworker and supervisor. This technology allows the supervisor to provide actual performance feedback to caseworker. Other technology has also been purchased to make it easier to assist the youth and families with resources and services while on visits and to communicate with foster youth, birth

parents and foster and adoptive parents. This technology includes but is not limited to the purchase of tablets and smart phones and paying for the data and fees.

Finally, several employee recognition events or retreats are being held in various local departments to reward outstanding achievement and dedication of caseworkers. Local departments have provided support to social work staff with retention activities that include self-care components.

SECTION XIV: CARE COORDINATION ORGANIZATIONS

In 2012, the Department of Health and Mental Hygiene(now renamed the Maryland Department of Health (MDH), began to develop a plan to offer services to children and youth through a 1915(i) Medicaid State Plan amendment. The home and community based service mix in the 1915(i) State Plan Amendment has been refined and enriched, based on lessons learned from the process of implementing earlier similar projects. These include: respite care, family peer support, intensive in-home services, expressive therapies and other non-traditional mental health services.

The financial eligibility criteria for the 1915(i) State Plan Amendment restricts eligibility to 150% of the Federal Poverty Level (FPL). This eligibility restriction is a major limitation since the State covers children and youth under Medicaid up to 300% FPL. For those who are under 150% of the Federal Poverty Level, the program is an entitlement and there is no cap on the number of youth that can be served. In addition to the full range of Medicaid somatic and behavioral health benefits available to all Medicaid-eligible individuals, children and youth authorized for the 1915(i) State Plan Amendment have access to a number of additional specialized services if they meet applicable financial and medical necessity criteria.

The development of the 1915(i) State Plan Amendment led MDH to apply for a second State plan amendment that would create a new Mental Health Targeted Case Management service specifically designed to address the needs of children and youth. Approval from the Centers for Medicare and Medicaid Services for both State plan amendments was obtained, effective October 1, 2014.

This new Targeted Case Management program serves youth in the community through jurisdiction or regional based providers that deliver care coordination across three levels of intensity using the principles of Wraparound service delivery. Targeted Case Management is Medicaid reimbursed intensive services that work with individuals requiring mental health services to identify goals for the plan of care, provide linkage to services, monitor service provision, and help the client advocate on their own behalf.

Table 59

GRANTS AND INITIATIVES WITH DHS INVOLVEMENT				
Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
1915(i) Home and Community State Plan Amendment	Medicaid Title XIX	Approved 10/1/2014	FFY16: \$5 million	Allows youth who meet specific financial criteria and are ages zero to 22 with serious behavioral health problems access to the full range of Medicaid services and intensive care coordination using Wraparound
Child Sex Trafficking Victims Initiative	ACF	2014-2019	\$1,250,000 annually	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 DHS 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.

GRANTS AND INITIATIVES WITH DHS INVOLVEMENT

Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
LINKs (The Multi-agency data collaborative at the University of Maryland)	University of Maryland, School of Social Work	9/25/2012 (effective upon execution and shall remain in effect unless modified or terminated)	\$0.00	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 between DHS, DJS, MDH byway of SSW. 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.
Thrive@25	ACF	9/30/15 – 9/29/18	Total: \$668,000 (approx.) annually	Implementation grant to prevent and end homelessness among youth involved with the child welfare system and with child welfare histories on Maryland's Mid-Shore.
Youth REACH MD	MD Dept. of Housing & Community Development	7/1/18-6/30/19	\$200,000 (est.) annually	Project to identify and enumerate unaccompanied & homeless youth and young adults in six areas of the state

Maryland Family Network

CBCAP, Title II of IV-B Report to Department of Human Services May 2017—April 2018

Background

Maryland Family Network (MFN), an independent nonprofit 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. This network was created by the state of Maryland and private partners to serve as a front-end prevention system in response to the State's skyrocketing reports of child abuse and neglect and resulting from foster care placements, its high teenage pregnancy rate, and growing recognition of the relationships between adolescent parenting and long-term welfare dependency, limited success in education and job attainment; and negative outcomes for children of teenagers.

MFN acts as liaison, partner and advocate with State agencies, most notably the Maryland Department of Human Services 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, the Maryland Commission on Caregiving, DHS's Lifespan Respite Care Project, and the Partnership to End Childhood Hunger in Maryland. Other statewide advocacy groups include the State Council on Child Abuse and Neglect (SCCAN), the State Advisory Council for Early Childhood Education and Care; the Maryland Head Start State Collaboration Project; Maryland Respite Care Coalition, Maryland Family Engagement Coalition, and the State Interagency Coordinating Council for Individuals with Disabilities Education Act (IDEA) Part C.

