

Maryland Department of Human Services
Title IV-B Child and Family Services Plan
2020 Annual Progress and Services Report



Larry Hogan, Governor
Boyd Rutherford, Lt. Governor
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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
ASCERS – 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
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
SRPOP – 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).

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 4,765 in SFY2018; see figure 1). Since the start of these efforts in 2007, Maryland decreased the number of children in Out-of-Home care by 53% (from 10,330 in SFY2007 to 4,765 in SFY2018) while the proportion of youth in group home placements declined from 19% in SFY2007 to 11% in SFY2018. This percentage of group homes has remained relatively steady at 10% in SFY2013 to 11% in SFY2018, even as the number of children in group homes decreased from 599 (SFY2013) to 520 (SFY2018; Figure 2). The number of children in family homes has increased slightly from 72% in SFY2013 to 74% in SFY2018, even as the number of children has decreased from 4,281 (SFY2013) to 3,504 (SFY2018; 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 decreased from 669 in SFY2013 to 438 in SFY 2018 (Figure 6). Youth exiting due to Adoption was at 372 in SFY2013, with a low of 295 in SFY2015 to 372 in SFY2018 (Figure 4). The number of children reunifying went from a high of 1,526 in SFY2013 to 1,218 in SFY2018 indicating that more children are returning to their biological parent(s) than being adopted or going to guardianship.

Figure 1

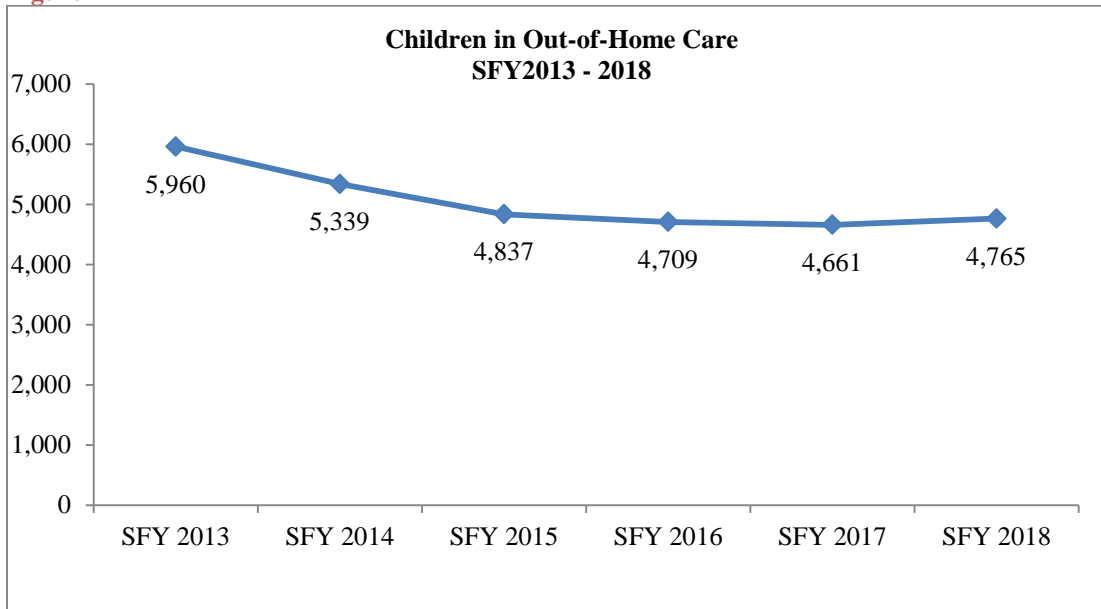


Figure 2

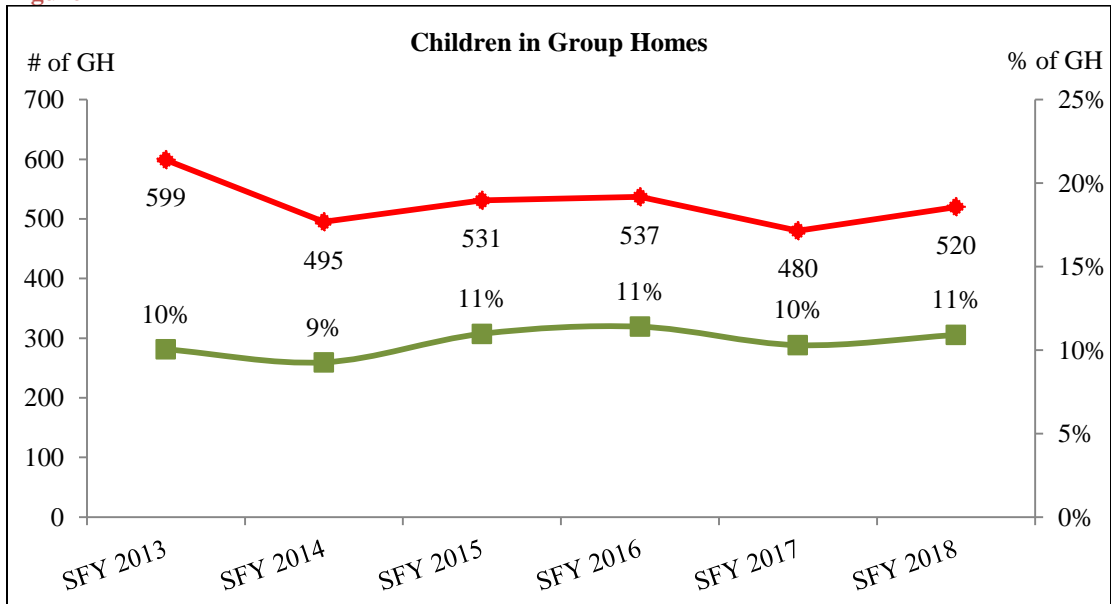


Figure 3

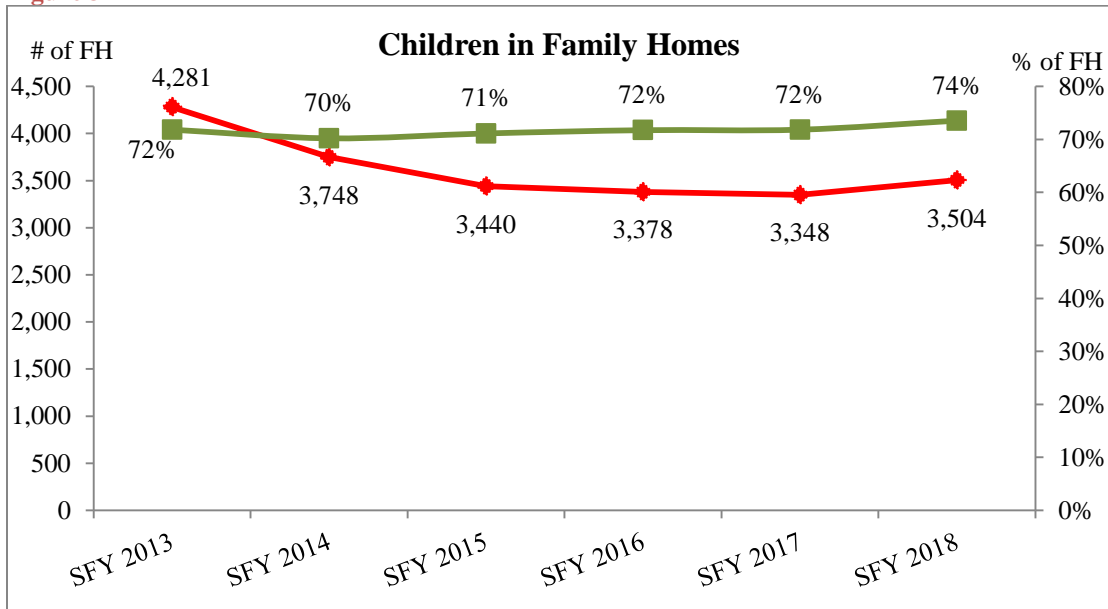


Figure 4

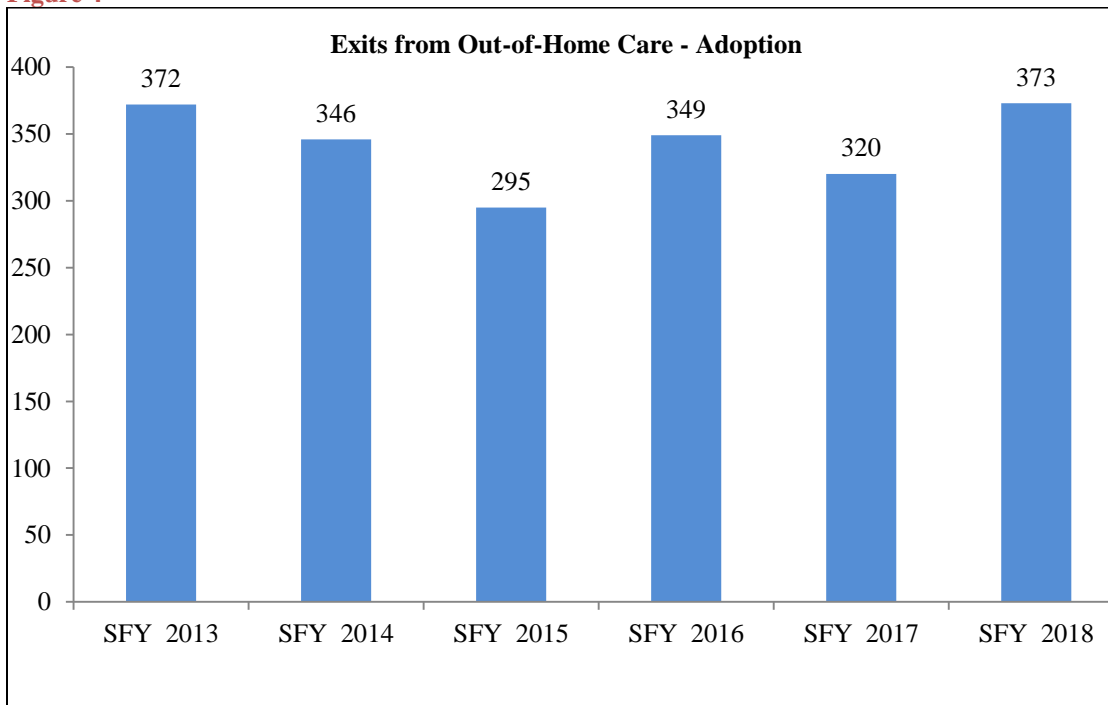


Figure 5

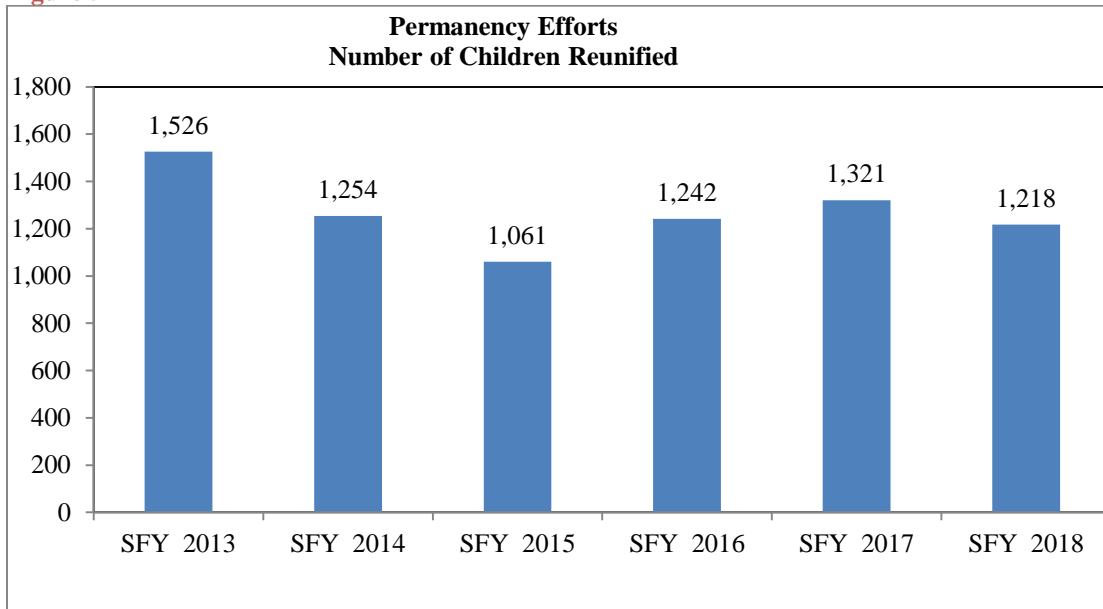
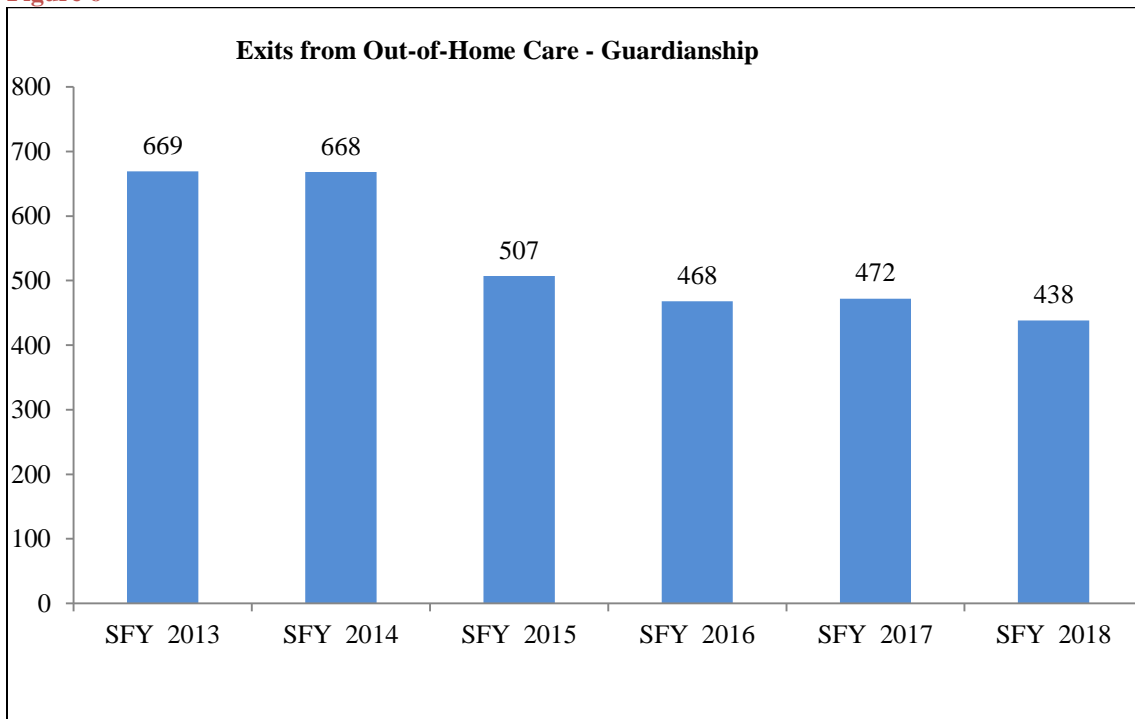


Figure 6



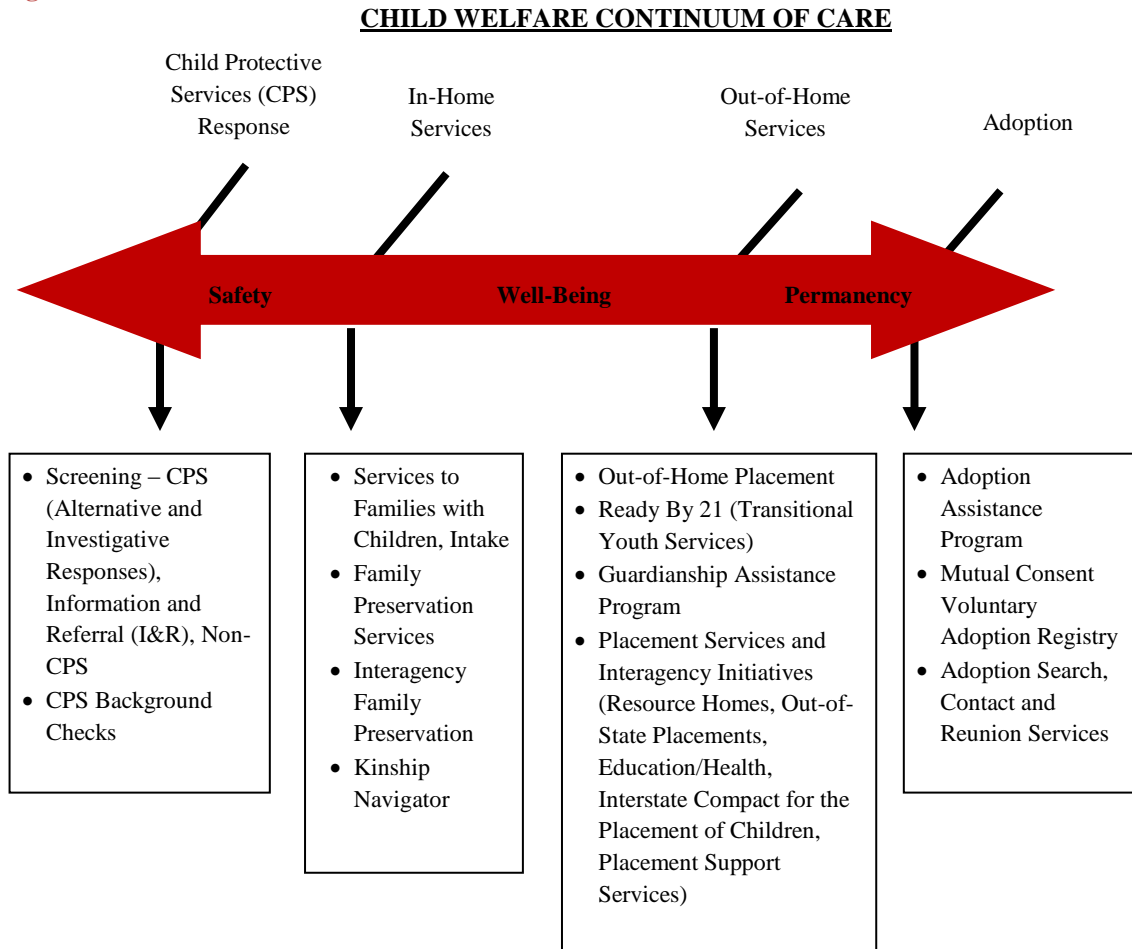
Data Source in Figures 1 – 6: MD CHESSE

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



SECTION II: GENERAL INFORMATION

COLLABORATIONS

Maryland 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 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.

One of the many stakeholder groups in Maryland who DHS/SSA works with closely is the Governor's Office of Crime Control and Prevention (GOCCP). Among other initiatives, GOCCP chairs the Children's Justice Act Committee (CJAC) that is required by federal regulations at 45 CFR 1357.16. CJAC members have opportunities to inform the work of DHS/SSA through attendance at various meetings such as quarterly DHS/SSA Advisory Board meetings, Child Protective Services/Family Preservation monthly workgroup meetings, and CJAC quarterly meetings. Over the past five years DHS/SSA has collaborated with CJAC around the issues and needs of the local child advocacy centers (CACs). Consistency in caseworker practice and service provision for sex trafficking victims has been a point of emphasis based on feedback from local departments and Maryland's Children's Alliance who is the representative body of local CACs. A CAC "best practices" final draft has been completed which will outline the protocols for all CAC multi-disciplinary team members. Improved collaboration between CAC members is necessary in order to positively impact the safety of Maryland's children.

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

In the last two years of DHS/SSA's five-year plan work was initiated with the Capacity Center for States related to strengthening and enhancing engagement efforts with youth, families, and resources parents. The goal is to improve the ability to have voices with lived experiences at the table to be part of the decision making around practices, policies and services. DHS/SSA believes that the outcomes identified in the five-year plan (Improve the safety for all infants, children, and youth in child welfare, Achieve permanency for all infants, children, and youth in foster care, Strengthen the well-being of infants, children, and youth in foster care) will improve with lived experience at the table helping to drive the identification of practices, policies, and services that will best meet their needs. An annual state assessment was completed, which resulted in recommendations for three co-created capacity building projects: enhancing family engagement, improving resource parent engagement through problem exploration, and strengthening local and state youth advisory boards (YABs). Stakeholder groups have been identified for each area and have been meeting regularly. Work plans are developed and discussions have begun around problem

identification and root cause analysis leading to a Theory of Change. In addition, the stakeholder groups are working on connecting this work to the development of DHS/SSA's CFSR PIP and CFSP related to strategies to address authentic partnerships with families, youth, and resource parents to ensure continuity of the work. This work supports DHS/SSA's goal to achieve permanency for all infants, children, and youth in foster care. A description of each project with a status summary is provided below.

Family Engagement

The family engagement project is an intensive project and includes an evaluation component. The Center and DHS/SSA identified family engagement as an area for improvement related to delays in achieving timely permanency. DHS/SSA also identified an additional concern related to the engagement of families during family involvement meetings. Both of these concerns were also raised as part of DHS/SSA's PIP pilot with a key theme of authentic partnership being identified as a common root cause. The DHS/SSA organizational culture values healthy and equitable relationships with families; therefore, the co-created work plan was designed to improve staff engagement of families involved with the child welfare system. The desired long-term outcomes of the project are to increase timely permanency outcomes by improving staff engagement skills and to pilot a parent partner navigator program.

The project was initially scoped to kick off in June 2018, but the actual kickoff meeting was not held until September 2018 due to personnel changes on the Center's team and scheduling challenges. A virtual meeting was held in October 2018 to introduce the new personnel to the state team and to review the work plan. In November 2018, the Center team participated in a DHS/SSA-led webinar which was offered to DHS/SSA staff to share information about their work with Maryland Coalition of Families (MCF) and to discuss the Center's family engagement work. In December 2018, an onsite meeting was held to begin the theory of change development process. The Center facilitated onsite meetings in January and February 2019 to continue work on the theory of change, initiate the family engagement problem exploration process, and begin developing an evaluation plan. As Maryland's PIP and CFSP was developed, this work was folded into the overall strategies related to authentic partnership with families particularly in the areas of collaborative assessments and planning as well as providing peer supports to facilitate navigating the system and modeling and coaching how to drive their own plans.

Resource Parent Problem Exploration

The resource parent engagement project is focused on exploring issues with resource parent engagement. The project was scoped to support DHS/SSA's goal of developing a better understanding of the root causes of the lack of resource parent engagement. The long-term goal is to improve resource parent supports so that resource parents can improve their skills in supporting birth families. The Center and DHS/SSA co-created a work plan that focuses on deeper problem exploration and development of an action plan.

The project team has met at least monthly since September 2018 via virtual and in-person meetings. The Center's team provides facilitation, coaching, and consultation to support deeper problem exploration of the lack of resource parent engagement, which includes the following: data analysis, discussion of relevant practices and processes, and examination of the root causes of the issues. Discussions were facilitated to develop a data exploration plan that was used to demonstrate the existence of the problem, understand the nature of the problem, examine areas of strong practice, and answer the research questions established by the group.

Using the Center’s problem exploration process, the workgroup was able to narrow its focus to four key areas impacting resource parent engagement: recruitment, retention, caregiver resources and information, and permanency caseworker communication. As with family engagement, these areas align with the key themes identified as part of DHS/SSA’s PIP pilot. The problem statement for each of the four areas follows:

- Recruitment:
 - Problem Exploration Issue: Prospective resource parents are not given a realistic preview about resource parenting.
 - Problem Exploration Issue: Resource parents are not acting as recruiters.
- Retention:
 - Problem Exploration Issue: Quality resource parents are over used and burn out and then close their homes.
- Caregiver Resource and Information:
 - Problem Exploration Issue: Resource parents do not have the tools to be successful.
 - Problem Exploration Issue: Resource parents do not know where to go for clear guidelines and practical everyday support information that they need.
 - Problem Exploration Issue: There are limited ways to share information with resource parents.
- Permanency Caseworker Communication:
 - Problem Exploration Issue: There is poor engagement between the child’s caseworker and the resource home worker, creating negative outcomes for the resource parent.

The project team is currently working through the root cause analysis process. The final step will be to develop and document an action plan based on the results of the problem exploration process. The action plan is expected to be complete by June 2019. As Maryland’s PIP and CFSP continue to be refined, this work will be folded into the overall strategies related to authentic partnership with resource parents particularly in the area of enhancing initial and ongoing training opportunities for resource parents and removing barriers to consistent participation in learning activities.

Youth Advisory Board (YAB)

The YAB project is designed to provide consultation, coaching, and supports to strengthen recruitment and retention, strategic planning, and policy development for Maryland’s state YAB and local YABs, which aligns with the key theme of authentic partnership with youth that was identified in DHS/SSA’s PIP pilot. The YAB project kicked off in October 2018, but the team did not start consistent monthly meetings until January 2019. The Center provides facilitation, coaching, and consultation to assist the state in developing its infrastructure to strengthen both its state and local YABs. In addition, the Center has been providing coaching and consultation on agenda planning and facilitation of the state YAB, which the state restarted in October 2018.

In December 2018, the Center facilitated a virtual discussion with the state’s full team of Independent Living Coordinators (ILCs) to provide information about the work plan and the state’s goals in restarting the state YAB and local YABs and to also solicit their interest in serving on the project team. In January 2019, an onsite meeting was held with the newly constituted project team (deemed the “steering committee”) to begin work on building the support infrastructure that would best facilitate strengthening the state’s YAB goals.

In February and March 2019, the steering committee focused on exploring their vision for success for the state and local YABs and developing an action plan to address challenges and document the steps needed to accomplish the project's goals. One of the first accomplishments of the work plan is that the state team successfully developed and facilitated a survey process to gather information about challenges faced by ILCs regarding their local boards. The results will be used to inform the action plan. Key findings from the survey follow:

- Of the participants, 60 percent do not have an active local board currently.
 - Typically, two to seven youth participated when the board was active.
- Of the participants, 20 percent have never had a local board.
- Board activities have included trips, planning events, advocacy projects, and evaluation of the services provided by the department.
- Factors that have worked to maintain boards included: incentives, flexibility and informal meetings, food, transportation, and consistent engagement such as weekly check-ins.
- Barriers to having local boards included: loss of interest, small youth population, funding, lack of focus and direction, and difficulty finding mature youth that can provide impactful participation. However, a common theme was time: youth are engaged in extracurricular activities or staff is unavailable during nontraditional work hours.
- Of the participants, 77 percent expressed that there is not enough information or training provided to ILCs to support having a local board.

During the March 2019 meeting, the steering committee determined that it needs to expand its membership to include the voices of foster parents, youth, and provider agencies. Therefore, the team will be extending invitations to join the team to the Maryland Resource Parent Association, the Maryland Association of Resources for Families and Youth and Maryland's newly selected Youth Ombudsman.

The Center will continue to meet at least monthly with the steering committee to provide coaching, consultation, and facilitation toward completion of the problem exploration process and development and execution of an action plan to accomplish the state's goals. The project is currently slated to conclude in June 2019. This work will be included in the overall CFSP and PIP strategies related to authentic partnership with youth and will include peer supports to facilitate navigating the system, role modeling behaviors and coaching how to drive their own plans.

Because this work began in the last two years of DHS/SSA's five-year plan the full impact of this work has yet to be realized. DHS/SSA intends to continue to refine this work and fold the activities into the overall strategies included in Maryland's PIP and CFSP so that the full impact can be determined.

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 2018 – April 2019 on which the Steering Committee provided feedback and

reevaluation included, but were not limited to, feedback on FIMS surveys, timing and process, LGBTQ training, Integrated Practice implementation, 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 2019–2020 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 2018 learning objectives for topic areas included:

Continuous Quality Learning Objectives:

- Gain familiarity with DHS/SSA’s tools for gauging performance
- Practice making meaning of data and evidence
- Learn about new CQI activities at the state and local levels in Maryland – and how you can take part!

IPM Learning Objectives:

- Present updated IPM and resource tools for frontline staff
- Share next steps in the IPM implementation plan
- Engage participants in a planning IPM implementation and roll-out
- Identify strategies for success

Workforce Development Learning Objectives in discussing Supervisors’ role in:

- Supporting DHS/SSA’s strategic vision implementing new policies & practice
- Building the capacity of the front line workforce
- Safety culture/culture of learning & support
- Supporting transfer of learning
- Integrating data into practice in the workforce

Child, Juvenile and Adults Management System Learning Objectives:

- To understand the current status of CJAMS development

- To review change management goals and activities planned
- To participate and to provide feedback on preparing for change.

Evaluations were distributed and compiled with suggestions for improvement. DHS/SSA considers these meetings important to maintain relationships with LDSS supervisors, to receive direct supervisory feedback and to clarify policies and practices and to provide input to presented data. In 2018, 97% of the respondents reported via Evaluation Reports that they would be able to apply the information to their work.

Technical Assistance Given

DHS/SSA Central staff also offers 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), Workforce Development, 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.

Some specific areas of technical assistance offered included clarifications related to the implementation of Alternative Response (AR), the utilization of PRIDE training for resource parents, and providing data review meetings with locals prior to their onsite review. Clarifying the AR questions and practice encourages engagement with the community and resources for families, which in turn impacts the recurrence of maltreatment as families are able to access needed services. PRIDE builds the capacity of the resource families to learn better methods to care for and provide services to foster children, which contributes to the reduction of recurrence of maltreatment (Improving Safety). Local Data meetings were designed to review jurisdictional specific data related to safety, permanency, and well-being to understand current function and develop plans to support improvement in outcomes. Other TA offered centered around proper data entry methods and identification of barriers to ensure that health, dental and education needs were being met and documented. The technical assistance, which included but not limited to tip sheets, clarification on data entry and identification of barriers to services, the TA assisted LDSS with improved documentation and problem identification.

Technical Assistance Received

Technical Assistance received from the Capacity Building Center for States includes improving skills of staff in engaging youth, families, and resource parents. The long term goals were to improve resource parent supports so that resource parents can enhance their skills in supporting birth families, increase timely permanency outcomes by enhancing staff engagement skills, and improve skills with engaging families in planning and executing the plans thereby reducing re-entries, increasing the exits to permanency, and improving families capacities to meet their children's needs. Included in the TA were problem identification, root cause analysis, theory of change and action plan development for improving engagement with youth, families, and resource parents. Specific activities identified included but not limited to:

- Strengthening state and local Youth Advisory Boards, building venues for gathering youth input on policies, practices, and barriers

- Strategies related to authentic partnership with families particularly in the areas of collaborative assessments and planning as well as providing peer supports to facilitate navigating the system and modeling and coaching how to drive their own plans
- Resource parent engagement project focused on developing a better understanding of the root causes of the lack of resource parent engagement.

For more details on the work completed, please see Capacity Building Center for States section.

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 in strategically implementing the Family First Prevention Services Act of 2018 and its impact regarding the current State Plan. The team is reviewing current DHS/SSA practices, policies, and procedures to ensure they are in compliance with the updated Federal regulations. Some current policy development and replacement include:

- Development of DHS/SSA Policy Directive #19-8: Child placed with parents in licensed residential substance abuse treatment facility
- Development of DHS/SSA Policy Directive#19-13: Criminal Record and Registry Checks in Child Care Institutions
- DHS/SSA Policy Directive #19-3: Adoption Assistance Program: Federal IV-E, State & ICAMA (interstate Compact on Adoption & Medical Assistance), now supersedes DHS/SSA Policy Directive 13-1
- DHS/SSA Policy Directive #19-5: Applicable Child Assessment Request and Decision for Adoption Subsidy, now supersedes DHS/SSA Policy Directive 16-22: Applicable Child Assessment Request and Decision for Adoption Subsidy
- DHS/SSA Policy Directive #19-4: Maryland Youth Transition Plan, now supersedes DHS/SSA Policy Directive #11-16
- DHS/SSA Policy Directive #19-15: Resource Parent Home Study Process now supersedes DHS/SSA Policy Directive #13-16 to ensure compliance with the Foster Home Model Standards as dictated by the Family First Prevention Services Act of 2018.

Title IV-E also made revision to the following forms to ensure compliance with the Family First Prevention Services Act of 2018:

- Maryland Applicable Adoptive Child Assessment Request Form
- Maryland Applicable Adoptive Child Decision Form

Title IV-E Unit has been and continues to spearhead ongoing stakeholders meetings in preparation for the Qualified Residential Treatment Program (QRTP) requirements within the Family First Prevention Services Act of 2018, regarding the new model foster home standards. Those involved includes:

- DHS/SSA in-home services, placement and permanency and contracts units
- DHS office of Licensing and Monitoring and the office of the Attorney General
- DJS office of Licensing and Monitoring, Title IV-E and case management units

- Maryland Department of Mental Health
- The Foster Care Court Improvement Project and Judicial Advisory committees.

Some of the changes include a pending Senate bill 1043 requiring court decision on QRTP placements and defining the role of qualified individual for QRTP assessment. Collaboration with the Department of Mental Health regarding family based treatment placement, the state of Maryland selecting an evidence-based assessment tool for DHS and DJS children needing placement in residential settings and DHS/SSA and DJS QRTP policy guidance.

To date, collaboration and joint efforts between all stakeholders will continue toward required changes in the DHS/SSA, DJS and the state of Maryland Court practices, as required by the Family First Prevention Services Act of 2018. A Draft State plan reflecting updated policies and practice changes has been submitted to the Children's Bureau. The Title IV-E unit will continue to submit these updates to the Children's Bureau by the required slated dates. Title IV-E will also continue to work with other departments within DHS/SSA and other stakeholders.

Independent Single State Audit

For State Fiscal Year 2019, the audit firm S & B Company conducted a review of Maryland's foster care cases for compliance with the Title IV-E federal funding program requirements from December 2018 to March 2019. At the present time, S & B Company is yet to issue a report of its findings. The Office of Legislative Services (OLS) did not conduct compliance audit of Title IV-E Foster Care and Adoption cases during the period under review. 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 subsidy 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 entitled 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 development of the rules engine (Corticon) for the Title IV-E process and the incorporation of a direct interface with multiple database systems utilized in the eligibility process (i.e., Maryland Automated Benefits [MABS], Social Security Administration, Child Support, Family Investment Administration, Homeland Security, etc.). In addition to participating in the design process for the Title IV-E eligibility determination, Title IV-E staff has been actively participating and collaborating with various programs (i.e., DJS, finance, Child Protective Services (CPS)/Family Preservation, Placement and Permanency services, placement resources, licensing and monitoring, Child Support and FCCIP), in the development of their process as well in an effort to ensure that all State and Federal requirements are being met.

Title IV-E Policy and Procedure Manual

Title IV-E staff continued to collaborate with the Department of Juvenile Justice, the Office of the Attorney General (OAG), and DHS Office of Communication in revising and editing the Title IV-E manual to be compliant with current Federal/State laws and regulations. Changes made to the manual include updated information about the Applicable Child Assessment Policy to ensure compliance with the Family First Prevention Services Act of 2018. The Administration for Children and Families and Children's Bureau and SSA Executive Director reviewed the final revised manual, and it is now going through the formatting process with DHS office of communications 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 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.

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 2018 – April 2019

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

1.1.1.1. Updates for May 2018 – April 2019

- 1.1.1.1..1. The CANS LDSS TA Report was finalized and disseminated in June 2018. The Institute and Chapin Hall have begun providing the requested training and technical assistance outlined in that report.*
- 1.1.1.1..2. The Institute and Chapin Hall developed the training curriculum for the Transformational Collaborative Outcomes Management (TCOM; the assessment model of the CANS and CANS-f tools), Action Planning training. It was piloted with one county in March 2018. Beginning in 2019, The Institute and Chapin Hall have been scheduling these trainings with LDSS to assist staff connect the TCOM assessments to the family service plan.*
- 1.1.1.1..3. The goal is still for this training to be incorporated into Pre-Service training. During this next year, DHS/SSA will be rolling out a new Integrated Practice Model (IPM). The training for the IPM will include the integration of the assessments with planning.*
- 1.1.1.1..4. The CWA will be involved with providing training on the IPM, including the training on assessment and planning. As part of the LDSS CANS TA plan, The Institute and Chapin Hall are available to meet with supervisors and administrators to review their CANS/CANS-F Quarterly data reports and support them in their utilization of data to support decision making.*
- 1.1.1.1..5. The MyDHR Portal has been activated and providers are able to enter CANS assessments into the system. There are a number of providers who need to register their staff in the system.*

2. Intervention - Evaluation of Risk Assessment Tools

2.1. Benchmarks Activities - May 2018 – April 2019

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

2.1.1.1. Updates for May 2018 – April 2019

- 2.1.1.1..1. The Risk Assessment tools for Child Protective Services and Family Preservation Services were reviewed and will be utilized with the roll out of Maryland's new statewide child welfare database (CJAMS). As each jurisdiction goes live in the new system, they will begin to use the Maryland Family Initial Risk Assessment or Maryland Family Risk Reassessment tools. Outcomes from the two risk tools will be used to help inform service planning between the worker and the family/youth.*

3. Intervention - Analysis of Alternative Response

3.1. Benchmarks Activities May 2018 – April 2019

3.1.1. Activity - Data analysis. DHS/SSA will continue to use the available data from Alternative Response (AR) and Investigative Response (IR) to direct local practice. Alternative Response has been effective in reducing repeat maltreatment. The recidivism rate for AR is approximately 5%. AR data will continue to be monitored to help determine whether changes in the statute are needed to expand or reduce the types of cases served in the alternative and investigative tracks.

3.1.1.1. Updates for May 2018- April 2019

- 3.1.1.1..1. *DHS/SSA explored ways to address the issue of AR model fidelity for physical abuse reports. However, to date, low risk physical abuse cases are still being served on the AR track. The statute remains unchanged.*
- 3.1.1.1..2. *AR is in its sixth year of implementation; therefore, most of the local departments are comfortable managing AR cases. Technical assistance was provided to local departments on an as needed basis and as requested. Monthly reports were shared with local department staff to identify trends, training needs, etc.*
- 3.1.1.1..3. *DHS/SSA provided in-person technical assistance to one of the larger jurisdictions around accepting and managing AR cases. As a result, that jurisdiction went from accepting 8% of AR cases to now accepting 30%.*
- 3.1.1.1..4. *Local departments were encouraged to continue engagement efforts with their community partners by providing presentations and trainings.*

3.1.2. 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.

