

Maryland Department of Human Services
2023 Annual Progress and Services Report



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ACRONYMS

<i>ACRONYM</i>	<i>DEFINITION</i>
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 Permanent Living Arrangement
APSR	Annual Program Services Review
AR	Alternative Response
ARC	American Red Cross
ASCRS	Adoption Search, Contact and Reunion Services
ASFA	Adoption and Safe Family Act
AWOL	Away Without Leave
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

<i>ACRONYM</i>	<i>DEFINITION</i>
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
CSA	Core Service Agencies
COOP	Continuity of Operations Plan
CPS	Child Protective Services
CSOM	Children's Services Outcome Measurement System
CSTVI	The Child Sex Trafficking Victims Initiative
CWA	Child Welfare Academy
CY	Calendar Year
DDA	Developmental Disabilities Administration
CSA	Core Service Agencies
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
EFT	Electronic Funds Transfers

<i>ACRONYM</i>	<i>DEFINITION</i>
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
EDHS/SSA	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
FFPSA	Families First Prevention Services Act
FIM	Family Involvement Meetings
FLOW Model	Fluent, Lead, Own, Withstand Model
FPL	Federal Poverty Level
FMIS	Financial Management Information System
FSC	Family Support Center
FTDM	Family Team Decision Meetings
GAP	Guardianship Assistance Program
GAPMA	Guardianship Assistance Program Medical Assistance
GEAR	Growth, Empowerment, Advancement, Recognition

<i>ACRONYM</i>	<i>DEFINITION</i>
GED	General Educational Development
GOC	Governor's Office for Children
GOCCP	Governor's Office of Crime Control and Prevention
GROW Model	Goal, Reality, Options, Will Model
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
IR	Investigative Response
LDSS	Local Department of Social Services
LEA	Lead Education Agency
LGBTQ	Lesbian, Gay, Bi-sexual, Transgender, Questioning
MAF	Mission Asset Fund
MD THINK	Maryland's Total Human Services Information Network
MEMA	Maryland Emergency Management Agency
MEPP	Maryland Emergency Preparedness Program
MFIRA	Maryland Family Initial Risk Assessment
MCO	Managed Care Organizations
MD-CJIS	Maryland Criminal Justice Information System
MDH	Maryland Department of Health
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

<i>ACRONYM</i>	<i>DEFINITION</i>
MHEC	Maryland Higher Education Commission
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

<i>ACRONYM</i>	<i>DEFINITION</i>
QA	Quality Assurance
RFP	Request for Proposal
RTC	Residential Treatment Center
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
SEN	Substance Exposed Newborn
SFC-I	Services to Families with Children-Intake
SILA	Semi Independent Living Arrangements
SMO	Shelter Management/Operations
SROP	State Response Operations Plan
DHS/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

<i>ACRONYM</i>	<i>DEFINITION</i>
TFCBT	Trauma-Focused Cognitive Behavioral Therapy
TOL	Transfer of Learning
TPR	Termination of Parental Rights
UMB	University of Maryland, Baltimore
WIOA	Workforce Innovation and Opportunity Act

Collaboration and Feedback Loops

The Maryland Department of Human Services Social Services Administration (DHS/SSA) continued to engage families, children, youth, tribes, as well as legal and court partners in meaningful and substantial collaboration through its established Implementation Structure that includes an array of Implementation Teams, Networks, Workgroups, and connections to a number of advisory boards (i.e., SSA Advisory Board, Youth Advisory Board) and Local Department of Social Services (LDSS) Director and Assistant Director groups. It is through this structure that DHS/SSA regularly reviews current data performance, assesses agency strengths and areas for improvement, and develops strategic plans to increase safety, permanency, and well-being. DHS/SSA has continued its partnership with Maryland Coalition of Families (MCF) to assist with bringing family voices to the various teams within its implementation structure using a variety of strategies. To strengthen the participation of families, MCF and DHS/SSA have discussed several strategies to recruit additional families from across the state that represent a variety of populations.

In addition to meaningfully collaborating with key stakeholders, DHS/SSA continued to utilize feedback loops and the DHS/SSA CQI cycle within the Implementation Structure to:

- Assess strengths and areas needing improvement,
- Review and modify goals, objectives, and interventions, and
- Monitor progress in implementing DHS/SSA's strategic vision.