Accomplishments: May 2017– April 2018

Goal 1: Improve the Safety for All Infants, Children, and Youth

Family Support Centers (25 centers statewide): Family Support Centers (FSCs) are community-based programs that provide free services to parents with young children birth through age three to help them raise healthy children and build productive futures. Located in 25 Maryland neighborhoods marked by high numbers of pregnant and parenting adolescents, families with low incomes, low birth weight babies, and large high school dropout rates, Centers provide comprehensive, preventive services to pregnant women and young families with children under age four, together. These among other factors are known to put children at risk for child maltreatment. Primary prevention and early intervention services common to all 25 programs included: parent education and respite, infant/toddler developmental programs, self-sufficiency programs, home visiting, service coordination, health education, parent involvement, and resource development.

During the reporting period, these services were delivered to over 4,150 individuals/2,120 families.

Seven specific outcomes have been identified for the Centers: 1) children are immunized on time, 2) children meet age-appropriate developmental milestones, or are linked with appropriate services, 3) parents develop good parenting skills, 4) parents advocate for services and assistance that will benefit their families and negotiate the service system to obtain needed services, 5) adults increase educational attainment levels, 6) adults move toward self-sufficiency, and 7) adults plan and space subsequent pregnancies.

In SFY 2017-18, 87% of all children participating were fully immunized; 90% of all children received at least one developmental screening using the Ages and Stages Questionnaire, compared to 31% (national figure, 2011/13 for children age 10 months to five years). All children were at or above the expected level of performance on each of the measures. In SFY 2017, 1,102 parenting participants took part in adult education services at FSCs including Adult Basic Education (ABE), General Educational Development (GED), English for Speakers of Other Languages (ESOL), Alternative High School, and the External Diploma Program. Over 1,000 parents completed Employability Services including Career Counseling, Computer Literacy, Job Readiness and Development, and Job Training/Work Experience/Skill Development.

Included in Maryland's Family Support Center network are 15 Early Head Start (EHS) programs serving 747 pregnant women, infants and toddlers, and their families through a combination of center- and home-based services located in six Maryland jurisdictions. EHS Child Care Partnership

projects are providing expanded child care services for infants and toddlers in these same communities, one of which is a facility in West Baltimore City serving homeless families and their children.

Maryland Child Care Resource Network (MCCRN) (12 centers statewide): MFN established and coordinates the operation of Child Care Resource Centers (CCRCs) that provide training and technical assistance each year to 28,342 child care professionals. MCCRN is the largest provider of training for the child care community in Maryland, offering training directly to child care providers and also to those who are trainers. Each Child Care Resource Center provides training and professional development opportunities to child care providers, through workshops, series training, conferences, and professional development institutes. Training services enhance the quality of care when child care providers participate in high-quality professional development and training opportunities.

LOCATE: Child Care: This free telephone service offers parents an opportunity to speak with a referral specialist about specific child care needs. Through a statewide database service housed at MFN, 4,838 parents consulted Locate this year seeking child care for about 6,507 children.

LOCATE: Child Care counsels parents on locating and selecting licensed, quality child care best suited to their needs, preferences and ability to pay. Parents can ask questions about how to identify quality child care in their communities or near their work. In total, during SFY 2017 over 6,450 parents visited marylandfamilynetwork.org to conduct 23,641 searches for child care and after-school activities. LOCATE's Special Needs Enhanced Services assisted approximately 600 parents looking for high quality, inclusive education and care for children with a range of special health care needs. With recent updates to the system, LOCATE was able to offer parents real-time information about vacancies, costs, hours of operation, pet policies, bus line access, and answers to any question they may have about their provider of choice.

Public Policy & Advocacy: MFN is the leading public policy advocate in Maryland working to create a system of high quality supports that benefit all young children in Maryland and their families and neighborhoods. MFN is a strong voice for children in the General Assembly and in dealings with State, local, and federal agencies.

Budget advocacy always constitutes a top priority for MFN. In 2017, the budget proposed by the Governor provided stable funding for many programs critical to young children. The budget also included an increase of \$3.3 million for the Child Care Subsidy Program (CSSP), a vital support to many families and providers, designed to help low-income parents enter and remain in the workforce

by subsidizing the high cost of quality child care. A concern is that the modest State budget increase is insufficient to address a lingering wait-list for families in the top two tiers of income eligibility (i.e., \$23,676 -- \$29,990) for a family of three), which numbered more than 4100 children. Prior estimates indicate that eliminating the wait-list could cost \$5-6 million.