3.1.2.1. Updates for May 2018- April 2019

- 3.1.2.1..1. *DHS/SSA developed a standard AR training to be given by DHS/SSA and local department staff to community partners including local law enforcement and educators.*
- 3.1.2.1..2. *The community partnership survey was administered by the Child Welfare Academy. The survey revealed the following:*
 - *Ongoing community education is needed*
 - *AR training should be provided to judges and judicial staff at the yearly Judicial Conference*
 - *More community resources are needed for clients*
 - *LDSSs want outcome data from direct client input related to AR and its impact, etc.*
- 3.1.2.1..3. *The survey also indicated that there is a need for a dedicated community liaison/trainer in most local departments.*
- 3.1.2.1..4. *Community outreach efforts will no longer be addressed through learning collaboratives. The Child Welfare Academy is developing strategies to address this need and gaps in services.*

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

3.1.3.1. Updates for May 2018- April 2019

- 3.1.3.1..1. *AR learning collaboratives were not held during this reporting period because the AR workgroup activities were folded into a larger Child Protective*

Services/Family Preservation workgroup which is a part of DHS/SSA's new implementation structure. DHS/SSA made the decision to expand its focus to include both CPS responses (Alternative Response and Investigative Response) in addition to family preservation services.

3.1.4. 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.

3.1.4.1. Updates for May 2018- April 2019

- 3.1.4.1..1. *The AR workgroup added a "transfer of learning" (TOL) component to trainings with the assistance of the University of Maryland Child Welfare Academy. A series of tip sheets for supervisors and workers was developed. The tip sheets were designed to enhance communication between the supervisor and the worker to promote learning and fidelity to AR.*
- 3.1.4.1..2. *DHS/SSA provided AR refresher training in Baltimore City. The training focused on re-engaging Baltimore City to appropriately screen and accept cases that qualify for AR. On March 27, 2019, the first session was held and well attended by staff.*
- 3.1.4.1..3. *Ninety-seven (97) LDSS staff AR attended training between May 2018 and April 2019. The next training cycle is scheduled to begin in June 2019.*

4. 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.

4.1. Benchmarks Activities - May 2018 – April 2019

4.1.1. Activity - Purchase PRIDE training

4.1.1.1. Updates for May 2018- April 2019

- 4.1.1.1..1. *DHS/SSA purchased the New Generation PRIDE Hybrid training model effective February 15, 2019-February 14, 2020.*
- 4.1.1.1..2. *DHS/SSA began phase one of the three- phase New Generation PRIDE Hybrid training on February 15, 2019. An introductory webinar was held for both public/private PRIDE trainers to introduce them to the new curriculum. Phase two began March 11, 2019 where there will be three weeks of in-person training classes held to train on the new foster parent training module. The curriculum consists of both in-person classroom and on-line hybrid foster parent training modules.*
- 4.1.1.1..3. *After the initial yearly roll-out, DHS/SSA will evaluate the number of resource parent maltreatment findings for SFY2019 to see if there was a reduction in the number of foster youth maltreatments.*

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%
FFY2016	89.9%
FFY2017	90.9%
FFY2018	89.7%
<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 2018 data, base period October 2017 to September 2018, cannot be generated until 2019 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

Rate of Victimization Foster Care by Federal Fiscal Year	
FFY2017	11.9
FFY2018	11.6
<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%
SFY2018	58,001	1%
<i>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.</i>		

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	-11%
SFY2016	21,346	3%
SFY2017	21,989	3%
SFY2018	22,358	2%
<i>Source: MD CHESSIE Data reporting was changed from Calendar Year to State Fiscal Year for more consistent reporting.</i>		

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	NA
SFY2014	86%	SFY2014	87%
SFY2015	90%	SFY2015	94%
SFY2016	88%	SFY2016	88%
SFY2017	85%	SFY2017	92%
SFY2018	85%	SFY 2018	91%

Source: MD CHESSIE; Child Welfare Place Matters files
Data reporting was changed from Calendar Year to State Fiscal Year for more consistent reporting.

Table 6

Families and Children Receiving In-Home 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	14%	-13%
SFY2016	10,061	21,417	3%	4%
SFY2017	7,973	16,999	-21%	-21
SFY2018	7,710	16,286	-3%	4%

Source: MD CHESSIE; state of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2018

Table 7

Number/Percentage of Children Who Were the Identified Victim of an Indicated Maltreatment Finding While Receiving In-Home Services		
State Fiscal Year	Number	Percent
SFY2013	366	2.7%
SFY2014	299	2.2%

Number/Percentage of Children Who Were the Identified Victim of an Indicated Maltreatment Finding While Receiving In-Home Services		
State Fiscal Year	Number	Percent
SFY2015	391	2.4%
SFY2016	313	1.9%
SFY2017	307	2.4%
SFY2018	Not Available until SFY2019	Not Available until SFY2019
<i>Source: MD CHESSIE; state of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2018</i>		

Table 8

Number/Percent of Children Who Were Placed Into OOH Care While Receiving In-Home Services		
State Fiscal Year	Number	Percent
SFY2013	569	4.3%
SFY2014	518	3.8%
SFY2015	559	3.4%
SFY2016	374	2.3%
SFY2017	417	3.2%
SFY2018	Not Available until SFY2019	Not Available until SFY2019
<i>Source: MD CHESSIE; state of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2018</i>		

Table 9

Safety Outcome 1 April 1, 2018- September 30, 2018	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Applicable
Children are, first and foremost, protected from abuse and neglect.	89.66% N=26	0% N=0	10.34% N=3	N=36	N=29
<i>Data Source: Online Monitoring System Children's Bureau</i>					

Table 10

Safety Outcome 2 April 1, 2018- September 30, 2018	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Applicable
Children are safely maintained in their homes whenever possible and appropriate	69.23% N=45	1.45% N=1	29.233% N=19	N=0	N=65
<i>Data Source: Online Monitoring System Children's Bureau</i>					

Data Analysis**Absence of Recurrence of Maltreatment**

Maryland's absence of recurrence of maltreatment is at 89.7% for FFY2018, a slight decrease from 90.9% for FFY2017 and slightly lower than the national target of 90.9%. While it is unclear why there is a slight decrease, DHS/SSA continues to concentrate efforts on utilizing the Child and Adolescent Needs and Strength-Family (CANS-F) assessment tool to appropriately assess families and develop effective service plans. Currently child protective services staff do not use the CANS-F, however they will begin doing so as a jurisdiction "goes live" in CJAMS. Technical assistance will be provided to ensure the tool is utilized correctly. There will also be a new risk assessment tool for child protective services staff that is less subjective and will more accurately rate the likelihood of future maltreatment. The Children's Research Center provided this research-based tool to Maryland after having tested it in other states, to include California and Vermont. DHS/SSA will continue to track trends and provide feedback to LDSS in an effort to decrease the likelihood of future maltreatment.

Rate of Victimization in Foster Care

For FFY2018, the rate of child maltreatment in foster care decreased to 11.6 from 11.9 in FFY2017. Although this rate of 11.6 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. The Placement and Permanency Implementation team has reviewed this data and has noted the need for additional data to understand the root cause. Strategies discussed to address this issue have included: comprehensive and collaborative assessment to ensure the appropriate placements are made; resource parent training; and increasing behavioral health services for youth in foster care. DHS/SSA will continue to work closely with the Maryland Resource Parent Association (MRPA) in reviewing data to determine what supports they feel may be needed to turn the curve. An annual work plan is being developed now to address these areas.

Alternative Response

Alternative Response (AR) was fully implemented statewide as of July 1, 2014. As a result of the implementation, Maryland expected the entry of children in foster care to decrease because services were offered to families to mitigate 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 Alternative Response (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 to 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. DHS/SSA has been working with the local departments to review data, and best practices and has provided technical assistance on an as needed basis. The TA provided to Baltimore City CPS Screening and AR/IR Investigative staff has begun to impact the overall AR numbers for Maryland due to Baltimore City having the largest proportion of families being served in Maryland.

CANS-F

On July 1, 2015 Maryland's LDSS (with the exception of Baltimore City) implemented use of Child and Adolescent Needs and Strengths–Family version (CANS-F) as an added assessment tool for Family Preservation Services cases in help identifying a family's strengths and needs 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 77% of cases where one would expect to find a completed CANS-F for the time period October 2018 through December 2018 actually had one in the record. Between July 2017 and December 2018, all but one jurisdiction was visited by the CANS team (staff from the Institute and Chapin Hall) to develop a CANS Technical Assistance (TA) plan based on areas identified as needing improvement. Most jurisdictions have begun to implement their plan. As the work continues, 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 family's and child's needs. The CANS and CANS-F are 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. DHS/SSA is reviewing this issue with the system developers so that the new automated child welfare record can assist in more accurately gathering this data to improve accuracy.

Hotline

The number of calls to LDSS hotlines statewide over the past five years continued to increase as shown in Table 3. Since SFY2013, there has been an increase of 5,372 reports made to local jurisdictions. 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 – Intake 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. Over the past 5 years some policies were changed to ensure assessments for some of the most vulnerable children. Following the recommendations of the National Commission to Eliminate Child Abuse and Neglect

Fatalities, DHS/SSA implemented a policy to accept cases where there is a previous CPS report that was “indicated” or “unsubstantiated” and there is a child in the home under the age of 5. In October 2018 a new statute took effect requiring the Maryland Department of Health to match records of parents having live births with DHS/SSA’s list of parents who had their rights terminated as a result of abuse or neglect for the past 10 years. The statute also required the Maryland Judiciary to forward the names of persons convicted of certain crimes against children to be matched with termination of parental right’s records. When a match is found, the information is forwarded to the local jurisdiction where the parent resides so that an assessment of the parent(s) and newborn can be completed.

The number of calls accepted for a CPS response over the past five years has gone down overall by over 4,100 reports (Table 4). In the past several years, Maryland has increased the number of cases being accepted as Non-CPS assessments which in years past would have been assigned as a CPS Response. In 2014, LDSS were trained not to accept certain cases for investigation unless it was clear at the time of the call that an act of abuse or neglect was suspected.

Family Preservation Services

Table 6 shows a marked decrease over the past five years in the number of families and children receiving Family Preservation Services offered by the DHS/SSA. It is unclear at this time why there is this steady decline. Because the current database is unable to track the number of families who were offered services and refused them versus the number of families who were not offered services or were referred to community resources, there is no current way of knowing the cause. DHS/SSA is working with the developers of the new database to be able to capture what is occurring at the closure of a CPS Response or ROH assessment. With the roll out of the new database, CPS staff will also begin to complete the CANS-F assessment tool with families involved in a CPS Response. Currently CPS staff is not required to use this tool. The CANS-F assessment will allow DHS/SSA to review the data entered by CPS staff and have a clearer picture of CPS assessment skills and family and youth outcomes over time.

In Table 7 the percentage of children identified as a victim while receiving Family Preservation Services remained fairly steady with an overall average of 2.3% over the past five years. As Table 8 shows over the past five years the number of children who were placed into Out-of-Home placement while receiving In-Home Services was around 3.4%.

Strengths

Strengths to reduce maltreatment include Family Preservation Services, and Alternative Response. As a case management tool, the use of the Milestone Report seems to have had a positive impact on compliance. The Report allows 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.

Concerns

Improving family case planning continues to be an area of focus especially for Family Preservation Services. While the Child and Adolescent Needs and Strengths-Family version (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 included 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 2018-2019 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 twice in the past several years providing training and planning regarding the use of the assessment with families/youth, data interpretation, connecting the CANS to service planning and certification requirements for use of the tool. This work will continue as each jurisdiction has identified a CANS plan which the CANS team is helping them to implement. The CWA has also been a valuable partner in assisting DHS/SSA with developing training for staff related to using the CANS-F to inform service planning.

DHS/SSA also partnered with Chapin Hall, the State Council on Child Abuse and Neglect (SCCAN), the Maryland Department of Health and LDSS to review the data and issues around child fatalities. Reviews of fatalities that occurred in 2015 are nearing completion and will result in a final report about common elements that exist that can help inform the practice.

Support Needed

Maryland implemented AR, an updated Safety Assessment for Every Child (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, risk and service planning has been ongoing to determine if deficiencies and strengths uncovered during assessment are effectively addressed in service provision and utilization by families. Work continues on assessing the safety, risk and CANS data for each family. 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. As Table 11 shows, families are still in need of appropriate services to enhance their capacity to provide for children’s needs. Support is needed to boost the assessment skills of staff.

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.

Table 11

Well-Being Outcome 1 April 1, 2018- September 30, 2018	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Families have enhanced capacity to provide for their children’s needs.	30.77% N=20*	44.62% N=29	24.62% N=16	N=0	N=65
*This table reflects overridden ratings Data Source: Online Monitoring System, Children’s Bureau					

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 simultaneous pursue two permanency plans in order to achieve permanency for a child as safely and expeditiously as possible.

1.1. Benchmark Activities - May 2018 – April 2019

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

1.1.1..1. Updates for May 2018- April 2019

1.1.1..1.1. DHS/SSA was not able to develop the Captivate training due to the ongoing development of CJAMS.

1.1.1..1.2. *DHS/SSA is working to conduct a data driven analysis that will allow us to develop strategies that can be utilized by casework staff as well as the courts in improving permanency outcomes.*

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. Updates for May 2018- April 2019

1.1.2..1.1. *DHS/SSA is working with the FCCIP on this “cold case” project. At this point, the project is in the data exploration phase. Plans include the court submitting formal requests to DHS/SSA for cases that have been identified through the algorithm in order to move into the next phase.*

1.1.2..1.2. *A Kinship Care convening has been planned for June, 2019 which will be sponsored by DHS/SSA and the FCCIP.*

2. Intervention - Parent and Child Visitation

2.1. Benchmark Activities - May 2018 – April 2019

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

2.1.1..1. Updates for May 2018- April 2019

2.1.1..1.1. *The policy revision was not able to occur due to the development of the Integrated Practice Model. DHS/SSA is reviewing all policies for alignment in the next year.*

2.1.2. Activity– Parent and Child Visitation- Data evaluation

2.1.2..1. Updates for May 2018- April 2019

2.1.2..1.1. *The Placement and Permanency Implementation team was created to develop strategies to address areas that impact permanency. Visitation has been identified as a key area to develop strategies and monitor progress.*

2.1.2..1.2. *Visitation data is distributed monthly to LDSS to review and ensure compliance with visitation expectations.*

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. Updates for May 2018- April 2019

2.1.3..1.1. *With assistance from Chapin Hall, DHS/SSA reviewed current policies and recommendations were made for revisions and updates for the upcoming year(s).*

Data Review

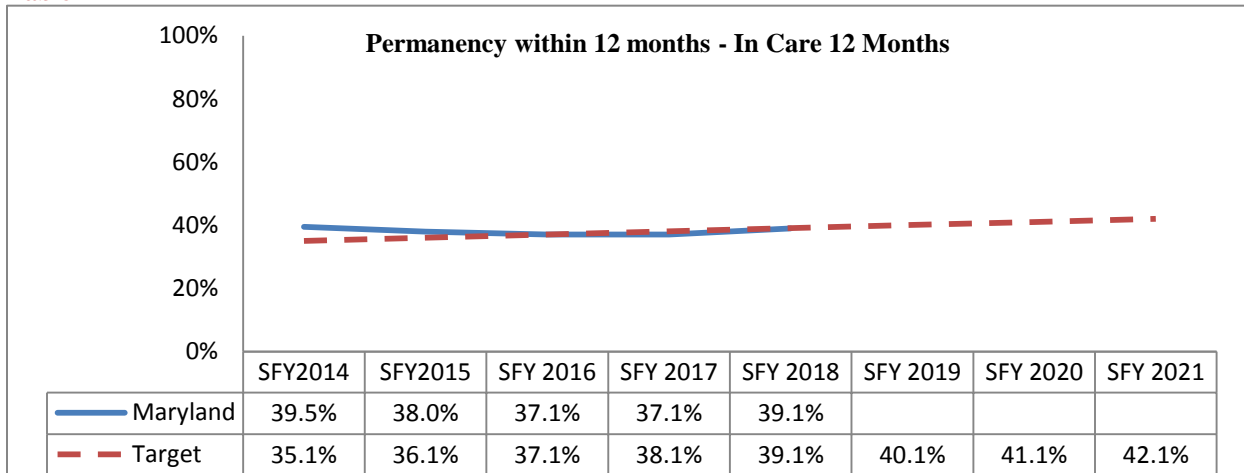
Measure 1: Permanency in 12 months for children entering foster care will be 40.5%.

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 12



Data Source: MD CHESSIE

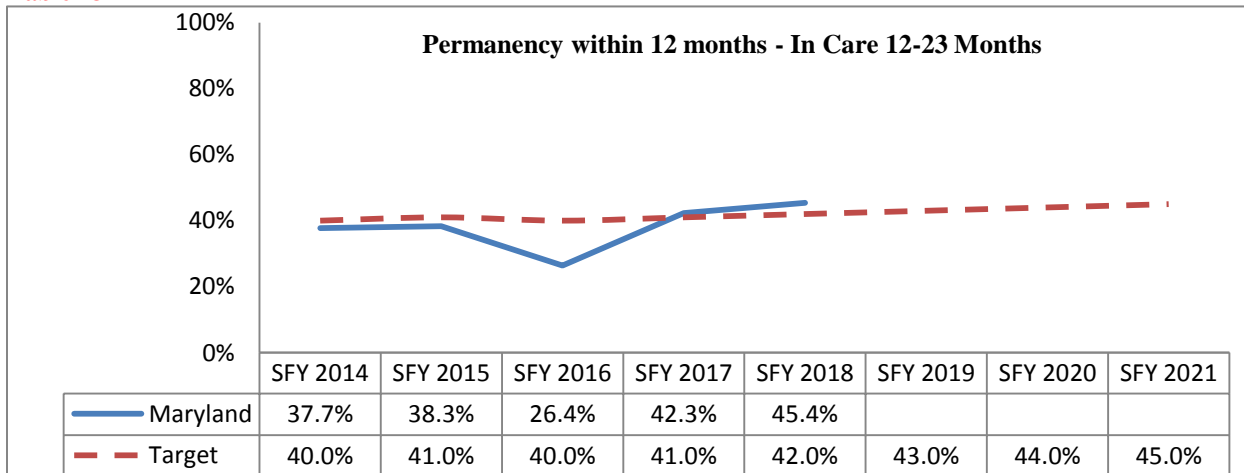
Measure 2: Permanency in 12 months for children in foster care between 12 and 23 months will be 43.6%.

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 13



Data Source: MD CHESSIE

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

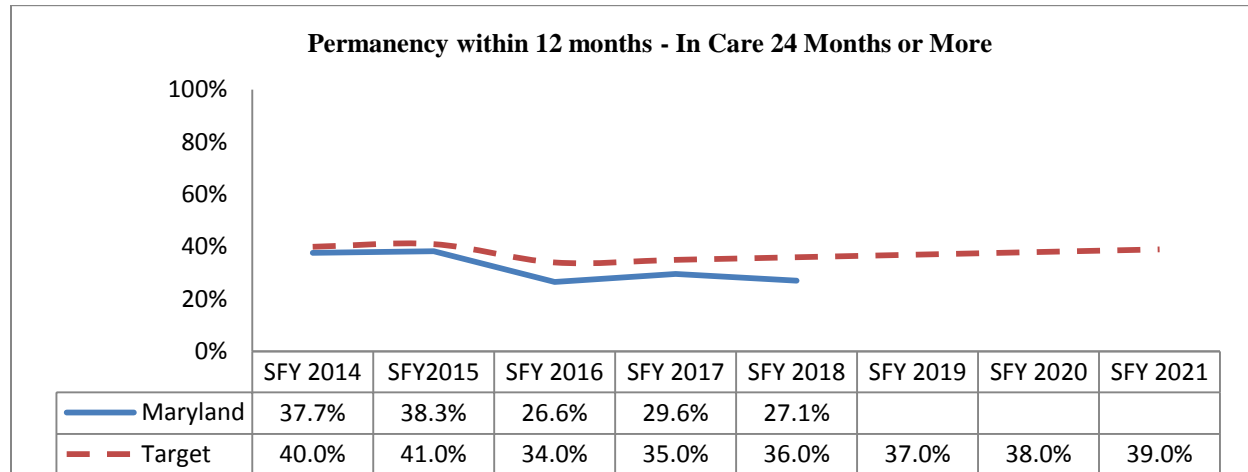
Objective: *Improve services so that children are able to exit care*

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 14



Data Source: MD CHESSIE

Data Analysis

The data on Permanency shows continued improvement in permanency for children within 12 and in care 12-23 months but has declined for children in care for 24 months or more. For children within 12 months of entering foster care, DHS/SSA continues to improve and move closer to the goal of 40.5%. In SFY2018, the percentage moved up to 39.1% from 37.1% in SFY2017. DHS/SSA continues to examine the trends in this area, including the most prominent outcome for youth who achieve permanency within this 12 month timeframe which continues to be reunification. As DHS/SSA strategizes further improvement in this measure, the data on adoptions and guardianships is being reviewed to determine needed improvements in reaching these permanency outcomes more timely for youth. The data on Permanency for children in care for 12-23 months also continues to improve and exceeded the 43.6% goal in SFY2018. The percentage moved up from 42.3% in SFY2017 to 45.4% in SFY2018. For youth in care more than 24 months, the outcomes declined in SFY2018 after having increased slightly in SFY2017. This group continues to be largely made up of the older youth in care.

Through a CQI process that includes regional meetings, DHS/SSA has been addressing the multiple levers that impact permanency outcomes. The facilitation of parent-child visits, frequency of practice of concurrent planning, and need for workforce competency in this area have all been identified as areas to strategize continued improvement in this area. To better understand current trends and test hypothesis on root causes the Placement and Permanency Implementation team continue to explore data 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 15

Placement Stability - Rate of placement moves per 1,000 days of foster care	
Target: 4.12	
SFY2013	4.08
SFY2014	4.73
SFY 2015	4.12
SFY 2016	4.55
SFY2017	4.79
SFY2018	5.10
<i>Source: MD CHESSIE;MFR FY 2018</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 moves has been increasing slightly from 4.55 in SFY2016 to 4.79 in SFY2017 to 5.10 in SFY2018. DHS/SSA continues to examine 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 April 1, 2018 through September 30, 2018. 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 show that 85% 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 16

Permanency Outcome 1 April 1, 2018- September 30, 2018	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Applicable
Children have permanency and stability in their living situations	35% N=14	50% N=20	15% N=16	N=0	N=40

Data Source: Online Monitoring System Children's Bureau

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 17

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%
SFY2018	25.0%	19.0%
<i>Source: MD CHESSIE</i>		

Table 18

Children Placed with Relatives						
	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Total Served*	8,936	8,054	7,461	7,306	7,253	7,349
Placements with Relative	1,615	1,320	1,471	1,412	1,536	1,260
Percent of placements with relative	18%	16%	20%	19%	21%	17%
<i>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 collected information from case reviews conducted from April 1, 2018 through September 30, 2018. 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 show that 87.5% of cases met substantially or partially achieved *Permanency Outcome 2: The continuity of family relationships and connections is preserved for children*. Table 19 below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable.

Table 19

Permanency Outcome 2 April 1, 2018- September 30, 2018	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Applicable
The continuity of family relationships and connections preserved for children	45% N=18	42.5% N=17	12.5% N=5	N=0	N=40
<i>Data Source: Online Monitoring System Children’s Bureau</i>					

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 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 20

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%
SFY2018	1,218	50%	438	18%	373	13%

Source: MD CHESSIE, MD CHESSIE SFY15-18

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

Table 20 shows that a high proportion of children continue to exit to permanency. Exits to Reunification increased from 51% in SFY2017 to 50% in SFY2018. Exits to Guardianship remained steady at 18% for SFY2017 and SFY2018 and Adoption remained steady at 13% for SFY2017 and SFY2018. The length of stay of children in foster care has continued to decrease (from an average of 33 months in SFY2017 to an average of 30 months in SFY2018, Table 22). The length of stay for children in Out-of-Home care increased for children in care 0-6 months remained steady at 24% in SFY2017 and SFY2018 while the percentage of children in care 7-11 months increased slightly from 12% to 14% and continued to decrease for children in care 12 plus months from 64% to 62% (Table 21), trends that reflect the sustained 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 continue to move forward with its evidence-based trauma-informed practice.

Table 21

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
SFY2018	1,142	24%	668	14%	2932	62%	4,742

Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file (August copy of CHESSIE, SFY 2018)

Table 22

Average and Median Length of Stay of Children in Out-of-Home Care		
	Average LOS (Months)	Median (Months)
SFY2013	43	24
SFY2014	41	23
SFY2015	39	23
SFY2016	35	20
SFY2017	33	19
SFY2018	30	17
<i>Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file (August copy of CHESSIE, SFY 2018)</i>		

The Out-of-Home (OOH) entries continue to slightly increase from 2,505 in SFY2017 to 2,623 in SFY2018 while the exits decreased from 2,524 in SFY2017 to 2,442 in SFY2018. This led to a total OOH increase for the first time in 5 years from 4,661 in SFY2017 to 4,798 in SFY2018. While Maryland continues to support families and children to decrease the number of children in OOH the increase is hypothesized to be partly attributed to the increase in substance exposed newborns. DHS/SSA is also looking at factors related to fewer exits from care (older youth remaining longer, etc.). The Placement and Permanency Implementation team will discuss the data and strategize ways to best keep these numbers from rising more.

Strengths

While the total served in OOH Placements slightly increased for the first time in many years, there were continued strengths in the following areas: lengths of stay continued to decrease; 81% of youth were discharged to permanency with reunification, guardianship and adoption numbers remaining steady; and qualitative data from our CFSR process revealed that **87.5% of cases met substantially or partially achieved Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

Concerns

DHS/SSA has conducted strategic planning sessions with stakeholders, the LDSS' and OOH Placement providers on data points. There is continued communication and strategic thinking around outcomes, including the following areas of concern: low amounts of recorded child visitation; the increase in the placement stability rate 5.1 in SFY2018; and the increased number of youth served in OOH care due to increased entries and decreased exits.

DHS/SSA will continue to solicit feedback from stakeholders on these data points with hope for improvement.

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'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 continue to explore older youth a target population with the continued cold case planning.

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. DHS/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.

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 2018 – April 2019

1.1.1.1. Updates for May 2018- April 2019

1.1.1.1.1. START (Sobriety Treatment and Recovery Teams)- implemented by thirteen Local Departments of Social Services (LDSS)

1.1.1.1.1.1. DHS/SSA contracted with Children and Family Futures, Inc. to provide technical assistance guide the 13 counties with START implementation.

1.1.1.1.2. SAFERR (Screening and Assessment for Family Engagement, Retention and Recovery) - There are three LDSS implementing the Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR) with technical assistance and support provided by the National Center for Substance Abuse and Child Welfare. Both of these models are in the installation phase of implementation.

1.1.1.1.3. FAIR- The agency has not begun implementing the FAIR model as the agency continues to explore funding, feasibility and adaptation of the model to Maryland.

1.1.1.1.4. The Substance Use Disorder workgroup continues to gather feedback from partners and stakeholders, provide direction around implementation of the EBP models and other SUD related focused areas.

1.1.1.1.4.1. The work group consists of LDSS representation, behavioral health services, Substance use treatment providers, Managed Care Organizations, Beacon Health Medicaid representation, hospital social workers and community based organizations that support families affected by Substance Use Disorder.

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

1.1.2.1. Update for May 2018 – April 2019

1.1.2.1.1. For updates, please see the Title IV-E Waiver section

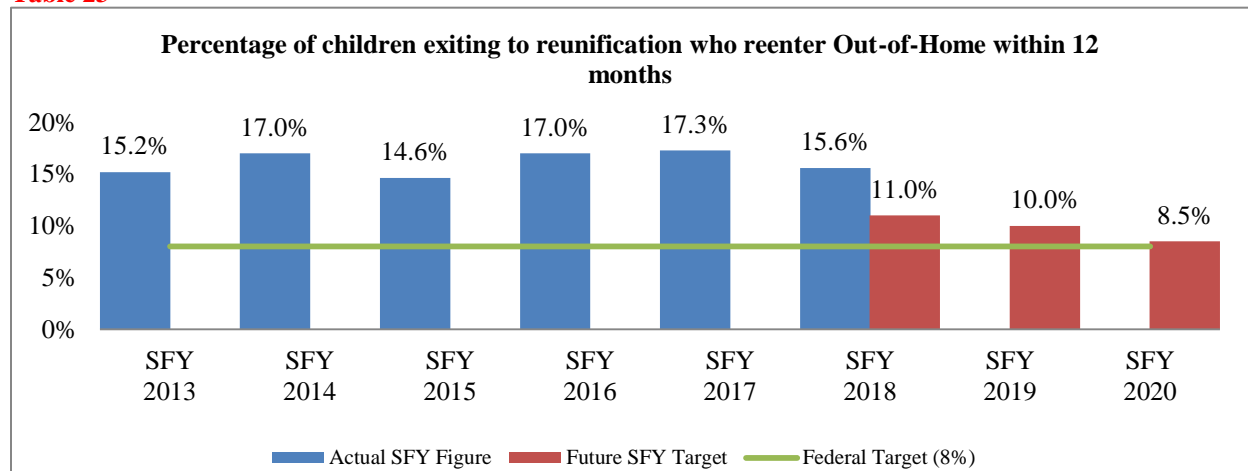
2. Intervention – Parent and Child Visitation

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 those children are safely maintained in their homes whenever possible and appropriate.

Table 23



Data Source: MD CHESSIE

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 reentries.

Maryland has concentrated on implementing Evidence-Based Practices as a part of the Title IV-E waiver in order to reduce the amount of reentries. 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).

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.

Family Involvement Meetings (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.

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 the critical keys DHS/SSA's integrated practice model. The goal of FIMs is to engage families in shared decision making around key decisions points in preventing entry in to care or for those in care increasing placement stability and reducing the length of time in care. FIMs are designed to bring together a group of individuals, identified by the family and/or youth, to lead in making decisions in the

family/child’s best interest. By engaging all partners (formal and informal), the number of individuals willing to support the child and family in keeping children safely and home or in identifying placement and permanency options for children are expanded when in-home care is not possible. By allowing families to lead decision-making, their buy in and investment in decisions and recommendations are increased. To determine the effectiveness of this approach DHS/SSA has tracked the utilization of FIMs statewide. Listed below is FIM utilization data from SFY2015 – SFY2018.

Table 24

SFY2015 – SFY2018 FIMs				
Key Decision Points and FIM Type	SFY15	SFY16	SFY2017	SFY2018
REMOVALS				
Total Removals	2,067	2,360	2,301	2,502
Removals with a Removal FIM	816 (39%)	911 (39%)	929 (40.4%)	984 (39.3%)
Removals with any FIM	124 (6.0%)	173 (7.0%)	1,056 (45.9%)	1,110 (44.4%)
Removals without any FIM	940 (45%)	1,084 (46%)	1,245 (54.1%)	1,392 (55.6%)
PLACEMENT CHANGE				
Total Placement Changes	4,558	4,347	4,033	4,549
Placement Changes with a Change FIM	883 (19%)	813 (19%)	668 (16.6%)	662 (14.6%)
Placement Changes with any FIM	659 (14%)	688 (16%)	1,260 (31.2%)	1,428 (31.4%)
Placement Changes without any FIM	1,542 (34%)	1,501 (35%)	2,773 (68.8%)	3,121 (68.6%)
PERMANENCY CHANGE				
Total Permanency Changes	1,651	1,054	1,142	974
Permanency Changes with a Permanency FIM	287 (17%)	243 (23%)	262 (22.9%)	238 (25.1%)
Permanency Changes with any FIM	323 (20%)	126 (12%)	415 (36.3%)	367 (38.8%)
Permanency Changes without any FIM	610 (37%)	369 (35%)	727 (63.7%)	607 (64.1%)
YOUTH TRANSITION				
Total Youth Transitions	2,638	2,298	2,154	2,211
Youth Transitions with Transition FIM	1,412 (54%)	1,204 (52%)	1,125 (52.2%)	1,213 (54.9%)
Youth Transitions with any FIM	452 (17%)	384 (17%)	1,517 (70.4%)	1,613 (73.0%)
Youth Transitions without any FIM	1,864 (71%)	1,588 (69%)	637 (29.6%)	598 (27.0%)
<i>Data Resource: University of Maryland, MD CHESSIE</i>				

As indicated in Table 25 above, the total number of key decision points has varied over the past four years. Despite these variations there has continued to be challenges in ensuring that FIMs are occurring consistently with each key decision point. Over the past year DHS/SSA has been working with local departments to better understand the challenges and barriers to implementation on FIMs. Some initial barriers include difficulty in engaging parents/legal guardians in FIMs, low buy in from LDSS staff, data entry challenges, and inconsistency in preparing participants for the FIM. Plans to strengthen the use of FIMs will be included in DHS/SSA's strategic plan.

In addition to the MD CHESSIE utilization data, additional data is collected from LDSS to help DHS/SSA understand how well FIMs are being implemented. Self-reported LDSS reports consists of the number of FIMs completed by type of program assignment, number of FIMs completed by type, outcomes from FIMs and number of FIMs participants.

Table 25

Participant	SFY15 (Total FIMS = 4,199)	SFY16 (Total FIMS = 3,252)	SFY2017 (Total FIMS = 2,666)	SFY2018 (Total FIMS = 4,529)
Parent/Legal Guardian	99%	103%*	21.57%	23.52%
Youth	53%	50%	11.26%	12.54%
Resource Parent	25%	22%	5.16%	5.28%
Relative	95%	105%	18.45%	17.86%
Service Provider	154%*	162%*	36.2%	32.29%
Private Provider	31%	32%	7.36%	8.5%

Data Resource: University of Maryland, LDSS FIM Self Report Data

* Number may be higher than 100% due to more than one participant from that category attending a FIM. Percentage is total participants out of total number of FIMs.

The data seems to indicate decline in individuals participating in FIMs with the most dramatic drop between SFY16 and SFY2017. This is an area DHS/SSA plans to explore further to understand the circumstances that are driving these numbers.

FIM Outcomes

FIM outcomes have been determined by looking at the results of the FIM and tracking those that have led to a positive outcome (i.e. diversion from foster care, referrals to Family Preservation, and children able to remain safely at home or with a relative). As indicated in Table 27 below many of the outcomes tracked have remained stable over the past four state fiscal years. The one area that has seemed to decline is children placed with a relative following a FIM. The outcome with the highest percentage was diversion from foster care which would seem to support DHS/SSA's desire to reduce entry into care.

Table 26

FIM Outcomes	SFY15 (Total FIMS = 4,199)	SFY16 (Total FIMS = 3,252)	SFY2017 (Total FIMS = 2,666)	SFY2018 (Total FIMS = 4,529)
Percent of OHP Diverted after FIM	55% (2299)	54% (1760)	52% (1399)	66.5% (3,013)
Percent of In-Home Services	21%	22%	23%	37%

FIM Outcomes	SFY15 (Total FIMS = 4,199)	SFY16 (Total FIMS = 3,252)	SFY2017 (Total FIMS = 2,666)	SFY2018 (Total FIMS = 4,529)
Referrals	(877)	(728)	(626)	(1,675)
Percent of Children Remaining with Parents After FIM	41% (1713)	37% (1201)	39% (1049)	26.4% (1,194)
Percent of Children Placed with Relatives after FIM	26% (1099)	25% (801)	25% (660)	0.9% (387)

Data Resource: University of Maryland

FIMs Feedback Survey Overview

Over the past five years DHS/SSA has issued surveys to assess fidelity to the model and measure the impact of FIMs on referred families. During this time period there was limited statewide utilization of the survey. Two jurisdictions (Wicomico and Worcester) utilized the survey between SFY2015 – SFY2018, with Wicomico County utilizing the survey for all FIMs held each fiscal year. In SFY2017 an additional seven jurisdictions utilized the survey when distribution was tied to DHS/SSA CQI reviews of local departments. Between SFY2017 and SFY2018 DHS/SSA made significant revisions to the local onsite review process and as a result the distribution of FIM surveys was temporarily interrupted.

Although data gathered from the FIM surveys is limited, the results of the surveys have provided some initial information on local fidelity to the model and the impact on referred families. Between SFY2015 – SFY2018 of the surveys received the majority of participants responded positively to understanding the purpose of the FIM, feeling prepared for the FIM, part of the team, and that the plan developed was built on children’s safety and family’s strength. Areas that raise some initial concern are participants feeling like all members are not present at the FIM and some variation between children and families perceive the decisions made at FIMS compared to professional staff.

DHS/SSA is planning to continue to strengthen and expand the utilization of FIM as key strategy for authentic family partnership. Detailed plans will be included in DHS/SSA’s five year plan.

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. Since its implementation, the OHP Milestone Report has assisted in the trajectory of the data for this objective. From 2015-2019, Maryland has made steady progress towards its established goal and measure. As of the end of SFY2018, 76% children entering foster care were enrolled within five days. Performance measure 1 benchmark has been adjusted from the initial 67% to the current 85% due progression in the data. The OHP Milestone Report continues to be 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 2018 – April 2019

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 2020. For further information on plans for 2020 and the next five years, see CFSP.

1.1.1. Activity - Improve Documentation

1.1.1.1. Updates for May 2018- April 2019

- 1.1.1.1..1. *In May 2018, the DHS/SSA facilitated a statewide webinar for program managers and supervisors to provide support to frontline staff.*
- 1.1.1.1..2. *In July of 2018, DHS/SSA released a tip sheet to assist the LDSS in accurately documenting the education entries for older youth in Care.*
- 1.1.1.1..3. *In May 2019, DHS/SSA, through collaboration of the Health & Education work group (formerly the Well-being work group), and University of MD Institute for Innovation & Implementation began drafting a survey to better assess barriers faced by LDSS regarding implementation of goal one.*

2. Intervention - Technical Assistance

2.1. Benchmark Activities May 2018 – April 2019

2.1.1. Activity – Monitoring and Providing Oversight

2.1.1.1. Update for May 2018 – April 2019

- 2.1.1.1..1. *Throughout out the year, DHS/SSA provided technical assistance to the LDSS to address such matters related to timely and accurate documentation using the role of the education specialist who monitored education data via the OHP Milestone Report and MD CHESSIE.*
- 2.1.1.1..2. *Implemented and distributed Data Dashboards to the LDSS which included DHS/SSA headline indicators to assist the LDSS with reviewing their own data over a period of time.*
- 2.1.1.1..3. *In April 2019, SSA established standard operating procedures for statewide education oversight and monitoring of the LDSS.*
- 2.1.1.1..4. *Throughout the past year, DHS/SSA monitored education compliance using the OHP Milestone Report on a monthly basis.*

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 27

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%	76%	NA

Performance Measure	SFY 2013	SFY 2014	SFY 2015*	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Benchmarks			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% but showed improvement in SFY2018 as 76% of children were enrolled in school within 5 days. The data trend continues to show a trajectory towards the goal of 85%. While implementation supports have been put in place and monitored, the agency continued to seek feedback on data trends through its monitoring and oversight of the LDSS. Some identified barriers to speedy school enrollment consist of issues with establishing transportation in coordination with the Local Education Agency (LEA) for children entering care; communication with local schools regarding their inconsistency in requesting documents of foster parents and case workers, and transportation for children who have to travel out of their county of residence.