During 2021 the majority of the teams met regularly (meeting frequency of each group listed below), explored opportunities to strengthen and expand membership to ensure representation from key stakeholder groups, and utilized feedback loops to assess performance as well as monitor and adapt key strategies. Listed below are key highlights related to meaningful collaboration and utilization of feedback loops that occurred over the past reporting period:

- **SSA Advisory Board (Meeting Frequency: Quarterly)**
 - DHS/SSA provided a review of headline and CFSR data related to outcomes and key activities to solicit feedback. Feedback provided included recommendations around enhancing data regularly collected particularly related to health indicators. This feedback included collecting additional data to reflect the quality of health services provided to children in foster care. In addition, the team explored opportunities to engage tribal representatives in key initiatives (i.e., Race Equity, Thriving Families Safer Children).
- **Integrated Practice Implementation Team (Meeting Frequency: Monthly)**
 - Collaborated with families with lived experience on the team and program staff to coordinate training and coaching related to the IPM roll out as well as to strategize around the needs of the workforce to support IPM implementation. These discussions resulted in the inclusion of families with lived experience as part of the team of IPM coaches who are implementing coaching intensives with the local departments of social services across the State.

- **Teaming Workgroup (Meeting Frequency: Met monthly until May 2021)**
 - Family members represented on the team, as well as resource parents, urged the use of real families’ experiences with teaming in the teaming policy webinar that was provided to LDSS workers and supervisors across the State. Planning and development of the webinar based on this feedback commenced.

- **Court Outreach Workgroup (Meeting Frequency: Began meeting monthly in April 2021)**
 - Newly established group in 2021 to engage legal and court partners. Defense attorneys, agency attorneys, children’s attorneys, the Foster Care Court Improvement Project, and CASA joined the group and collaborated in the development of the group’s charter based on feedback from Stakeholder Focus Groups with families and youth and family feedback surveys. Recommendations included establishing a communication structure to advise courts of policy and practice changes and for courts to be able to communicate policy and procedural changes to local departments.
 - Reviewed some case studies related to teaming from the lens of the LDSS and courts to identify communication needs and inform a communication strategy and education needs amongst stakeholders, court partners, and workers about teaming.
 - Parent, child and agency attorneys, representatives from CASA, and local department staff collaborated on planning a teaming webinar for court partners to be presented in 2022.

- **Kinship Navigator Workgroup: (Meeting Frequency: Monthly)**
 - LDSS Navigators, technical assistance partners, the Maryland Coalition of Families, kinship caregivers, and LDSS leadership contributed to the development of a Kinship Plan Builder Assessment tool for the enhanced Kinship Navigator Model. While the assessment tool is based on domains of the CANS, the language used in the tool, process for administering, and need assessment service intensity determinations were all developed collaboratively with kinship navigators, caregivers, and families with lived experience.
 - Developed business process map for enhanced Kinship Navigation model.

- **Protective Services and Family Preservation Implementation Team (Meeting Frequency: Monthly)**
 - CPS/Family Preservation policies: Access to Children to Conduct CPS Response or Provide Family Preservation Services and the Child Fatality, Serious Physical Injury, Critical Incident, were reviewed by MCF representatives to seek engagement from the parent perspective about how the policies would impact families.

- **Resource Parent Engagement Workgroup (Meeting Frequency: Monthly)**
 - Collaborated with Maryland Resource Parent Association, resource parents, LDSS caseworkers, and families of origin to develop strategies to improve resource parent engagement and collaboration in family planning and decision making to include the development of a “How To” Guide on developing a local

resource parent association and Resource Parent Teaming Practice Profile.

- **Permanency Workgroup (Meeting Frequency: Monthly)**
 - In conjunction with the Nurturing Parenting Program (NPP) parenting expert, DHS/SSA explored and developed strategies to assess fidelity and outcomes related to the implementation of an adaptation of NPP as a potential approach to strengthen visitation between parents and children in foster care being piloted in a local jurisdiction. It was within these discussions that the state discovered the NPP model did not have a way to assess fidelity.