MFN has championed the expansion of publicly funded pre-kindergarten for decades. Partly in recognition of that fact, MFN Executive Director was appointed to the Commission on Innovation and Excellence in Education (better known as the Kirwan Commission), which is expressly charged with considering the establishment of universal pre-K in Maryland, among many other topics related to funding and policy in the K-12 public education system. MFN remained a vigorous pre-K expansion advocate during the 2017 Session, serving as a lead proponent of several related legislative initiatives.

MFN also helped lead the effort to enact SB 651/HB 425 “Public Schools – Suspensions and Expulsions,” legislation intended to address the alarming number of suspensions and expulsions administered to Maryland students in pre-K through second grade. The bill was initially proposed by the Black Legislative Caucus, which cited the disproportionate use of such exclusionary discipline for young African-American boys and students with disabilities. Based on its extensive experience with early childhood mental health consultation, social and emotional development, and appropriate behavioral interventions in early education settings, MFN was able to add a positive and pro-active perspective to the deliberations.

MFN’s direct-service programs, such as the Family Support Centers and Early Head Start led to MFN’s support for SB 10113/HB 1214 “Health Occupations – Dental Therapists – Licensure,” a bill to expand dental care access to underserved populations, chief among them low-income children. The legislation would expand access by establishing a mid-level health professional, known as a “dental therapist.” While the bill did not pass, it won some key supporters in the House of Delegates.

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 MFN’s 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.

Maryland Family Network and local family support programs continued to promote culturally competent and culturally sensitive programs and activities for families. The provision of direct services and resources for vulnerable families and their children and partnering with other direct service providers on behalf of people with disabilities, homeless families, and hard-to-reach populations continued to be a primary focus throughout the reporting period.

In 2017, Maryland saw a 4.6% rise in homelessness compared to 2016 and a 12% increase since 2015, particularly among families. Young children whose families are experiencing homelessness are more likely to suffer from negative impacts on their healthy growth and development. Some Continuum of Care leads attribute this increase to people seeking more diverse homeless services due to improved outreach efforts as well as a persistent lack of permanent housing solutions. MFN and its partners have prioritized this vulnerable group of families and have made efforts to reduce barriers to ensure they have access to available prevention and early intervention services. Half of the family support programs are Early Head Start (EHS) models required to enroll families based on financial eligibility criteria and other high-risk factors. When establishing criteria for enrollment in the Early Head Start programs, homeless families receive priority status. Every effort is made to examine the documentation required to enroll in MFN programs and, where appropriate, EHS programs may provide grace periods that give these families sufficient opportunity to gather the required documentation, such as for immunization, within a reasonable time frame. Programs work closely with homeless service providers and community groups to ensure that services available to homeless families (particularly support services beyond housing) reflect the unique needs of young children and their families.

Among MFN's network of community-based programs is PACT: Helping Children with Special Needs which operates Sarah's Hope, a Therapeutic Nursery Early Head Start Center located in the Sandtown-Winchester community of Baltimore City. Each month during the year, Sarah's Hope provided EHS to an additional 24 homeless infants and toddlers whose families also receive intensive and residential support from the shelter. Together, MFN and PACT, have facilitated an innovative and collaborative program model that brings essential therapeutic and comprehensive services to this vulnerable population of young children and their families. Smooth transitions from one Early Head Start program to another, or from EHS to Head Start, or from EHS to child care are critical and complicated, and the program worked to ensure that the children at Sarah's Hope would have consistent care and smooth transitions.

Several programs within MFN's network continued to provide direct services at homeless shelters and transitional housing sites, providing Onsite parenting classes, parent/child activities, and other support services. Many programs located in areas with migrant workers and citizens not born in this country have hired staff that can speak compatible languages and provided services at locations outside their normal bases of operation to meet the needs. Family Support programs have garnered resources necessary to provide family literacy and ESOL classes for non-English speaking families; interpreters and staff equipped to assist families with language barriers; and access to food, clothing, health care, and housing for families in crisis.

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. 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

Strengthening Families: Designated by the Center for the Study of Social Policy as Maryland's Strengthening Families lead agency, Maryland Family Network continued providing education to Maryland public and private agencies about the Strengthening Families (SF) approach; creating opportunities for them to receive training and technical assistance with the implementation of

Strengthening Families locally. Strengthening Families Protective Factors are incorporated throughout MFN's work with providers and programs, including the Family Support Center network. 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.