While the distribution of the Dashboard has also shown to be an effective method in allowing the LDSS to assess progress in timely school enrollment, DHS/SSA recognizes 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 has been incorporated into the development of the educational well-being features of the upcoming management information system, Child, Juvenile and Adult Management System (CJAMS). This feedback will continue to be utilized in creating the education profile and passport in CJAMS. Feedback will also provide an opportunity for a more comprehensive look at educational well-being access for resource families. In addition, the feedback will be utilized to inform best practices and shape technical assistance offered to local departments around educational outcomes. DHS/SSA is

currently in the process of developing and distributing a survey of LDSS to assess high areas of need and factors contributing to success or lack of success around educational outcomes and services.

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

The assessment of children receiving appropriate services to meet their educational needs is measured in various ways. In addition to the data provided above, Maryland gathered information from case reviews conducted October 1, 2018-March 31st 2019. 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 show that 83.33% of cases reviewed substantially achieved this target. While the case reviews are comprehensive in nature, the data from the reviews indicates that overall MD is meeting some of its targets; however what it does not tell is the quality of education services. Table 29 lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Table 28

Well-Being Outcome 2 October 1, 2018- March 30, 2018	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children receive appropriate services to meet their educational needs.	83.33% N=35	11% N=5	4.76% N=2	N=23	N=42
<i>Data Source: Online Monitoring System Children’s Bureau</i>					

The Citizens Review Board for Children’s (CRBC) FY2018 Annual Report presented data that in 90% cases they reviewed the children/youth showed that children/youth were appropriately prepared to meet educational goals. Case reviews were conducted for each of the following placement categories: Reunification, Pre-Adoptive Placement (non-relative), APPLA, Relative Placement, and Guardianship (non- relative). Of the 1,241 cases reviewed for these categories, the report showed 831 (67%) of children were enrolled in school or another educational/vocational program.

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. The Department has improved communication between the LDSS and the central office via the role of the Education Specialist. The Education Specialist has assisted in addressing issues with enrollment between the LDSS and LEA across the State.

Concerns

Though DHS/SSA and MSDE assisted the LDSS and LEAs with collaboration on developing memoranda of understanding (MOU) in implementing the requirements of the Every Student Succeed Act, collaboration between the LEA and LDSS around enrollment, transportation in practice outside of a child's respective counties remains an area of concern. DHS/SSA monitored these concerns as they arose and through collaboration with 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

In 2017, DHS/SSA restructured to develop the Child and Family Well-Being Unit. 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. Key highlights of this restructuring so far has been around updating regulations, assisting LDSS with data clean up, and conducting target focus areas of training for the LDSS.

As a continuation of the department's efforts to ensure implementation of Every Student Succeed Act (ESSA), DHS/SSA continued its collaboration with the Maryland State Department of Education (MSDE) to monitor the implementation of the established MOU's between the Local Education Agencies and Local Department of Social Services which provides guidance to each entity around ensuring children are enrolled in school within 5 days.

Collaboration/Feedback Loops

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. One highlight of its collaboration efforts was the regional meetings held in Maryland in 2017 to formulate a plan for ESSA requirements in Maryland. The State continues to update its ESSA point of contact list each year, which is provided to the LDSS, the Local Education Agency and the Department of Juvenile Services local offices in order to open access to other counties in an effort to make enrollment processes smoother for children in foster care. This collaboration with MSDE, the LEA, and the LDSS regarding ESSA has assisted in achieving the state's goal of strengthening the well-being of children and youth in foster care, as it has and will continue to ensure education stability for children in care. It is essential that the state improves this collaborative to further meet its objective of children being enrolled within five days of coming into care. Another highlight was the development of the Audit Response Desk Guides in collaboration with the University of MD Institute for Innovation & Implementation. The 2017, Office of Legislative Affairs assessed documentation of education records in Maryland and reported its findings to the legislature. Since then, DHS/SSA developed statewide webinars and desk guides to assist the LDSS.

Over the past five years DHS/SSA improved and increased its level of engagement in substantial collaboration with stakeholders. The Department's current implementation structure gives stakeholders and community members access to the executive leadership by way of work groups and collaborative cohorts. In 2018, DHS/SSA revised its implementation structure. With this revision, the Well-Being work group was changed to focus Health and Education benchmarks and the quality of supportive services available to children and families. The education work group and the Service Array Implementation Team continue to focus on assessing barriers to education services for children in Out-of-Home Placements. This collaboration includes community partners from various human services and medical fields. 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.

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

Interventions to move DHS/SSA towards the Goal:

Interventions for 2018 - 2019

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 2018 – April 2019

1.1.1.1. Updates for May 2018- April 2019

- 1.1.1.1.1. The Health Specialist monitored health services on a monthly basis utilizing the Out-Of-Home (OOH) Milestone Report. This monitoring served to ensure accurate documentation of health services in MD CHESSIE along with identified trends and issues of concerns. The LDSS Assistant Director and/or Permanency Administrator received email notification identifying areas of concern for the LDSS to address and resolve within an identified time.*
- 1.1.1.1.2. Technical Assistance (TA) was provided to each LDSS as needed. TA included in-person presentations at staff meetings to address data trends and issues of concerns, conference calls with LDSS leadership and one-on-one consultation to resolve specific case related matters. Data trends and issues of concerns were addressed with a variety of partners; LDSS Permanency staff, participants of the Health and Education Workgroup (formerly Well-Being Workgroup), and meetings with Maryland Department of Health (MDH) Managed Care Organization (MCO) Special Needs Coordinators. LDSS Permanency staff demonstrated improved awareness on how accurate documentation drives performance outcomes, as well as, informs DHS/SSA and the LDSS' on practice, policy, and strategies to address needs and improve services. As a result of these interventions, health service documentation during SFY2017 and 2018 improved for all health performance measures.*

1.1.2. Activity – Training Tools

1.1.2.1. Updates for May 2018- April 2019

- 1.1.2.1.1. Desk Aides and an interactive training Tool along with a Health Services Guide were identified as effective. SFY2018 comprehensive exams were at 88% and*

annual exams at 95% indicating achievement for performance measures and benchmarks. Data indicates progress has been made towards meeting dental exam performance measures with a 14% increase from SFY2017. Desk Aides were available for LDSS to access with Health Services Guide offered to LDSS monthly to ensure staff accurately entered and documented health services.

2. Intervention - Review barriers to Services

2.2. Benchmarks Activities - May 2018 – April 2019

1.1.3. Activity - Identify Barriers to services

1.1.3.1. Updates for May 2018- April 2019

- 1.1.3.1..1. The Health Specialist focused efforts on increasing state and local collaboration with MCO's Special Need Coordinator (SNC) to support LDSS with addressing barriers and improving health care coordination to achieve health outcomes.*
- 1.1.3.1..2. Maryland Child and Adolescent Needs and Strengths (MD CANS) assessment continues to serve as a tool for identifying health needs of children to support service planning and monitoring of progress/outcomes. In efforts to improve the efficiency in how the tool is administered, DHS/SSA in partnership with University of Maryland TA partners facilitated CANS trainings with LDSS on utilizing the assessment to guide service planning and ensure LDSS understanding on administration of tool.*
- 1.1.3.1..3. DHS/SSA continues to review and utilize child welfare data to discuss service gaps, quality, and performance. Health data was shared with Health and Education Workgroup participants and the LDSS to identify strategies for addressing issues and improving services. Over the past year, it has become more evident that health related data at the State and local level is siloed with limited accessibility. Successfully using and sharing data from multiple systems will allow DHS/SSA to assess how well services support and address the needs of children and youth in care. DHS/SSA in partnership with the University of Maryland developed regional trainings for LDSS to support with understanding the CANS timeframes, service planning, and monitoring the needs of children and parents. During this past year, LDSS staff received targeted training to enhance efficiency of CANS administration to support case planning. As DHS/SSA continues to review and build on CANS data, the effectiveness of these trainings will be supported by outcomes and continued engagement with LDSS through DHS/SSA's Implementation Structure.*

3. Intervention - Modernization

3.1. Benchmarks Activities - May 2018 – April 2019

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

1.1.3.2. Updates for May 2018- April 2019

- 1.1.3.2..1. The Health Specialist along with the Health and Education Workgroup members contributed to the development of CJAMS to better support child welfare practices and monitoring of needs and service provisions.*

1.1.3.2..2. DHS/SSA engaged the MCO Special Needs Coordinators and stakeholders to provide feedback on the developed health profile for the CJAMS build. Stakeholders were able to view MD CHESSIE and provide recommendations for CJAMS to improve efficiency while capturing health measures that will support outcomes and best practice. This included how health summaries received from providers should align with CJAMS health sections to support planning, monitoring, and outcomes i.e., a health record indicating a completed well-visit along with medical diagnosis is not sufficient; whereas, having a health summary or report identifying diagnosis with the child's symptoms associated with condition or management of symptoms will support better health outcomes and planning.

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*

Sources utilized MD CHESSIE and the Child and Family Services Review (CFSR) Round 1 along with Citizens Review Board for Children SFY2018.

Table 29

Performance Measure	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Comprehensive Health Assessment for foster children within 60 Days	73%	77%	78%	88%
<i>BENCHMARK*: Comprehensive Health Assessment for foster children within 60 Days *Benchmarks were revised because of improved data.</i>			81%	84%
Annual Health Assessment for foster children in care throughout the year	71%	71%	61%	95%
<i>BENCHMARK: Annual Health Assessment for foster children in care throughout the year</i>			86%	88%

Annual Dental Assessment for foster children in care throughout the year	52%	53%	45%	59%
<i>BENCHMARK: Annual Dental Assessment for foster children in care throughout the year</i>			56%	58%
<i>Data Source: MD CHESSIE</i>				

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

Data Analysis

Over the last five years, the health performance measures have steadily improved. Table 30 illustrates this progress. SSA’s Research and Operations Unit along with the implementation of the newly formed Well-Being Unit focused strategic efforts on quality improvement and monitoring of the health measures. The monthly activity of health monitoring and TA provided to each LDSS to support case planning around health services and ensuring accurate documentation of health services in MD CHESSIE has greatly contributed to the progress of the agency’s health measures. These targeted efforts are reflected most significantly from SFY2017 to SFY2018 across all performance measures with a 10% to 34% increase. DHS/SSA’s continued progress to meet and exceed comprehensive assessment performance measures led to revising benchmarks for SFY2017 and 2018. Data reflects substantial increases in annual health assessments at 34% with dental at 14% during the past year.

The annual dental assessment benchmark established for SFY2018 was achieved. Although, the agency has not met the performance measure of 60% of children in Out-of-Home care receives an annual Dental Exam, during the past five years, data indicates a steady increase each year. For SFY2018, the agency is at 59% which is the highest percentage rate since SFY2015 and falls 1% below the performance indicator.

There are various contributors to the agency falling short of meeting this performance measure. Increased engagement and TA provided to the LDSS revealed oral health exams were provided by a primary care physician (PCP) during the annual health assessment for children between the ages 1-3. This was in part due to children experiencing anxiety with dental exams. In addition, the lack of dental providers that specialize or have expertise in working with children experiencing anxiety related to dental exams or services was an issue that impacted performance in this area. Lack of dental providers in rural parts of the state, and placement changes are areas that impact the ability to complete assessments. TA and feedback loops identified transitioning youth non-compliance (refuse service and/or absent without approval) contributed to performance outcome in this area. DHS/SSA continues to collaborate with MDH, MCO’s to explore and identify strategies to improve outcomes.

DHS/SSA recognizes the ability to achieve the goal of well-being for infants, children and youth in foster care, largely depends on the ability to adequately assess the well-being of children and families. Improving data entry in order to analyze and capture the current state has been a targeted focus over the past five years.

DHS/SSA has made notable progress during the past five years to address challenges with data entry. Interventions such as modernization increased monitoring of the LDSS data, Targeted Technical Assistance, and DHS/SSA's implementation structure and State and local stakeholders assisted the agency in making progress in this area by addressing concerns to ensure the development of a child welfare system that will be better equipped to support child welfare practices and well-being outcomes.

To improve the quality of assessments, DHS/SSA identified the use of Child and Adolescent Needs and Strengths (CANS) assessment data to assess needs of children and families. The assessment focuses on needs and strengths within the major areas of life functions which include medical/physical, emotional/behavioral, and trauma experiences along with caregiver strengths and needs. Data indicates that the CANS data does not accurately capture the needs of children and families largely in part to how the tool is administered and utilized at the LDSS. During this past year, DHS/SSA implemented efforts to provide additional training to the child welfare workforce around the administering of the CANS assessment. Staff was properly trained on how to utilize the CANS to support decisions and service planning. This effort was completed in partnership with the University of Maryland TA partners who facilitated regional CANS trainings across Maryland each during the past year.

The agency with the support of its TA partners has begun exploring the use of a well-being metric. The well-being metric is a formula that utilizes the CANS data of identified needs at intake, developed needs during time in care and needs that were resolved to indicate a well-being metric number. This formula is still being developed and enhanced to determine accuracy. This effort and metric also largely depends on the accurate administering of the CANS assessment at the LDSS. CANS data will be a contributing factor to the agency's five year Child and Family Services Plan.

Please see the Child and Adolescent Needs and Strengths section for well-being indicators, training and certification, compliance, technical assistance, and State plans. Identifying additional data measures to assess children's health needs and overall well-being, as well as the accessibility and quality of services provided has been a priority of the agency lead by the efforts of the Well-Being Unit

Over the past five years, the agency along with State and local stakeholders and the LDSS explored additional tools and measures to capture this goal. The Healthcare Effectiveness Data and Information Set (HEDIS) along with risk and health assessments developed and utilized by MCO's are only accessible to health professionals, MCO's, and Maryland's sister agency MDH. As DHS/SSA furthers collaborative efforts with MDH and MCO's around information sharing such as health assessments, case plans, and HEDIS scores, DHS/SSA's ability to effectively determine if children and youth are receiving adequate health services and strengthening the overall well-being will be enhanced.

DHS/SSA also utilizes the Child and Family Service Review (CFSR) to assess well-being indicators.

Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs. Table 2 lists the total number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Table 30

Well-Being Outcome 3 April 1, 2018- September 30, 2018	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children receive adequate services to meet their physical and mental health needs.	57.89% N=33	28.7% N=16	14.04% N=8	N=8	N=57
<i>Data Source: Online Monitoring System Children's Bureau</i>					

CFSR data presented in Table 31 reflects progress in the agency's ability to provide comprehensive and ongoing assessments of a child's health and behavioral needs to identify, connect, and ensure follow-up of appropriate services received to support well-being and positive outcomes (86.59% as Substantially or Partially Achieved). DHS/SSA's Continuous Quality Improvement (CQI) process focuses on children receiving adequate health services during a specific time period which includes physical and mental health services. DHS/SSA plans to conduct a deeper dive into the CFSR data to determine factors that may be contributing to this outcome.

Each year, The Maryland Citizen's Review Board (CRBC) reviews cases and provides DHS/SSA with a comprehensive report of findings. The 2018 Citizens Review Board for Children annual report indicates that the CRBC reviewed 1,214 cases of youth in Out-of-Home Placements. Based on CRBC 2018 data results, 46% of total cases reviewed indicated health needs of children and youth were met. These results are concerning and reflect a decrease from SFY2017 results which indicated 65% of the total cases reviewed (1,305) children health care needs had been met. DHS/SSA will continue to collaborate with stakeholders to improve outcomes.

Health performance measures overall have increased and the CFSR Well-Being Outcome 3 indicates progress in the right direction. Each year DHS/SSA strived to improve well-being outcomes through data monitoring, analyzing, coordination and collaboration with stakeholders, utilizing implementation structure, and technical assistance around best practices. Collaborative efforts with MDH, around sharing of health records and information between systems, and the utilization of CANS data will enhance DHS/SSA's ability to effectively determine if children are receiving the adequate services they need.

Strengths

Over the past five years, the establishment of the Well-Being Unit along with DHS/SSA's strategic vision has contributed to the progress of achieving well-being benchmarks and performance measures. The utilization of DHS/SSA's implementation structure has allowed for a more focused intervention and contact feedback loop. The Health and Education Workgroup (formerly titled Well-Being) efforts during the past year allowed DHS/SSA to identify resources and connections across systems/agencies to address health care barriers. The Health Specialist's role to coordinate and facilitate workgroup discussions, monitor health services, and provide TA to LDSS has led to significant progress in accurately capturing health services data in MD CHESSIE. The development of supportive tools for the LDSS such as the Health Services Guide for permanency staff which allows staff to track accurate

documentation of health services and address issues of concerns has proven to be useful in making progress towards established goals.

During the past five years, the agency's collaboration with Maryland Department of Health (MDH) and Managed Care Organization (MCO) Special Need Coordinator (SNC) at the State and local level has improved. DHS/SSA, MDH and the MCO's have begun to explore opportunities to improve health services and enhance care coordination for children in care. Facilitated by DHS/SSA the SNC and Medicaid Dental Provider Outreach Coordinators attended various LDSS staff meetings, and informed permanency administrators and staff about their role and responsibilities to support and coordinate health services for children involved in child welfare.

Collaboration efforts include identifying preliminary and essential steps required to develop shared outcome measures amongst all MCO's that accurately assess and determine the quality of health services for children and youth in care. In addition, DHS/SSA and MCO staff began identifying strategies for sharing of health information between LDSS and MCO SNC related to coordination of treatment and quality of services for children in care.

Feedback and input received from State and local health experts, child welfare staff, and MCO's concerned performance measures, improving practice and modernization data sharing align with federal mandates and recommendations and supporting DHS/SSA's strategic vision and established well-being goals.

Lastly, through the passing of legislation, DHS/SSA implemented the Child Welfare Medical Director position to lead the agency in improving health outcomes for children in child welfare. The hiring of the Medical Director demonstrates SSA's commitment to improving health outcomes and overall well-being over the past five years. The Medical Director serves as the visionary leader for the Centralized Health Care Monitoring Program within the Department of Human Services (DHS). The Director in consultation with the Local Departments of Social Services will develop a Centralized Health Care Monitoring Program for children in Out-of-Home Placement with the goal of ensuring children in care will receive optimal health care services.

The implementation of the Medical Director is a strategic effort to build cross-system collaboration across public service agencies. DHS/SSA recognizes this will be challenging but is essential for achieving positive health outcomes.

Concerns

While DHS/SSA has made great progress in achieving well-being outcomes, there continues to be systemic factors and barriers that negatively impact the outcomes. Barriers include lack of access to necessary health information and medical records, and insufficient health data for the children who are being served. Through DHS/SSA's Implementation Structure, continued engagement with stakeholders to identify the need to improve protocols and guidance around coordination between permanency staff and medical providers; in addition to, addressing the needs of children with chronic health conditions will support best practice and positive outcomes.

Lack of specialty medical providers, dental providers accepting Medicaid, and/or limited providers in rural areas continue to impede the ability of children receiving health and dental services needed. DHS/SSA's collaboration with MDH's Medicaid dental providers will continue as an area of focus to build resources and services. Transitioning youth who elect to decline health services or away without leave (AWOL) are barriers DHS/SSA continues to address with collaboration from MCO, SNC's as health services for transitioning youth is identified as

a priority for DHS/SSA and SNC's. The Health Specialist's participation in MDH's quarterly SNC meetings and collaborations with MCO's identified health services for transitioning youth as a priority i.e., developed interactive website to support and promote independently living emphasizing health services. DHS/SSA will work collectively with MCO's to address and improve health services for transitioning youth.

DHS/SSA recognizes workforce development is essential to support, enhance and strengthen skills to impact change and improve practice. With collaboration from stakeholders, identifying topics and multi-disciplinary trainings designed to educate staff about health related services, resources, and tools to achieve and support well-being for children in Maryland will be primary goals. 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.

Plans for Improvement

Overall DHS/SSA will continue to statically plan, implement interventions, and provide resources that assist the agency to strengthen the well-being for infants, children and youth in foster care. The updated goals and activities for this outcome will be described in the agency's Child and Family Services Plan.

SYSTEMIC FACTORS

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

Although the State can identify the four elements (status, demographics, location and goals) within its information system through various weekly and monthly reports, it does not currently have an established monitoring process to assure data quality for each element.

- The status of all children entering and exiting care is captured monthly on the Maryland Child Welfare Data Report which is posted both to the DHS intra- and internets in addition to other entry, exit and end of month reports available in Business Objects to all local Directors, Assistant Directors, Supervisors along with DHS/SSA staff with a user logon; however, the state has not instituted a data quality review process for this element.
- The Milestone Report readily identifies the status, demographic characteristics (age, gender and ethnicity), location, and goals for the placement of every child who is in foster care. The report is distributed weekly to local Directors, Assistant Directors, and Supervisors as well as DHS/SSA staff; however, there is no process to ensure accuracy or timely entry of data. A Business Objects report for children with disabilities

and voluntary placement agreements also captures demographics including disability category. However, 2.7% of youth (127 children) in care could not have their race identified due to data not being entered into the information system.

- As of April 2019, there were 64 children (1.4% of the total population) who did not have location data entered into MD CHESSIE. This missing location data is provided weekly in the Milestone Report provided to local leadership. The State has a placement validation process connected to provider payment processing to ensure accuracy of placements. Updates to child placement agency provider homes are completed by LDSS staff based on their system security profile. State policy dictates that any change in placement be entered in the information system within 24 hours; however, there is no data to support that this occurs. There is no monitoring process to assure that timelines are being followed for CPA or LDSS placement change entries.
- As of April 2019, 5.2% (233) of all children placed in OOH care did not have a current permanency plan in the system. When removing those who had been in care less than 60 days (143), this dropped to 2.0% (90 children).

Assessment

Although the key data is collected by the statewide information system, there is no identified process which can confirm the ongoing and consistent accuracy of data or timeliness of data entry. Reports are provided to the locals with the expectation that they will review for data accuracy and completeness, however there is not a consistent process for the review. As stated in the 2018 Maryland CFSR Final report, Maryland received an overall rating of Area Needing Improvement, as there is no identified process to confirm accuracy of data or timeliness of data on an ongoing basis. Maryland is transitioning to a new child welfare information system (CCWIS), the Maryland Child, Juvenile and Adult Management System (MD CJAMS) as part of the multi-program implementation of a shared health and human services platform. The plans for assuring that the information concerning the status, demographic characteristics, permanency goals, and location are accurate and current will be addressed in the CFSP.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Over the past five years, DHS/SSA has had limited ability to demonstrate that each child has a written case plan that is developed jointly with the child's parents. In SFY2017 DHS/SSA began revising its onsite review process to be in alignment with the federal CFSR process which includes an assessment on the involvement of children and families in the case review process. As described in the Quality Assurance section, in April 2018 Maryland began its State led CFSR process. Data obtained from this review serves as a baseline for Maryland's statewide performance in ensuring that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. To determine baseline functioning in this area Item 13 sub-items A and B were analyzed, which

assesses whether, during the period under review, concerted efforts were made (or are being made) to involve parents in the case planning process on an ongoing basis, was reviewed. The total number of cases that required case planning was 67 Foster Care and 40 CPS/FPS for a total of 107. Mothers were involved in the development of 46 cases plans while fathers were involved in 34 cases. For the majority of cases reviewed (N=56), this item was rated as an Area Needing Improvement (69%). An initial analysis was conducted to understand root causes related to any differences in CPS/FP and Foster Care cases. The results showed the following:

Foster Care:

- In most cases the mother and father were not involved in the case planning process either initially or on an ongoing basis, however there were a few instances where the parents were involved initially but not on an ongoing basis.
- It appears that when the child is in a stable placement the parents are not actively involved in the case planning process.
-

CPS/Family Preservation:

- Over half of the mothers were involved in the case planning process both initially and on an ongoing basis resulting in a good understanding of their family's needs and Agency expectations.
- Half of the fathers were not involved in the case planning process both initially and on an ongoing basis although they were known to the agencies and active in their families.
- Fathers/stepfathers were occasionally residing in the home but, were not included in case planning activities.
- There were only a few cases where the father was unknown.

Based on the initial analysis, DHS/SSA's statewide functioning of ensuring that each child has a written case plan that is developed jointly with the child's parent(s) is in need of improvement particularly in the area of engaging mothers and fathers in joint development of case plans.

Efforts to engage the parents in the case plan is a key message of Maryland's Integrated Practice Model, in which Family-Driven case planning is a casework practice being promoted. A transfer of learning, coaching model and integration of these practices with Maryland's new online client management system (CJAMs), will allow the LDSS to identify when a parent is participating in the planning. Additional analysis of this item will continue in preparation for developing DHS/SSA's next five year plan.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Every child who has been in foster care for at least six months should have an initial periodic review. Subsequent reviews should be conducted every 180 days. The periodic review includes review by the court of safety, continued need for Out-of-Home Placement, appropriateness of the case plan, and progress in achieving the goal of the case plan and a projected achievement date for permanency.

In the Maryland CFSR 2018 Final Report, this Item number was indicated as an Area Needing Improvement based on stakeholder interviews. The stakeholders cited that hearings are not held “consistently within the 6-month period.” Cases may be delayed because of continuances related to contested cases requiring a hearing or parties not showing up for hearings. Maryland has not collected data on the reason for the delays but will work with the court improvement partners to determine if they track contested cases or parties not appearing for these review hearings.

Maryland’s data does not differentiate between subsequent periodic reviews and permanency hearings as both are utilized for AFCARS. Permanency hearing requirements include the same requirements as periodic reviews and also includes specific additional finding (as detailed in Item 22 of this document). Because of this inclusion of the same elements, Maryland law allows for permanency hearings to fulfill the requirement for the periodic review hearing. The data includes Periodic Review hearing, which first occurs at 6 months of Out-of-Home Placement, and the data table in Item 22 that follows includes permanency hearing every subsequent six months thereafter while placement continues.

There are challenges for caseworkers to differentiate between the initial 6-month periodic hearing and permanency hearing case selections in the current MD CHESSIE system. The periodic hearings are commonly referred to as permanency hearings, and the selection of a “periodic” hearing may not be made. For this reason, Maryland cannot provide statewide data regarding the number of cases requiring a periodic review and whether the initial review was conducted within 6 months of entering foster care and every 6 months thereafter. Maryland plans to transition to a new system during SFY2020, with plans to allow a distinct description for initial 6-month reviews and permanency hearings. In addition, technical assistance is planned to ensure that the correct selection is made to differentiate between “periodic” and “permanency” hearings. Please see the CFSP for planned activities.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

The requirement for Permanency hearings in the state of Maryland is dictated by 3-823(b) Courts and Judicial Proceedings. The requirement is that the first permanency hearing be held within 11 months after commitment to LDSS (or continued Child with Disabilities Voluntary placement) OR within 30 days of court finding Reasonable Efforts to Reunify are not required (Waiver of Reunification). Thereafter, a permanency hearing is required at six month intervals, with the exception of permanent care to foster parent provider or when the LDSS has been granted guardianship after Termination of Parental rights, when the requirement is every twelve months for subsequent permanency hearings.

As cited in the Maryland CFSR 2018 Final Report, Maryland schedules permanency hearings every 10 or 11 months to consider any scheduling conflicts or continuances. This Item number is indicated as an Area of Strength. The data in the table below details the timeliness of subsequent permanency hearings following the initial permanency hearing.

Foster Care: Timeliness of Permanency Hearings	
Reporting Period: 10/1/2017 – 9/30/2018	
Timeliness of Initial Permanency Hearing to Permanency Planning Review Hearing	81.20%
• Median Months	6.67
• Average Months	6.77
<i>Source: Foster Care Court Improvement Program</i>	

The FCCIP Timeliness Statistics reflect 81.20%, compliance rate in meeting the time standard of the initial permanency hearing to the subsequent permanency hearing. When reviewing the actual months to subsequent permanency hearings, the data indicates that the average and median times are in within the required six months indicating that Maryland is within the every twelve months for subsequent permanency hearings requirement.

The FCCIP reports that as part of its Continuous Quality Improvement process, the data is reviewed for discrepancies with Information Technology staff from each of the four data systems to resolve issues in data. The Maryland Judiciary is in the process of moving to a statewide data system. In the interim, the judiciary collects the information for the data reports from four systems.

This data only provides information regarding the time between the first and second permanency plan review hearings. Maryland does not currently have methodology which would provide the ongoing information concerning subsequent permanency planning hearings. There are currently too many options in MD CHESSIE for caseworkers to choose regarding hearing types which makes it difficult to ensure data accuracy at this time. This issue will be addressed in CJAMS which will also provide workers with a mechanism to ensure that permanency planning review hearings are occurring timely by providing information regarding date of expected next hearing. During FFY2018, the same time period reported by the FCCIP, there were 1,566 youth who could have been part of this sample. There would have been an additional 2,835 who would have required subsequent permanency hearings (data source: MD CHESSIE)

Item 23: Termination of Parental Rights (TPR)

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

DHS/SSA currently has limited ability to track the timeliness of filing TPR petitions. The LDSS attorneys file TPR petitions; which does not always involve the input of a case worker, thus leading to the caseworker’s lack of knowledge about the actual TPR petition date. There is inconsistency between locals with regards to how the dates for the filings are entered in to MD CHESSIE which is evident in the monthly report on Children in Out-Of-Home Care more than 15 of the last 22 months. Access to this report is through a web-based platform known as “Business Objects” which not all supervisors are aware that they have access to or utilize consistently. There is no report that shows information regarding compelling reasons not to file at the required timeframe either. There are challenges accessing court data across the state as well although with the implementation of MDEC statewide where court

filing information will be available electronically, this should improve access to the court data. On a case-by-case basis caseworkers do request this information from the LDSS attorneys or the courts but it is not recorded in the data.

Additionally, findings from the stakeholder interviews in the Maryland CFSR 2018 Final Report “showed that the process for filing a petition for TPR varies across the state and is not uniformly tracked”. The timeframe is difficult to track by the courts when a child exits and re-enters care. There is also a reluctance to create “legal orphans” when an adoptive placement is not in place when it is time to file for TPR. There currently is no tracking of compelling reasons not to file and the practice of using compelling reasons is inconsistent (Maryland CFSR Final Report, 2018).

The data collection should improve with the implementation of CJAMS as supervisors will have access to this data right in the system and additional fields will allow for the monitoring of compelling reasons not to file.

Data from February 2019 shows that of the 1,758 children in Out-of-Home care 15 of the last 22 months:

- 404 were placed with a relative
- 99 were legally free (have already been TPR'd)

Data source: MD CHESSIE

Of the remaining 1,255 it is currently not possible to determine if there are documented compelling reasons not to file for TPR or if the state had not provided the family services needed to ensure safe return of the child without an intensive case record review. This information is contained in court reports which would require a narrative analysis. In CJAMS, there will data fields to denote whether the two above mentioned reasons are applicable to each child. It will also require conversation with the LDSSs regarding the necessity of filing due to legal requirements even if the courts frequently will not approve change in permanency plan goals if an identified adoption resource does not exist.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

Maryland law requires the Local Departments of Social Services (LDSS) to send notices of Hearings and Reviews to Caregivers. As per DHS/SSA Policy Directive #06-12, resource parents (both public and private) receive notification of court hearings via mail correspondences. In addition, as per Md. Courts and Judicial Proceedings Annotated Code 3-816.3. (c), pre-adoptive parents, foster parents, and caregivers of child, the foster parent, pre-adoptive parent, caregiver, or an attorney for the foster parent, pre-adoptive parent, or caregiver shall be given the right to be heard at all proceedings. Finally, the LDSS caseworkers and children attorney’s correspond with resource parents prior to the hearings to obtain updates on the child’s well-being and address caregiver concerns during visits to the placement and/or phone correspondences.

Data Assessment

DHS/SSA is still in the process of developing a systematic way of ensuring that caregivers are notified of court hearings. DHS/SSA has met with the LDSS leadership as well as the Maryland Resource Parent Association and the Maryland Foster Parent Ombudsmen to ensure that caregiver's are aware of their right to be notified and be heard at all court hearings regarding youth in their care. A survey was disseminated at the Spring 2019 Resource Parent Conference in March 2019 that included the question, "Do you receive written notification of upcoming court hearings?" Out of 111 attendees, 78 resource parents (87%) answered that they received written notification of upcoming hearings. In Maryland, court hearings also include permanency planning court review hearings. In 2014, the Foster Parent Ombudsman sent a Foster Parent survey. Of the 692 responses received in 2014, 45% stated that they received written notification of hearing notices. The percentage increase (from 45% in 2014 to 87% in 2019) reflects some effort towards ensuring that Maryland Resource Parents are notified of court hearings. The State is considering other methods of data collection for the future to ensure that parents are notified of hearings either in written form or verbally.

Conversely, the Maryland CFSR 2018 Final Report stakeholder interviews stated that the template for the notice for hearings is not always used consistently. It was reported that at times, the caseworker calls the resource parent regarding the hearing rather than written notification or the resource parent will call the caseworker to inquire about hearings.

This inconsistency of responses shows that improvement is needed. Written notifications are not automatically sent from MD CHESSIE on a consistent basis. Ensuring that resource parents know that they have a right to be heard is a training issue for resource parents as well as child welfare staff. For planned activities for improvement, please see the CFSP.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

Please also refer to the Quality Assurance section

During the period of April 1, 2018-September 30, 2018 Maryland agreed with the assessment by Children's Bureau that the quality assurance system was not in substantial conformity. Since that concession, Maryland continued implementation of the State's case review process and now asserts having a system that is functioning statewide. The case reviews are conducted monthly in a small, medium, and large jurisdiction including Baltimore City (metro)

who is reviewed biannually. The case review schedule spans through March 2021 and includes six, 6-month review periods. In SFY2018, nine local departments were reviewed; Baltimore City, Carroll, Anne Arundel, Allegany, Queen Anne's, Washington, Baltimore County, Worcester, and St. Mary's. The existing process utilizes the federal onsite review instrument (OSRI) for case reviews and has a random sampling methodology to ensure period comparability. Strengths and needs are identified using CFSR results that are extracted from reports within the Online Monitoring System (OMS). CFSR results are disseminated to external and internal stakeholders every six months or after each review period. Maryland is currently in period 3 of the ongoing case review process. Maryland is using its organizational structure, composed of an array of implementation teams, to partner with stakeholders and advance key priorities in order to achieve the agency's strategic direction. Through this structure DHS/SSA is gathering and reviewing performance data as well as summarizing and prioritizing key findings to identify strengths and needs of service delivery. This process is used to begin root cause analysis and propose solutions. Once a solution has been implemented progress is regularly tracked allowing for the progress to be assessed and changes to be made when necessary. In the next 5 years, to strengthen the quality assurance system, Maryland will implement focus groups, work with local departments to strengthen their local CQI practices, and increase access to CFSR outcomes by internal and external stakeholders.

D. Staff Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- *staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and*
- *how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.*

State Response:

Over the past five years, in collaboration with The Child Welfare Academy (CWA) at the University of Maryland School of Social Work, DHS/SSA delivered pre-service training for new child welfare employees and administered the competency examination immediately following the training. CWA also offers a required foundations training series following pre-service training as well as on-going in-service trainings. Additionally, DHS/SSA has a contractual relationship with University of Maryland Baltimore (UMB) for the Title IV-E Education in Public Child Welfare Program, to offer specialized child welfare training to Bachelors (BSW) and Masters (MSW) Level Social Work candidates to enhance social work knowledge and skill development, and ultimately build and maintain a safe, engaged, well prepared, professional child welfare workforce. All new child welfare staff is required to complete the six module pre-service training series and pass the competency exam with a 70% or above passing score. New hires

with a master's degree in social work and documented two years of child welfare experience may be approved for exemption from the training, but still must pass the competency exam. The number of staff required to complete the training varies depending on the number of staff hired during a particular year and individual eligibility requirements. Each of Maryland's 24 Local Departments of Social Services has an identified training liaison to monitor pre-service registration and competency testing. Additionally the CWA provides an annual report that reflects the number of employees that complete the trainings. During SFY18 a total of 188 new hires completed the training and passed the competency exam. The breakdown of child welfare staff completing the training series and passing the competency exam during previous years include: SFY17-156, SFY16-136 and SFY15-142.

Evaluation data from all trainings is collected and analyzed in CWA monthly and annual reports and is used to guide decisions regarding modifications to training content, adding new modules or deleting existing modules, and retention or replacement of trainers and subject matter experts. SSA/CWA also uses training evaluation/satisfaction data to monitor worker satisfaction with content and applicability to work duties. Data will need to be analyzed over 2 to 3 periods to comprehensively evaluate the applicability of training to work.

Assessment

The CWA collects data on all participants who pass the competency exam and rates for passing remain high with rates ranging from 94% to 96% over the past five years. The CWA also administers training evaluations for all pre-service and in-service trainings with quantitative satisfaction ratings. During SFY2018, the CWA introduced participant feedback surveys for pre-service training that evaluated applicability to their job and opportunity for transfer of learning. This data reflected that 92% (N=188) strongly agreed that what they learned in training was applicable to their job, 91% (N=188) strongly agreed that what they learned would make them a more effective worker or supervisor, and 93% (N=188) rated overall pre-service training as excellent or good.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- *that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and*
- *how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.*

State Response:

DHS/SSA worked over the last five years to implement a statewide system of ongoing in-service training for child welfare staff that has case management responsibilities in the areas of family preservation, foster care, adoption, independent living and child protective services that builds upon the knowledge and skills needed to carry out their duties. In partnership with the Child Welfare Academy (CWA) at the University of Maryland School of Social Work these trainings cover DHS/SSA's strategic vision and implementation structure, current trends in child welfare policy and practices and priorities of Local Departments of Social Services (LDSS). To support staff access, Child welfare staff is provided quarterly catalogues and trainings are offered regionally and include both classroom and web based instruction. Staff is also able to participate in trainings through the University of Maryland Continuing Professional Education (CPE) program. Over the past five years the training content has grown to address DHS/SSA priorities. Topics that are now a part of the in-service training include Alternative Response and Trauma Responsive Care, Human Sex Trafficking and (Lesbian, Gay, Bi-sexual, Transitioning, Questioning (LGBTQ) Competency Series.