- **QSRI (Meeting Frequency: Bi-weekly)**
 - DHS and a subgroup of Interagency Rates Committee members consisting of the Department of Juvenile Services (DJS), Governor's Office for Crime Prevention, Youth, and Victim Services (GOCPYVS), Maryland State Department of Education (MSDE), and Maryland Department of Health (MDH), have been meeting bi-weekly to ensure forward movement on the implementation of Maryland's rates reform, named the Children's Quality Service Reform Initiative (QSRI). The subgroup discussed and drafted following key materials and decisions necessary for the rate-setting entity to begin its work:
 - Developed the scope of work for the vendor for actuarial services. This was used to procure the vendor that will start work on July 1, 2022.
 - Developed an initial draft of staffing qualifications needed to staff the different levels of residential interventions to enable the rate setting entity to cost out the services using the identified staffing models specific to the type of residential intervention.
 - Developed initial draft of medical necessity criteria for the admission into the different levels of residential intervention, which will also enable the rate-setting entity to cost out the behavioral health services provided to the child and family.
 - Developed initial draft of logic model for residential intervention providers to support continuous quality improvement activities.
 - Expanded membership of the subgroup to include Private Agency providers contracted by DDA, DHS and DJS to obtain feedback on the key materials and decisions made by the workgroup. At the end of 2021, private agencies began their review and feedback is anticipated in the next reporting period.

- **Emerging Adults Workgroup (Meeting Frequency: Monthly)**
 - Partnered with youth on the creation of a tip sheet (online and mobile access) on how to use and access the federal funds provided during the pandemic.
 - Incorporated feedback from youth into the updates to the Youth Transition Plan (YTP) and Ready by 21 Benchmarks. Youth feedback included the identification of:
 - Transportation issues as a key stressor and barrier resulting in developing a new transportation section in the YTP which focuses on determining possible transportation issues as well as resources for resolution.

- The Education and Employment section of the YTP being inadequate, resulting in the expansion of this section to include additional questions and space for more resources.
 - Reviewed themes identified in the root cause analysis for permanency outcomes particularly for adoption, length of stay, re-entry, and placement type to better understand challenges for older youth in care. Key points from the analysis included the need for more transitional youth housing to promote a smooth transition into adulthood; long-term connections and services to support employment, financial literacy, continued education, mental health and well-being. In addition, the analysis indicated that Permanency outcomes may be affected due the lack of support to older youth in exploring and maintaining healthy relationships before transitioning out of care and the need for additional and essential support for kinship providers.
- **Service Array Implementation Team (Meeting Frequency: Every Other Month)**
 - Recruited representation from Kinship Navigator program, local frontline workers, and Maryland Association of Behavioral Health Authorities (MABHA).
 - Collaborated with youth to provide input on a plan for dissemination of Division X Pandemic Funding for Education Training Voucher (ETV).
 - Redesigned the Community Partnership and Services Survey to better assess how well the service array and resource development system is functioning to ensure services are accessible.
 - Participated in a root-cause analysis, gaining a better understanding of contributing factors to lengths of stay and low completion of services. Key takeaways included disproportionality in placement stability by race and parental neglect as being the most common circumstances at the time of removal that contribute to longer length of stays for children under the age of 5. This information is further described in the Services for children under 5 Section on page 154
 - Contributed to collaboration with The Maryland Association of Behavioral Health Authorities (MABHA) to share ideas on increasing awareness and access of behavioral health services locally.
 - Reviewed CFSR performance data quarterly for Needs and Services of Child, Parents, and Foster Parents (Item 12) and Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care (Item 2) and contributed to ideas to improve performance and identify strategies to address barriers. Initial ideas from the team include ensuring the workforce is aware of those needed services and understanding how to help parents and resource parents access those services on a regular basis.
 - Reflected on EBP utilization and brainstormed opportunities to increase uptake and successful completion. Strategies identified included diverse and culturally appropriate EBP providers, supporting LDSS in improved service matching and better understanding of each EBP and their purpose.
 - Identified and developed strategies to implement the Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act for Education Training Voucher (ETV). The team provided input on the

priority categories of students in need (i.e., parenting students) as well as provided input into what type of assistance categories would help youth and how the agency can reach them. These strategies are further described in the Chafee Education Training Voucher section of the report on page 180.