During this reporting period, Maryland Family Network provided a SF Maryland Facilitator Training Institute on Maryland's Eastern Shore, an underserved area for Parent Cafés. The Institute was sponsored by the Maryland Head Start Association and drew organizational representatives from throughout the state. In June of 2017, MFN held two roundtable discussions with trained facilitators in Southern Maryland to identify effective approaches for success with Parent Cafés as well as barriers to success. Because of these roundtable discussions, MFN piloted three mini-grant projects in the region with remarkable success. Two Introductions to The Parent Café sessions were also held in June 2017 in Southern Maryland, followed by a Strengthening Families Maryland Parent Café Facilitator Training Institute. Over 50 new Facilitators completed one of the two Facilitator Training Institutes offered during this reporting period. These new Facilitators help to build the capacity of local communities to provide parents with information about the Protective Factors and an opportunity to network with other parents in their communities. Finally, on September 1, 2017, MFN provided a Parent Café followed by a Table Host training for organizational representatives, including parents, in Southern Maryland to help support the provision of Parent Cafés in the region. Eighty-four (84) Parent Cafés were held during this reporting period, with 1,045 professionals and parents attending.

Parent Leadership: During SFY 2017, forty-seven parents from around the State participated in the two-day Leadership Institute for Parents. Parents were divided into two cohorts. Cohort 1 gathered on March 29-30, 2017. Attendees were from Anne Arundel and Baltimore counties, Maryland's Eastern Shore and Baltimore City. Cohort 2 was from four Western Maryland counties and two along the I-95 corridor. Transportation to and from the trainings was provided by their Family Support or Early Head Start Center. Parents were also provided a stipend for each day of attendance to cover any

incurred child care costs. The training was focused on several skill sets; one building upon the next to enhance leadership abilities. The curriculum includes the following titles/topics: Understanding Leadership, Active Listening, Critical Thinking, Communicating with Impact, Public Speaking, Participating in Meetings, and Action Planning. The training is interactive and requires parents to participate and fully engage with the facilitators as well as one another. Activities included parents getting to know others that they did not know prior to the training, role playing, engaging in decision making and critical thinking exercises, crafting a speech, and public speaking. Small gifts were provided as incentives to encourage parents to volunteer for the above and related activities. Though the job of the facilitators is to provide the training, it is also to create a safe and non-judgmental atmosphere where parents can engage in self-exploration and reflection. By the end of the first day, incentives were no longer necessary as parents willingly volunteered to participate in the activities. The remaining gifts are given to those who did not receive one. The training culminates with the parents deciding how they will return to their Centers and communities and use their newly acquired leadership skills. This can be in the form of a special project, participation on a committee, or serving in an advocacy capacity. Parents are also informed of the advanced level parent leadership training, that they are eligible to attend, and share how they used their skills. One significant development was the replication of the training at a Center. A parent, with the assistance of her Center Director conducted the two-day training for her peers. She was appreciative of the training opportunity, what she learned, and wanted to find a way to give back. She felt strongly that those parents who were unable to attend should have the same opportunity that she received. This parent also made gifts (hand crafted) that she gave to her peers as incentives to participate.

The goal of the Leadership Institute is for parents to develop leadership skills enabling them to define themselves as leaders. The objective is for parents to take on leadership roles in their communities and programs. Reviews of the evaluations reaffirmed that goals and objectives were met. The overwhelming majority of parents wrote that they left the training with information and techniques that they will use. They also wrote that they would recommend the training to others. Additional comments included their enjoyment of the opportunity to speak in public, meet others, and re-define themselves as leaders. They enjoyed learning that they have a voice and a right to be heard. Parents also stated and wrote that they appreciated the opportunity to receive the training. It appears that the training was a success on all fronts.

The Advanced Leadership Institute of 2017 was Part II of the Parent Leadership Training that was held in March and April of 2017. Parents who completed Part I were invited to participate in this session during the Spring Training and Staff Development Conference on May 4-5, 2017. As usual,

this training was fraught with excitement, nervousness, enthusiasm and an eagerness by participants to take the next steps into the future. The combination of participants from various parts of the State enabled old bonds to be renewed and new relationships to blossom. Over the course of the two-day training, participants reviewed concepts from Part I, delved into the concepts for this session and prepared a short program that enabled the learned leadership skills to be put in action. The theme for the 2017 program was “Taking Charge!” Diverse pictures, quotes and takeaways represented strong figures who had met their goals and topics that depicted a means to set and reach goals. Topics included Managing Stress and Healthy Relationships, Feeling and Looking like a Leader and how to build strength and be positive in all endeavors. Parents were also given a refresher in Public Speaking as they prepared for the final closing presentation. Parents developed projects using the skills learned in Part I and presented their finished or ongoing project during the Part II presentation.