Data from SFY2016, SFY2017 and SFY2018 shows consistent patterns of strong attendance during in-service trainings with over 4,000 staff (duplicated count) participating in in-service trainings. Similarly, to meet the diverse training needs of staff, there have been increasing numbers of robust and comprehensive trainings offered each year; ranging from 101 distinct workshops offered in SFY2016 to 124 sessions offered in SFY2018.

In SFY2018 in-service training evaluation data was enhanced not only to capture participant's satisfaction with the training but also the transfer of learning and applicability of trainings. Data from the 2018 surveys reflected that 92% or more of in-service training participants "agreed" or "strongly agreed" when asked if the training was applicable to their job, provided useful tools/strategies, and would make them a more effective worker or supervisor. In addition 95% or more of in-service training participants "agreed" or "strongly agreed" when asked if they are committed to applying what they learned, feel confident in their ability to apply what they learned, and believe they will see a positive impact if they apply the learning consistently.

While annual in-service training is not required by the state, LDSS Supervisors monitor and track trainings completed by staff during the performance evaluation process and some LDSS have internal policies requiring staff to attend ongoing trainings and obtain a certain number of continuing education units (CEUs) yearly. In addition, all licensed social workers with a job classification of Social Worker I and II and Social Work Supervisor, are required to complete 40 hours of continuing education for every two year renewal period in order to maintain their license.

Over the past two years child welfare staff has been required to attend two priority trainings:

- **Human Sex Trafficking:**
Between September 2017 and April 29, 2019, University of Maryland School of Social Work has conducted 48 full day trainings and trained over 1020 LDSS staff. Additional trainings are being scheduled for the remaining jurisdictions and for any newly hired staff. Training is tracked through attendance records and evaluation surveys at the end of each session.
- **LGBTQ Competency**
In SFY2017 DHS/SSA committed to providing affirming and best practice services to LGBTQ youth and families. Since this time 1,018 child welfare staff has been trained.

In addition to the training that is available for all staff, there are two specific opportunities that are targeted at supervisors: Supervision Matters and Fundamental Administrative and Supervisory Training

- The Supervision Matters training series is open to any supervisor who has been newly hired and/or promoted to supervisor status within the past five years. In order to meet growing demands, the Supervision Matters training series were expanded in SFY2018 to include two separate cohorts of participants (44 supervisors and 20 administrators) in comparison to one cohort with 24 participants during SFY2017. The Supervision Matters program was evaluated through a training knowledge and skills assessment survey administered by the CWA pre- and immediately post-training. In SFY2018, 47 training participants responded to the pre-survey and 38 participants responded to the post-survey. Overall, participants reported the training content to be relevant to their work. Supervisors participate in a host of in-service supervision trainings to continue to bolster their management skills.
- Fundamental Administrative and Supervisory Training offered through DHS Learning Office was designed to enhance the skills of all supervisors across the Department regardless of the Administration in which you work. The CWA Annual Report does not include a breakdown of data for this training and will need to be added in future reports to help monitor on-going transfer of learning.

Overall, DHS/SSA data related to in-service training indicate that a variety of training options are available to staff and a significant number of staff is taking advantage of trainings that are offered. Despite this, Maryland CFSR Final Report, 2018 indicates that DHS/SSA's ongoing training system is an Area Needing Improvement. Where DHS/SSA seems to need improvement is ensuring that staff feels that the content and knowledge shared through in-service training is more strongly and consistently connected to their job duties and day-to-day practice. DHS/SSA's CSFP will outline strategies to improve DHS/SSA's ongoing training system.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- *that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.*
- *how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.*

State Response:

Public Providers Required Training

Per MD CHESSIE data, DHS/SSA found that January 2018 - December 2018, the total number of providers was 1,555. Of the 637 established providers, 476, 75% completed 10 or more hours of in-service training within the required timeframe. Of 217 newly approved providers, 195, 90% completed 27 or more hours of pre-service

training. (Resource home recertification requirements are according to the date of the home approval, therefore not all 1,555 resource parents are due in-service training at the same time.) Resource parents have 120 days per COMAR to complete the pre-service training and one year after the home study approval date to complete the annual 10 hours of in-service training.

DHS/SSA developed a quarterly audit monitoring report in which initial and recertification of resource home cases are audited. In the audit, in-service and pre-service trainings are reviewed for compliance. In the last two quarters, DHS/SSA discovered that parents completed the required trainings but the LDSS resource home caseworkers were not diligent about ensuring the information was documented timely in MD CHESSIE. DHS/SSA provided technical assistance to the LDSS via conference calls, email and direct TA to Baltimore City DSS to reiterate the importance of being in compliance in this area. The state has assessed the following: the current training data does not accurately reflect the amount of resource parent training being reported by the LDSS and resource parents. The state must complete a more detailed assessment to understand why data is being under reported in order to properly assess which type of technical assistance should be provided to either the LDSS or the data management team.

How well the training addresses skills and knowledge

For January 1, 2018 – May 1, 2018, 98% of the 353 responses for the resource home training sessions reported that “I will be able to apply the knowledge learned from this training, 98% of the 494 responses reported that “The training was relevant to my role as a resource parent”; 99% of the 333 responses reported that “The information I learned today will make me a more effective resource parent”, data source: Child Welfare Academy. These responses are an improvement for the data for May 2016 – April 2017 (2015-2016 data was unavailable), 65% of the 1180 responses reported that “I will be able to apply the knowledge learned from this training.” Efforts made over the years to improve the training include but are not limited to ensure the quarterly in-service trainings being offered to parents are aligned with what the needs of the resource parents are as well as what is in the best interest of youth in care in Maryland. In addition, to create a method to receive input on the quality of the training, the resource home training survey was revised to include questions about the quality of the training and whether the training received could be applied to the parenting of youth in care. The survey responses show marked improvement in quality from 2015 – 2019 and an improvement in meeting the resource parents’ required skills and knowledge.

Foster and Adoptive Parent Training

Public Resource Parent Training

All resource parents are required to participate in pre-service and in-service training. During the resource parent approval process, 27 hours of pre-service PRIDE training is required which includes the Reasonable and Prudent Parent Standard, as outlined in the PB113-183 Strengthening Families Act. Resource parents are encouraged to consult with their resource home worker when deciding what trainings to take. Pre-Service trainings are offered at the LDSS. Each LDSS provides a monthly training calendar with various days and times in which resource parents can take the Pride Trainings.

In addition to pre-service training, approved public resource parents are also required to complete 10 hours of in-service continuing education training per year. DHS/SSA offers resource parents a variety of ways to obtain their annual in-service trainings. The CWA offers a wide array of training topics quarterly, trainings are offered on an ongoing basis throughout the year at the local departments, and a Resource Parent conference is offered twice per year.

Private Providers (CPA Homes and Group Homes):

All Private Resource Home staff and parents are required to have all training outlined in COMAR. The training requirements vary for CPAs and Group Homes.

Group Homes

The training requirements for Group Home Staff is listed in COMAR 14.31.06.05 F. Required training varies based on position:

- RCC Direct Care staff: 40 hours of initial and 40 hours annual training are required and must pass a Residential Child & Youth Care Practitioner (RCYCP) Board approved written examination.
- Residential Child & Youth Care Practitioner (RCYCP) certification requires 30 hours of initial and annual training per COMAR 10.57.03.03 A (2).
- RCC Program Administrators are required to become certified and receive training hours as well. Part of their recertification includes obtaining 40 hours of training every 2 years per COMAR 10.57.02.05 C (3).

All staff training curricula must be approved by the licensing agency per COMAR 14.31.06.05 F (3). To ensure that Residential Child Care Program Professionals (RCCPP) meet the certification requirement DHS’s Office of Licensing and Monitoring (OLM) reviews the list of certified Residential Child & Youth Care Program Professionals provided by the Board to ensure that all direct care staff working with youth are certified.

Documentation of training is maintained in the employee record and reviewed by the OLM licensing coordinator quarterly. Training documentation is also submitted as part of the recertification application to the RCCPP Board. Licensing Coordinators also interview a random sample of staff on various subjects, including training. Interviews of RCC staff are completed by OLM on an annual basis based on a random sample. Interviews include questions related to whether they have received the necessary training to perform their job duties or to care for the youth in their home, and whether or not they felt that the training was useful. Results of the SFY2018 review are listed below:

# of RCC employee records reviewed*	Compliant for Training	Non-Compliant for Training
566*	467 (83%)	99 (17%)

**The sample is based on a 2 year licensing cycle, which may contain quarters in at least 1 or 2 other fiscal years. OLM meets the requirement of sampling 10%+10 (Max 20) per licensing cycle.*

Programs that have not provided the required training are cited and must complete a Corrective Action Plan.

CPA homes

Supervisors and Child Placement Workers employed by Child Placement Agencies are required to receive at least 20 hours of training activities during each employment year and the Chief Administrator annually receives at least

10 hours of training per COMAR 07.05.01.16 B (3). The required training topics are listed in COMAR 07.05.01.16 B (1).

Child Placement Agencies must also provide 24 hours of pre-service the training and material. In addition, foster parents must receive an additional 20 hours of training every year prior to being recertified as a treatment foster parent. The pre-service training provided to CPA homes is the PRIDE training, which is utilized by local resource homes. In addition to this training, CPA homes are required additional training as outlined in COMAR 07.05.02.12 and 07.02.21.10B.

Failure by the foster parent to complete the annual training hours will cause their certification to be suspended or denied. OLM interviews foster parents annually according to established random sample to include questions related to training and whether they have the adequate training knowledge to parent the children placed in their home.

To monitor compliance with training requirements OLM Licensing Coordinators complete regular reviews of provider agency records. As of October 31, 2018, there are approximately 1674 certified CPA homes by Child Placement Agencies. The following data was based on the OLM monitoring visits for the year.

# of CPA home records reviewed*	Compliant for Training	Non-Compliant for Training
426*	425 (100%)	1 (0%)

**The sample is based on a 2 year licensing cycle, which may contain quarters in at least 1 or 2 other fiscal years. OLM meets the requirement of sampling 10%+10 (Max 20) per licensing cycle.*

DHS’s OLM also holds quarterly meetings with all of the licensed providers (RCC and CPA) to provide training on COMAR requirements as well as review current trends and youth needs, etc. (example: Reasonable and Prudent Parenting, Grief and Loss).

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- *Services that assess the strengths and needs of children and families and determine other service needs;*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment;*
- *Services that enable children to remain safely with their parents when reasonable; and*
- *Services that help children in foster and adoptive placements achieve permanency.*

Please provide relevant quantitative/qualitative data or information that show:

- *The state has all the above-referenced services in each political jurisdiction covered by the CFSP;*
- *Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.*

State Response:

Over the past five years DHS/SSA has strived to ensure that an array of services is accessible statewide that

- Assess the strengths and needs of children and families and determine other service needs;
- Address the needs of families in addition to individual children in order to create a safe home environment;
- Enable children to remain safely with their parents when reasonable; and
- Help children in foster and adoptive placements achieve permanency

Services that assess the strengths and needs of children and families and determine other service needs

DHS/SSA has used the Maryland Child and Adolescent Needs and Strengths (MD CANS) and the Child and Adolescent Needs and Strengths – Family Version (CANS-F) to target both the strengths and needs of children and families allowing for a targeted approach to reducing safety concerns and risk of child maltreatment for children thereby reducing repeat maltreatment and creating safer home environments. The data over the last five years shows that compliance rates for both assessments have remained constant with the CANS-F compliance rates (79% for Q1 SFY2019) being higher than the MD CANS (61% for Q1 SFY2019). In addition to compliance rates, Maryland's CFSR data seems to indicate that there are challenges with meaningful use of the assessment and connecting identified needs to service planning. Over the past five years functional assessment data has seemed to indicate that needs and strengths are both under reported on the CANS-F while in the CANS needs are under reported and strengths are over reported.

To understand compliance and meaningful use for both functional assessments, technical assistance providers from both Chapin Hall and The Institute for Innovation and Implementation at the University of Maryland, Baltimore met with local departments. Issues raised during these sessions included concerns around staff's accurate understanding of the scoring and utilization of the tool, routinely integrating the assessment into staff's work with a youth and family, and the difficulty with the utilization of CANS/CANS-F data reports to track meaningful use. Based on this feedback, local TA plans were developed and continue to be implemented. TA being provided includes booster trainings, case consultation workshops, and data support meetings. For full information on the TA being provided please see the CANS section of the report

In addition to implementing functional assessments, LDSS also used Maryland's Title IV-E Waiver opportunity to provide a number of specialty assessments to determine other service needs. Assessment services provided included:

- Mental Health Evaluations
- Psychiatric Evaluations
- Psychological Evaluations
- Drug and Alcohol Assessments

Services that address the needs of families in addition to individual children in order to create a safe home environment and/or enable children to remain safely with their parents when reasonable

Over the past five years DHS/SSA has funded a number of services to support the development of safe home environments so that children can remain safely with their parents. The services funded are intended to fill services gaps within each jurisdiction. With the receipt of Maryland's Title IV-E Waiver in 2014, DHS/SSA was able to

enhance the service array with a variety of evidence-based practices (EBPs). The types of EBPs funded have included parent education, behavioral health, and substance use interventions. (See Title IV-E Waiver section for specific information on EBPs funded through the Waiver.)

In addition to evidence-based practices, many jurisdictions funded other services designed to meet the needs of the children and families in their local communities. The specific services funded have varied over the years as the needs of children and families and service gaps within each jurisdiction have shifted over the five years. These services have included

- Home Visiting programs
- Respite programs
- In-home and Center based Parent Education Programs
- Services and Supports to address a specific child or family needs and prevent entry in to care (Education, Financial Management, Behavioral Health)
- Parent Stressline
- Parent Support Groups
- Mobile Crisis and Stabilization Services

See the PSSF and the Child Abuse Prevention and Treatment Act (CAPTA) State Plan sections for further detail on services provided through each.

Services that help children in foster and adoptive placements achieve permanency

During the past 5 years, DHS/SSA has used PSSF funding to provide time-limited reunification services and adoption promotion and support services in all 24 jurisdictions in Maryland. The following is a list of many services and/or activities that the local departments have provided with these funds:

- Psychological Evaluations
- Respite Care
- Summer camps
- Specialized therapeutic services
- PRIDE classes to license families to be foster/adoptive parents
- Support the local adoption network which provides training and a support network for adoptive families
- Legal services
- Adoption counseling and therapy
- Adoption recruitment activities and/or events
- Tutoring
- Therapeutic recreational activities
- Child care
- Monthly foster and adoptive parent support groups

See the PSSF section for further detail on the time-limited reunification services and adoption promotion and support services provided.

The Maryland CFSR Final Report, 2018 indicated overall that this Item number is an Area Needing Improvement. Stakeholder interviews reported that services are not consistently available across the state, including “gaps in housing, transportation, substance abuse treatment centers, quality mental health services, child psychiatrists and trauma-informed therapy.” Lack of parenting classes and access to dental services were also cited. See the CFSP for planned activities to improve this Item number. In addition to the plans included in the CFSP, DHS/SSA will conduct a gap analysis related to the availability of evidence based practices as part of the development of Maryland’s FFSPA Prevention Plan.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- *Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.*

State Response:

Over the past five years DHS/SSA supported the implementation of functional assessments to support the individualization of services to meet the unique needs of children and families served by the agency. In 2012 and 2015, respectively, DHS/SSA implemented the CANS and CANS-F assessments. These tools are designed as consensus building processes to support collaboration with children and families to identify strengths and needs and drive the development of service plans. As part of the implementing of both tools DHS/SSA monitored compliance as well as meaningful utilization over the past five years. For the CANS-F specifically, the Families Blossom ☘ Place Matters (Maryland’s Title IV-E Waiver Demonstration Project) evaluation included an assessment of the implementation of the CANS-F. The evaluation has shown the percentage of assessments where at least one need or strength decreased since the beginning of implementation in July 2015. For SFY2019 Q1, only 46% of all assessments have identified at least one actionable need and 44% have one or more useful strengths. This data appears to indicate that while assessments are being completed, there are some challenges with how well these assessment tools are being utilized to identify specific needs of children and families (including a need for services that are developmentally and/or culturally appropriate, linguistically competent, and responsive to disabilities and special needs) and to support meaningful use. As part of DHS/SSA’s CFSP, the meaningful use of collaborative assessments will be addressed to assist the state in being able to better identify needs and ensure that the services are individualized to meet the unique needs of children and families served by the agency.

DHS/SSA’s most recent CFSR results also provide insights around the statewide functioning of individualizing services to meet the unique needs of children and families. Item 12 of the OSRI assesses whether the agency made concerted efforts to assess the needs of children, parents, and foster parents to identify and provide the services necessary to achieve case goals and to adequately address the issues relevant to the agency’s involvement with the

family. Base line data seems to indicate that as a system DHS/SSA is more effective in identifying and addressing the needs of children (73%) and foster parents (85%) yet tends to have challenges with parents (32%). An initial analysis was completed on these findings to identify potential root causes with a specific focus on any differences between CPS/Family Preservation (CPS/FP) and Foster Care. In addition, in the Maryland CFSR Final Report, 2018, Item 30 was an Area Needing Improvement. Stakeholders reported that individualized services may vary at a worker's discretion or that services are not available due to language barriers.

Overall Challenges:

- In both CPS/FP and Foster Care cases fathers are not being adequately assessed. Lack of assessment leads to low or no service provision which affects the family's ability to provide for their children's needs.
- In Foster Care cases mothers are not being adequately assessed and are not receiving appropriate services to meet their needs or the needs of their children.
- Agencies often do not have a true understanding of the family's needs due to inadequate assessments.
- Inadequate assessment appears directly related to low rates of positive outcomes for families.

Comparison of CPS/FP vs. Foster Care

Social and Emotional Needs Assessment and Services to Children

Foster Care:

- Over half of the youth were adequately assessed and most of them were provided services that were aligned with their identified needs.
- The review revealed that a small portion of youth did not require services as there were no identified social and emotional needs.

CPS/FP:

- Most of the youth were adequately assessed.
- All youth that were adequately assessed were provided services that appropriately met their identified needs.
- The review revealed that a small portion of youth did not require services as there were no identified social and emotional needs.

Needs Assessment and Services to Parents

Foster Care:

- A quarter of parents were adequately assessed and most of them were provided services to meet their identified needs. Assessments of mothers were slightly more adequate than fathers.
- Most of the parents' whereabouts were known to the Agencies yet majority of the time their needs were not assessed.
- There were a few cases that were not applicable for parental assessment due to one or both parents being deceased.

CPS/FP:

- Over half of the mothers were adequately assessed and majority of the time they were provided services to meet their identified needs.
- Most of the fathers were not adequately assessed although they were known to the agencies and active in their families.

DHS/SSA will utilize this information to inform strategies within the CFSP to strengthen the agency's efforts to assess the needs of children, parents, and foster parents to identify and provide the services necessary to achieve case goals

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Over the past five years DHS/SSA implemented a number of strategies to support the ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

In 2014 DHS/SSA established the Title IV-E Waiver Advisory Board comprised of internal and external stakeholders and charged with providing input and guidance on key Waiver decisions. In 2016 DHS/SSA merged the Title IV-E Waiver Advisory Board and the Family-Centered Practice Oversight Committee (established in 2009 to monitor the Family Centered Practice implementation and offer recommendations for program enhancements to sustain statewide welfare practices) to become the SSA Advisory Council with the broader goal of creating a comprehensive child welfare practice model, which encompasses family/youth engagement, trauma-informed care, and best practices in both DSS service delivery and community services. With this merger membership on the Advisory Board was expanded to include representatives from both groups and in 2018 Maryland's Tribal Liaison was added as a member. The Board met quarterly to review outcome data, monitor the effectiveness of key practice strategies, and make recommendations related to areas to strengthen and improve. In SFY2017 and SFY2018 the SSA Advisory Board provided critical feedback on the development of DHS/SSA's Self-Assessment and in recommending priorities of DHS/SSA's 5 year plan.

In addition to the DHS/SSA Advisory Board, in 2016 DHS/SSA established an Implementation Structure to allow for:

1. Real-time refinements and enhancements during development and implementation;
2. Identification and allocation of needed resources;
3. Promotion of timely policy and programmatic decisions;
4. Continual tracking and monitoring of progress towards identified outcomes; and
5. Managing and sustaining the desired change.

Comprised of DHS/SSA and LDSS leadership and staff with representatives from the stakeholder and provider community, including families and youth, advisory and advocacy groups, community providers, university partners, the court system, and the Families Blossom evaluation team, the implementation structure addresses:

- Policy
- Continuous quality improvement
- Stakeholder communication and engagement
- Information system modernization
- Services and resource development, including EBPs
- Funding and contracting
- Technical assistance to local partners
- Identification and communication of success/progress as well as barriers/challenges and needed action steps

Led by the Outcomes Improvement Steering Committee (OISC), which meets every other week, the structure is comprised of Implementation Teams, Workgroups and Cross Cutting Networks that meet monthly to review data, identify problem areas, understand root causes, develop theories of change, and test out strategies to improve performance.

Provider Advisory Council and Residential Treatment Center Council

- Meets every other month
- Includes representation from DHS/SSA, OLM and the variety of provider agencies
- Discuss current and changing policy; analyze data and outcomes; collaborate in rate reform planning; respond to immediate needs for placement resources

Statewide Council on Child Neglect and Abuse and Citizen Review Boards

- Quarterly and annual reviews provided by the citizen boards with recommendations to DHS/SSA on areas of improvement. DHS/SSA meets with leadership throughout the year to strategize on continued progress in identified areas. DHS/SSA provides input on SCCAN's priorities and staff participates on various SCCAN workgroups. SCCAN members sit on various DHS/SSA workgroups to provide input to help shape best practice.

Foster Care Court Improvement Project (FCCIP)

- Work jointly with FCCIP on mutually agreed upon areas including permanency, substance exposed newborns and trafficking.

DHS/SSA has hosted a number of regional collaboratives that have included Maryland State Department of Education regarding preparation for ESSA implementation. In addition, collaborative have been held related to Substance Exposed Newborns, and trafficking.

DHS/SSA continues to include community and stakeholder input into its strategic vision and implementation structure as well as in implementing the provisions of the CFSP, including feedback on goals, objectives, and annual updates. In the next year DHS/SSA is developing a number of strategies to strengthen the ability to engage stakeholder groups in the strategic vision, implementation structure and in implementing the provisions of the CFSP, including feedback on goals, objectives, and annual updates. To assist with these conversations DHS/SSA has drafted a user friendly data dashboard that will allow for easier conversations related to outcomes and data driven decision making.

DHS/SSA focused on improving the involvement and engagement of birth families, youth, and resource families and has engaged partners and Technical Assistance (TA) to help address engagement with these populations. For more information on the TA plan with the Capacity Building Center for States, please see that section of the APSR.

In addition to the work with the Capacity Building Center for States, DHS/SSA developed a partnership with the Maryland Coalition of Families (MCF), a Family Support Organization. The goal of the partnership is to improve DHS/SSA engagement of birth families in:

- Systems and policy design and continuous quality improvement processes,
- Participation in DHS/SSA workgroups and committees,
- Ensuring family voice in the development and review of policies, practices, job descriptions and recruitment announcements, training materials, and/or other documents or forms
- Supporting DHS/SSA and LDSS staff and leadership in strengthening strategies to effectively support the participation of families and caregivers

In 2019 an initial group of families/caregivers was identified and trained to participate in a variety of system level workgroups and committees. These families will also have ongoing support as they continue to engage with DHS/SSA. Learning opportunities for DHS/SSA and LDSS staff is also being planned to ensure that families feel welcomed and supported as they join in the work of DHS/SSA.

In addition to these areas of focus, DHS/SSA continues to regularly engage a number of stakeholders. Along with the groups identified in DHS/SSA Self-Assessment, DHS/SSA continues to develop strategies to strengthen the ongoing consultation on DHS/SSA's goals, objectives, and annual updates of the CFSP. Specific highlights related to DHS/SSA's developing strategies include:

CRBC

- Continue to collaborate on quarterly reports
- Include CRBC members in peer reviewer training for CFSR
- Discuss and collaborate on health care needs for youth in care and exploring ways to implement a statewide medical director

FCCIP

- Explore creating a process to review and evaluate court cases of older youth with a plan of APPLA for the purpose of gaining more information regarding the older youth population and barriers to permanency in order to inform statewide policies and practices.
- Explore the need for a memorandum of understanding to initiate this project.
- Continue to engage FCCIP as peer reviewers in the CFSR onsite review process.

Provider Advisory Council (PAC)

Work with the PAC continued during the past year:

- Collaborated on the continued development of a more timely process for completing provider employee background checks.
- As discussed in Items 29 and 30, continued the implementation of the Provider Questionnaire in collaboration with DJS.
- Held a second strategy meeting to continue the conversation and strengthen DHS/SSA's partnership with contracted providers to improve practices and outcomes for youth in foster care placements.

Maryland Resource Parent Association

- Continue quarterly meetings to obtain feedback on DHS/SSA policies and practices
- Continue to engage members of MRPA in the DHS/SSA implementation structure
- Support MRPA in continuing to assist LDSS with initiating their local resource parent association with a concentration in Baltimore City.
- Participated with MRPA in the ATTACH conference in order to facilitate more work around attachment and trauma and family connection within MRPA activities.

The Maryland Commission of Caregiving

- Continue regular meetings with feedback on DHS/SSA policies and practices in order to improve statewide support services for unpaid, informal family caregivers across a lifespan.
- Continue to identify available resources and unmet needs, and how to improve best practices statewide for informal caregivers.
- Strengthen engagement with the Commission in the development and enhancement of DHS/SSA's integrated system of practices.
- Support the Commission in: 1. Providing ongoing analysis of best practices in family caregiving support programs in this and other states and 2. Monitoring the implementation of the Commission's recommendations.

Interagency Council on Homelessness Youth Workgroup

- Integrate DHS/SSA priorities related to reducing homelessness among foster youth into the Workgroup's strategic plan
- Review with workgroup Ready by 21 approach to working with older youth to determine opportunities to expand the practice as well as identify any barriers and gaps in the approach
- Continue to share updates on various DHS/SSA initiatives and explore opportunities for connection and coordination with other member agency's efforts

State Council on Child Abuse and Neglect (SCCAN)

- Engage in activities throughout the year to inform each other's work through participation in quarterly SCCAN meetings
- Serve on SCCAN sub committees involving child fatality reviews and childhood trauma
 - DHS/SSA staff has participated in a two-year review of child fatalities that occurred in 2015 which will result in a published report by SCCAN.
- Shares Maryland's storylines and headlines with SCCAN membership and seeks feedback on the data and suggestions for child welfare practice improvement
 - DHS/SSA recently presented Maryland's child fatality data and proposed child fatality review plan to SCCAN membership. Feedback from the members will be considered prior to the plan being submitted.
- Presented a crosswalk developed by Chapin Hall, DHS/SSA consultant of the Adverse Childhood Experiences (ACEs) tool with the Maryland Child and Adolescent Needs and Strengths (CANS) youth and family version assessments to SCCAN members because members indicated all child welfare staff should be trained in administering the tool to involved youth and families.
- Reviewed CANS data and received feedback from SCCAN members about next steps DHS/SSA staff should consider to enhance trauma-informed practice.

SCCAN has membership on the DHS/SSA Advisory Board, the Protective Services/Family Preservation workgroup and were involved in the hiring of the DHS/SSA Medical Director. Aside from sharing the above data, DHS/SSA also shares all available CPS data, including number of: referrals, accepted Investigative and Alternative Responses, Non-CPS referrals accepted for assessment, removals, and services provided to families.

The Maryland CFSR Final Report, 2018 indicated this Item number as Area Needing Improvement. The stakeholder interviews indicated that committees and meetings are collaborative; however the connections between the meeting objectives and the goals have not always been made. This feedback suggests that clarifications and connections to the CFSP and APSR need to be made during discussions and requests for feedback to ensure that the goals and objectives and updates are clearly stated understood and connections are made. Please see the CFSP for planned activities.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

DHS/SSA and LDSS partner with community stakeholders to expand the resources and supports available to youth who are committed to Maryland's child welfare system. Local schools, organizations, businesses, community leaders and residents share responsibility for the successful outcomes of youth in their community. In collaboration

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with the community DHS/SSA ensures youth are informed on where resources and opportunities are made available to them so they can reach their full potential.

DHS/SSA collaborates with Family Investment (Workforce Development, TANF, SNAP, and SSI) and Child Support Administration to link youth in care for eligible federal benefits and federally assisted programs.

The Ready by 21 manual provides guidance on the Transitional planning process which encompasses pertinent information on benefits youth may be eligible to receive upon leaving Out-of-Home Placement. The Annual Notice of Benefits is introduced beginning at age 13 and every year thereafter during permanency planning or court review hearing. The benefits outline information on tuition assistance, health care benefits, housing, job training, internship opportunities, rights and procedures for re-entering care.

DHS/SSA has extended partnerships or agreements with the major Credit Bureau agencies, University of Maryland (Thrive@25 and Youth Reach MD), Foster Care to Success, Maryland Department of Transportation, Social Security Administration, Department of Housing and Community Development, Governor's Office of Crime Control and Prevention, FIA Workforce Development, and Vehicles for Change.

In addition, DHS/SSA held convening's around the State between October and November 2017, to support LDSS and LEAs in drafting or updating existing MOUs to ensure compliance with The Every Student Succeeds Act (ESSA).

DHS/SSA also has data sharing agreements with MSDE through FIA to provide information on all school aged children who are in Out-of-Home Placements that are eligible for the federal free and or reduced lunch program. These agreements help support the nutritional needs of all school-aged children receiving meals in school or school based programs.

Finally, DHS/SSA has agreements with the Department of Housing and Community Development to provide housing choice vouchers for families with children who are homeless or at risk of becoming homeless. These homeless prevention vouchers support families with children secure a stable and safe living environment. There are currently 82 households receiving Housing Choice Vouchers under the Family Unification Program and 23 pending applications in the Eastern Shore region, Allegany, Garrett and Frederick Counties.

In addition to the collaborations identified in DHS/SSA's Self-Assessment, DHS/SSA has the following partnerships to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population:

DHS/SSA offers services and supports to informal relative caregivers families to ensure they are able to safely care for relative children and prevent their entry into foster care. LDSS Kinship Navigators engage with and provide assistance to these caregivers in identifying needs and linking families to statewide resources related to education, health care, and benefits/entitlements including Temporary Cash Assistance (child only grant), SNAP benefits, and Maryland's health insurance. LDSS Kinship Navigators provide families with information about application processes, assist with advocacy, and facilitate coordination of services for which they are eligible. DHS/SSA supports kinship navigators by partnering with agencies like FIA and the MD State Department of Education to create a direct pathway to access essential services to address the families' needs and alleviate barriers. In the next reporting period DHS/SSA will explore ways to improve data collection related to Kinship Navigation through the

development of CJAMS as well as prepare for the kinship navigation requirements outlined in the Family First legislation.

DHS/SSA coordinates data with MSDE to ensure that all children and youth in foster care participate in School Lunch Programs across the state that are designed to ensure proper nutrition for school age children at no cost. DHS/SSA will continue to collaborate with MSDE to automate data sharing to increase services to children and youth.

DHS/SSA, in partnership with MDH, has continued to participate in the Policy Academy lead by National Center for Substance Abuse and Child Welfare. Maryland has become an In-depth Technical Assistance Site for development of plans of safe care for substance exposed newborns. Information about this program can be found in the CAPTA (Child Abuse and Prevention Treatment Act) section of the Annual Progress and Services Review Report.

As part of the Title IV-E determination that is completed for every child entering foster care the SSI status of the child is also reviewed. If the child is receiving SSI a cost benefit analysis is completed. If the child is found eligible but is not receiving SSI, an application is completed by a vendor specifically contracted for the purpose of securing SSI funding (when appropriate) for children in foster care.

In efforts to support older youth in foster care, DHS/SSA continues to partner with the Department of Housing and Community Development (DHCD) to increase services for older foster youth. DHCD and DHS/SSA partner around the Family Unification Program Vouchers (FUP) and the New Future Bridges Program (NFB). Moving forward, DHS/SSA will be working with DHCD to explore ways to increase usage of the FUP and NFB voucher program.

DHS/SSA and DLLR introduced the Fostering Youth Employment Act this legislative session. This program will allow foster youth ages 16 and over to utilize workforce funding at DLLR to cover costs associated with job readiness training, occupational skills development, GED preparation, literacy advancement, financial stability services, including financial coaching, credit counseling, assistance meeting training related transportation and childcare needs leading to opportunities to obtain certain credential through DLLR registered apprenticeship programs that lead to employment. DHS/SSA continues partner with DLLR to roll out this program. .

As part of the CJAMS development, DHS/SSA will be able to explore opportunities to view the spectrum of benefits for which foster children are eligible and support children and families in receiving the appropriate services funded by other federal or federally assisted programs serving the same population, including services offered through the Family Investment Administration. In addition to ensuring eligibility and access, MDTHINK is exploring the ability of CJAMS to better coordinate with state partners; including but not limited to MSDE, MDH (i.e. Medical Assistance, DDA, Home Visiting through MIECHV), FIA, Child Support; that oversee other federally funded or federally assisted programs.

The Maryland CFSR Final Report, 2018 indicated this Item number as a Strength. Stakeholders noted that there was “coordination of federal services at both the state and local levels.” Maryland intends to continue coordination of services with federal programs. For planned activities, please see the CFSP.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

The licensing, recruitment and retention of public resource homes is managed by LDSS with guidance and technical assistance provided by DHS/SSA. Over the past 5 years DHS/SSA took steps to ensure that public resource home standards are applied equally. Although DHS/SSA faced challenges with the Child Welfare data system, internal auditing procedures were developed to ensure that the LDSS provider cases are in compliance.

Public Resource Homes

DHS/SSA provides the guidance, policies and technical assistance to the local departments to ensure they are following regulations. Maryland licensed Child Placement Agencies (CPA) license, recruit and retain the treatment resource homes. CPAs are monitored by the Office of Licensing and Monitoring within DHS.

Maryland's Code of Maryland Annotated Regulations (COMAR section 07.02.25) clearly outlines the requirements for the approval and licensure of foster family homes and child care institutions. These regulations ensure that standards are applied equally across the State. Public foster homes are monitored by the Local Departments of Social Services who study and approve the homes. Maryland licensed CPAs study and approve treatment foster homes and follow the same COMAR.

Assessment

In the Maryland CFSR Final Report, 2018, Item 33 was cited as an Area Needing Improvement. The Stakeholder interviews state that "the major reason for noncompliance is failure to submit paperwork." Prior to this review and feedback, SSA instituted the Resource Home Quarterly monitoring process in November of 2018 to ensure that resource home standards were applied equally across the state. The quarterly auditing consists of statewide public provider resource homes pulled randomly utilizing a stratified random sample process. Upon review of the record, DHS/SSA ensures that the standards as outlined in the COMAR 07.02.25 regulations as well as the DHS/SSA policy directive for Resource Homes (#13-01) are in compliance and applied equally across the State. Based on the stakeholder feedback and the data from the most recent findings (below), there are areas that need to be clarified, more technical assistance provided to LDSS and more consistency across jurisdictions

Quarter 1

- 22 Resource Home cases were reviewed for initial/recertification compliance.

- 22 cases were found to be non-compliant in the following areas: overdue in-service trainings, overdue recertifications, and non-compliance with appropriate documentation.

Quarter 2

- 34 Resource Home cases were reviewed for initial/recertification compliance.
- 30 cases were found to be non-compliant in the following areas: overdue in-service trainings, overdue recertifications, and non-compliance with appropriate documentation.

DHS/SSA provided technical assistance to the LDSS in the form of conference calls and emails as well as MD CHESSIE visual walk-through to ensure that LDSS were aware of resource home requirements.

Child Placement Agencies

OLM, within DHS, monitors Maryland licensed Child Placement Agencies (CPA) license regarding the recruitment and retention of treatment resource homes. Maryland's Code of Maryland Annotated Regulations (COMAR section 07.02.25) outlines the requirements for the approval and licensure of foster family homes and child care institutions. These regulations ensure that standards are applied equally across the State.

Child Placement Agencies

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- Child Placement Agencies and Residential Group Homes:
 - DHS's OLM is responsible for ensuring that group homes and child placement agencies are in compliance with regards to licensure of their program and certification of foster parents. There are strict guidelines in place to ensure compliance, and sanctions if the agencies are found to be out of compliance. In regards to OLM monitoring, these requirements are applied equally and there are no instances of exceptions or waivers in regards to the RCC licenses or the CPA home certifications. To ensure uniformity in private resource (CPA) homes, OLM is currently reviewing provider cases on a quarterly basis to ensure that standards are equally applied. As of March 31, 2019, there are approximately 1550 certified CPA homes by Child Placement Agencies. All programs are monitored quarterly by OLM and monthly reports are reviewed by Quality Assurance staff. Annually, a random sample (10+10% with max 20) of CPA home records is reviewed by licensing coordinators. SFY2018 compliance rates are listed below for Residential Child Care programs and CPA homes.

Residential Child Care (RCC) Programs (SFY2018)

# of RCC Providers	# of Site Visits	# of Site Visits that Met Requirements	# of Site Visits that Resulted in a CAP
42	153	53 (35%)	100 (65%)

Child Placement Agencies (CPA) homes (SFY2018)

# of CPA Home Records Reviewed	# Met Requirements	# Needed CAP
426	395 (93%)	31 (7%)

**The sample is based on a 2-year licensing cycle, which may contain quarters in at least 1 or 2 other fiscal years. OLM meets the requirement of sampling 10% + 10 (maximum 20) per licensing cycle.*

Non-compliant RCC programs are required to submit a Corrective Action Plan to DHS/OLM to correct the areas on non-compliance. The licensing coordinator reviews the CAP response and confirms the CAP implementation during a follow up visit. If the non-compliant items are not corrected and require further action then a moratorium, suspension or revocation of the RCC license is completed.

CPA homes are also required to submit monthly safety reports to OLM, documenting the status of all certified treatment foster parents which includes the date of the treatment foster parents certification and recertification.

All programs are monitored quarterly by DHS/OLM. Documentation must be in each treatment foster parent's record, demonstrating that the initial certification and recertification requirements were met. Furthermore, Licensing Coordinators interview a random sample of certified treatment foster parents on various subjects, including certification requirements. They are questioned as to whether they have received the necessary training to perform their job duties or to care for the youth in their home, and whether or not they felt that the training was useful. Programs that have not provided the required elements of the foster home certification are cited and must complete a Corrective Action Plan.