- **Workforce Development Network (Meeting Frequency: Every Other Month)**
 - Established a standing time on the agenda of the monthly LDSS Assistant Director meetings to receive input and recommendations regarding staff training and professional development needs including:
 - Providing recommendations for pre-service field experience assignments to include incorporating case note and case review and staff shadowing activities into the pre-service field experience curriculum.
 - Reviewing data (satisfaction and completion rates) on various learning experiences, including pre-service and Family First Prevention Services resulting in the provision of training completion reports being distributed to LDSS Assistant Directors and Supervisors for key training activities (i.e., Family First Prevention Services training).
 - Strengthened collaboration with Bowie State University related to the integration of DHS/SSA's Integrated Practice Model (IPM) into its social work curricula.
 - Reviewed template utilized and lessons learned around integrating IPM values, guiding principles, and core practices into an existing social work curriculum with the goal of sharing with other institutes of higher learning with whom DHS/SSA partners.
 - Explored opportunities to engage students as part of the discussions.
 - Explored opportunities to include faculty from non-social work departments on the planning committee.

- **CQI Network (Meeting Frequency: Monthly)**
 - Expanded membership to include court/legal partner representation through the Office of Public Defender and the Office of Attorney General in an effort to incorporate more feedback from court and legal partners on CQI processes as it relates to permanency performance.
 - Identified that the stakeholder focus groups were lacking questions around collaboration and teaming with court and legal partners. Based on this feedback, adapted the stakeholder focus group questions to better capture teaming efforts and collaboration with court and legal partners.

- **Communications Network (Meeting Frequency: Every other week)**
 - Expanded membership to include local department staff, placement providers, family voice, and additional SSA staff (Family Engagement Specialist and Kinship Specialist).
 - Collaborated on developing initial drafts of a set of communication documents to provide an overview of Family First Prevention Services Act (FFPSA) for an array of audiences including legal partners, LDSS staff, general public, resource parents, placement providers, and community service providers.

In addition to utilizing the implementation structure as a mechanism to collaborate and obtain feedback from key stakeholders, DHS/SSA conducted two focus groups in April and October 2021. DHS/SSA partnered with University of Maryland School of Social Work (UMSSW) to conduct the focus groups which were designed to gain multiple perspectives from stakeholders involved in the child welfare system to highlight strengths, identify areas that need improvement, and support state and federal reporting tasks. The focus group questions centered around the following ten major topic areas that are related to systemic factors and the Integrated Practice Model:

1. Case Review System: Written case plan
2. Case Review System: Periodic reviews/Permanency hearing
3. Case Review System: Termination of parental rights (TPR)
4. Case Review System: Notice of hearings and reviews to caregivers
5. Quality Assurance System
6. Staff and Provider Training: Ongoing staff training
7. Staff and Provider Training: Foster and adoptive parents and resource home workers
8. Foster and Adoptive Parenting Licensing, Recruitment, Retention: Use of cross-jurisdictional resources for permanency placements
9. Service Array
10. Integrated Practice Model (IPM)

Table 1 below outlines for each focus group conducted the jurisdictions participating, the number of groups held and who participated. The jurisdictions participating in each focus group were chosen to participate based on their recent completion of their Child and Family Services Review (CFSR) in the previous 6 six months. Results from each of these focus groups were used over the course of the reporting period to understand our performance, monitor our impact, identify areas for improvement and are referenced throughout this report.

Table 1: Stakeholder Focus Groups

Focus Group Date	Jurisdictions Participating	Number of Focus Groups Held	Total Participants	Participant Groups
April 2021	Baltimore City, Harford County, Prince George's County, Talbot County, and Calvert County.	15	79	Youth (4) Biological Parents (4) Resource Parents (12) Service Providers (10) Judges and Magistrates (5) Attorneys (7) Directors and Assistant Directors of LDSS (6) Caseworkers (12) Supervisors (16) Office of Licensing and Monitoring (OLM) (3)
October 2021	Baltimore City, Anne Arundel County, Allegany County, and	16	47	Youth (3) Biological Parents (2) Resource Parents (6) Service Providers (6) Judges and Magistrates (2)

Focus Group Date	Jurisdictions Participating	Number of Focus Groups Held	Total Participants	Participant Groups
	Queen Anne's County.			Attorneys (4) Directors and Assistant Directors of LDSS (8) Caseworkers (6) Supervisors (10)

Finally, in CY2021 DHS/SSA established an internal Audit, Compliance, and Quality Improvement Unit (ACQI) to assist with supporting local departments in completing key child welfare activities including timeliness of investigations and the provision of education, health and dental services. The ACQI unit initiated a series of 1:1 data reviews and technical assistance meetings with local jurisdictions to improve compliance outcomes throughout the State. Through this collaboration, DHS/SSA obtained feedback on barriers to documentation which was used to develop potential solutions. In addition to these activities, ACQI initiated the weekly distribution of reports to assist local departments with ongoing monitoring. Throughout this report DHS/SSA highlights areas where information gathered by ACQI provided insights on performance and led to practice and/or data system enhancements. The ACQI unit also published a Standard Operating Procedure (SOP), that links to the weekly distribution on reports positively affecting compliance and drives additional technical assistance as required. Finally, ACQI initiated the Local QA Process in December 2021. This tool was designed to assist local departments in completing internal reviews on key child welfare activities to ensure completion and documentation within CJAMS.