Parent involvement is ongoing in the planning, implementation, and evaluation of local programs. Parent involvement at the lead agency occurs with an Early Head Start Policy Council and a parent member who serves on the Board of Directors of Maryland Family Network. More than 30 Early Head Start parents and staff participated in two full days of Policy Council/Program Governance training. Policy Council parents participating in the Early Head Start programs are actively involved in working with MFN staff to conduct the self-assessment monitoring process for their programs annually. Parent involvement at the local level is encouraged in all areas of program activity. Community-based partners in Maryland’s family support network are required to have regular participant meetings co-facilitated by parents. The fulfillment of this requirement is monitored as part of the network’s Onsite Monitoring Process. Maryland Family Network’s Program Monitor interviewed program participants during the Onsite visits to get a sense of their involvement and satisfaction with Center programming and services.

State Council on Child Abuse and Neglect (SCCAN): Coordinated by DHS, SCCAN and its partners have adopted a mutually supportive set of actions as part of developing and promoting comprehensive primary prevention strategies for Maryland that improve the context of societal norms, systems, environments and relationships within which Maryland’s children develop. Appointed by the Governor, MFN’s Deputy Director Family Support has served as an active member of the State Council on Child Abuse and Neglect (SCCAN) since July 2016. SCCAN’s Annual Report to the Governor and General Assembly presented an overall framework for a seismic shift in how Maryland should address child abuse and neglect, along with other Adverse childhood experiences (ACEs) (family dysfunction-parental mental illness, parental substance abuse, domestic violence, living in an unsafe neighborhood, living in foster care, experiencing bullying) that lead to

poor outcomes in health, education, public safety, and economic productivity at an immense cost to children and taxpayers. The recommendations set out specific policies, strategies, and training that build the individual and collective knowledge and skills of Marylanders in our child and family serving agencies and communities to provide the safe, stable and nurturing relationships and environments that children need to grow into healthy and productive citizens. Implementation of the many recommendations will require leadership support and the challenging work of collaboration and coordination across child and adult serving agencies that for too long have seen themselves and their missions as separate and apart.

Plans for May 2018–April 2019

MFN’s focus for the upcoming year will be continuation and sustainability of “best practices” within existing network program services to ensure that every child in Maryland can have strong families, quality early learning environments, and a champion for their interests and well-being. Sustaining the budget always constitutes a top priority for MFN and when possible, exploring new opportunities for expanded community-based and home-based services for families with young children.

MFN will continue to evaluate the performance of programs by using quantitative information provided by the participant data base or Management Information System (MIS). During the upcoming year, MFN will transition its current management information system, known as PROMIS 12 (Program Resources and Outcomes Management Information System) to myHeadStart.com. The new system will enable program monitors ready access to data that are used to evaluate outcome measures and program quality improvement.

MFN will continue to provide services in partnership with local public/private providers throughout the network to create a widespread understanding of what all kinds of programs and providers can do—and in some cases already do – to promote healthy child development and reduce the incidence of child abuse and neglect.

SECTION XV: FINANCIAL

Maryland intends to expend 20% on each of the following services: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services.

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.

See Appendices T and U for the CFS Parts I, II and III Excel and PDF Forms.

SECTION XVI: APPENDICES

Appendix A	Social Services Administration Organization
Appendix B	Citizens Review Board for Children Annual Report
Appendix C	Citizens Review Board for Children Annual Report Response
Appendix D	Systemic Factors
Appendix E	FY2017 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan
Appendix F	MD CHESSIE Call Center for Local Use Document Publication List 2017 - 2018
Appendix H	Governor's Assurance
Appendix I	State Child Fatality Review Team Report
Appendix J	State Child Fatality Review Team Report Response
Appendix K	Child Fatality/Near Fatality Memorandum Dated 4/17/2012
Appendix L	Ready by 21 manual
Appendix M	Training Matrix
Appendix O	Data Tables for Recruitment and Retention Plan
Appendix P	The State of Maryland Consequence Management Operations Plan
Appendix Q	Final Statewide CPS Demographics
Appendix R	Education & Training Voucher

Appendix T	CFS I, II, III–Excel
Appendix U	CFS I, II, III–Signed
Appendix V	Goals
Appendix W	SCCAN Annual Report