DHS/OLM holds quarterly meetings with all of the licensed providers (RCC and CPA). These quarterly meetings provide clarification and training on COMAR requirements and their implementation.

The data shows that there is consistent application of the licensing standards across all programs (RCC and CPA). OLM consistently applies the regulations when reviewing for compliance and does not let other factors influence the monitoring of programs. Additionally, the data reflects that a thorough and consistent monitoring is occurring in the private provider community.

Overall, the data for public and private resource homes shows that improvements are needed to ensure compliance. Plans for improvement for the next five years are included in the CFSP.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

Public Resource Home Compliance:

In the Maryland CFSR Final Report, 2018, Item 34 was listed with an overall rating of Strength based on the Stakeholder interviews and the assessment. Per the report, the state follows a critical incident protocol and there are multiple ways that the concerns can be reported.

From May 2018-April 2019, DHS/SSA received 9 public resource home maltreatment allegations submitted by the LDSS; of which 4 were indicated, 3 were ruled out, and the other two were unsubstantiated. 4 of the 9 homes have been closed out as a result of the outcome of the investigation. This outcome reflects DHS/SSA's partnership with the LDSS to ensure that there is oversight from the State office regarding these findings.

DHS/SSA pulls a random sample of public resource homes cases on a quarterly basis to specifically review the criminal background investigation for cases in public resource homes. When cases have indicated findings and the criminal background checks are indicated or unsubstantiated, and a Director's waiver is not in the MD CHESSIE file cabinet, DHS/SSA requests the waiver from the LDSS. The review also captures new adult household members or frequent visitors, who were added to the public resource home case, and to ensure the CPS/Criminal Background check were completed and the clearances are in the MD CHESSIE file cabinet. DHS pulls incidents of "hits" quarterly from CJIS to ensure that these reports are being followed-up on by the LDSSs.

DHS/SSA also conducted monitoring of resource homes with CPS maltreatment finding that have received "waiver exemptions" from the LDSS Director. These waivers were documented and stored in the LDSS provider record. There were 14 relative provider cases audited via DHS/SSA's internal auditing process to ensure that waivers were stored in the file cabinet. Four cases were found to have the "waiver exception letter documented, two cases were no longer active, and three youth were removed from the provider's care as a result of the finding, three cases were in an active CPS appeal status, one case the youth was returned to the caregiver, and in one case the report was ruled out.

Private Resource Homes (CPA and Residential Group Homes)

All Residential Child Care Providers (RCC) and Child Placement Agencies (CPA) are required to receive and review criminal background checks.

RCC personnel records must contain documentation of the criminal background check request and a copy of the initial outcome and any periodic updates. Employees are not allowed to have unsupervised contact with the children until the RCC provider has received the results of the criminal background check, per COMAR 14.31.06.06. Per the Family First Prevention Services Act all adults working in the RCC facility must have criminal background checks.

Child Placement Agencies are required to receive the results of the criminal background check before an employee, volunteer, or governing board member who has close proximity to children, are approved for employment or volunteer work, per COMAR 07.05.01.09. In addition, CPAs are required to receive and review the criminal background check results before a CPA home can be certified per COMAR 07.05.02. When a household member turns 18 years of age prior to the next annual certification, criminal background checks are required per COMAR 07.05.02.16 (G).

In addition, clearances are reviewed to ensure that there are no disqualifying convictions or findings documented. If a disqualifying conviction or finding exists on the clearance, the identified person is not eligible to be an employee, foster parent, volunteer, intern or Board member. Disqualifying convictions and findings are listed in COMAR 07.05.01.09, 07.05.02.13, 14.31.06.04, and 14.31.06.05.

Through the State Criminal Justice Information System, each RCC and CPA agency receives an authorization number and will be informed if there are any criminal charges after the person is hired.

Incidents of maltreatment regarding a CPA or group home are reported to the LDSS/CPS unit, OLM, and private provider agency. With CPA homes, they are placed on hold pending the investigation and youth are removed, if warranted. DHR/OLM receives the reports when there is an indicated maltreatment finding. Regarding Group Homes, the private provider agency provides an initial and final written plan to DHS/OLM regarding the circumstances, actions taken to ensure safety of youth (to include removal of staff, if necessary) and potential corrective action to be taken for compliance.

Child Placement Agencies and Residential Child Care providers are required to submit a Critical Incident Report Form to DHS/OLM via the olm.incidents@maryland.gov email account. This email account is monitored daily by a Program Manager, who processes all reports as part of coverage responsibilities. All incidents are reviewed, logged, and forwarded (as appropriate) to DHS/OLM and DHS/SSA staff for further review, investigation and follow up. The CPA and RCC providers are required to report Critical Incidents per COMAR 07.05.01.08 A (CPAs) and 14.31.06.18 A(2) (RCCs).

Additional screening tools utilized by CPA and RCC providers to maintain compliance with federal and Maryland regulations include the Maryland Sex Offender Registry; the Motor Vehicle Administration driving record; Child Support clearance and the Maryland Judiciary Case Search.

Listed below is the SFY2018 federal clearance compliance data for Residential Child Care Programs and CPA Homes:

Residential Child Care Programs (SFY2018)

# of RCC employee records reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
566*	550 (97%)	16 (3%)

CPA homes (SFY2018)

# of CPA home records reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
426*	426 (100%)	0 (0%)

**The sample is based on a 2 year licensing cycle, which may contain quarters in at least 1 or 2 other fiscal years. OLM meets the requirement of sampling 10%+10 (Max 20) per licensing cycle.*

In regards to DHS/OLM monitoring, these requirements are applied equally and there are no instances of exceptions or waivers in regards to the RCC licenses or the CPA home certifications. To ensure uniformity in private resource (CPA) homes, DHS/OLM is currently reviewing provider cases on a quarterly basis to ensure that standards are equally applied.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

LDSS have the responsibility to recruit and retain all of their public resource parents. The recruitment strategies are based on the individual jurisdictional need as well as the overall statewide representation of youth in care. LDSS receive racial demographic data per jurisdiction from DHS/SSA as well as have their own internal tracking system on the demographic data of resource homes. This data is used to determine the number of resource homes needed for the number of youth in the county.

The racial composition of youth in care and providers June 30, 2018				
Race	Youth in Care	%	Provider Racial Ethnicity	%
Black	2,760	58%	729	30%
White	1,322	28%	550	23%
Hispanic	324	7%	58	2%
Asian	31	1%	1	0%
American Indian/ Native Hawaiian Pacific	1	0%	3	0%
All others (Refused, Unable to Determine)*	282	6%	1,091	45%
Missing/Unknown**	NA	NA	NA	NA
Total	4,720	100%	2,432	100%
<p>Data Source: MD CHESSIE <i>*Refused, Unable to Determine is utilized if an individual doesn't want to indicate race or does not identify with the options provided.</i> <i>**Missing/Unknown data indicates that data has not been entered. DHS/SSA is working to reduce these numbers by ensuring workers work to obtain racial demographics and inputting the information into the system.</i></p>				

Assessment of Data

In the Maryland CFSR Final Report, 2018, Item 35 was listed overall as a Strength. The stakeholder interviews confirmed that recruitment plans are updated annually and are based on local needs.

The data continues to show the State has an adequate amount of public resource homes for youth who are White and American Indian/Native Hawaiian Pacific. Although low, there continues to be a disparity with the placement of youth in Hispanic and Asian provider homes. Maryland continues to struggle with the racial/ethnic disparity among African American youth in care and the recruitment/retention of African American resource parents. Maryland also has a 45% data disparity among providers who have refused to identify their race or the system is unable to determine due to inadequate casework documentation.

The LDSS's submit annual recruitment and retention plans that are reviewed by DHS/SSA. These plans focus on the individual recruitment needs of the particular jurisdiction and include general, child-specific, and targeted recruitment activities. Quarterly updates are provided by LDSS's to ensure that they are effectively recruiting and retaining resource parents. DHS/SSA communicates with the local departments and provides feedback on general,

child-specific, and targeted recruitment as it relates to racial demographics via technical assistance. SFY2018 plans included the following statewide recruitment needs:

- sibling groups, teens, children/youth with higher levels of needs, infants/young children, LGBTQ children/youth, minority groups, children between the ages of six to twelve, drug exposed newborns, youth eligible for kinship Care, child specific recruitments, children/youth aged seventeen, and younger, concentrated recruitment efforts for Latino foster families.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

The Interstate Compact on the Placement of Children (ICPC) ensures that children from other U.S. states in need of Out-of-Home Placement in Maryland receive the same protections guaranteed to the children placed in care within Maryland. The ICPC Compact offers states uniform guidelines and procedures to ensure these placements promote the best interests of each child, while simultaneously maintaining the obligations, safeguards and protections of the “receiving” and “sending” states for the child until permanency for that child is achieved in the receiving state’s resource home, or until the child returns to the original sending state.

Maryland’s approval rate within 60 days has been around 35% over the past five years (based on the percentage rate, 94 cases were completed within 60 days with remaining 177 outside the 60 days). The process of approving home studies is complicated by the following challenges: delays in clearances, required home health/fire specifications, pre-service training, completion or return of required medical evaluations from prospective caregiver. DHS/SSA has included activities in the CFSP to address the low approval rate.

In addition, the 2018 CFSR PIP Final Report states that although Maryland is a member of AdoptUsKids, the website is not used effectively. Maryland plans to improve the effectiveness by receiving technical assistance from AdoptUsKids and a work plan has been established for this purpose.

SECTION IV: UPDATE ON SERVICE DESCRIPTION

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

During the past 5 years, DHS/SSA has used the PSSF grant to operate family preservation services, family support services, family reunification services, and adoption promotion and support services in all 24 jurisdictions in Maryland. All of these services have contributed to the safety, permanency and well-being of children and their families. The Family support services provided by the LDSSs have strengthened parenting practices and the healthy development of children. Family preservation services have assisted families by improving parenting and family functioning while keeping children safe.

Most of the LDSSs have operated a specific family support or family preservation program during the past 5 years. Examples of these programs include Healthy Families, parenting workshops such as Incredible Years' and Nurturing Program, Parenting-Child Interactive Therapy, Functional Family Therapy, and the Strengthening Families program. In SFY2015, family support and family preservation services were allocated to all 24 LDSSs. Some of the LDSS utilize this funding as flex funds for families receiving in-home services. These services have helped develop an adequate service array throughout Maryland by filling service gaps, and the programs are based on the needs in their respective jurisdiction.

Family Reunification services provided by the LDSSs have been tailored to the individual family and have addressed the issues that brought the family into the child welfare system, so that the child could be reunited with his/her family as soon as possible. Over the past 5 years, these funds have provided services to 900-1,550 families per year. The Adoption promotion and support services have helped provide permanency for a child by removing barriers to a finalized adoption or expediting the adoption process. Over the past 5 years, these funds have provided services to over 1,000 families and over 1,100 children.

Family Reunification Services

The twenty-four (24) Local Departments of Social Services (LDSS) offer family reunification services. The SFY2019, allocations to the LDSS are the same as SFY2018 allocations. Effective October 2018, the fifteen (15)-month time limit on the use of family reunification services was dropped. In addition, the LDSS are 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 policy directive was distributed to the LDSS explaining the changes made to Family Reunification services as a result of the Federal legislation. A strength of family 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 and ensuring the stability of the reunification. Approximately 1,150 families and 1,640 children were served in SFY2018. 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

- o Transportation
- o 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 SFY2019 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 SFY2018, approximately 1650 families and 1,360 children were served. It is estimated that the same number of families and children will be served in SFY2020.

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 SFY2019, 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 SFY2019, 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 evidence-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 evidence-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 were only two indicated cases of abuse and one Out-of-Home Placement between 6 and 12 months following case closure out of 152 families across four jurisdictions.

Table 31 below, gives the number of families who were served in SFY2018. In the first two quarters of SFY2019, the family preservation and support services program served approximately 425 families, 89 individual participants, 28 pregnant and parenting teens, and 11 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. There is data missing from a few LDSSs, and DHS/SSA is working on obtaining the data from these jurisdictions. In addition, Baltimore County did not have a vendor to provide Functional Family Therapy in the first two quarters of SFY2019. They are currently looking for another vendor. Approximately the same number of families, pregnant and parenting teens, individual participants, and children who receive respite services will be served in SFY2020.

Table 31 below lists a description of the family preservation and family support programs that were provided in SFY2019.

Table 31

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2018
Allegany County	Parenting workshops are provided that utilize the Incredible Years’ parenting curriculum. The workshops are offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training.	Family Preservation	62 parents served. <hr/> 2 indicated cases of abuse and 0 Out-of-Home (OOH) Placements between 6 and 12 months post-closing; 79 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	Family Preservation “Flex Funds”	153 families served. 0 indicated cases of abuse and 0 OOH Placements between 6 and 12 months post-closing; 17 families tracked between 6 and 12 months. <hr/>

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2018
	assistance.		
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	25 families served. _____ 5 indicated cases of abuse at six months and 2 indicated cases of abuse at 12 months; 2 OOH Placements at six months and 0 at 12 months; 18 and 19 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	13 families served. _____ 0 indicated cases of abuse and 0 OOH placements 6 and 12 months post-closing; 7 and 4 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”	10 families served. _____ 0 indicated cases of abuse at 6 and 12 months post-closing; 1 OOH placement at 6 months post-closing. 72 and 78 families were tracked at 6 and 12 months post-

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2018
			closing, respectively.
Carroll County	<p>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.</p> <p>Parent-Child Interactive Therapy is provided to at-risk families and children, which is a short-term evidenced- based model.</p>	<p>Family Support</p> <p>Family Support</p>	<p>51 families served.</p> <hr/> <p>0 indicated cases of abuse at 6 and 12 months post-closing; 2 OOH Placements at 6 months-post closing and 1 at 12 months post-closing. 15 and 22 families were tracked at 6 and 12 months post-closing, respectively.</p> <hr/> <p>51 families served.</p> <hr/> <p>0 indicated cases of abuse at 6 months post-closing and 1 at 12 months post-closing; 0 OOH Placements at 6 and 12 months post-closing. 31 and 27 families tracked at 6 and 12 months post-closing, respectively.</p>
Cecil County	Flex funds are allocated this year to Cecil County.	<p>Family Preservation</p> <p>“Flex Funds”</p>	10 families – no data yet
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	<p>18 teen families served.</p> <hr/> <p>0 indicated cases of abuse or OOH Placements at 6 and 12 months post-closing.</p> <hr/> <p>11 and 14 families were tracked at 6 and 12 months post-closing,</p>

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2018
			respectively.
Dorchester County	Flex Funds are used to assist with housing to stabilize families, with utility bills and child care, and with treatment services.	Family Preservation “Flex Funds”	21 families served.
			0 indicated cases of abuse at 12 months post-closing; 0 OOH placements at 12 months post-closing. 1 family 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	44 Participants served. <hr/> 0 indicated cases of abuse between 6 and 12 months post-closing and 2 OOH Placements at 12 months post-closing 46 and 40 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/> 0 indicated cases of abuse and 0 OOH placements 6 and 12 months-post closing. 4 and 2 families tracked at 6 and 12 months post-closing, respectively.
Harford County	The Safe Start program is an early assessment and intervention	Family Support	35 families served. <hr/>

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2018
	<p>program that targets children at-risk for maltreatment and Out-of-Home Placement. If risk factors for abuse/neglect are identified, 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>		<p>6 indicated cases of abuse and 1 OOH placement between 6 and 12 months post-closing.</p> <p>47 families tracked between 6 and 12 months post-closing families.</p>
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>34 teen mothers and 32 infants served.</p> <hr/> <p>1 indicated cases of abuse at 6 months post-closing, 0 at 12 months post-closing; 0 OOH Placements 6 and 12 months post-closing.</p> <p>19 and 20 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 parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and	Family Preservation	<p>17 families served.</p> <hr/> <p>0 families tracked between 6 and 12 months post-closing</p> <hr/>

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2018
	extensive referrals to other resources.		
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	31 families served. <hr/> 16 families tracked at 6 months post-closing and 6 at 12 months post-closing. 0 indicated cases of abuse and 1 Out-of-Home Placement at 6 months post-closing
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. Funds are used to support families receiving in-home services.	Family Preservation & Flex Funds	15 families served. <hr/> Data not submitted yet. 7 families served. Data not submitted yet.
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	Family Support	31 families served. <hr/> 1 indicated cases of abuse between 6 and 12 months post-closing and 0 OOH Placements.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2018
	developmental, vision, and hearing screenings.		18 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	71 families served. <hr/> 0 indicated abuse at 6 months post-closing and 1 at 12 months post-closing. Zero OOH Placements at 6 months post-closing and 1 at 12 months post-closing; 44 and 65 families were tracked at 6 and 12 months post-closing, respectively.
St. Mary's County	An in-home parenting program is a 6 week program that strives to increase parents' skills and capacity to care for children. The Strengthening Families program is being implemented in 2019.	Family support	34 participants served <hr/> Outcome data not available. For the in-home parenting program.
Talbot County	Respite services provide support to families who have a child at risk of an Out-of-Home Placement. The program offers voluntary, planned, or emergency services for short-term Out-of-Home Placement in a respite provider's home. The parent education program uses the Nurturing Parent curriculum, and provides separate groups for parents	Family Support Family Support	20 families and 23 children served. 3 indicated cases of abuse/neglect between 6 and 12 months post-closing. 1 OOH Placement between 6 and 12 months post-closing 12 families tracked between 6 and 12 months post-closing. 65 parents 0 indicated cases of abuse at 6 months or 12 months post-closing. 0 OOH Placements 6 and 12 months post-closing. <hr/> 10 and 21 families tracked at 6 and 12 months post-closing, respectively.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2018
	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.		
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	77 families served. 0 indicated case of indicated abuse or OOH placements at 6 and 12 months post-closing. <hr/> 27 and 42 and families tracked at 6 and 12 months post-closing, respectively.
Wicomico County	Funding is for respite services and summer camps. Flex Funds to provide support to families who are receiving in-home services.	Family Preservation Family Support	14 families and 18 children served. 0 indicated cases of abuse or OOH Placements 6 and 12 months post-closing; 2 and 8 families tracked at 6 and 12 months post-closing, respectively. <hr/> 39 families served. <hr/> 1 indicated case of abuse at 6 months post-closing; 0 OOH Placements at either 6 or 12 months post-closing; 24 and 12 families tracked 6 and 12 months post-closing, respectively.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2018
Worcester County	Contracts with a private provider for a parent support worker that provides services to change parental behaviors through teaching problem solving skills, modeling effective parenting and referring parents to additional community resources.	Family Preservation	10 families served. <hr/> 0 indicated cases of abuse and OOH placements at 6 and 12 months post-closing; 17 and 16 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 24-hour telephone hotline for receiving child abuse/neglect (CAN) reports;
- Conducting CAN investigative and alternative response, family assessment and preventive services screenings and assessment for services;
- Providing substance exposed newborn crisis assessment and services;
- Providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
- Providing preventive and increased protective capacity of families; and
- Providing Family-centered and trauma-informed 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 in May 2017. The workgroup was 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 developed strategies and monitored 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 Maryland's Child, Juvenile, and Adult Management System (CJAMS) 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)

Goal #1 (Technical Assistance/Follow-up)

Alternative Response is in its sixth year of implementation; therefore, most of the Local Departments of Social Services (LDSS) are comfortable managing AR cases. Technical assistance was provided to the LDSS on an as needed basis and as requested. DHS/SSA previously held Learning Collaboratives where all local department staff was invited for a quarterly convening. The agenda often involved an expert speaker, breakout discussions around a specific topic, and opportunities to learn and hear from colleagues across Maryland around successes and challenges in managing AR cases. While Learning Collaboratives are currently on hold, discussions have taken place to possibly reconvene these in the future. However, the focus will be expanded to both CPS responses (Alternative Response and Investigative Response) in addition to Family Preservation Services.

Goal #2 (Training)

The AR workgroup agreed that adding a "transfer of learning" (TOL) component to trainings is paramount to the sustainability of AR. Therefore, the workgroup along with the University of Maryland Child Welfare Academy (CWA) developed a series of tip sheets for supervisors and workers. The tip sheets list tasks that the worker and supervisor must engage in before and after attending training. The tasks are designed to enhance communication between the supervisor and the worker to promote learning and fidelity to the AR model. According to the Academy, supervisors and workers have benefited a great deal from the tip sheets when managing an AR case and they are often used in supervision.

DHS/SSA has also provided AR refresher training to Child Protective Services staff in Baltimore City. The training is designed to re-engage Baltimore City staff to appropriately screen and accept cases that qualify for AR. On March 27, 2019, the first session was held and was well attended. DHS/SSA will provide additional trainings over the next six months.

Ninety-seven (97) LDSS staff AR attended training between May 2018 and April 2019. The next training cycle is scheduled to begin in June 2019. Advanced AR trainings such as Signs of Safety and Good to Great trainings continue to be offered through the CWA which, when applied to AR practice, can increase the family's participation and assist the worker in fully engaging families in the AR process.

Strategies and Tasks to achieve Goal #3 (Community Outreach)

An AR Community Survey was developed and administered for the purpose of identifying gaps in resources and increasing peer-to-peer learning. The survey sought to determine how local departments establish and maintain partnerships in the community and how they engage their Local Management Boards and Local Care Team partners. The survey was administered by the Child Welfare Academy between November 2018 and January 2019. Below are the findings:

- Ongoing community education is needed
- A designated community liaison/trainer is needed in some local departments
- AR training should be provided to judges and judicial staff at the yearly Judicial Conference
- More community resources are needed for clients
- LDSSs want outcome data related to AR versus IR, direct client input related to AR and its impact, etc.

Based on the above information, DHS/SSA will work with the Child Welfare Academy to develop strategies to address these gaps/needs over the next year.

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

The AR workgroup regularly reviewed AR data, including monthly reports on statewide and local department staff, to identify trends or possible technical assistance needs. These reports are shared monthly with the LDSS to inform their practice. The AR workgroup provided feedback to the CJAMS group to ensure appropriate integration of AR into the new statewide system. Recommendations were provided to improve monitoring and the ability to assess fidelity to the AR response.

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.

Embracing the strength of a family centered approach, the AR workgroup introduced a Theory of Change (TOC) to enhance Maryland's AR model. Through family engagement efforts, comprehensive assessments, along with local departments providing tailored services, the following outcomes will occur:

- Increased cooperation and engagement in services
- Increased safety and reduced risk

- Reduced entry and re-entry
- Increased community responses to families in need
- Increase in family capacity to connect with the community in which they live
- Families will independently access supports and resources

It is the goal of the workgroup that this TOC could serve as a resource to workers and supervisors and could be used in AR trainings to promote understanding of the alternative response and the outcomes to be achieved through working with families in this manner. This document is currently awaiting approval from the executive leadership team.

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

Family Preservation 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, risk of domestic violence, caregiver impairment, prior death or serious physical injury to a child due to Child Abuse or Neglect (CAN), suspicion of sex trafficking, adult survivor of maltreatment, birth match, 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 and to inform service planning with the family. The Department, in conjunction with staff from University of Maryland School of Social Work (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, improve well-being, 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 Services uses the Maryland Family Risk Assessment, Safety Assessment for Every Child (SAFE-C) and the Child and Adolescent Needs and Strength-Family version (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.

Table 32

Indicated CPS Findings and OUT-OF-HOME Care Placement Rates								
Consolidated In-Home 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	2.5%	380	2.2%	306	3.5%	518	1.9%	260
SFY2016	1.9%	271	2.3%	311	2.9%	424	1.9%	254
SFY2017*	2.4%	307	NA until FY19		3.2%	417	NA until FY 19	
SFY2018	NA until FY2019				NA until FY2019			

Data Source: (MD CHESSIE); GOC-JCR 2018
*SFY 2017 * data was revised from last year’s report due to delays when information is finalized.*

As shown in Table 32 a relatively small percent of children whose families received Family Preservation Services experienced an indicated finding during services (2.4% for SFY2017), and with a lower percent within one (1) year of case closure (2.3% for SFY2016). As for Out-of-Home (OOH) Placement statistics, the children whose families were receiving Family Preservation Services experienced foster care placement during services (3.2% for SFY2016), and a lower percent experienced placement within one (1) year of case closure (1.9% for SFY2016).

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 caseworker 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 action 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, safety, risk, 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 and continued technical assistance is provided to each local department, further evaluation of services and the impact on families is being conducted.

Table 33

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	0.8%	11	2.5%	30	3.1%	41	3.3%	39
*SFY2016	1.9%	24	3.4%	46	1.8%	24	2.0%	27
**SFY2017	2.8%	28	NA until FY 19		3.0%	30	NA until FY19	
SFY2018	NA until FY2019				NA until FY2019			
<i>Data Source: (MD CHESSIE); GOC-JCR 2018; *FY2016 data revised</i>								
<i>**SFY 2017 data was revised from last year's report due to delays when information is finalized.</i>								

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 produces better outcomes than does 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 33, a relatively small percent of children whose families received IFPS experienced an indicated finding during services (2.8% for SFY2017), and with a very slight percent increase within one year of case closure (3.4% for SFY2016). As for OOH placement, the children whose families are receiving IFPS experienced foster care placement during services (3.0% for SFY2017), and a lower percent experienced placement within one (1) year of case closure (2.0% for SFY2016). 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, 43% of the families Interagency Family Preservation Services (IFPS) worked with had from one (1) to five (5) identified needs and 25% had from six (6) to eleven (11) + identified needs at the initiation of services compared to families Family Preservation worked with which had 28% of the families with 1 to 5 identified needs and 16% with 6 to 11+ 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 intends to create a more effective child welfare electronic case record. DHS/SSA is working to identify data elements within CJAMS 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 and data connections 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 Agreements (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. 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)

Kinship Navigator Services

Maryland utilizes two versions of Transformational Collaborative Outcomes Management (TCOM) instruments to assess the needs and strengths of youth and family functioning in major life domains; the Maryland CANS (MD-CANS) and CANS Family (CANS-F).

The MD-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, as well as emotional/behavioral needs, risk behaviors, trauma experiences, and 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.

These TCOM assessments are utilized for the following purposes:

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

The TCOM 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 and Chapin Hall at the University of Chicago provide technical assistance and training to Local Departments of Social Services (LDSS) to assist staff better integrate the TCOM assessments into practice, including connecting the assessment to the youth and family service plan.

Facilitate Quality Improvement Initiatives

As a quality improvement tool, the TCOM assessments have 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, screen for risk of sex trafficking, 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.

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 training in the TCOM assessments, as part of the Child Welfare Training Academy's Pre-Service Competency Training Series.

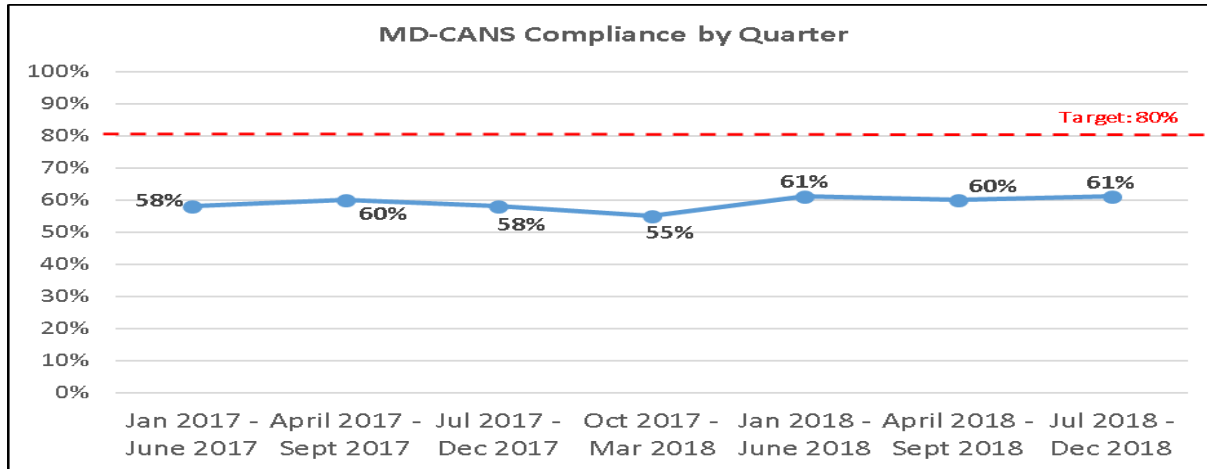
Between May 1, 2018 and March 30, 2018, 176 staff obtained their MD-CANS Certification or Re-Certification and 264 staff obtained their CANS-F Certification or Re-Certification.

Compliance

Maryland CANS for Out-of-Home

Between January 1, 2018 and December 31, 2018, 3,073 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 34

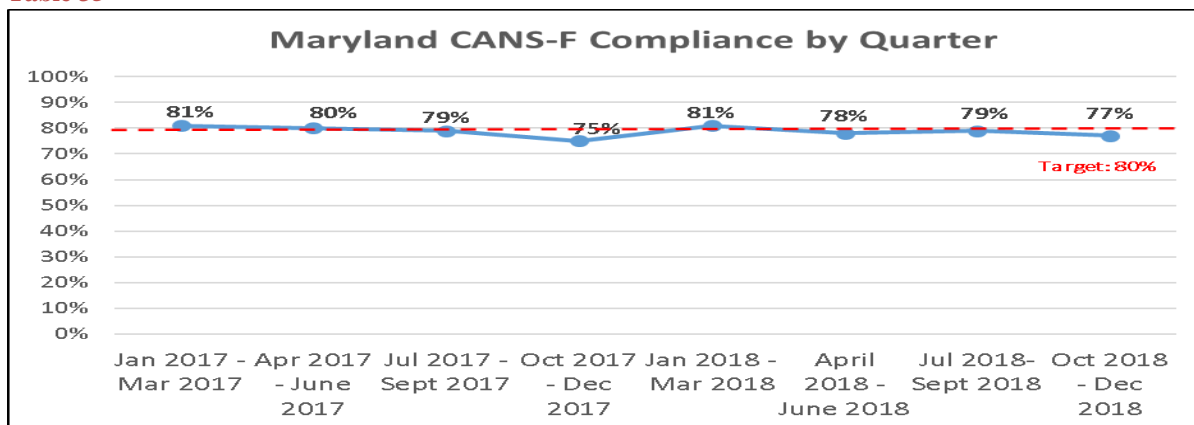


Data Source: MD CHESSIE

CANS-F for In-Home

Between January 1, 2018 and December 31, 2018, 7,403 families received a CANS-F assessment. This included 10,325 caregivers and 15,624 children. 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 35



Data Source: MD CHESSIE

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. Between May 1, 2018 and March 30, 2019, The Institute and Chapin Hall have been providing training and technical assistance to LDSS staff, as outlined in each county's CANS TA Plan. Technical assistance offerings include:

Booster Sessions/Refresher Trainings

These training sessions are intended for frontline staff as a way to reinforce the learned concepts, principles, and key characteristics of the CANS and CANS-F assessments. The sessions are designed to support the transfer of learning and increase the efficient and accurate completion of the MD-CANS and CANS-F.

Case Consultation Workshops

The Case Consultation Workshops are designed to support the connection between the completed assessment and the action plan. By grounding the workshop in the review of an actual case, the group can develop their skills while modeling a collaborative, supportive approach to assessment and planning.

Connection to Goals

The training sessions being offered are intended to insure that frontline staff's decision-making is based upon the collaborative understanding of the youth and families' needs and strengths. Case level decision making to address needs and enhance strengths will improve the current and long term safety for a youth and their family. Improving the functioning of the youth and their family, and maintaining or building their protective factors (strengths), can increase the likelihood of sustainable permanency and reduce the incidence of re-entry or repeat maltreatment. Finally, the system is focused on enhancing well-being by addressing the functioning needs of youth and their families, and enhancing their strengths and protective factors. Collaboratively assessing the youth and families' needs and strengths at the start of a case and at regular intervals will insure that the focus remains on the enhancement of well-being and the measurement of this positive change.

Case Consultation Workshops

The Case Consultation Workshops are designed to support the connection between the completed assessment and the action plan. By grounding the workshop in the review of an actual case, the group can develop their skills while modeling a collaborative, supportive approach to assessment and planning.

Supervisor/Data Utilization Meetings

These meetings are intended for county administrators and supervisors to support utilization of the CANS/CANS-F County Data Spreadsheets and Reports. These meetings include an overview of the functions and features of the data spreadsheets, a discussion around the interpretation of the data analysis, and guidance on how to use that information to support decision making and monitoring of outcomes for youth and families at the jurisdiction/program level.

To date, The Institute and Chapin Hall have provided the following training and TA to the LDSS:

Table 36

County	MD-CANS Booster Training	CANS-F Booster Training	MD-CANS Case Consult	CANS-F Case Consult	Supervisor Meeting
Allegany	Completed	Completed			
Anne Arundel	Completed	Completed	Completed	Completed	Completed
Baltimore City					
Family Pres	Completed	Completed			
SENS (CPS)	N/A		N/A		
Out of Home		N/A			
Baltimore County		Completed		N/A	
Calvert	Completed	Completed			
Caroline					
Carroll	Completed	Completed			
Cecil County	Completed	Completed			
Charles	Completed	Completed			
Dorchester	Completed	Completed			
Frederick	N/A	N/A	Completed	Completed	Completed
Garrett	Completed	Completed			
Harford					
Howard					
Kent	Completed	Completed			
Montgomery	Completed				
Prince George's					
Queen Anne's					
Somerset	Completed	Completed	Completed	Completed	
St. Mary's	Completed	Completed			
Talbot	Completed	Completed		Completed	
Washington	Completed	Completed			
Wicomico	Completed	Completed			
Worcester	Completed	Completed	Completed	Completed	Completed

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. Providers utilize the MyDHR Portal for entry of CANS assessment data. The MyDHR data portal replaced the State Child Youth and Family Information System (SCYFIS), which was shut down in July of 2015.

Staff from provider agencies receive CANS Certification training through The Institute. The Institute hosts a monthly CANS Certification training at the School of Social Work. The Institute also provides data analysis for those providers who have opted out of using the MyDHR Portal in favor of building the CANS assessment into their own EHR system.

In the upcoming year, DHS/SSA plans to continue supporting implementation of the TCOM assessments across In-Home and Out-of-Home Services through technical assistance and enhanced training for staff and supervisors. These trainings will align with the State's Integrated Practice Model. In addition, DHS/SSA will focus on the following activities:

- DHS/SSA will begin to evaluate provider CANS data in the MyDHR Portal, including 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.
- DHS/SSA will build the Maryland CANS TAY Module and the Early Childhood (Birth-5) CANS assessment into the CJAMS data system.
- DHS/SSA will build a CANS Sex Trafficking Screening algorithm into CJAMS to flag youth at risk of exploitation through trafficking.

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.

Over the last 5 years, DHS/SSA has made efforts to increase youth permanency to Guardianship. Efforts were made to ensure that relatives and fictive kin were provided the resources needed to support and stabilize youth and move towards achieving guardianship permanency. Regulations were changed to include the Successor Guardian regulations ensuring that caregivers were able to name another giver who would step in and care for a child under unforeseen circumstances.

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 2018, 2,984 children are receiving guardianship assistance payments, compared to 3,006 children in March 2017. Guardianships decreased by 7% from SFY2017, 472; to SFY2018, 438. Adoptions increased by 17% from SFY2017, 320 to SFY2018, 373 (see tables in Section I). 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.

Updates

DHS/SSA instituted the Adoptions/Guardianship quarterly monitoring process in November of 2018 to ensure that resource home standards were applied equally across the state. The quarterly auditing consists of statewide adoption/guardianship assistance cases pulled randomly utilizing a stratified random sample process. Upon review of the record, DHS/SSA ensures that the standards as outlined in the COMAR 07.02.12 and 07.02.29 regulations as well as the DHS/SSA policy directive for Resource Homes (#13-01,16-25, 12-34 and 15-25) are in compliance and applied equally across the state. The data from the most recent findings follows:

- 74 **Guardianship subsidy** cases reviewed by initial/recertification compliance.
 - 36 cases were found to be non-compliant. (Awaiting LDSS follow-up)
- 36 **Adoption subsidy** cases reviewed for subsidy suspension following removal.
 - 7 cases were found to have non-suspended subsidies.
 - 3 cases were Voluntary Placement Agreements and parents are paying Child Support in lieu of subsidy suspension.
 - 3 cases still awaiting LDSS follow-up as Adoption Program Assignment still open but subsidies are suspended.
 - 18 cases were found to have non-suspended subsidies, awaiting LDSS follow-up.
- Out of 12 **Guardianship subsidy** cases pulled, 3 cases were noticed to be reviewed for subsidy suspension following removal.
 - 2 cases were cited as being still open in care, Custody and Guardianship was granted to a successor guardian as the original guardian was denied.
 - 1 case was compliant as subsidy had been suspended.

DHS/SSA provided technical assistance to the LDSS in the form of conference calls and emails as well as MD CHESSIE visual walk-through to ensure that LDSS were aware of resource home requirements. For Future Plans, please refer to the CFSP 2020-2024.