Update to the Assessment of Current Performance in Improving Outcomes

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

Table 2 below represents DHS/SSA Safety Outcome 1 data from CJAMS and the Child and Family Service Review (CFSR) from January-December 2021

Table 2: Safety Outcome 1 CY 2019 - 2021

Safety Outcomes	Time Period	Overall Determination	State Performance
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect	January-December 2021	Not in Substantial Conformity	79% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	75% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	67% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

<i>Timeliness of CPS Response with Alleged Victim(s) (Target: 90% or greater for abuse and neglect contacts.)</i>		
Calendar Year	% Within the first day	% Within the First 5 days
2019	74%	79%
2020	90%	97%
2021	91%	97%
Data Source: CJAMS 2021		

Assessment of Performance:

As noted in Table 1 from January to December 2021, Maryland’s performance on Safety Outcome 1 did not meet the standard for substantial conformity as 79% of the cases reviewed received a substantially achieved rating for Safety Outcome 1. However, the trend is moving in a positive direction as this is an improvement from last year’s (CY2020) CFSR performance of 75%. In reviewing the data from CJAMS, it is noted that DHS/SSA maintained similar performance as compared to CY2020. It is also noted that there is a discrepancy between DHS/SSA’s CFSR data and the data from CJAMS in 2020 and 2021. This discrepancy may be explained by the fact that the CFSR reviews a small number of cases while the CJAMS data looks at the total population served by Maryland’s child welfare system. In addition, because both the CFSR and CJAMS data provided only captures initial face to face contact with the alleged victim, in CY2021 DHS/SSA initiated conversations around a more comprehensive process to capture data around timeliness of CPS responses to include a broader array of individuals (i.e., additional caregivers, other children in the home) to better understand performance related to initiating a CPS response with the family unit. To support this effort DHS/SSA is exploring opportunities to not only capture data related to the initial contact with the alleged victim but also the other required individuals within Maryland’s mandated timeframes.

Strengths:

As noted in the Collaboration and Feedback Loops Section on page 18, DHS/SSA developed an internal Audit, Compliance, and Quality Improvement team (ACQI) to assist with supporting local departments in completing key child welfare activities, including timeliness of investigations. The ACQI unit began a series of 1:1 sessions with local departments by reviewing the timeliness of CPS initial face to face contacts and cases open over 60 days. Following a review of data and systems meetings with local departments, ACQI initiated weekly distribution of reports tracking both CPS initial contacts and cases open over 60 days. In addition, the Local QA Process launched in December of 2021 included questions related to CPS timeliness. These efforts have resulted in the State making positive progress in its ability to capture more complete data to better understand timely case initiation with the family unit as a whole.

DHS/SSA’s CPS/Family Preservation staff, ACQI, and Systems Development teams meet weekly to develop and implement enhancements to CJAMS to improve functionality and capture more accurate data as well as identify any needed revision to policies. One enhancement made was to the CJAMS CPS response timer designed to help workers track the initiation and

completion of initial face to face contact. In addition, revisions were made to policy and guidance on improving access to children and families who may be difficult to locate. DHS/SSA also utilized the Protective Services and Family Preservation Implementation team to review CFSR performance data and obtain feedback on barriers to initiating timely investigations. These discussions provided insight on a variety of challenges faced by CPS workers including: aligning Local Department practices with State mandate, the need to identify barriers beyond the CPS worker's control in case notes, clarifying when attempted contact satisfies the mandate and when it does not, clarifying how CPS workers label/identify initial face-to-face contacts in CJAMS and crediting initial contact conducted by CPS After Hours staff or law enforcement prior to the CPS case assignment. A variety of potential solutions to the timely initiation of face-to-face contact in CPS cases were identified including clarifying what constitutes meeting the mandate for Alternative and Investigative Response cases, reinforcing the CPS mandates during pre- and in-service training offered by the Child Welfare Academy, and enhancing the CPS Milestone report to present data on timeliness factors related to CPS investigations. A tip sheet was also developed and distributed to LDSS.

In order to better understand the State's performance related to the timeliness of investigations an additional review was completed to determine if additional information could be gleaned from a larger sample from select jurisdictions (Baltimore City, Anne Arundel, Carroll, Washington, Allegany, and Queen Anne's Counties). While this review did not yield any different results as compared to CFSR reviews, targeted technical assistance related to documenting contacts, interpreting policy related to timeliness of investigations, and peer sharing successful strategies was provided to the selected jurisdictions to assist in developing and implementing specific strategies to address locally specific concerns.

Concerns:

As noted above DHS/SSA recognizes the disparity between the CFSR results noted in Table 1 and the CJAMS data noted in Table 2, specifically, 91% of abuse cases had contact within the first day of a report and 97% of neglect cases had contact within the first five days compared to 79% of cases reviewed as part of the CFSR demonstrated substantial conformity. This discrepancy may be explained by the fact that the CFSR reviews a small number of cases while the CJAMS data looks at the total population. DHS/SSA has also noted a number of barriers that may be impacting the ability to make initial face to face contact and fully document all efforts, including difficulty in locating the victim child, parents refusing access to the victim child, and discrepancies between where the child resides and where the incident occurred.

Activities to Improve Performance:

- To address barriers to timeliness of investigation, such as inability to locate the child, discrepancies between where the child resides and where the incident occurred, and parents refusing access to a child, the agency is researching practices in other states that expedite investigations out of jurisdiction and planning TA around engagement strategies.
- Data validation will continue to occur weekly within the ACQI unit to identify progress, regression, trends, and any areas of concern requiring additional attention during 1:1 Technical Assistance sessions with the Local Departments.

- A data subset derived from the DHS/SSA Milestone report will continue to be provided to every LDSS on a weekly basis allowing for a more concentrated focus on key measurement and performance items including initiation of face-to-face contacts within 24 hours/5 days as required for abuse/neglect cases.
- Weekly meetings involving DHS/SSA’s CPS/Family Preservation staff, ACQI, and Systems Development teams will continue to support the implementation of enhancements to CJAMS to improve functionality and capture more accurate data.

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

Tables 3 and 4 below represents DHS/SSA Safety Outcome 2 data from CJAMS and the Child and Family Service Review (CFSR) from January-December 2021

Table 3: Safety Outcome 2 CY 2019 - 2021

<i>Safety Outcomes</i>	<i>Time Period</i>	<i>Overall Determination</i>	<i>State Performance</i>
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	January-December 2021	Not in Substantial Conformity	83% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	76% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	63% Substantially Achieved
<i>Safety Outcome 2 Performance Items</i>	<i>Time Period</i>	<i>Performance Item Rating</i>	
		<i>S</i>	<i>ANI</i>
Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care	January-December 2021	94.87%	5.13%
	January-December 2020	91.3%	8.7%
	January-December 2019	70.83%	29.17%
Risk and Safety Assessment and Management	January-December 2021	83.08%	16.92%
	January-December 2020	75.94%	24.06%
	January-December 2019	63.08%	36.92%
Data Source: Online Monitoring System (OMS)			

Table 4: Safety Indicators CY2021

Statewide Data Indicator	National Performance Target	Directions of Desired Performance	Baseline Data, CY 2018	State Data, CY 2019	State Data, CY 2020	State Data, CY 2021	MD Target for 2024
Reentry to foster care in 12 months	8.1%	Lower	11.8%	10.1%	7.8%	9.6%	8.1%
Recurrence of Maltreatment	9.5%	Lower	10%	9%	5.3%	1.2%	9.5%
Maltreatment in foster care (victimizations per 100,000 days in care)	9.67	Lower	11.4	10.1	12.36	9.94	9.67
Data Source: CJAMS 2021							

Assessment of Performance:

Maryland did not meet substantial conformity between January 2021 and December 2021 for Safety Outcome 2 as 83% of the cases reviewed received a substantially achieved rating (Data source: OMS). However, this performance demonstrates a positive trend with a seven percent increase from CY2020 performance of 76%.