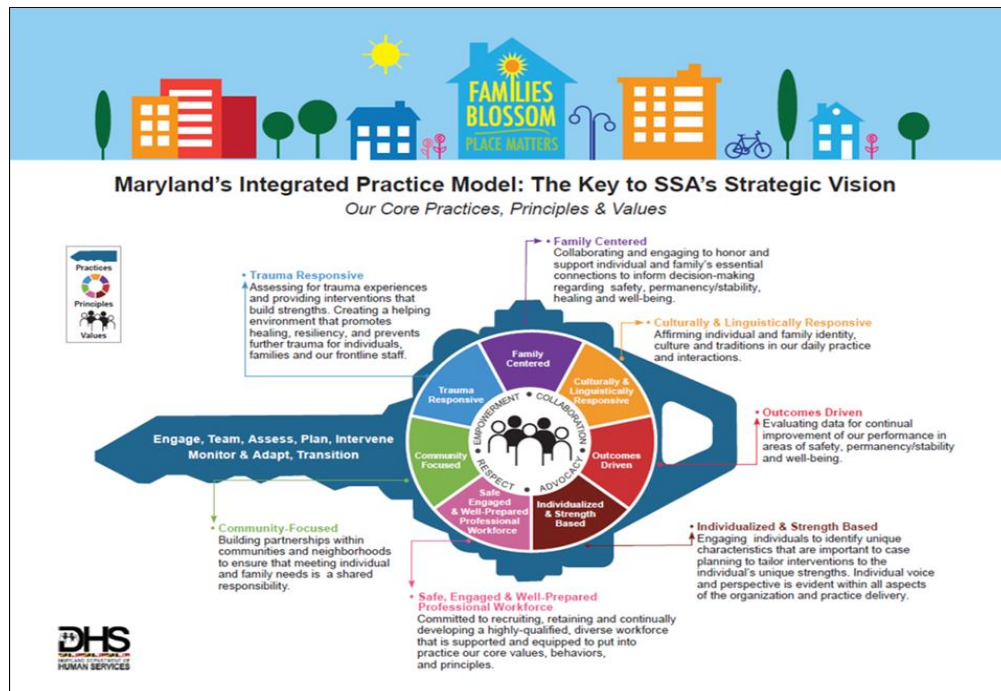
DHS/SSA's Integrated Practice Model

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 emphasis on the development of an operationalized practice model was critical in helping DHS/SSA achieve the goals identified in the five-year plan. A practice model with clear definitions and behavioral descriptions of the values, guiding principles, and core practices helps guide the workforce in:

- Promoting consistent approaches across the organization
- Clarifying of how children and families should experience the child welfare and adult services system
- Guiding of the content of policy and informing the design of training
- Shaping of day-to-day practices and the quality assurance/quality improvement processes
- Achieving the desired outcomes for our children, youth, vulnerable adults, families, and workforce

Figure 8 below provides a visual depiction of the values, guiding principles, and core practices that comprise DHS/SSA's integrated practice model (IPM).

Figure 8



Rooted in family systems theory, systems of care values and principles, and trauma-responsive practice, DHS/SSA developed the IPM to align, unify, and enhance Maryland's existing practice frameworks—Family-Centered Practice and Youth Matters. Together, the values, guiding principles, and core practices nested within the IPM establishes DHS/SSA's philosophy and approach for partnering with children, youth, families, community partners and stakeholders. To develop the IPM DHS/SSA engaged a diverse workgroup that included SSA and LDSS staff as well as a variety of stakeholders representing community-based organizations, youth and family advocates, and members of the family, youth, and vulnerable adult community. The purpose of the IPM is to promote consistent application of the approach by clarifying the agency's values, principles, and standards of practice and expectations for frontline staff, supervisors, administrators, and community-based provider organizations.

Specific plans for the roll out and implementation of DHS/SSA's integrated practice model are outlined in Maryland's 2020 –2024 plan.

Adoption

Over the last 5 years DHS/SSA held two heart galleries in partnership with The Heart Gallery to photo list Maryland foster care youth who were legally free and eligible for adoption. The Gallery was displayed across the Maryland, District of Columbia, and Virginia regions. DHS/SSA continued to conduct initial and refresher training Confidential Intermediary trainings to the LDSS staff.

DHS/SSA partnered with the Adoptions Exchange Association (AEA) and purchased a two year membership to include all 24 LDSS adoption staff. There are monthly webinars offered to staff around adoption competency and

resources. LDSS Adoption workers have participated in the Adoption Exchange Associations Annual Conference in Orlando, Florida. This event will also host a matching event for conference participants.

Along with AEA, DHS/SSA also partnered with AdoptUSKids to provide technical assistance to the LDSS resource home staff. This partnership will provide each local department with access to the website to profile children who are legally free and eligible for adoption. The partnership will also allow resource parents who are only interested in adoption to be able to register on the Adoption Exchange Website (AdoptUSKids (AUK)).

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 DHS/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.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

As part of Maryland's 2015-2019 CFSP, Substance Exposed Newborns and Children with Behavioral Health challenges were identified as two populations at the greatest risk of maltreatment. DHS/SSA utilized a variety of data sources to determine the impact of these populations on entry and reentry rates. In a readiness assessment completed in 2015:

- Most of the children/youth that entered care were aged 0-8 years old, with the primary factors at removal being parent/caregiver drug/alcohol abuse and child behavior

- Nearly all jurisdictions (21) identified Parental Substance Abuse; for reentries, 16 jurisdictions also selected Parental Substance Abuse as the top need.
- Child behavior issues were a strong driver among older youth re-entering care, as 61% of 14-17 year olds re-entering had behavior issues as the leading factor (as compared to 37% among 9-13 year old children re-entering care, and only 2% among children ages 0-8 re-entering care), and
- Local jurisdictions identified child behavior in the top five factors for new entries.

Over the past five years Maryland implemented an array of interventions and strategies to address these two populations.

Child Behavioral Health

As part of Maryland’s Title IV-E Waiver Demonstration Project a number of behavioral health interventions were implemented to address the needs of children with behavioral health challenges at risk of maltreatment. Initially, two evidence-based practices, Functional Family Therapy (FFT) and Parent Child Interaction Therapy were implemented in one jurisdiction. Since then, FFT has expanded to three additional jurisdictions and a number of additional child behavior health interventions have been added in other jurisdictions. Table 37 outlines the child behavior health interventions implemented by jurisdiction as well as the number of children and families served:

Table 37

Child Behavioral Health Models								
Partnering for Success / Cognitive Behavioral Therapy+ (CBT+): Target length of services is 12-18 sessions over 3-5 months.								
Baltimore County	Jan 2016	<i>Cohort Projection:</i> 300 screened; 50 treated	<i>Nov 2018</i>	<i>Dec 2018</i>	<i>Jan 2019</i>	<i>SFY19 Q3 Total</i>	<i>SFY19 YTD Total</i>	<i>Total</i>
		<i>Screened by DSS</i>	23	17	23	23	198	789
		<i>Referred by DSS</i>	12	3	5	5	52	291
		<i>Served</i>	116	113	115	115	126	189
		<i>Discharged</i>	5	1	0	0	11	74
		<i>Completed</i>	1 (20%)	0 (0%)	--	--	4 (36%)	25 (34%)
Functional Family Therapy (FFT): Target length of services is 3-4 months.								
Anne Arundel	Aug 2016	<i>Annual Projection:</i> 30 youth	<i>Nov 2018</i>	<i>Dec 2018</i>	<i>Jan 2019</i>	<i>SFY19 Q3 Total</i>	<i>SFY19 YTD Total</i>	<i>Total</i>
		<i>Referred</i>	3	10	10	10	32	107
		<i>Served</i>	9	9	10	10	19	52
		<i>Discharged</i>	2	0	1	1	10	43
		<i>Completed</i>	1 (50%)	--	0 (0%)	0 (0%)	4 (40%)	24 (56%)
Carroll/Harford/Howard	Jun 2018	<i>Annual Projection:</i> 10-12 youth	<i>Nov 2018</i>	<i>Dec 2018</i>	<i>Jan 2019</i>	<i>SFY19 Q3 Total</i>	<i>SFY19 YTD Total</i>	<i>Total</i>
		<i>Referred</i>	6	3	2	2	25	29
		<i>Served</i>	10	12	11	11	19	21
		<i>Discharged</i>	1	2	0	0	8	10

Child Behavioral Health Models								
Partnering for Success / Cognitive Behavioral Therapy+ (CBT+): Target length of services is 12-18 sessions over 3-5 months.								
		<i>Completed</i>	0 (0%)	1 (50%)	--	--	2 (25%)	3 (30%)
Multisystemic Therapy (MST): Target length of services is 3-5 months.								
Frederick	Dec 2017	Annual Projection: 20 youth	<i>Nov 2018</i>	<i>Dec 2018</i>	<i>Jan 2019</i>	<i>SFY19 Q3 Total</i>	<i>SFY19 YTD Total</i>	<i>Total</i>
		<i>Referred</i>	0	1	1	1	7	16
		<i>Served</i>	5	3	3	3	8	12
		<i>Discharged</i>	2	1	0	0	5	9
		<i>Completed</i>	1 (50%)	1 (100%)	--	--	3 (60%)	6 (67%)
Prince Georges	Nov 2017	Annual Projection: 20 youth	<i>Nov 2018</i>	<i>Dec 2018</i>	<i>Jan 2019</i>	<i>SFY19 Q3 Total</i>	<i>SFY19 YTD Total</i>	<i>Total</i>
		<i>Referred</i>	1	2	3	3	13	30
		<i>Served</i>	4	5	3	3	9	20
		<i>Discharged</i>	0	2	0	0	6	17
		<i>Completed</i>	--	0 (0%)	--	--	3 (50%)	11 (65%)
Washington	Jan 2018	Annual Projection: 20 youth	<i>Nov 2018</i>	<i>Dec 2018</i>	<i>Jan 2019</i>	<i>SFY19 Q3 Total</i>	<i>SFY19 YTD Total</i>	<i>Total</i>
		<i>Referred</i>	3	1	4	4	23	38
		<i>Served</i>	5	5	7	7	12	15
		<i>Discharged</i>	1	0	3	3	8	11
		<i>Completed</i>	1 (100%)	--	2 (67%)	2 (67%)	6 (75%)	7 (64%)
Parent-Child Interaction Therapy (PCIT): Target length of services is 12-18 sessions over 3-5 months.								
Anne Arundel	Aug 2016	Annual Projection: 25 families	<i>Nov 2018</i>	<i>Dec 2018</i>	<i>Jan 2019</i>	<i>SFY19 Q3 Total</i>	<i>SFY19 YTD Total</i>	<i>Total</i>
		<i>Referred</i>	6	6	4	4	30	85
		<i>Served</i>	24	27	27	27	33	45
		<i>Discharged</i>	1	1	0	0	6	18
		<i>Completed</i>	1 (100%)	1 (100%)	--	--	2 (33%)	5 (28%)
Trauma Systems Therapy (TST): Target length of services is 7-9 months.								
Washington	Jan 2016	Annual Projection: 20 youth	<i>Nov 2018</i>	<i>Dec 2018</i>	<i>Jan 2019</i>	<i>SFY19 Q3 Total</i>	<i>SFY19 YTD Total</i>	<i>Total</i>
		<i>Referred</i>	2	0	2	2	5	55
		<i>Served</i>	9	9	9	9	11	23
		<i>Discharged</i>	0	0	0	0	2	14
		<i>Completed</i>	--	--	--	--	0 (0%)	5 (36%)
Prepared by the Institute for Innovation and Implementation								

In Table 37 above the shaded counties were included as part of the original EBPs funded through Maryland's Title IV-E Waiver and the vertical gray boxes note when the first referrals were made to the intervention. The annual projections identified are SFY2018 estimates determined by local departments and the provider and reflect model requirements and capacity. *Served* is the total number of children/youth/families who participated in the EBP during the specified time frame, including new admissions/enrollments and those who had already been in services.

Discharged is the number of children/youth/families who left the EBP (for any reason). *Completed* is the number of discharged children/youth/families who completed the program based on criteria defined by the EBP purveyor; the percentage is out of discharged children/youth/families. Implementation of these interventions has strengthened over time however there appears to still be challenges in fully engaging families in interventions through completion. Though more families seem to be discharging before completion, for some of the EBPs there is some evidence that the partial receipt of the intervention has some positive impact versus not participating in the intervention. In addition to tracking utilization, a number of the EBPs are part of the Title IV-E Wavier formal evaluation. (See Title IV-E Waiver Section of the Final Report and Maryland's Title IV-E Waiver Semi Annual Report for additional information on initial evaluation findings). As noted in the Title IV-E Wavier section DHS/SSA is currently implementing efforts to understand the lessons learned through the Title IV-E Waiver to determine those interventions to continue and/or expand beyond the Title IV-E Waiver. Based on these efforts plans for continued implementation will be included in DHS/SSA's upcoming five-year plan.

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.

- *FY 2018 Kinship Navigator Funding (title IV-B, subpart 2)*

Kinship Navigator Services

Kinship Navigator Services continues to be an outreach prevention strategy for Maryland's informal kinship families that promotes safety, permanency, and well-being. Support and services are provided to informal relative caregivers of minor relative children and youth who are unable to remain safely in the care of their parents. Through Kinship Navigation, children and youth are diverted from foster care and are able to maintain family and community connections. Kinship Navigators actively engage with families and the community to provide information and referrals, linkages to services, and support groups. Each Local Department of Social Services (LDSS) has implemented these services either by identifying designated child welfare staff or contracting with a community vendor to provide services to relative caregivers.

Over the last five years, DHS/SSA worked on statewide implementation of Kinship Navigator Services and implemented the following activities:

- Implemented a statewide policy in August 2014 that provided guidance for the implementation of Kinship Navigator services
- Collaborated with UMB/SSW for the development of training for Kinship Navigator staff which occurred in December 2014 and July 2016
- Participated in Educational Stability and Kinship Care Training in August 2015
- Held bi-monthly implementation team meetings in consultation with LDSS staff, state agencies, and community partners
- Served as staff to the Maryland Commission on Caregiving which acts to improve services and supports to informal caregivers across the lifespan

- Partnered with UMB/SSW, Child Welfare Academy (CWA) to support kinship support groups by offering specialized training on areas such as discipline, understanding and recognizing trauma behavior, grief and loss, and attachment.
- Provided technical assistance at the local level and at bi-monthly peer support meetings to gather information from local departments that address practice challenges and successes, and facilitate peer support

As Kinship Navigation services have been implemented, DHS/SSA has been working to improve statewide consistency. Over the past five years a number of barriers have impacted consistent implementation including the following:

- Staffing capacity and capability
- Limited outreach on state and local level
- Clearly defined Kinship Navigator model which can be utilized to monitor program fidelity
- Geographical location in rural areas limits transportation accessibility for families
- Limitations of current data system that measure outcomes and effectiveness of program

In efforts to strengthen implementation statewide, DHS/SSA was awarded Kinship Navigator funding. As a result of the Family First Services Prevention Act (FFPSA), Maryland has been provided with an opportunity to expand and strengthen the service array by developing, enhancing, and evaluation of the statewide Kinship Navigator Program. With these funds, DHS/SSA plans to implement an evidence-based Kinship Navigator program that aligns with FFPSA requirements, and achieve consistency of practice statewide. With the FFY2018 funds Maryland is implementing activities in the following areas to develop and enhance Kinship Navigation services across all jurisdictions.

Training

DHS/SSA is expanding its partnership with the Child Welfare Academy (CWA) to provide training that supports implementation of an evidence-based kinship navigator model that aligns with FFPSA. The training includes a refinement of current pre-service and in-service training to be inclusive of Kinship Navigator services as well as mini-training sessions at the bi-monthly Kinship Navigator peer support meetings. In addition, the CWA will provide support to statewide kinship support groups to support kinship caregivers. The CWA is working collaboratively with DHS/SSA to develop a plan for training and education for the Kinship Navigator Program which supports the program's outcomes focus of diverting and preventing children from entering into foster care, enhance safety, permanency, and well-being of Maryland's children and families.

Stabilization Support

DHS/SSA's goal is to increase outreach and offer a broader array of services to kinship families that will positively impact outcomes of safety, permanency and well-being. DHS/SSA has provided each Local Department of Social Services (LDSS) access to additional funds to provide direct and stabilization services to kinship families receiving Kinship Navigator Services. The additional funding provides assistance with child care, summer camp, legal assistance, eviction prevention, and basic needs.

In addition to local support, DHS/SSA and LDSS are hosting a kinship retreat event. This event is a community engagement event that not only provides a service to kinship families, but allows for peer support opportunities, provision technical support, and hands-on training and team building exercises.

Finally, DHS/SSA has partnered with Maryland Foster Care Court Improvement Program to plan a kinship conference. This event builds upon previous work surrounding the expansion and improvement of kinship care law, policies, and procedures in Maryland that promote best practices around kinship care.

Evaluation

Using funds awarded in September 2018, DHS/SSA partnered with the University of Maryland, Baltimore, School of Social Work, Ruth Young Center (UMB/SSW RYC) to develop a plan for evaluating Kinship Navigator services. The plan includes an evaluation methodology that includes the development of a logic model that defines fidelity criteria and intended outcomes as well as process and practice outcomes. In its partnership with UMB/SSW RYC, DHS/SSA is conducting ongoing assessments of current data sources, other states’ kinship navigator models, and additional data that are needed to obtain a comprehensive view of Kinship Navigation.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Table 38 below displays the length of stay in care for children under five years old. There has been a decrease in the number of children in care 12 or more months in SFY2018 (53.4%) vs. SFY2017 (56.3%). Reducing the percentage of children in care 12 or more months created an increase in the percentage of children in care 7-11 months in SFY2018 (18.1%) vs. SFY2017 (15.6%). Keeping children in care less than 12 months is a step in the right direction. Table 38

Social Services Administration: Children Under Age Five in Out-of-Home, Length of Stay (LOS)				
State Fiscal Year 2018				
LOS in Care (In Months) of Children Under Five in Out-of-Home				
State Fiscal Year	6 or less	7-11 months	12 or more	Total
2015	428	216	583	1,227
<i>Percentage of population</i>	<i>34.9%</i>	<i>17.6%</i>	<i>47.5%</i>	<i>100.0%</i>
2016	471	279	557	1,307
<i>Percentage of population</i>	<i>36.0%</i>	<i>21.4%</i>	<i>42.6%</i>	<i>100.0%</i>
<i>Percent Point Change: 2015 to 2016</i>	<i>1.1%%</i>	<i>3.8%</i>	<i>-4.9%</i>	

Social Services Administration: Children Under Age Five in Out-of-Home, Length of Stay (LOS)				
State Fiscal Year 2018				
LOS in Care (In Months) of Children Under Five in Out-of-Home				
2017	437	243	878	1,558
<i>Percentage of population</i>	28.0%	15.6%	56.3%	100.0%
<i>Percent Point Change: 2016 to 2017</i>	-8%	-4.8%	13.7%	
2018	455	288	852	1,595
<i>Percentage of population</i>	28.5%	18.1%	53.4%	100%
<i>Percent Point Change: 2017 to 2018</i>	0.5%	2.5%	-2.9%	
<i>Source: MD CHESSIE, SFY (July through June)</i>				

To keep making progress in the coming years, Maryland will continue to shift its child welfare service system to being trauma-informed, and to make the best use of comprehensive assessments to understand the needs of children and families, especially families with young children who are coming to the agency's attention, and to identify, 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.

Activities over the past five years to reduce the length of time in foster care for children under the age of five.

LDSS activities related to services to children 0-5 years old

Several Maryland jurisdictions are accessing the Judy Center as well as Healthy Start and Early Childhood Infants and Toddlers as a part of their service continuum to children ages 0-5 and their families. Others have contracted with Mental Health Consultation Programs, Family Centers and Health Departments to facilitate parenting education, parenting groups, in-home parenting support, intensive case management and evidence-based practices geared toward this younger population. Safe Babies Court has also been a successful model. DHS/SSA will continue to monitor the LDSS efforts to service this population and their families.

The ZERO TO THREE Safe Babies Court Team™ (SBCT)

SBCT is a community engagement and systems change initiative focused on improving how the courts, child welfare agencies, and related child-service organizations work together to improve and expedite services for young

children who are under court supervision. This approach is recognized by the California Evidence-Based Clearinghouse as being highly relevant to the child welfare system and demonstrating promising research evidence.

The SBCT is designed to protect babies from further harm and address the damage already done and to expose the structural issues in the child welfare system that prevent families from succeeding. Each SBCT is convened by a judge with jurisdiction over foster care cases and by child welfare agency leaders, and includes other judges, child welfare staff, attorneys, service providers, and community leaders. Once convened, an agency in that area contracts with ZERO TO THREE to hire and supervise a dedicated community coordinator who staff the SBCT, oversees program implementation, and works collaboratively with the local leaders who make final decisions about what works in their community. Once the SBCT is established, they work with individual families; learning important lessons that are applied to subsequent cases and to updating the policies, regulations, and laws governing child welfare practice, creating the basis for wider practice and systems change.

DHS/SSA and MDH Maternal and Child Health Partnership

A multidisciplinary training, Working with Families with Substance Exposed Newborns (SENs) has brought together staff from three sectors – MIECHV home visiting, DHS/SSA child welfare, and the MSDE: Infants and Toddlers program and Early Head Start home-based option who serves families with substance exposed newborns. The training focuses on issues faced by caregivers and families of substance exposed newborns (e.g., addiction, recovery, trauma, stigma, and need for self-regulation, court involvement, and custody), how to engage and communicate with these clients, how to make effective referrals, and how to connect with other local professionals to integrate services provided to families. The training is sponsored by the Maryland Department of Health and Department of Human Services and was developed by UMBC. The cross training includes staff from DHS/LDSS, home visitors and infants and toddlers staff. The training consists of 1) eight online modules of 15-20 minutes each, completed over a two-week period, and 2) a one-day in-person training. The training is held in regional locations. Evaluation is an important piece of this work because it helps in understanding what works while also improving practice. Participants are asked to complete two evaluation activities, a short questionnaire before the training and one after the training. Evaluation partners from Johns Hopkins School of Public Health are assisting with the pre-training and post-training questionnaire.

Services provided in the past year to address the developmental needs of all vulnerable children under five.

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, Maryland State Department of Education, 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. Additional information can be viewed at <https://marylandfamiliesengage.org>. This site is still live and family providers continue to log-in for trainings and support related to the content. Additionally, facilitated by staff within the Maryland State Department of Education, and supported by Ready at Five and the Institute, a statewide coalition for family engagement in schools meets monthly.

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 (HIPPI), and Early Head Start. The total capacity of these programs is enough to serve only a small percentage of estimated eligible families who would choose to participate. There are other home visiting 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 was 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 continues to dedicate funds for 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>. Additionally, the Institute and MSDE participated in a SAMHSA funded effort to advance through monthly TA calls with an assigned consultant through the Center of Excellence on Infant and Early Childhood Mental Health Consultation in an effort to support Maryland's statewide consultation workforce to realign with national standards of licensed clinicians to provide the service to children and families.

Social Emotional Foundations of Early Learning (SEFEL) Pyramid Model

In Maryland, SEFEL Pyramid Model 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 through a partnership by the Institute to lead training, coaching and technical assistance in the model. 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 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://theinstitutecf.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

Maryland's Statewide Automated Child Welfare Information System (SACWIS), Maryland Children's Electronic Social Services Information Exchange (MD CHESSIE), was launched in 2007. It was developed to provide easier access to information, automate federal reporting requirements and improve workflow. While improvements have been made to the system, it has not met all of the needs of an ever evolving child welfare practice system. The system modifications made over the past few fiscal years have primarily focused on the remediation of user generated incidents that prevent placement, payment and service delivery once the decision was made to transition to a new system. There are various support teams that have been working to ensure adequate functioning within MD CHESSIE which include ensuring provider payments, system improvements and training. To support data reports necessary for users, a web-based system, Business Objects, has been developed and utilized with an increase in the number of logons occurring over the past couple of years as managers have become more aware of the value of these reports to their regular practice which support the goals of the past CFSP around safety, permanency and well-being of children served in Maryland. With increased use of data reports as part of practice improvements, there have been training provided to staff on how to utilize this data appropriately and the need for data accuracy and timeliness. Research and evaluation of data have been affected by the incomplete data within MD CHESSIE due to the duplicative fields and the challenges of being able to access the system when out in the field. Over the past few years, there has been an increase in the data that has been provided to LDSS and external stakeholders as well as the development of a dashboard showing data that is being monitored at DHS/SSA which include several CFSP measures.

Over the couple of years, Maryland has been involved in developing a new comprehensive child welfare information system (CCWIS), the Maryland Child, Juvenile and Adult Management System (MD CJAMS), which is part of a multi-program implementation of a shared health and human services platform. This has led to the involvement of several of the support team members, especially system development and training in order to ensure that MD CJAMS contains elements missing in MD CHESSIE surrounding identification of status, demographics and goals for children in foster care and with regards to providing all levels of staff real time information and data reports.

Connection to Goals

The above mentioned activities contribute to achieving APSR goals/objectives by increasing the accuracy and availability of data which increases knowledge of safety, permanency achievement, and well-being. Through reviewing the data, quality has been increased along with encouraging each jurisdiction to focus on improving their outcomes based on the data available to them. Assistance has also been provided to help jurisdictions understand the locations in MD CHESSIE where data is being extracted and used in the data reports. This ensures data accuracy which then allows for determination of goal achievement or progress towards the goals.

Research and Evaluation

In line with Families Blossom, data evaluation has focused on safety, permanency and well-being, 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 has restructured the evaluation and dissemination of information and data. This restructuring occurred through the development of a Data Training which incorporates the Headline Indicators Dashboard with statewide and jurisdictional level data, local level data on specific elements related to prior audit findings. This training has been conducted in 11 jurisdictions thus far. Technical Assistance has also been provided to locals regarding utilization of the other data reports available to supervisors and management in order to improve understanding of how to use this data to evaluate and improve program practice. Practical data meetings have also been incorporated into the CFSR process, allowing locals the opportunity to examine their data in depth and providing feedback to DHS/SSA about the specific practice strengths and challenges which might also be observed in the CFSR process. Locals are also afforded the opportunity to identify specific data elements upon which they will be focusing improvement efforts. The Headline Indicators Dashboard has also been presented to Residential Providers in order to increase their understanding of the population of shared children and youth who are placed with them. 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. Collaboration has also been occurring with the MD THINK team to transition reports to Qlik®, a web-based system that will allow for focused examination of the data by locals with regards to areas of interest. This reporting will also allow for timely accessibility of the data which will allow for improved response to needed changes.

Connection to Goals

Technical assistance (TA) was provided by Chapin Hall to develop and improve the Headline Indicator Dashboards used in these presentations and in the discussions around relevant reports that can be used to assist in practice development. Additionally, work has progressed on development of Storylines that provide data regarding specific elements that might be relevant in influencing the Headline Indicators. This TA helps in achievement of the goals/objectives identified in the APSR by helping each jurisdiction identify how they are doing with regards to improving child safety, achievement of permanency and ensuring well-being. The Headline Indicator Dashboard is focused on these three areas which allows for the comparison between state, jurisdiction, and identified targets.

Through the various activities undertaken by research and evaluation, DHS/SSA has been able to improve the understanding and use of data throughout the State. There has been an improvement in data transparency and utilization with regards to practice decisions and in relevancy to the ongoing work of the State. All levels of staff across the State have been able to understand the role they have in the development, dissemination, and utilization of data. Data has been utilized in decisions relating to practice changes and to monitor outcomes regarding these

changes. These activities ensure that locals have the opportunity to review their own standing with regards to the goals/objectives identified in the APSR around safety, permanency and well-being. This includes a discussion with each jurisdiction regarding the challenges and strengths with regards each of the goals. They also receive quarterly updates about their progress towards the goals. This data is also linked to CFSR outcomes for those jurisdictions who have participated already as well as in annual regional meeting discussions with supervisors across the state.

SECTION VI: CONSULTATION & COLLABORATION BETWEEN STATES AND TRIBES

DHS/SSA staff has met with Mr. Keith Colston, Director, Ethnic Commissions, Governor's Office of Community Initiatives to discuss issues, updates, upcoming trainings and changes in policy related to Native American children in Out-of-Home Placement. The most recent meeting with Mr. Colston was held on April 16, 2019. The agenda for the meeting included his availability to conduct future cultural sensitivity trainings for Local Departments of Social Services (LDS) staff and recruiting resource homes for Native American children. A cultural sensitivity training was held on September 6, 2018 in Baltimore City. The evaluations show 100 percent of the attendees found the training either very good or excellent, and that 100 percent of the attendee either agreed or strongly agreed that the training increased their knowledge and awareness of the subject.

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

Process used to gather input from Tribes

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

Even though there are no federally recognized tribes in Maryland, DHS/SSA has made significant efforts to reach out to the tribal leadership over the past 5 years. DHS/SSA has established a collaborative relationship with Mr. Keith Colston, Director, Ethnic Commission, Governor's Office of Community Initiatives. DHS/SSA has met with Mr. Colston on an annual basis to discuss child welfare issues related to Tribes. In State Fiscal Year 2019, DHS/SSA extended an invitation to Mr. Colston to participate in the SSA Advisory Council so input can be provided on child welfare issues as it pertains to Tribes.

Measures taken to comply with ICWA

In 2015, a draft policy directive was shared with Mr. Colston that clarified services and policies related to children in Out-of-Home Placement who identified as Native American. According to MD CHESSIE, less than 0.1% of children in Out-of-Home care identified as Native American during the first two quarters of State Fiscal Year 2019. When the low numbers were discussed last year with Mr. Colston, he did not believe that the number of Native American children in foster care was underreported. DHS/SSA contacted LDSS workers 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.

In addition, there have been several cultural sensitivity trainings since 2015 that have been held in various regions throughout the State. The evaluations show that the trainings have enhanced LDSS staff's knowledge of Native American culture. For example, 100 percent of the LDSS staff who attended a training July 7, 2017 ranked all of the categories in the evaluation as either agreed or strongly agreed. In addition, DHS/SSA discussed with Mr. Colston the issue of recruiting resource homes for children of Native American heritage.

SECTION VII: ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Over the past five years, 49% of the adoption incentive funds were spent on pre-adoptive finalization services and 51% of the funds were spent on post adoptive direct client services. These funds were drawn on FFY2015.

Maryland utilized the funds in the following ways:

- **Pre-adoptive finalization services**
 - Pre-adoptive finalization services to children in Out-of-Home Placement - Pre-finalization direct client services included provision of support that will facilitate inter-county adoptive placement and adoptive placements that are considered difficult.
- **Post adoptive direct client services**
 - Direct client post-adoption services to children adopted from Out-of-Home Placement and their families - Post adoption services included 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.

SECTION VIII: CHILD WELFARE WAIVER IV-E DEMONSTRATION ACTIVITIES

Over the past five years Maryland has utilized Families Blossom Place Matters, Maryland's Title IV-E Waiver Demonstration Project to support the achievement of DHS/SSA's goals identified in the 2015-2019 five-year plan. Strategies implemented through the Wavier were centered on implementing evidence-based practices and a trauma responsive system of care to improve safety, achieve lasting permanency, and strengthen well-being with the goal of reducing entries and reentries into foster care. To determine the specific target populations driving Maryland's entry and reentry rates, in 2015 local departments completed a readiness assessment. As a result of the assessment the two following populations were identified as having the greatest need:

- Children ages 0-8 with Parental Substance Abuse and Parental Mental Health as factors present at entry into care; and
- Children 14-17 year olds with Child Behavioral Health as a factor present at entry into care

These results were used to inform the initial selections on evidence-based practices (EBPs) to be implemented through Families Blossom Place Matters. Eight jurisdictions and eight EBPs were chosen for implementation and became part of the Families Blossom Place Matters formal evaluation. Instillation and initial implementation of these eight EBPs began in SFY2017. In SFY2018 Maryland requested to discontinue the implementation on one of the initially identified EBPs (SafeCare® being implemented in Howard and Prince George's Counties) due to

challenges with implementation. During this same time period DHS/SSA expanded the implementation of EBPs beyond the original eight resulting in almost all jurisdictions now implementing an evidence-based or promising practice. Currently DHS/SSA is implementing the following evidence-based or promising practices:

Table 39

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 risk of child abuse and neglect.	Incredible Years (IY)	Allegany, Garrett
		Circle of Security	Anne Arundel
		Nurturing Parenting Program (NPP)	Harford, Kent, Talbot, Queen Anne's
		Healthy Families America	Harford, Talbot
		Strengthening Ties and Empowering Families (STEPS)	Washington
		Strengthening Families Program	Prince George's, St. Mary's
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
		Sobriety Treatment and Recovery Teams (START)	Anne Arundel, Caroline, Carroll, Cecil, Dorchester, Frederick, Harford, Kent, Montgomery, Queen Anne's, Somerset, Talbot, Worcester
		Community Outreach Addictions Team	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.	Homebuilders	Allegany, Garrett
		Functional Family Therapy (FFT)	Anne Arundel, Carroll, Howard, Harford
		Multisystemic Therapy (MST)	Prince George's, Frederick, Washington
		Parent Child Interactive Therapy (PCIT)	Anne Arundel
		Trauma System	Washington

Funding Category	Definition	Services Funded	Jurisdiction(s)
		Therapy (TST)	
		Transitional Trauma Therapy Services	Montgomery
		Trauma Focused Cognitive Behavioral Therapy(TFCBT)	Washington
		Seeking Safety	Allegany

Implementation of Title IV-E Wavier funded EBPs has varied across jurisdictions and as with many major transformation efforts, support was needed for implementation. To this end consultation and technical assistance was offered to locals related to the development of implementation teams, implementation science, and the use of data to monitor utilization and fidelity. As a result of this support utilization has increased for many of the funded EBPs. Through Families Blossom Place Matters approximately 1700 children and/or families have been served through an EBP or promising practice. In addition to tracking utilization, an evaluation is being conducted on a select number of EBPs. Maryland’s evaluation is designed to assess the impact EBPs are having on the target population served by each EBP. The chart below outlines the evaluations initial findings:

Table 40

EBP	Jurisdiction(s)	Evaluation Questions	Initial Findings
NPP	Harford	Among NPP participants, is there (a) change in parenting attitudes, (b) change in parenting knowledge, and (c) subsequent child welfare involvement?	<ul style="list-style-type: none"> • Parenting attitudes, behavior, and knowledge improvement occur following graduation from NPP. • Rates of child welfare investigations following NPP participation are low • Those who graduated from NPP have fewer maltreatment investigations (11%) compared to those who did not graduate from NPP (18%).
IY	Allegany and Garrett	Among IY participants, is there (a) change in child behavior, (b) change in parenting stress, and (c) subsequent child welfare involvement?	<ul style="list-style-type: none"> • Caregivers who complete IY report improvements in child behavior and parenting stress. • Caregivers participating in the individual IY program have higher pretest scores (indicating higher perceived child behavior problems and parenting stress). • Participants have not experienced

EBP	Jurisdiction(s)	Evaluation Questions	Initial Findings
			subsequent child welfare investigations for maltreatment following IY enrollment, suggesting IY is an effective prevention program.
FFT	Anne Arundel, Carroll, Harford, and Howard	Among FFT participants, is there (a) change in youth mental and behavioral health symptoms; (b) change in family functioning; and (c) prior, concurrent, and subsequent child welfare involvement?	<ul style="list-style-type: none"> • FFT continues to show promise regarding improved youth behavioral health symptoms and family functioning, and reduced child welfare system involvement. • Nearly half youth served by FFT received in-home services prior to admission and most had open in-home cases at the time of admission. • Roughly half had CPS investigations before admission, but most did not experience new CPS reports (through investigative or alternative response tracks) subsequently. • A majority of youth were not placed out-of-home before, during, or after FFT admission.
PCIT	Anne Arundel	Among PCIT participants, are there (a) changes in child behavior, and (b) prior, concurrent, and subsequent child welfare involvement?	<ul style="list-style-type: none"> • Initial results show improvement in child behavior • Following admission to PCIT, the majority of children did not have subsequent CPS in the six or 12 months post-admission • Less than half had open cases at the time of admission, and of those who did, 100% were closed within six months of admission
TST	Washington	Among TST participants, (a) what was the severity of trauma symptomology, and (b) what were the Out-of-Home Placement rates and placement stability before and after TST admission?	<ul style="list-style-type: none"> • Youth maintain stable placements while being served by TST

EBP	Jurisdiction(s)	Evaluation Questions	Initial Findings
STEPS	Washington	Among STEPS participants, is there (a) change in parent protective factors, (b) change in family needs and strengths, and (c) subsequent child welfare involvement?	<ul style="list-style-type: none"> • Findings show promise for STEPS regarding increased parent protective factors, improvement in family needs and strengths, and reduced child welfare investigations
PfS/CBT +	Baltimore County	Among CBT+ participants, what is the (a) average dosage of treatment received, (b) change in clinical target symptoms, and (c) prior, concurrent, and subsequent child welfare involvement?	<ul style="list-style-type: none"> • Promising regarding improved clinical outcomes for children, and reduced child welfare system involvement • Children served had varied histories of child welfare contact: <ul style="list-style-type: none"> ○ Majority of children had CPS investigations and in-home cases prior to CBT+ admission, and about half were in placement at the time of admission ○ Most youth did not experience new CPS, in-home cases, or Out-of-Home Placements

Current efforts are underway to understand the lessons learned through the Title IV-E Waiver to determine those interventions to continue and/or expand beyond the Title IV-E Waiver. This examination is specifically designed to answer the following questions:

- Is the program being fully utilized? If not, why?
- Is it achieving positive outcomes? If not, why?
- What aspects of implementation need to be strengthened to sustain the service?
- What is the cost to sustain the service?
- Is it a priority to continue this service?

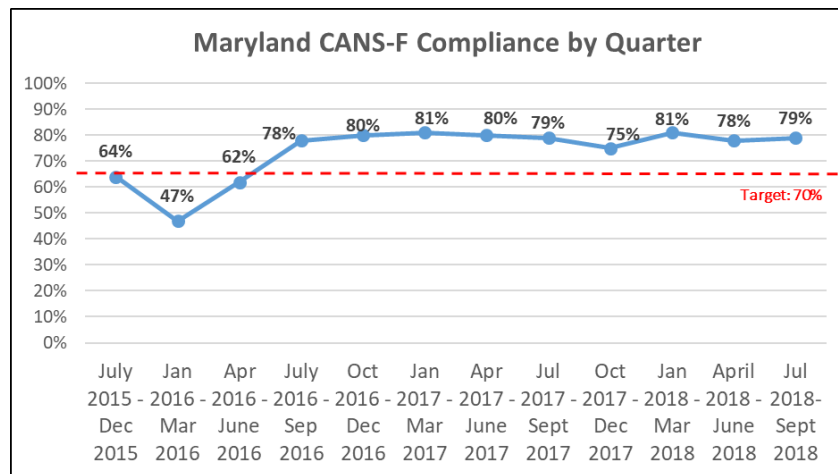
To specifically address the needs of young children with parents with substance use disorders, DHS/SSA began the implementation of START. See CAPTA section for details on the implementation.

Trauma Informed Collaborative Assessments

In addition to the implementation of EBPs, DHS/SSA utilized the Title IV-E Waiver opportunity to implement a standardized assessment tool, the Child and Adolescent Needs and Strengths – Family Version (CANS-F), within In-Home services. The goal of implementing this tool was to assist workers in identifying family strengths and needs resulting in the development of service plans that built on identified strengths and address these needs to improve the well-being of children and families and reduce the need for foster care. The CANS-F is comprised of a

comprehensive family system assessment as well as individual caregiver and youth assessments. It centers on the family unit as a whole for planning and measuring of service needs and includes as assessment on trauma. The CANS-F was implemented in July 2015 and compliance has remained around 80% over the last eight quarters.