Overall performance for CFSR Item 2 - Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care during CY2021 was 94.87% which exceeds DHS/SSA's CFSR PIP target goal of 59%. CFSR Item 3 - Risk and Safety Assessment and Management during CY2021 was 83.08% which also exceeds DHS/SSA's PIP target goal of 76%. In reviewing CFSR data related to risk and safety assessments, it was noted that rating of cases as an area needing improvement tended to be a result of assessments not being completed on children remaining in the family home. More analysis of this area will be essential next year to develop strategies to address this trend. DHS/SSA achieved a satisfactory outcome for the recurrence of maltreatment in CY2021 as it was 1.2% which is down from 5.3% in CY2020 (data source: CJAMS). This is much lower than the national target of 9.5% and a 4.1% decrease from the last reporting period in CY2020. DHS/SSA child maltreatment of foster youth while in care decreased this reporting period going from 12.36 in CY2020 to 9.94 (victimizations per 100,000 days) in CY2021. Re-entry into foster care in 12 months increased during CY2021 from 7.8% in CY2020 to 9.6% in CY2021. DHS/SSA is continuing to explore data points related to this outcome in efforts to identify ongoing strengths as well as continued areas of concern and to identify strategies likely to improve outcomes.

Strengths:

Overall, Maryland has demonstrated efforts towards improvement for safety outcomes. In the past, risk and safety assessments through SAFE-C, Maryland Family Initial Risk Assessment, and Maryland Family Risk Reassessment were not consistently or accurately leveraged in efforts to inform case and service planning. Efforts to improve this have been made through the implementation of the Integrated Practice Model (IPM) training that DHS/SSA has developed to increase engagement and teaming efforts between child welfare staff and families served in CPS, Family Preservation, and Foster Care programs.

Maryland has continued to make improvements to provide services to stabilize families and

prevent a child's entry into foster care as shown by the state's positive performance in the CFSR. For our six-month review period between April through September 2021, 100% of the 23 applicable cases reviewed were rated as a strength for providing services to stabilize families and prevent a child's entry into foster care. In addition, 94.87% of cases reviewed in CY2021 showed the agency made efforts to provide services to the family to prevent entry or reentry into foster care. There is an improved practice of families being referred for safety related services which appears to have had a positive impact on outcomes. This practice has been supported by the Service Array Implementation Team focusing on available services within the jurisdiction and identification of service gaps. While Maryland did not meet substantial conformity, the recurrence of maltreatment at 1.2% was well below the national target (9.5%) and indicates further improvement from the previous year when the rate was 5.3%.

In CY 2021, 99% of children in Maryland who were victims of indicated or unsubstantiated maltreatment did not have another report within 12 months of the previous maltreatment finding (Maryland's Headline Indicators). Additionally, 100% of children who received Family Preservation Services did not have a maltreatment report within one year according to Maryland's Headline Indicators. This performance exceeds the state goal of <4%, thus indicating that the vast majority of children who remain in their home are safe from maltreatment. While these are just two indicators of children's safety in their homes, it demonstrates positive trends in Maryland.

In September 2021, DHS/SSA released the Family Teaming policy which provides guidance to the Local Departments of Social Services (LDSS) on the expectation of teaming as a core practice of Maryland's Integrated Practice Model (IPM). The guidance emphasizes the family voice as an integral part of child welfare service delivery. While LDSSs are responsible for making safety and risk decisions, collaboration with families and their teams ensure that all possibilities are explored for the least restrictive and most trauma-responsive options. Family teaming is an important practice that ensures a family's individual support system and community resources are identified and utilized to support positive outcomes and sustain needed change. Improvements in the data related to recurrence of maltreatment, foster care entry rates and services provided to families indicated above seem to reflect the impact that the IPM is having on child welfare services. "Coaching Intensives" began in mid-June 2021 with child welfare supervisors to assist with implementing the IPM into practice with frontline staff. See Goal 2 Strengthen workforce knowledge and skills to support the full implementation of Maryland's Integrated Practice Model (IPM) on page 115 for more information on Coaching Intensives.

Concerns:

While Safety Outcome 2 is rated at 83%, DHS/SSA aims to be within substantial conformity for this outcome with a CFSR PIP target goal of 90%.

Based on focus group data, Family Teaming should be utilized more often so that families are engaged as partners with caseworkers to develop their own plans to address safety concerns. The findings related to teaming with families suggested that biological parents' initial contact with Local Departments was not a positive experience. Teaming and engagement are core practices

outlined in the IPM and these practices will be reinforced through activities to improve performance.