Figure 9



There have been challenges related to meaningful utilization of the tool and connecting strengths and needs to service plans. To address these challenges DHS/SSA, in conjunction with TA partners for Chapin Hall and the Institute for Innovation and Implementation at the University of Maryland School of Social Work, have begun providing consultation and technical assistance to local departments around utilizing data to track compliance and improve the connection of assessment results to service plans (See Maryland’s Title IV-E Waiver Demonstration Semi-Annual Report # 7 for further details on the CANS-F implementation efforts). Efforts to continue to strengthen the implementation and meaningful utilization of the CANS-F will be included in DHS/SSA’s upcoming five year Child and Family Services Plan.

In addition to trauma informed assessments, DHS/SSA initiated the implementation of two practice initiatives designed to support a trauma responsive approach to child welfare practice:

- Secondary Traumatic Stress- Breakthrough Series Collaborative (STS-BSC), informed by the work of the National Child Traumatic Stress Network (NCTSN), to address local agency planning and response to secondary traumatic stress for all levels of the LDSS workforce
- Trauma Responsive Care Consultation (TRCC) a consultation series for administrators and supervisors to support real-world implementation of trauma responsive principles at the local level.

Goals of the STS-BSC include:

- Develop practical and actionable strategies to prevent and address secondary traumatic stress in LDSS
- Create feedback loops to inform policy development
- Share best practice to address secondary traumatic stress
- Establish measurable baseline data to gauge improvement over time and adjust as necessary
- Strengthen collaboration so that learning is shared and support for change is created
- Sustain positive changes

Seven jurisdictions are participating in the STS-BSC: Allegany, Baltimore County, Calvert, Carroll, Frederick, Prince George's, and Talbot.

Goals of the TRCC include:

- Transfer previous trauma-informed care training from classroom to agency
- Develop practical and actionable strategies to support trauma responsive care in day to day practice
- Create feedback loops to inform the revision of current policy and the development of new policy where needed
- Strengthen collaboration through the creation of intra-agency and inter-agency work groups
- Sustain positive changes

Six jurisdictions are participating in the TRCC; Allegany, Baltimore County, Anne Arundel, Howard, Prince George's, and Washington.

Lessons learned from both initiatives will be utilized to inform statewide implementation as well as the Child and Family Services plan.

(See Maryland's Title IV-E Waiver Demonstration Semi-Annual Report # 7 for further details on Maryland's Title IV-E Wavier Demonstration Project).

SECTION IX: QUALITY ASSURANCE

Over the last five years Maryland developed a quality assurance (QA) system that is functioning statewide. The current system is aligned with the federal standards and includes:

- An ongoing continuous quality improvement (CQI) process that includes a review of all jurisdictions comprised of an orientation and practical data meeting, onsite case review, and continuous improvement plan development and monitoring.
- A sampling methodology that ensures that all eligible cases are included in the sampling pool and that jurisdictions are equally grouped every six-month review period to allow of comparison across each six-month cycle.
- A statewide training for Peer Reviewers biannually and QA staff annually.
- A staffing plan that identifies a reviewer pool to ensure sustainability.
- A feedback loop that includes the internal and external stakeholders via the DHS/SSA Implementation Structure, an organizational structure nested within DHS/SSA to advance key priorities in order to achieve the agency's strategic direction.

The QA/CQI process has allowed the State to gather qualitative data related to safety, permanency, and well-being. The Child and Family Services Plan (CFSP) will detail the plan for how the QA/CQI process will support the achievement of Maryland's goals.

Maryland's case review process was approved for the purpose of completing the federally mandated Child and Family Services Review (CFSR) on November 30, 2017. Maryland implemented this process for the CFSR onsite

review period of April 1, 2018-September 30, 2018 with secondary oversight conducted by federal staff. 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 Maryland CQI case review process will continue to be implemented with each jurisdiction being reviewed on a three-year cycle.

In SFY2018 DHS/SSA continued implementation of the State's case review process following the onsite CFSR. The following activities were completed:

- Completion of the federal CFSR, a review of 65 cases inclusive of foster care and in-home services.
- A review of 9 local departments; Baltimore City, Carroll, Anne Arundel, Allegany, Queen Anne's, Washington, Baltimore County, Worcester, and St. Mary's. Baltimore City is reviewed every six months or during each review period.
- Implementation of the *Practical Data* meeting into the orientation meeting. This is an opportunity to view data related to performance, *Headline Indicators*, of child welfare practice that have been set by the State. The practice standards are focused on safety, permanency, and well-being. The local department provides the "story behind the number" during this meeting to DHS/SSA staff.
- Implemented local Continuous Improvement Plans (CIP). Approximately 60 days post the onsite review DHS/SSA and the local will meet to discuss the findings. The local departments will develop an action plan that identifies priority areas that will increase and/or sustain performance. The action items may be related to a particular CFSR item, Headline Indicator, or both.

DHS/SSA plans to enhance the QA/CQI system by implementing focus groups to yield qualitative data related to systemic factors, by continuing to develop a local CQI process that assesses the quality of child welfare work, and by increasing internal and external access to CFSR outcomes and headline indicator performance.

In the fall of 2018 DHS/SSA hosted the Regional Supervisory Meeting and the CQI and Research & Evaluation units conducted a workshop to share preliminary CFSR results and statewide performance of the headline indicators. During the workshop staff was also given an opportunity to share feedback on the process. DHS/SSA tested the CQI cycle within the Implementation Structure, whereby results of one item from the CFSR were reviewed and discussed; and action steps of root cause analysis were assigned. CQI staff saw positive improvements in the headline indicators after the Regional Meetings, which may be a result of changes to and understanding of the impact that service delivery can have on the data reviewed. Discussions included the offering of safety related services to prevent entry or re-entry such as behavioral health, mental health, and financial support. Additionally, these types of services were identified to support the individual needs of parents and children.

Maryland participated in the Program Improvement Plan (PIP) pilot with the Children's Bureau in April 2019. To date, practice or system improvements based on QA/CQI have not been implemented as the PIP is in development. During the PIP pilot three cross cutting themes were identified: (1) Authentic family partnerships (2) Workforce development and wellness (3) Authentic partnership with entities. 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.

Cumulatively, the CFSR, CIP, and Supervisory meetings contributed to positive changes in well-being and slight positive changes in permanency outcomes. Safety outcomes remain the same at this time. As the reviews continue and increased CQI activities occur, more of an impact on the goals is expected with the next reporting period.

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 FY2015. 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's School of Social Work's Ruth Young Center for Family Connections Program (FCP), Grandparent Connections to continue working with grandparents raising their grandchildren preventing child abuse and neglect in 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 SFY2018 FCP provided services to a total of 67 families including 160 children; 54 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.

In addition, FCP has a great relationship with community partners, and continues to coordinate with them to facilitate ongoing, mutually beneficial services. Often, FCP clinicians host therapeutic groups designed to support community members and "alums" of the program. Notably, this includes Circle of Security caregiver cohorts in public libraries, as well as the FCP Caregiver Advisory Group which advocates for public policy changes across the

city as well as informs practices within family services to address system barriers towards accessing needed services.

FCP clinicians know that it is impossible to discuss neglect and abuse prevention work in Baltimore City without applying the lens of mental health equity and systemic disparities. Therefore, FCP’s focus on social and racial justice greatly impacts family engagement practices; highlighting critiques about the inequitable distribution of resources and serves as a foundation for trust-building and rectifying fractures in family stability that may be attributable to the inequitable distribution of power. By placing responsibility for the lack of community power on systems and institutions, rather than personal failures, allows for a therapeutic non-judgmental stance in supporting caregivers and children at risk of child abuse and neglect.

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. During the prior 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 41

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* (n = 22)	28.5	17.86	20.50	19.11
CES-D total score* (n = 22)	30.41	13.77	22.59	13.32
Child Risk Factors				
UCLA PTSD Total Scale Score* (n = 14)	12.86	17.11	3.43	8.03
Young Child PTSD Checklist* (n=10)	7.90	8.79	0.10	0.32

Child Protective Factors SDQ (4-11 year olds; n = 13)	15.38	7.85	13.77	6.97
*P<.05				
<i>Data source: Family Connections Annual Report for 2017-2018.</i>				

Per Family Connections data, further outcomes in overall caregiver, child, and family well-being and safety significantly improved over time.

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.

The following data was shared by the Family Tree reflecting activity and families served July 1, 2017 through June 30, 2018. The Parenting HelpLine responded to 3,980 calls. The Parent Support Groups had 600 participants, the Parent Education Classes served 1600 parents participants and there were 300 participants in the Family Connects Maryland Home Visiting program linking mothers and newborns to needed resources.

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, private providers, 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. In addition to the full bi-monthly SCCAN meetings there are committee meetings that generate reports back to the full Council. The 2018 Annual SCCAN Report is pending and is expected to be available the Summer of 2019 (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. 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 have gone out into the community to train other professionals regarding childhood trauma and the use of the ACEs questionnaire in assessing for childhood trauma. Over the past year SCCAN has met with several legislators in an attempt to pass legislation that all child serving professionals be trained in the use of the ACEs questionnaire.

Local Departments of Social Services (LDSS) will continue to receive 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. 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. DHS/SSA 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)

Responding to requests for training and assistance with secondary trauma interventions for staff, \$16,008 of CAPTA funds are set aside for that purpose. For example, annually the Washington County Department of Social Services receives \$5,000 to support their regional child maltreatment conference held in April. With an increased awareness of secondary trauma, local departments are utilizing these funds more often.

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 parent help 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 ongoing 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 of Social Services (LDSS) conducts training for mandated reports. Central office and LDSS staff is called on routinely to provide training for mandated reporters 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, for new law enforcement graduates, at hospitals, churches and Baltimore City grand juries upon request.

Maryland routinely 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. FIMs can also be used in situations where the child is considered "conditionally safe" in order to help the family to plan to reduce any concerns about child safety by utilizing the family's support system.

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

Maryland's responses to sex trafficking in child welfare have been evolving and changing in accordance with both federal and State revisions and ongoing assessment and reassessment of what constitutes best practice.

Maryland's responses to sex trafficking in child welfare have been evolving and changing in accordance with both federal and State revisions and ongoing assessment and reassessment of what constitutes best practice.

In Maryland's ongoing efforts to address the identification of sex trafficking victims, DHS/SSA continues to work in partnership with the University of Maryland's School of Social Work's Child Sex Trafficking Victims Initiative (CSTVI) and the Child Welfare Academy (CWA) on the roll out of "Engaging Child Trafficking Victims: The Role of the Child Welfare Worker." Thus far, 45 trainings have been completed and over 980 workers have been trained. The target for all workers to be trained by September 2019 should be accomplished with the current trainings that are scheduled through September. Feedback indicated participants are satisfied with the training and appreciate the approach and the content. On average, 94% of child welfare staff participating responded "Strongly Agree" or "Agree" (score of 5 or 4 on a 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, 91% 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."

The long term training implementation plan remains the same and the full day training will be added to the mandatory two-year Training Track for all new child welfare staff once all current staff is trained during the initial roll-out.

Each referral identified as sex trafficking continues to be 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) continue to 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.

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 CANS and CANS-F algorithms have been tested and it has been found that it is useful in identifying trafficking victims with these tools. Once the algorithms are programmed into CJAMS, the system can help inform the worker of youth who are at risk of being trafficked.

The University of Maryland's 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 38 cases during 2018. 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 Subcommittee 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 increased opportunities for collaboration. This group has also held combined subgroup meetings with the Law Enforcement Subcommittee and the Foreign National Subcommittee to discuss how to better ensure the best service for victims as there is overlap in all of these groups. DHS/SSA is also represented on the Baltimore City Human Trafficking Coalition which currently meets bi-monthly.

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 to have a positive outcome for victims and to advocate for additional funding and resources to serve families and trafficking victims. As occurred during the last two years, Safe Harbor legislation was introduced and was not passed in the 2019 legislative session. DHS/SSA continues to work with the task force around issues that include funding for services.

DHS/SSA issued a Statement of Need (SON) to expand the number of beds available to trafficking victims. This Statement of Need was issued on November 2, 2017. It sought proposals from in-state providers 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 may have co-occurring treatment needs and/or history of sexual abuse as a result of sex trafficking." DHS/SSA completed the Request for Proposal (RFP) evaluation process and identified two (2) providers to provide the requested resources. It is expected that the additional placement resources will be available to the state by June 1, 2019.

CSTVI created an updated *Child Sex Trafficking in Maryland* report in 2019 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. There have been 501 suspected child trafficking cases screened in by CPS units statewide between June 2013 and December 2018, involving 425 individual suspected victims. Reports of suspected trafficking increased from approximately 40 reports in SFY2014 to 120 in SFY2018.

Maryland's State Liaison Officer is Stephanie Cooke, Director, Child Protective Services/Family Preservation Services, 311 W. Saratoga St., Baltimore, MD 21201, (410) 767-7778 or stephanie.cooke@maryland.gov. Ms. Cooke is identified as the State Liaison Officer on the Department's website at: <http://dhr.maryland.gov/child-protective-services/>

Substance Exposed Newborns

As the rate of opioid misuse and dependence escalates amongst pregnant and parenting women, and increases in Substance Exposed Newborn (SEN) referrals to Child Welfare each year, DHS/SSA continues to enhance the strategic approach and interventions to best meet the needs of SEN and their families. SEN continues to be identified as a population with a great risk of maltreatment in Maryland due to the age of the child and the associated high risk factor for children who reside with caregivers struggling with substance use.

DHS/SSA continues to see more Marylanders in need of services related to substance abuse. Over the last year, DHS/SSA has continued to build upon its 3-pronged approach to address parental Substance Use Disorder in Maryland.

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 collaborative 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;

In 2018, Maryland amended section §5-704.2 of the Family Law Article to come into compliance with the Federal Comprehensive Addiction and Recovery Act of 2016 as it amended the Child Abuse Prevention and Treatment Act (CAPTA). The new Maryland Child Abuse and Neglect-Substance-Exposed Newborn (SEN) law House Bill 1744 altered the definition of SEN, altered the reporting requirements of SEN by Health Care Practitioners, and repealed a provision of reporting exemptions for Health Care Practitioners.

The new law 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). Ultimately with the passage of this law, health care providers are required to make a report to Departments of Social Services for all SEN cases for both legal and illegal substances. The new law became effective June 1, 2018.

Over the last year, DHS/SSA engaged community partners, stakeholders, and health care practitioners along with other state agencies to inform and educate providers on the Child Welfare response and practice as it relates to SEN as well as garner support and collaboration to address the needs of substance exposed newborns (SEN) and families including:

- Reissued an updated SEN policy to comply with amendments to the new Maryland SEN law and provide updated guidance to assist each LDSS in addressing the effects of substance use disorders on newborns, children, and families and their needs.
- Established a Substance Exposed Newborn Workgroup - The workgroup consists of LDSS representation, behavioral health services, substance use treatment providers, Managed Care Organizations, Beacon Health Options, hospital social workers and community based organizations that support families affected by Substance Use Disorder.
- Identified evidence-based practice interventions to support families impacted by substance use. There are currently thirteen Local Departments of Social Services (LDSS) implementing the Sobriety Treatment and Recovery Teams (START). There are three LDSS implementing the Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR).
- Implemented peer learning opportunities to spread effective approaches to addressing the needs of SEN and families. A series of regional trainings across Maryland targeted to LDSS staff and facilitated by the Casey Family Program on “Supporting Families Impacted by Substance Use” were completed in September.
- Created opportunities for LDSS staff to engage in multidisciplinary cross-training of home visitors to address the needs of and support SEN and their families. Through collaboration with the University of Maryland Home Visiting Training Center. Regional trainings are being offered across Maryland in collaboration with child welfare staff, Maryland’s home visiting programs, and Infants and Toddlers program.
- Participated in ongoing collaboration with Maryland Department of Health, Behavioral Health Administration to receive In-Depth Technical Assistance from the National Center on Substance Abuse and Child Welfare demonstrates DHS/SSA efforts to build cross-system collaboration among medical providers and substance treatment providers to identify strategies improving practice for families impacted by parental substance use.
- Developed educational literature aimed to inform parents, families, community providers, and the public on DHS/SSA’s role to address the needs and support SEN and families affected.
- Presented on SENs and Child Welfare at various Hospital Ground Round meetings.

The new reporting requirements of the law have impacted the practice in which the LDSS respond to SEN referrals and provide services. The law has fostered a more collaborative approach to addressing SEN by encouraging Child Welfare, Healthcare Practitioners and Substance Abuse Treatment providers to collaborate to plan for the SEN and affected family members.

Lessons Learned

With the introduction of the new SEN law, DHS/SSA recognized that many Health Care Practitioners and other mandated reporters are concerned with the new reporting requirements that may deter pregnant mothers from seeking prenatal health care and/or treatment for substance use disorder. DHS/SSA recognizes the importance of proper messaging around SEN and the services provided to families when referred to child welfare.

Maryland's new SEN legislation, House Bill 1744, included a provision of reporting exemptions for Health Care Practitioners specifically the mother's use of a controlled substance as currently prescribed and the newborn "is not affected by" substance abuse. There are concerns regarding the ambiguity around the medical term of "affected by" substance use. This ambiguity has created some inconsistencies in reporting as this term is interpreted differently across hospitals. DHS/SSA through collaboration with stakeholders along with the new Medical Director and the SUD Workgroup aims to address this concern by adopting a uniform definition of "affected by" to decrease reporting discrepancies and revise SEN regulation. In addition, the testing of newborn babies across Maryland hospitals vary and this too contributes to inconsistencies in reporting. Until there is uniformity in testing across birthing hospitals, this will continue to be an area of concern as some babies may not be reported because they have not been tested.

Consultation and Technical Assistance

DHS/SSA efforts in participating in the In-Depth Technical Assistance (IDTA) from the National Center on Substance Abuse and Child Welfare (NCSACW) aims to address the identified concerns stated above. The IDTA model is focused on infants with prenatal substance exposure and their families. Through IDTA, DHS/SSA has been able to engage the Maryland Behavioral Health Administration, Maternal and Child Health, medical providers and substance use treatment providers to adopt a uniform definition of "affected by" as well as identify strategies for improving practice for families impacted by parental substance use, including the development and monitoring of Plans of Safe Care. DHS/SSA will continue to utilize the Technical Assistance from the NCSAW to identify opportunities to engage and collaborate with more providers and break silos and misconceptions that addressing the needs of SENs is a child welfare lead initiative.

The IDTA collaborative team has worked to develop a POSC toolkit for both providers and the LDSS. A formal comprehensive POSC document was developed as a result with implementation supported by IDTA and SUD Workgroup.

The Technical assistance (TA) by NCSACW helps DHS/SSA achieve its goals because TA assist Maryland to align state practice with changes to the federal Child Abuse Prevention and Treatment Act (CAPTA) requiring that infants born affected by substance abuse, withdrawal or FASD receive a plan of safe care (POSC). IDTA has assisted DHS and Behavioral Health Partners to develop and strategize best practices for implementation of an effective POSC. This requires cross-system agencies serving pregnant women, mothers and newborns work collaboratively to support parental recovery and family wellness.

An effective, well supported, and collaborative approach to POSC for all Substance Exposed Newborns (SENs) supports SSA's goal of improving safety for all infants and children and strengthening the well-being of infant and children because the POSC is intended to address the health and developmental needs of the infant and the health and recovery needs of the primary caretaker. The POSC is not intended to be a punitive response, nor does it equate with a report of child abuse or neglect. Instead, the POSC is intended to support the family to avoid involvement with child welfare.

Plans of Safe Care: Monitoring

DHS/SSA and the Local Department of Social Services (LDSS) are responsible for the development and monitoring of Plans of Safe Care (POSC) of all SEN referred to the agency. In June of 2018, DHS/SSA reissued the Substance

Exposed Newborn policy. The policy outlines the requirements for developing and monitoring of POSC as well the manner in which appropriate services are referred and documented for the families. All SEN cases must include the completion of either a Safety Plan and/or a Service Plan as applicable and is documented in MD CHESSIE with all of the necessary information. The LDSS shall monitor the safety and service needs of the infant and family identified in the safety and/or service plan throughout the life of the case.

The POSC is a comprehensive multidisciplinary assessment and coordinated across the multiple agencies and providers involved in caring for infant, mother, and any other affected caregivers and is developed with the mother, her personal support system, health care provider and other providers involved in her care (i.e. behavioral health provider, Medication- Assisted Treatment (MAT) provider, home visitor etc.) and used to identify and link families with the resources they need to address challenges of substance use is intended to be a living document to capture information such as infant and caregivers basic needs, discharge plans, supports needed and follow up plans Overall, DHS/SSA has continued to see a rise in the number of reported Substance Exposed Newborns since SFY2015. The chart below illustrates the increase in numbers since SF20Y15:

Table 42

Referrals for Substance Exposed Newborn by State Fiscal Year				
	SFY2015	SFY2016	SFY2017	SFY2018
Maryland	1,898	1,986	2,376	2,568
Percentage Change for 1 year		5%	20%	8%
<i>Data source: MD CHESSIE; SFY 2015 to 2019 stats updated</i>				

The data shows that referrals continue to increase each year; most recently, the percentage of referrals increased by 8% from SFY2017 to SFY2018. DHS/SSA anticipates as more providers and hospital staff becomes more aware of the updated reporting requirements for SEN, this number will continue to increase.

Since the passage of the new legislation, SEN referrals to the LDSS have increased. For the period of SFY2018, quarter one (July 1, 2017-September 30, 2017), prior to the new legislation, there was a total of 637 referrals made. For the same period in SFY2019 quarter one, there were a total of 712 referrals made. For the period of SFY2018 quarter one, out of the 637 referrals, there were 48 (6.77%) OOH placements made for SEN within 30 days. For the same time period for SFY2019 (July 1, 2018 - September 30, 2018, out of the 712 referrals made, there was a total of 39 (5.78%) OOH placements made for SEN within 30 days.

The data around SEN referrals to service providers is limited due how the information is captured in the MD CHESSIE system. 72% of the SEN cases that received In-Home services received referrals to external support services. A deeper dive into the referral data is needed to determine the types of services that SEN families need and are referred. DHS/SSA also plans to further look into the characteristics of SEN families to better determine intervention opportunities. In late 2019, DHS/SSA will begin using the new Child Welfare System, CJAMS which has been built to be able to better track service referrals for families.

2015-2019

The rate of SEN referrals to child welfare has increased by 35% over the last five years. DHS/SSA has made targeted efforts to implement strategies and interventions that despite being referred, babies are able to remain in the

home with their parents. While there continues to be an increase in SENs, the percentage of those SENs resulting in Out-of-Home Placement (OOP) remains relatively low. The rate of Out-of-Home Placement for SENs is about 6%.

The Services to Families with Children-Intake (SFC-I), Risk of Harm Assessment track that SEN referrals are assigned has shown to improve the outcomes of how services are provided to these families. DHS/SSA utilized its implementation structure to allow for adequate assessments, planning, improvement and expansion of its service array while responding in a manner that is non-punitive.

Over the past five years, DHS/SSA has trained its workforce to be better equipped to support clients who are struggling to achieve health and recovery from substance abuse. DHS/SSA trained the workforce to better understand the individual and family dynamics, theories, treatment modalities and helpful engagement approaches for clients struggling with substance abuse. This training has made a positive impact on the approach in which caseworkers respond to SEN cases.

While DHS/SSA has improved in the manner in which it attempts to address the needs of SENs and their families, there remains systematic challenges and barriers that impede on outcomes and quality of services provided to these families. There is a lack of adequate resources, affordable housing, availability and accessibility of quality substance use treatment and mental health providers, and appropriate parent supports programs for parents affected by SUD.

The negative stigma associated with Child Welfare has created a barrier to establishing multidisciplinary teams across agencies. Provider and external agencies are often reluctant to collaborate and share information with LDSS staff to develop a comprehensive plan with the family.

As noted above, there is a significant amount of work that needs to be done regarding the uniformity of drug testing of newborns at birthing hospitals in Maryland. Without the uniformity of drug testing, DHS/SSA is unable to ensure that all babies affected by Substance Use are referred for services by the LDSS.

Safety of children remains the agency's priority. Substance-Exposed Newborns are a high-risk population and DHS/SSA will continue to implement interventions in which the local departments are able to assess safety and offer access to services for a mother and her baby that may not have yet been afforded them. Most importantly, DHS/SSA will continue to support the local departments in ensuring that more families are connected to services if needed to care for their babies safely in their homes.

Citizens Review Panels

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 A, DHS/SSA Response letter, Appendix B),
- State Child Fatality Review Team (Appendix C, DHS/SSA Response letter, Appendix D),
- State Council on Child Abuse and Neglect Report (Appendix Response letter is expected in the Summer of 2019)

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 the Infants and Toddlers Program. Each of Maryland’s twenty-four jurisdictions has agreements between Child Protective Services and the Infant and Toddlers program that spells out the referral process. Information documented in CJAMS will be used to help assist staff with making the required referrals to Infants and Toddlers and to track data of those referred over time.

Additionally, Maryland’s safety and risk assessments 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 directs workers to classify 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 investigates the fatality prior to the team meeting as 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 jurisdiction has a death 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 jurisdiction of residence of the deceased, not county of death). The OCME 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 has 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 jurisdiction, 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 additional 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 2017 Annual Legislative Report was recently released. A copy of the Department's response to the report is attached, Appendix D.

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. The review is expected to be completed sometime in 2019 with the results of the reviews and 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 updated memorandum dated 5/3/2013 providing instruction to LDSS staff for completing the report. 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

Over the past 5 years, accomplishments under John H. Chafee to promote the goals of safety, permanency and well-being for youth include:

- Leadership retreats for State Youth Advisory Board youth
- Three Older Youth Summits
- Lesbian, Gay, Bisexual, Transgender, Questions (LBGTQ) training and conference
- Youth participation in Constituent Night and Youth Shadow Days in Annapolis
- Youth participation in the Student Page program for Maryland High School Seniors
- Foster Youth Summer Internship Program was introduced and signed into law
- Annual Notice of Benefits brochure created and provided annually to all youth in Out-of-Home Placement ages 13 to 21
- Foster Youth Ombudsman Position was established
- Youth provided input regarding DHS Title IV-E services for Transitional Aged Youth
- DHS partnered with the Social Security Administration and the Baltimore County Department of Social Services for the Upskill Initiative to provide up to 12 foster youth with a six-week paid internship at the Social Security Administration.

Accomplishments

- On October 13, 2018 DHS/SSA held an Older Youth Summit. Foster youth throughout the State participated in the gathering/summit to reenergize the State Youth Advisory Board
 - The Center for States Capacity Building is providing technical assistance to DHS/SSA and several LDSS to reenergize and enhance youth participation in the State youth Advisory board (SYAB) and Youth Advisory Board (YAB) in the LDSS
- On December 7, 2018 The State Youth Advisory Board held a holiday celebration for foster youths across the states at Department of Human Services in Baltimore Maryland.
- On February 13, 2019 and February 14, 2019, foster youth throughout the State participated in the 3rd Annual Legislative Shadow Day.
- 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.

- The Emerging Adults workgroup revised the Ready by 21 benchmarks and Youth Transition Plan (YTP).
- Prince George's County and Anne Arundel County foster youth attended the Daniel Memorial National Independent Living conference in San Antonio Texas in August 2018
- Various LDSS participated in the Summer youth employment program (Harford, Baltimore City, Baltimore county, Prince George's, Somerset, Cecil, Fredrick

For the period of April 2016 - March 2017, DHS' Welfare Reform Program through State contractors' job placement agreements successfully placed 14 foster youth. (Data from FIA) The youth received successful job placements with 10 retaining those job placements. Furthermore, for the period of April 2017 – March 2018, DHS Welfare Reform Program through State contractors' job placement agreements (with the Family Investment Administration) successfully placed 8 foster youth.

In SFY2019 the Maryland General Assembly released state funds to continue the Foster Youth Savings Program initiated in SFY2018 to assist older foster youth with accruing assets prior to exiting foster care. Foster youth received a one time savings of either three hundred fifty dollars (\$350) for age's fourteen (14) – seventeen (17) and eight hundred dollars (\$800) for youth ages eighteen (18) – twenty (20). In addition to the Foster Youth Savings youth who completed a high diploma, GED or received a certificate of completion receives a one-time payment of \$500 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.

In SFY2019 effective October 1, 2018 the Maryland General Assembly directed DHS/SSA to enforce Senate Bill 291 which stipulates that LDSS conserves specific portion of federal benefits for older youths. This program is also initiated to assist foster youth with accruing assets prior to exiting foster care. Foster youth ages 14-15 will have 40% of federal benefits conserved; foster youths ages 16-17 will have 80% of federal benefits conserved and foster youth ages 18 and above will conserve 100% of federal benefits. The conserved benefits are to be managed in a way that will not exceed federal asset or resource limits that can affect youth eligibility. Conserved funds will contribute to assets that foster youth will acquire as they transition from 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 continues to explore methods to support foster youth until age 23. Services under consideration 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 currently provides the following transitional 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. 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 such as 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.

Activities to help foster youth engage in age or developmentally appropriate activities include but are not limited to:

- Graduation ceremony
- Harriett Tubman Museum
- Cruise on the Spirit of Washington
- Camp Connect
- Daniel Memorial Independent Living Conference
- Youth Shadow Day in this report
- College tours in Central, Eastern and Western Maryland
- Reality Tour in Somerset
- Team building rope course
- Bar-T Summer Camp
- Youth Holiday celebrations
- Like skill training with Street Laws
- Make A Plan for Success
- Young Parent Support group
- Ready by 21 Resource Fair
- Drivers Education Program

Semi Independent Living Arrangement (SILA) provides youth ages sixteen (16) - twenty-one (21) an opportunity to learn and practice independent living skills and activities. Youth are placed in an approved setting, such as an apartment and receive 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. In SFY2018, one hundred and fifty-five (155) youth participated in a SILA placement while one hundred eighty-one (181) youth participated in an independent living placement. There is a significant increase in youth participation in the SILA placement and independent living placement for SFY2018. In

comparison to ninety-three (93) youth participated in a SILA placement while one hundred twenty-two (122) youth participated in an independent living placement setting in SY2017.

The number of youth for SILA placement increased by sixty-two (62) while Independent living placement increased by fifty-nine (59). DHS/SSA will continually develop both programs to ensure the youth are prepared towards self-sufficiency as they prepare to transition out-of-care.

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. Approximately 52% (1,517) of the youth transitions triggers resulted in a Youth Transition FIM occurring while for another 18% (637) transition 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). In SFY2018, two thousand, two hundred thirteen (2,213) Youth Transitions triggers occurred, signaling the need for a Youth Transition FIM. Approximately 55% (1,226) of the youth transitions triggers resulted in a Youth Transition FIM occurring while for another 12% (277) transition planning occurred as part of a FIM held for another reason. For almost 32% (710) of youth transition triggers no Youth Transition Planning FIM was held. The date recorded for youth transitional FIM for SFY 2018 is similar to recorded data recorded for SFY2017. DHS/SSA continues to explore 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 credit reports, in turn, are used to advance financial literacy and foster self-sufficiency of youth in Out-of-Home Placement. DHS/SSA continued to provide technical assistance for identified issues for Charles County, 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 youth 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.

The data for Ready by 21 Services for SFY2018, shares similarities with the SFY2017 survey. For the SFY2018 Ready by 21 surveys, there were three hundred twenty-five (325) foster youth aging out-of-care. Of those three hundred twenty-five (325), two hundred eighty-nine (289) were eligible to participate in the study. There were nineteen (19) youth who declined to participate and five (5) surveys that were missing. Overall, ninety-two percent (92%) youth participated in the study. Of all surveyed ninety-two percent (92%) 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-two percent (62%) have a job, thirty-six percent (36%) are enrolled in school or college, thirty-three (33%) have enrolled in job training or an apprenticeship and thirty-five (35%) completed job training, an apprenticeship and earned a certificate. Even though, there are some great outcomes 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 is 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 SFY2016, 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. 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.

During SFY2018 there were nine hundred and forty three (943) overall youth between ages 18 and 21 in Out-of-Home Care. The numbers decreased in SFY2018 by twenty three (23) compared to SFY2017 and by one hundred and seventeen (117) compared to SFY2016. There were three hundred twenty-six (326) 18-year-olds, three hundred three (303) 19-year-olds and three hundred fourteen (314) 20-year-olds.

In SFY2018, four hundred nine (409) 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 and thirteen (513) youth who exited in SFY2017 and 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 SFY2018 there were seven (7) former foster youth who reentered Out-of-Home care via this option. This is a significant decrease compared to youth who reentered Out-of-Home Placement via this option. In SFY2016 and SFY2017, there were seventeen (17) former foster care youth each year who reentered Out-of-Home Placement via this option.

During SFY2018 there were ten (10) youth 16 or older who exited care to adoption and thirty-one (31) who exited to guardianship who will be eligible to receive Independent Living After-Care Services in the future. The number of youth who exited to adoption in SFY2018 is the same with SFY2017 while youth who exited to guardianship increased by five (5) in SFY2018, thirty-one (31) compared to twenty-six (26) in SFY2017.

Life Skills Assessment

Maryland continues to use a Life Skills Assessment Tool annually for all youth ages fourteen (14) to 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 Benchmarks which is a tool used in conjunction with the Casey Life Assessment is currently being enhanced with revisions that support skill sets that promote independence and self-sufficiency. 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.

Work is in progress between DHS/SSA and DLLR to explore partnerships with the corporate, private, and governmental businesses to offer employment, internships, 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 including but not limited to: Helping Your Teen Succeed, Planning with Transitioning Youth: Independence vs. Interdependence. Is There One without the Other?, Openness in Adoption, Navigating Special Education, Fostering Healthy Relationships with our Children, Foster Parenting for Social Change: Raising Children in Racial Equity, Drugs and Our Society, Digital Safety, Working Towards Openness in the Birth Parent Relationship, In-Service Training, Navigating the Challenges of the Educational System, special considerations for older youth placements, and youth participation in Family Involvement Meetings (FIM's) and transitional planning,

State Youth Advisory Board

On October 13, 2018 The State Youth Advisory Board (SYAB) held a youth gathering event. About 30 youths across the 24 LDSS attended the event. The event was used to re-energize, reiterate the importance of SYAB which includes youth having a voice and a platform to advocate for self. The event was also used to recruit foster youth across the state into the SYAB. The Center for States Capacity Building partnered with SYAB in organizing this event.

On December 7, 2018 the SYAB held the end of the year celebration for foster youth across the State at the Department of Human Services Central. Twenty-two youth across the State participated in the event. This event was used to kick start the 3rd annual foster youth Shadow Day in Annapolis, Maryland. Youth who participated in the 2nd Foster youth shadow were given the opportunity to share their experience during the 2018 event and also encourage others to participate in the 2019 shadow day event. Youth across the State had the opportunity to socialize, play games and ask questions about policies that guides sibling visits, Educational Training Vouchers, and MD tuition waivers. Furthermore the SYAB stated they would like to advocate for extension of the age limit for youth in foster care, and the availability of more housing resources during and after exit from the child welfare system.

On February 13, 2019 and February 14, 2019, foster youth throughout the State participated in the 3rd Annual Legislative Shadow Day, which was coordinated by a State Delegate and sponsored by DHS/SSA. Forty-two (42) youth participated in this event. During the February 13th event youth had the opportunity to observe the legislative process, tour the historic room of the Maryland State house, meet and shadow delegates, observe delegates committees and one of the youth shadowed the Lt. Governor. During the February 14th event, youth had the opportunity to navigate the State capital tunnel, meet and shadow the delegates, tour the government house, observe the delegates' committee meetings and one of the youth shadowed the Governor. During these two-day events youth had the opportunity to learn about advocacy and how to effectively use their voice. Out of the 42 youth who participated, 34 youth completed the 2019 Foster Youth Shadow Day Survey to provide feedback on the event. Youth were asked to provide an overall rating for the event. 65 percent rated the event as excellent, 20 percent rated it very good, 12 percent rated the event as good and 3 percent rated it fair. Also in the survey, youth were asked to state what part of the event they liked most. Multiple responses were provided by the youth. There were 26 responses stating they liked the shadowing of the delegates, 19 respondents liked the statehouse tour, 18 respondents liked meeting the Lt Governor/ Governor, 17 respondents liked attending the committee hearings and 13 respondents liked the advocacy group. In addition youth were asked how the experience would increase their participation in various activities. Multiple responses were provided by the youth: 21 responses were more likely to stay informed about social problems or laws that affect foster youth, 16 responses were more likely to vote, 10 responses were more likely be part of advocacy group and 8 responses were more likely run for office.

During the 2019 Maryland General Assembly Legislative 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.

DHS/SSA and the Capacity Building Center for States is working to enhance youth participation on the Youth Advisory Board 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. The work between DHS/SSA and the Capacity Building Center for States includes constituting a steering committee to develop the subcommittee charter, define success for the charter, success for the YAB, success for the SYAB and develop a plan to achieve identified goals. The Capacity Building Center for States also provides additional support by attending events and meetings of SYAB when deemed appropriate. Members of the Capacity Building Center for States who are former foster youth present during events to share their experience and on how to use their voice to effect positive changes in the community.

DHS/SSA believes that the activities and work done with members of the Capacity Building Center for States are connected to the 2015-2019 goals and objectives, in particular to the well-being of youth in foster care. Youth will participate and learn to elevate their voice and learn from peer to peer-learning opportunities. Their advocacy efforts will support making recommendations for change in policies and programs. The skills learned in participating in the SYAB meetings are skills that can transition into adulthood. DHS/SSA also intends to continue to include youth voice and engagement opportunities for youth to support ongoing strategies included in Maryland's PIP and CFSP so that full impact can be determined.

Financial Empowerment

DHS/SSA is working in conjunction with MD CASH Campaign to develop a financial literacy curriculum in addition to the financial education offered in the life skills training offered to youth in Out-of-Home Placement. Furthermore MD CASH Campaign will provide additional training to the Independent Living Coordinators on how to broaden their financial knowledge and gain skills that will assist them on providing individualized financial training to youth in Out-of-Home Care. Training Topics include: Psychology of financial Decision making, Daily Money Management, Budgeting tools and savings, Basics of Credit/debt, Tips on financial conversations with clients and involving the whole family in managing finances.

Youth Feedback

Work is in progress on getting feedback from current and former foster youth on current policy, best practices, integrated practice model and youth engagement. DHS/SSA in conjunction with LDSS is currently in process to identify and recruit foster youth/ former foster youth to participate in the upcoming Child and Family Service Review (CFSR).

DHS/SSA in conjunction with the Emerging Adults workgroup and the Independent Living Coordinator revised the Maryland Youth Transition Plan (YTP). The YTP was revised to ensure that it adequately plan for self-sufficiency as youth prepare to exit care and aligns with the Ready by 21 benchmarks.

Furthermore DHS/SSA is in the process of formulating a focus group to provide youth feedback on the revised the Ready by 21 benchmarks and the Youth Transition Plan. DHS/SSA constantly engages SYAB on the importance of having a voice and evaluating current practice and policy and providing feedback on how to improve service delivery in the child welfare system.

Human Trafficking and Youth

DHS/SSA in conjunction with the University of Maryland School of Social Work grant (Child Sex Trafficking Victim Initiative (CSTVI) partners and the Institute for Innovation and Implementation 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 CANS and CANS-F algorithms have been tested and it has been found that it is useful in identifying trafficking victims with these tools. Once the algorithms are programmed into Maryland's new child welfare database, CJAMS, the system can help inform the worker of youth who are at risk of being trafficked.

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, the Talbot County Department of Social Services on behalf of the five LDSS 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 Phase II 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 September of 2019.

During the Phase I evaluation; youth, child welfare workers, and resource parents identified a lack of affordable housing, appropriate employment opportunities and a lack of transportation options as barriers that create additional challenges for youth in foster care on the Mid-Shore. Both youth and workers identified the transitional planning meetings, which were replaced with Enhanced-Youth Transitional Planning meetings, as a source of frustration based on lack of team engagement and follow through on assigned tasks. Youth also reported a disconnection between their transitional plan, the planning process and Transition Family Involvement Meetings. As of March 1, 2019, sixty-one percent (61%; 44 youth) of all individuals in Out-of-Home Placement in the five (5) Mid-Shore LDSS are ages fourteen (14) to twenty-one (21) years of age. Although there are only seventy-two (72) youth in Out-of-Home Placement in these five (5) LDSS, this high proportion of youth who are fourteen years old (14) or older necessitates a comprehensive approach.

Table 43

	Total # Out-Of-Home Placement	14-21 In Out-Of-Home Placement	% 14-21 In Out-Of-Home Placement
Caroline	21	9	43%
Dorchester	22	16	73%
Kent	9	6	67%
Talbot	12	9	75%
Queen Anne	8	4	50%
TOTAL	72	44	61%

As of March 1, 2019 (data provided by LDSS Directors to Thrive@25 staff)

As a result of the Phase I findings, Thrive@25 made an important shift in the intervention in Phase 2. The intervention moved from serving only those youth identified as high risk to supporting all youth ages fourteen (14)-twenty-one (21) in Out-of-Home Placement through Enhanced-Youth Transition Planning Process. 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 five core outcomes: safe and stable housing, permanent and supportive connections, education and employment, financial empowerment and well-being and civic engagement.

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 LGBTQ youth and relevant to rural communities across Maryland and the nation. The primary intervention for Thrive@25 is

Enhanced- Youth Transition Planning (E-YTP), an individualized, strengths based, youth-driven transitional planning model that utilizes the Achieve My Plan (AMP) youth engagement training and resources.

AMP, is an evidence-informed intervention developed by Portland State University in partnership with youth and young adults, and was selected as an overlay to the transitional planning process because it provides workers with the necessary skills to engage meaningfully with youth to strengthen their relationship as well as collaboratively develop comprehensive transition plans that will enable youth to be self-sufficient upon exit or before. 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 trained 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. A fourth cohort of AMP certification and training began in April of 2019. By August of 2019 all of the foster care workers, supervisors, and FIM facilitators on the Mid-Shore will be certified or trained.

Thrive@25 is in its 2nd year of implementation of Year-Round Employment Program (YREP) and continues to provide individualized flexible funds to meet the needs of older youth in foster care. The focus of flex fund spending has been on assistance with securing stable housing and helping youth get their driver's license or access other methods of transportation. 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 late 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 also will be completed in late 2019.

Results from SFY2019

In State Fiscal Year 2019, the Thrive@25 team trained and certified a third cohort of foster care workers and supervisors and trained an additional three (3) Family Involvement Meeting (FIM) Facilitators across the Mid-Shore Region in the AMP and E-YTP model. The Thrive@25 Transitional Planning Coach is a Portland State University certified Level III trainer and coach and began individual coaching with the five (5) mid-shore foster care supervisors as well as establishing a Peer Learning group with all certified Foster Care Workers and Supervisors, and all trained FIM Facilitators. During this year, the Year-Round Employment Program worked with 8 youth to further develop and support their employment readiness. The Thrive@25 team has engaged and trained Court Appointed Special Advocates (CASA) on the teaming generally and E-YTP specifically. The Thrive@25 team also organized Youth Engagement training, *Supporting Authentic Youth Engagement and Leadership*, for all Mid-Shore LDSS staff and leadership which was facilitated by On Our Own of Maryland. The Thrive@25 staff (The Institute) and Portland State University staff presented a three and a half hour (3.5 hour) institute at the University of Maryland, Baltimore (UMB) Training Institutes, July of 2018 in Washington, DC. This session introduced AMP and Thrive@25 and explored what the model is and how it has been adapted. This session included a Mid-Shore LDSS foster care worker who shared her experiences using the E-YTP model with the young people with whom she works. The Thrive@25 team was also provided a poster presentation on innovative housing strategies for older youth in rural areas at the 2018 UMB Training Institutes.

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 Thrive@25 led the work of updating Maryland's Ready by 21 benchmarks for transition-aged youth and informed the development of a statewide transitional plan. The Thrive@25 team also presented on the grant activities to the new staff in the DHS/SSA Older Youth Unit to ensure alignment of work. 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. These well-being findings suggest that youth perceive a high level of well-being with some scores being below norms from non-referred populations.

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

Worker Pre-Test

All child welfare workers who were trained in Achieve My Plan (AMP) were given a pre-test before training. The pre-test involved 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).

Table 44

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 45

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 46

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

Continuous Quality Improvement

The Thrive@25 research team has been working on continuous quality improvement (CQI) for the last several months. In collaboration with program staff and with the management team from the Thrive@25 mid-shore counties, a tracking system was developed for core variables related to the CQI process, see below. The first table indicates how many youth were eligible to receive E-YTP meetings, how many meetings were held, how many youth did/did not receive the intervention during the previous quarter as well as the average length between meetings. The second table indicates aggregate results from the Feedback Surveys.

Jurisdiction: Mid-Shore Jurisdiction

Time Period: October 1, 2018 to December 31, 2018

Enhanced Youth Transition Planning Meeting Tracking

Table 47

Information on Meetings Held					
Jurisdiction	Number of TAY Youth In-Care During This Time Period	Number of TAY Youth In-Care Eligible for E-YTP Intervention	Number of Youth who had at least one Meeting during this reporting period	Average Amount of Time Between Meetings (months)	Number of Youth who Did NOT have an E-YTP During this Reporting Period
Mid-Shore Maryland (all 5 counties)	45	41 (91%)	20 (20/41; 49% of youth)	3.7 Months (Range = .9 to 7 months)	21 (21/41 = 51% of youth)
4 Active counties	29	27 (93%)	20 (20/27; 74% of youth)	3.7 Months (Range = .9 to 7 months)	7 (7/27; 26% of youth)

Table 48

MID-SHORE MARYLAND TOTAL				
Total Number of Youth In Care Eligible for E-YTP	Percentage of Eligible E-YTP Meetings Held (Number of E-YTP Meetings Held/Number of Youth In Care Eligible for E-YTP)	Percentage of Youth Completing a Survey (Number of Youth Surveys Collected/Number of E-YTP Meetings Held)		
41	51% (20*/41)	52% (11**/21)		
Mean Number of Team Members Attended (Range, Total)	Percentage of Attendees by Type of Support (Number of Attendees of this Type/Total Number of Team Members Attended)			
6.1 (1-10, N= 115)	Natural	DSS	Professional	Unknown
	11%	35%	38%	16%

	(13/115)	(40/115)	(44/115)	(18/115)
Percentage of Team Members Completing a Survey (Number of Team Member Surveys Collected/Number of Attendees)	Percentage of Surveys by Type of Support from Team Member (Number of Surveys Collected/Total Number of Team Member Surveys Collected)			
70%	Natural	DSS	Professional	Unknown
(80/115)	9%	35%	43%	14%
	(7/80)	(28/80)	(34/80)	(11/80)

*One additional meeting was held (for a total of 21) because one youth had two meetings this quarter

**Two packets not received

Table 49

Youth Surveys (N = 11)	Yes, Definitely OR Pretty Much	Maybe/ Sometimes	No, Not really OR Not at all
1. There was a clear agenda for today's meeting.	100% (n = 11)	0% (n = 0)	0% (n = 0)
2. We stuck to the agenda during today's meeting.	100% (n = 11)	0% (n = 0)	0% (n = 0)
3. The next steps for my plan and who is responsible are clear.	91% (n = 10)	9% (n = 1)	0% (n = 0)
4. I was respectful at today's meeting.	91% (n = 10)	0% (n = 0)	9% (n = 1)
5. I am treated respectfully by my team.	91% (n = 10)	0% (n = 0)	9% (n = 1)
6. I am able to share my goals with my team.	91% (n = 10)	0% (n = 0)	9% (n = 1)
7. I have multiple opportunities to share my ideas and thoughts with my supports and team.	91% (n = 10)	9% (n = 1)	0% (n = 0)
8. When problems come up with friends, relationships, or how I'm feeling I handle them pretty well.	100% (n = 11)	0% (n = 0)	0% (n = 0)

Youth Surveys (N = 11)	Yes, Definitely OR Pretty Much	Maybe/ Sometimes	No, Not really OR Not at all
9. We focus more on the future and solutions rather than on the past and what's gone wrong.	91% (n = 10)	9% (n = 1)	0% (n = 0)
10. I make meaningful choices and/or decisions for my plan.	100% (n = 11)	0% (n = 0)	0% (n = 0)
11. When problems come up, such as with education, finances, or housing, I handle them pretty well.	82% (n = 9)	18% (n = 2)	0% (n = 0)
12. I can make changes when I need to so I can be successful.	91% (n = 10)	0% (n = 0)	9% (n = 1)
13. I am overwhelmed when I have to make a decision about my services, supports, or future.	64% (n = 7)	9% (n = 1)	27% (n = 3)
14. I believe that services and supports can help me reach my goals.	100% (n = 11)	0% (n = 0)	0% (n = 0)
15. My plan fits with my story, values, and identity.	91% (n = 10)	9% (n = 1)	0% (n = 0)
16. Goals and action items that are personally meaningful to me are a part of my plan.	82% (n = 9)	9% (n = 1)	9% (n = 1)
17. I work with my team to adjust services and my supports to fit my needs.	91% (n = 10)	0% (n = 0)	9% (n = 1)

Table 50

Team Member Surveys (N = 80)	Yes, Definitely OR Pretty Much	No, Not really OR Not at all
1. There was a clear agenda to the meeting.	98% (n = 78)	3% (n = 2)
2. The facilitator shared clear expectations for how people would interact and communicate during the meeting.*	100% (n = 79)	0% (n = 0)
3. People interacted and communicated during the meeting in a way that was productive and	100% (n = 80)	0% (n = 0)

Team Member Surveys (N = 80)	Yes, Definitely OR Pretty Much	No, Not really OR Not at all
respectful to everyone there.		
4. We stuck to the agenda during the meeting.	100% (n = 80)	0% (n = 0)
5. The youth was treated respectfully.	100% (n = 80)	0% (n = 0)
6. The youth shared their goals.	96% (n = 77)	4% (n = 3)
7. The youth had multiple opportunities to present their ideas.*	100% (n = 79)	0% (n = 0)
8. The youth made meaningful choices and/or decisions for their plan.*	95% (n = 75)	5% (n = 4)
9. The youth led part of the meeting.*	84% (n = 66)	16% (n = 13)
10. The youth was respectful to other meeting participants.*	100% (n = 79)	0% (n = 0)
11. We focused more on the youth's strengths than their deficits and problems.*	99% (n = 78)	1% (n = 1)
12. We focused more on the future and solutions than on the past and what's gone wrong.*	100% (n = 79)	0% (n = 0)
13. We got important planning done.*	99% (n = 78)	1% (n = 1)
14. The next steps and everyone's responsibilities for the plan were clear.**	100% (n = 79)	0% (n = 0)
15. Goals that are personally meaningful to the youth are part of the plan.*	99% (n = 78)	1% (n = 1)
16. The plan included action items (e.g., goals, steps, activities, etc.) contributed by the youth.*	100% (n = 79)	0% (n = 0)

*1 team member did not complete this item

**2 team members did not complete this item

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. Work will continue to enhance housing resources on the Mid-Shore. In addition, the Experiential Living Workgroup will explore shifting the current model of independent living courses to one that will better meet the needs of the youth through making them individualized to each youth and creating opportunities for youth to practice skills in a supported/supportive environment.

A fourth cohort of foster care workers will be certified in AMP and the E-YTP model, and FIM facilitators 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. DHS/SSA and The Institute are working closely to design a mechanism to continue the E-YTP process on the Mid-Shore after the grant ends in Fall 2019.

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.

National Youth in Transition Database (NYTD)

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 51

NYTD Survey -- Connection to Adults		
Youth Perspectives - Cohort 1 (starting FFY 2011) versus Cohort 2 (starting FFY 2014)		
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
FFY2013	83%	92%

FFY2016	62%	28%
FFY2019	NA until SFY 2019	NA until SFY 2019
Follow-up (when foster/former foster youth were 21 years old)		
	Still in Foster Care	Left Foster Care
FFY2015	87%	91%
FFY2018	91%	54%
FFY2021	NA until SFY 2021	NA until SFY 2021
<i>FFY 2013 and FFY2016 data was revised due to delays when information is finalized. FFY 2018 data reflects full year of reporting.</i>		

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/SSA 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) years old) each subsequent cohort shows a greater awareness regarding having access to health care. At the first follow-up (nineteen (19) years old) 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 52

NYTD Survey -- Access to Health Care				
Youth Perspectives - Cohort 1 (starting FFY 2011) versus Cohort 2 (starting FFY 2014)				
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%	35%		
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
FFY2013	77%	17%	63%	29%
FFY2016	89%	32%	88%	20%
FFY2019	NA until SFY2019	NA until SFY2019	NA until SFY2019	NA until SFY2019

Follow-up (when foster/former foster youth were 21 years old)				
	Still in Foster Care		Left Foster Care	
	Medicaid	Other Type	Medicaid	Other Type
FFY2015	83%	12%	51%	14%
FFY2018	82%	29%	52%	23%
FFY2021	NA until SFY2021	NA until SFY2021	NA until SFY2021	NA until SFY2021

FFY 2013 and FFY2016 data was revised due to delays when information is finalized. FFY 2018 data reflects full year of reporting

Similarly, DHS/SSA’s Maryland Ready By 21 Survey (report period July 2018 through November 2018) indicate that among the one hundred and one (101) 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 of 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) years old) and baseline (seventeen (17) years 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 the 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 regard 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.

Employment Initiatives

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.

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 continues to explore 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. Maryland Senate Bill 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. DHS/SSA has moved forward in considering partnering with sister agencies and other established summer internship programs to support implementation efforts of this program.

Fostering Employment Act of 2018 (Senate Bill 308)

DHS/SSA partners 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 leads to industry-recognized credentials through the participation of a DLLR registered apprenticeship program or; job readiness training. DHS and DLLR continue to meet and are finalizing a Memorandum of Understanding between the two state agencies.

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 53

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

Updates and Accomplishments for 2018-2019

Since December 2018, there have been one hundred eighty five (185) referrals for the New Future Bridges Subsidy Program, of which eighty-seven (87) were foster youth. Youth participating represent 7 counties (Baltimore, Montgomery, Prince George's, Cecil, Charles, Somerset, and Washington and Baltimore City).

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.

Child Protective Services Caseworkers' 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.

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. Hiring preferences are for those applicants with a Master's of Social Work degree. Once an employee is hired, the Department currently does not formally 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.

Child Protective Services Caseworkers' Demographics

DHS/SSA issued a survey to the CPS workforce regarding demographics and education level. Survey results for caseworkers: 55% are under the age of 40; 45% are over 40; 90% are female, 10% are male; 48% are African-America, 46% are Caucasian, 3% are Hispanic, 1% are Asian, 1% are two or more races; 66% have Master's Degrees or higher. For Supervisors, 49% are under 40, 61% are over 40; 92% are female, 8% are male; 35% are African-America, 62% are Caucasian, 1% are Asian, 1% are two or more races; 100% have Master's degrees or higher.

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.

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 Indicators and Dynamics of Abuse and Neglect and Three Contributing Factors
- Module III Engaging Children and Families
- Module IV Family Centered Assessments
- Module V Planning with the Family
- Module VI Working Effectively with the Court

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.

- Assessing and Planning for Risk and Safety
- Introduction to CPS Responses/Placement and Permanency/Consolidated Services
- Trauma Informed Casework
- Impact of Child 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 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 ongoing 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. Other 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.

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

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. As of December 2018, the average CPS caseload was 1:6.6. During that same month, the supervisor/worker ratio averaged 1 supervisor to 5.4 workers. CPS supervisors do not carry a caseload.

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

Over the last five years, Maryland has supported eligible foster care recipients with additional funding for education services through the Education and Training Voucher (ETV) 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 for college and vocational training for full time students. Part time students may be eligible for up to \$2,500 annually.

Foster care youth are eligible for ETV if they are:

A current foster/kinship care youth,

- 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 an accredited vocational school.

Change to Program: 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.

Participation

Please see Appendix E for information on number of participants. 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. The ETV program has the following service areas:

Care Packages: Over the past five years, students were sent care packages containing 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.

Progress /Accomplishments

Through each year, the State coordinates with Foster Care to Success to enhance the manner in which ETV services are provided. From 2016-2019, Foster Care to Success has awarded \$1,187,447.50 in funds to a total of five hundred and fifty-four eligible foster care recipients. Participants attended four year and two year institutions as well as vocational programs in-state and out-of-state.

Changes to raise awareness

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 revised its internal policy directive to the LDSS on the updates to the ETV program. The Department has also worked with FC2S to revise their brochures to include information on the expansion of ETV eligibility. DHS/SSA facilitated a series of conference calls with Maryland public institutions to promote awareness of the ETV application process which, as directed in the policy, requires an institution's financial aid personnel to sign the 'Financial Aid Office Release Form' and forward to FC2S.

Barriers and Concerns

The 2018 FC2S annual report for Maryland highlights some of the areas of concern for Maryland’s foster care recipients. For example, the report showed in 2018, a total of 21 foster care recipients who identified as “expected to parent or are currently parenting” during the 2017-2018 academic year. Some of the barriers this causes for foster care recipients are access to child care for their children in order to attend school. While parenting ETV recipients do tend to receive more funding, the report still showed that they tend to continue to experience issues completing their education programs. The recent report also identified that “28 current and former ETV recipients” graduated from college/completed a vocational program. Maryland intends to utilize the information of this report in its feedback loop with stakeholders to ultimately identify ways to address this barrier.

Collaboration and Feedback Loops

In 2017, DHS/SSA implemented the Emerging Adults Workgroup which comprises of various community stakeholders with an interest in older youth. The workgroup meets monthly and collaborates to improve programs and access to services for older youth. This collaboration has been instrumental in addressing issues related to youth transitioning out of foster care, including areas of education and employment. One key highlight of this collaboration has been the drafting of the Ready by 21 Benchmarks for foster care recipients. This is especially notable for education as it is one of the benchmarks discussed to improve outcomes for foster care recipients.

In its efforts to continue to improve outcomes for foster care recipients receiving ETV, the State continues to analyze shared data on program participants by FC2S as an effort to improve outcomes for foster care recipients.

DHS/SSA continues to utilize the State Independent Living Coordinators (ILC) meetings to engage the local Independent Living Coordinators to further advance the program. For the past five years, LDSS ILCs across the State have facilitated Ready by 21 Independent Life Skills group for foster care youth between the ages of 14-20 which focused on all areas of their transition out of foster care including education planning. In addition to life skills courses, ILCs have been instrumental in promoting and facilitating college tours around the State. Tours have been held at community colleges and four year institutions in the State.

Maryland continues to ensure that funds for the Education and Training Voucher Program are available to eligible children in Out-of-Home Placement.

Table 54

Academic Year	Total Number of Recipients	First Time Recipients (Unduplicated)	Total Funds Awarded
2018-2019 to date	174	70	\$ 333,780.00
2017-2018	171	68	\$ 362,850.00
2016-2017	209	77	\$ 490,817.00

While the data over the years has fluctuated, the program is intended to assist those students who are bound for post-secondary options. It is important that the funds are utilized; DHS/SSA recognizes that this may not be the career path for all foster care recipients and will continue to work with LDSS on supporting those individuals who choose

alternative career paths. One key reason for the fluctuation in the data is the lack of knowledge and awareness of the program across program areas and various parties. It is critical for the courts, prospective adoptive parents, as well as colleges and training institutions to also have this information. The Department will continue its efforts in promoting the MD ETV program. For specifics plans, please refer to the CFSP.

MARYLAND STATE TUITION WAIVER

In addition to the MD ETV, the State utilized the Maryland Tuition Waiver to support current and former foster care youth in obtaining higher educational and providing financial relief 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.

Over the last five years, Maryland has been committed to improving access and utilization of the MD Tuition Waiver for Foster Care Recipients. DHS/SSA assisted in the passing of legislation to expand the eligibility and program requirements of the MD Tuition. The State Legislation was amended and passed for the expansion of the program from five years of eligibility to 10 years with support and collaboration from former foster care recipients and advocate groups.

Since 2015, the number of participants accessing the waiver has increased each academic year. During the 2016-2017 academic year, four hundred eighty-two (482) students received the Maryland State Tuition Waiver, with one hundred thirty three (133) of those students having received the waiver in the previous 2015-2016 academic year. This is a 31% increase from 2015-2016 year. For the past five years, beginning with academic year 2013-2014, to academic year 2016-2017, a total of one thousand fifty three (1053) individuals have accessed the MD Tuition Waiver. Below are tables highlighting demographic data with respect to the tuition waiver for 2016-2017. The 2017-2018 academic year will be reported in next year’s report.

Table 57

2016-2017 Academic Year*		
Gender of Recipients		
	Count	Percent
Female	325	67.4%
Male	157	32.6%
Total	482	100%
Race/Ethnicity of Recipients		
American Indian or Alaska Native	2	0.8%
Asian	25	5.20%
Black or African American	212	44.00%
Two or more races	13	2.70%
Unknown	9	1.90%
White	178	36.90%
Non-resident Alien	5	1.00%

Hispanic (of any race)	40	8.30%
Total	482	100.0 %

**2016-2017 is the most recent data available; the data for 2017-2018 will be available October 2019.*

Over the last five years, DHS/SSA remained committed to developing partnerships across the State to achieve best outcomes for current and former foster youth. Improving information sharing between the local colleges in Maryland and DHS/SSA and the LDSS has been an identified target and goal for the State. It has been essential to the goal of the program to include local colleges in the outreach and promotion of the program in order to assist them with ensuring all eligible participants actually receive the waiver. DHS/SSA continues to have a strong collaborative relationship with Maryland Higher Education Committee (MHEC) which includes data collection and analysis with respect to the utilization of the tuition waiver. Over the years, this data has been essential in the legislative process and DHS/SSA overall service array.

In an effort to continue to expand utilization and improve outcomes of the program, DHS/SSA collaborated with LDSS and other stakeholders to identify barriers to utilization and develop strategies for improvement. Some of the barriers were that foster youth were not fully prepared for college both emotionally and financially with regards to specifically housing and continuity of supportive resources. There is also a concern of the lack of awareness on the program regarding sustaining satisfactory progress at their institutions of choice. One way the State has attempted to address this has been supporting the expansion of the eligibility criteria of five years to ten years once an individual began using the Tuition Waiver by the 25th birthday. The LDSS continues to facilitate college tours to enhance youth interest in post-secondary education. Tours have been held at community colleges and four year institutions in the State. Each LDSS has an Independent Living Coordinators (ILC) to assist in addressing the educational needs of youth. DHS/SSA has facilitated monthly meetings with ILC's as a measure to address issues as they arise and discuss ways to address them.

Other recommendation from stakeholders suggests DHS/SSA continues to make a point to attend local State sponsored events to expand knowledge and access of ETV and Tuition Waiver. This effort has been made by the education specialist at various LDSS events. One example of this was the State's Youth Summit event held in October 2018. One key way the Department maintains its feedback loop and collaboration regarding addressing recommendations and concerns regarding the MD Tuition Waiver are by way of the Emergent Adult Workgroup. The Workgroup consists of stakeholders such as CASA, advocates, resource parents, private resource providers, case workers and foster youth (who attend periodically). The workgroup has been tasked with reviewing DHS/SSA policies and providing feedback.

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 names of those individuals eligible for tuition waiver. MHEC distributes the list to all Maryland public colleges and universities offices of financial aid. While the accuracy of the list is challenged due to the State's information system, DHS/SSA has made considerable efforts to ensure the accuracy of the eligibility list and reduce the chances that an individual is omitted from the list. 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 Adults 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 prior to removal. 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 (VPA) 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 FFY2018 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 telephone 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 DHS/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. Timeliness of the data entry was identified as a major concern. The performance for FFY2018 for total Caseworker visits is 95.9% vs. the goal of 95%; the performance for FFY2018 for Caseworker Visits in the Home is 83% vs. the goal of 50%.

Table 55

Caseworker Visits in the Home Goals and Maryland Performance				
FFY	2015	2016	2017	2018
Goal	50%	50%	50%	50%
Result	75.4%	76.5%	83.3%	83%
<i>Data Source: MD CHESSIE</i>				

Table 56

Total Caseworker Visits Goals and Maryland Performance				
FFY	2015	2016	2017	2018
Goal	95%	95%	95%	95%
Result	96.6%	97.1%	96.5%	95.9%
<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, 2108 – June 30, 2019 to ensure the guidelines are met. LDSS’ are also required to submit quarterly reports that state how the funds were spent. The plans are approved by Central staff. Caseworker visitation plans will also be required from each LDSS for the period July 1, 2019- June 30, 2020. 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. Additional examples of trainings include self-defense for human service workers, engaging resistant clients, working with foster children who have experienced trauma, kinship care, Adverse Childhood Experiences and nurse consultation services to assist workers to identify, understand, and manage health care needs of children in

Out-of-Home Placement. In addition, these funds have been used by the LDSS to purchase supplies and equipment for visitation with youth and their families, and purchase books for children who have a parent(s) who is incarcerated. In addition, the LDSS 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, retreats, and events to promote teamwork are being held in various LDSS' to reward outstanding achievement and dedication of caseworkers. The LDSS have provided support to social work staff with retention activities that include self-care components. In addition, group supervision was provided in one LDSS for workers who have licensed graduate social work (LGSW) status in an effort to assist them in obtaining full licensure.

In the past 5 years, the LDSS have been required to submit a caseworker visitation plan to ensure the Federal guidelines are being met. These plans are approved by DHS Central staff. The caseworker visitation funds have been utilized to improve the quality of caseworker visits focusing on caseworker decision making on the safety, permanency, and well-being of foster children and on caseworker recruitment, retention, and training. Various trainings have been offered by the LDSS across the State that are separate from the trainings offered by the Child Welfare Academy. Examples of trainings have included skills building for assessing risk and safety, cultural diversity training, compassion fatigue, best practices for working with special populations, and working with children experiencing trauma. In addition, in the past few years, some of the LDSS have purchased video cameras to allow for the video-taping of visits, so that the worker's supervisor can assess the visits and help the worker enhance his/her skills. Several of the LDSS have purchased portable scanners that can be used by caseworkers when they work with foster children on life books, case plans, and youth transitional plans. Finally, in order to improve caseworker retention, many of the LDSS have utilized these funds for employee recognition events and/or retreats to reward outstanding achievement and dedication of caseworkers.

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 Care Coordination 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 57

GRANTS AND INITIATIVES WITH DHS INVOLVEMENT				
Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
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, and 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 – 9/29/19	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 across Maryland and make recommendations to end and prevent youth homelessness.

Maryland Family Network

CBCAP, Title II of IV-B Report to Department of Human Services May 2018—April 2019

I. 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.

II. Accomplishments: May 2018– April 2019

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 factors 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 5,432 individuals/2,079 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 SFY2018, 91% of all children participating were fully immunized; 89% of all children received at least one developmental screening using the Ages and Stages Questionnaire, compared to 57% (national figure, 2016/17 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 SFY2018, 731 parenting participants took part in adult education services at FSCs including Adult Basic Education (ABE), General Educational Development (GED), English (ESOL), Alternative High School, and the External Diploma Program. Over 900 parents completed Employability Services including Career Counseling, Computer Literacy, Job Readiness and Development, and Job Training/Work Experience/Skill Development.

Additional funding from the state of Maryland was secured during SFY2018 to provide each local program with access to a Mental Health Consultant. Parents and children experience emotional trauma detrimental to their well-being caused by isolation, domestic violence, substance abuse, parental depression, anxiety and panic disorders, and fear from living in at-risk neighborhoods plagued with gang violence and shootings. FSC staff is not equipped to handle the challenging behaviors and other emotional and mental health concerns of participating children and their families. Children dealing with traumatic experience can face social, emotional, physical, and mental health challenges that last into adulthood. Left unaddressed, early childhood adversity can lead to school failure, risky behaviors like alcohol and drug use, and increased chance of health conditions such as obesity and heart disease. The provision of a certified and licensed Mental Health expert enables local programs to address the emotional trauma caused by environmental and substance abuse related issues that impact families.

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)

A proven strategy for ensuring that young children learn and thrive in high-quality early learning environments is to increase the professional development and knowledge of those caregivers who spend significant time with young children daily. MFN established and coordinates the operation of a statewide network of Child Care Resource Centers (CCRCs) designed to provide training and technical assistance each year to child care professionals. During SFY2018, the CCRC network delivered technical assistance and training to 31,010 child care providers. 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. MFN offered eLearning during SFY2018 which provided the opportunity for individuals to complete quality training at a time and place conducive to their circumstances. These workshops are accessed from a web-based platform and participants are afforded the ability to complete the workshops at a pace comfortable for them. Over 600 child care providers completed the 11,600 eLearning training modules through MFN.

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, 3,501 parents consulted Locate this year seeking child care for 1,933 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 SFY2018, 7,882 parents visited marylandfamilynetwork.org to conduct 25,549 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 and 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. Because of the work with parents of very young children from many ethnic, racial, geographic, and economic backgrounds, and because the parents are usually too busy to organize and take action, MFN works with them and colleague organizations to speak out about what works, and what families of the very young need to thrive. Over the 70 years, MFN has become the voice of the very young and their families across Maryland in Annapolis and Washington. When there is an issue that touches families with young children in Maryland, MFN is called on to comment or testify marshaling the power of parents themselves when necessary.

MFN's annual day of advocacy brought more than 300 parents and young children from the Family Support Centers to the State's capitol – many of them for the first time – to meet with their legislators, learn about the legislative process, and make their voices heard. The “stroller brigade” once again carried MFN's mission and message into the halls of the State House and legislative offices. This event is among MFN's parent leadership activities as it provides parents with the tools and opportunity to learn about the legislative process and empowers them to use their skills and voices to educate legislators about the need for services across Maryland communities.

In 2018, MFN pursued an ambitious agenda. Some initiatives built upon years of prior work; others took aim at new targets of opportunity. Presented below are the key victories of MFN's 2018 legislative efforts:

- HB 1415 “Education – Commission on Innovation and Excellence in Education”. Preserves \$22 million in pre-K expansion dollars that might otherwise be lost when a federal grant expires. MFN has championed

the expansion of publicly funded pre-kindergarten for decades. Partly in recognition of that fact, MFN's Executive Director was appointed to the Commission on Innovation and Excellence in Education (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.

- SB 379/HB 430 "Education --Child Care Subsidy Rates – Mandatory Funding Levels". This legislation mandates increases for Maryland's child care subsidy rates to give parents access to quality care, and establishes a new "floor" so that rates never again fall so low. Ensuring access to affordable, high-quality child care has helped define MFN's mission since the organization's inception in 1945, so the roots of SB 379/HB 430 "Education – Child Care Subsidies – Mandatory Funding Levels" run deep. This year's legislation evolved from an extensive examination of child care issues in 2016 and 2017 by the General Assembly's Joint Committee for Children, Youth, and Families, conducted in concert with MFN. Multiple hearings, off-line work by MFN and legislative staff, and a statutorily mandated report revealed the depth to which Maryland's child care subsidy rates had fallen. In terms of investment, breadth of benefit, and lasting impact, this is the most significant victory for early care and education in more than a decade.
- SB 373/HB 547 "Education – Head Start Program – Annual Funding. Restores a \$1.2 million budget cut imposed in 2009, increasing the State supplemental funding for Head Start to a minimum annual level of \$3 million, and potentially increasing services and expand hours of services for more than 2,100 Head Start children.
- SB 912/HB 1685 "Maryland Prenatal and Infant Care Coordination Services Grant Program Fund (Thrive By Three Fund)". Creates a grant program to expand the coordination of direct services for jurisdictions with a high percentage of births to Medicaid-eligible mothers.
- SB 859/HB 775 "State Employees – Parental Leave". In anticipation of future statewide legislation, provides up to 12 weeks of paid leave for State employees following the birth or adoption of a child. MFN led the effort this Session to enact SB 859/HB 775.

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 with bi-lingual skills in order to provide services to 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.

As of January 2018, Maryland had estimated 7,144 experienced homelessness on any given day as reported by Continuum of Care to the U. S. Department of Housing and Urban Development (HUD). Of that total, 699 were family households, 574 were Veterans, 267 were unaccompanied young adults (ages 18-24 years), and 1,409 were individuals experiencing chronic homelessness. Public school data reported to the U. S. Department of Education during the 2016-17 school year shows that an estimated 16,267 public school students experience homelessness over the course of the year. 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 providers 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 Maryland and Parent Cafes

Designated by the Center for the Study of Social Policy as Maryland's Strengthening Families lead agency, Maryland Family Network utilizes a capacity building approach by providing training, technical assistance, and materials to help enable Maryland public and private agencies to develop and offer Strengthening Families Parent Cafes 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.

Maryland Family Network's commitment to bringing information about the Protective Factors, which were identified by the Center for the Study of Social Policy to help keep families strong and reduce the likelihood of child abuse and neglect, to families in all areas of the state resulted in increased Strengthening Families Maryland Parent Café activity during this reporting period. The staff is qualified to provide training on facilitating Parent Cafés. Strengthening Families Maryland Parent Cafés are structured opportunities for parents to get together with other parents and talk about topics related to the five Protective Factors. During this reporting period, Maryland Family Network provided three Strengthening Families Maryland Facilitator Training Institutes: in Southern Maryland, in the Baltimore metro area with co-sponsorship by the Maryland Head Start Association, and in Howard County, Maryland in partnership with Howard County Government. 104 new Facilitators completed a Facilitator Training Institute 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.

Eighty-nine (89) Parent Cafés were held during this reporting period, with 1,431 people attending. Maryland Family Network also held Table Host trainings; two facilitator refreshers on May 9 and June 29, 2018, and presented about Parent Cafes at the Maryland Head Start Association conference and at the statewide Family Engagement Summit. On September 28, 2018, the first-ever, full-day Strengthening Families Maryland Parent Café Conference was held and was well-attended by providers and parents. Previously trained Facilitators and those who were interested in learning about Parent Cafés were invited to attend the Conference, with Parent Cafés, a Facilitator refresher, table host training, and sessions for experienced Facilitators, including Recruitment and Retention for Parent Cafés,

Parent Cafés for Dual Language Learners, Parent Cafés for Specific Populations, Parent Leadership of Parent Cafés, and Mix It Up! New Ways to Present the Protective Factors. During the conference keynote, two parent café Parent Leaders presented, along with a community Parent Café Facilitator and the Maryland State Superintendent of Schools! Parents also co-facilitated the Parent Cafés, and presented during several of the mini-sessions. It was a very successful day of reaching new people, refreshing existing Facilitators, and involving Parent Leaders in every aspect of the Conference.

Parent Leadership

During SFY2018, fifty-four parents from around the State participated in the two day Leadership Institute for Parents focused on leadership development, building self-esteem & increasing confidence, and effective communication. The trainings were held in reputable conference center hotels that were nicely appointed. Parents were divided into two cohorts. Cohort 1 gathered on March 14-15, 2018. Attendees were from Anne Arundel and Baltimore counties, Maryland's Eastern Shore and Baltimore City. Cohort 2 gathered on April 4-5, 2018 representing 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. One of the main thrusts of the training is to demystify leadership and to assist parents in redefining and seeing themselves as leaders. 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. Pre- and post-test surveys were completed to evaluate the effectiveness of the training. The evaluation results reaffirmed that

goals and objectives were met. Participants cited the training as being a positive experience and that they learned a great deal. They were able to cite specific strategies and approaches demonstrating that they gained the knowledge and experience to support their roles as parents and community leaders. 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 2018 was Part II of the Parent Leadership Training that was held in March and April of 2018. Parents who completed Part I were invited to participate in this session during the Spring Training and Staff Development Conference on May 3-4, 2018. 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 2018 program was “Making Positive Changes!” Diverse pictures and room decor, quotes and takeaways enhanced the atmosphere, helping to boost morale when discussions got tense or serious. 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 participated in two full days of Policy Council/Program Governance training, including Head Start Program Performance Standards, Shared Decision-Making, and Financial Literacy. Policy Council parents participating in the Early Head Start programs are actively involved in working with MFN staff to conduct the annual self-assessment monitoring process for their programs annually. MFN involves Policy Council parents in job interviews for key staff positions and review of the operating budget. 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 On-Site Monitoring Process. Maryland Family Network’s Program Monitor interviewed program participants during the on-site 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.

III. Plans

Building and sustaining strong partnerships 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 will continue to be a priority for the organization.

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 provide additional training to family support network staff as needed for final implementation of the new management information system, known as 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 support and enable 12 Early Head Start programs to provide full-day, full-year licensed child care and child development services to enrolled children and their families. MFN will secure additional Federal dollars needed to renovate facilities, train staff, and enable programs to offer these services for working poor families, and for those parents who are in school.

SECTION XVI: APPENDICES

Appendix A	Citizens Review Board for Children Annual Report
Appendix B	Citizens Review Board for Children Annual Report Response
Appendix C	State Child Fatality Review Team Report
Appendix D	State Child Fatality Review Team Report Response
Appendix E	Education and Training Voucher
Appendix F	State Council on Child Abuse and Neglect Annual Report