One of the concerns identified in the data was the increase in the foster care re-entry rate in CY2021. Consequently, our goal is to try to understand the increase in our re-entry rate and whether this is related to the impact of COVID on families and youth. In addition, a recent Office of Legislative Audits finding noted concerns around monitoring assessments of substance exposed newborns. The audit noted that LDSS did not always complete the required safety and family risk assessments within required timeframes. An area to examine further is engagement with families which is another core practice of the IPM that is essential to completing timely assessments.

Activities to Improve Performance:

DHS/SSA plans to implement the following activities to improve performance on supporting children safely staying in their homes whenever possible:

- DHS/SSA released the Family Teaming policy, one of the eight core practices of Maryland’s practice model, which guides the practice of teaming as it should occur throughout any child welfare system involvement. DHS/SSA will continue to support the child welfare workforce in the integration of teaming into standard practice to support families in maintaining their children safely in their homes whenever possible and appropriate.
- Continue to offer TA to staff around conducting collaborative assessments and implementing a Family Teaming approach.
- Continue “Coaching Intensive” training for supervisors to improve transfer of knowledge to caseworkers to support skills and competencies in creating authentic partnerships with youth and families.
- Weekly meetings involving SSA’s CPS/Family Preservation staff, ACQI, and Systems Development teams will continue to be held to create User Stories to correct defects and develop enhancements to CJAMS to improve functionality and capture more accurate data including trends around assessments. Enhancements will be explored in 2022 to develop CJAMS reports regarding substance exposed newborn cases. These weekly meetings also provide for the development of Tip Sheets and How-to Guides to support staff use of CJAMS and accurately recording information and data.

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

Tables 5 and 6 below represent DHS/SSA’s performance on permanency outcome 1 between January - December 2021.

Table 5: Permanency Outcome 1 CY 2019 - 2021

<i>Permanency Outcomes</i>	<i>Time Period</i>	<i>Overall Determination</i>	<i>State Performance</i>
Permanency Outcome 1: Children have permanency and stability in their living situations	January-December 2021	Not in Substantial Conformity	26% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	12% Substantially Achieved

<i>Permanency Outcomes</i>	<i>Time Period</i>	<i>Overall Determination</i>	<i>State Performance</i>
	January-December 2019	Not in Substantial Conformity	10% Substantially Achieved
<i>Permanency Outcome 1 Performance Items</i>	<i>Time Period</i>	<i>Performance Item Rating</i>	
		<i>S</i>	<i>ANI</i>
Item 4 Stability of Foster Care Placement	January-December 2021	74%	26%
	January-December 2020	83%	17%
	January-December 2019	70%	30%
Item 5 Permanency Goal for Child	January-December 2021	55%	45%
	January-December 2020	39%	61%
	January-December 2019	25%	75%
Item 6 Achieving Reunification, Guardianship, Adoption, or Other Planned	January-December 2021	34%	66%
	January-December 2020	16%	84%
	January-December 2019	22.5%	77.5%
Data Source: Online Monitoring System (OMS)			

Table 6: Permanency Indicators CY2021

Statewide Data Indicator	National Performance Target	Directions of Desired Performance	Baseline Data, CY 2018	State Data, CY 2019	State Data, CY 2020	State Data, CY 2021	MD Target for 2024
Permanency in 12 months for children entering foster care	42.7%	Higher	37.5%	34%	30.8% COVID (Mar – Dec)	29.4% COVID (Jan-Jun)	42.7%
Permanency in 12 months for children in foster care 12-23 months	45.9%	Higher	44.3%	34%	24.8% COVID (Mar – Dec)	28.7% COVID (Jan-Jun)	45.9%
Permanency in 12 months for children in foster	31.8%	Higher	28.3%	20%	20.2% COVID (Mar – Dec)	28.4% COVID (Jan-Jun)	31.8%

Statewide Data Indicator	National Performance Target	Directions of Desired Performance	Baseline Data, CY 2018	State Data, CY 2019	State Data, CY 2020	State Data, CY 2021	MD Target for 2024
care 24 or more months							
Placement stability (moves per 1,000 days in care)	4.12	Lower	4.38	4.36	5.27 COVID (Mar – Dec)	6.47 COVID (Jan-Jun)	4.12
Data Source: CJAMS (2021)							

Assessment of Performance:

Maryland's percentage of timely permanency within 12 months from the date a child enters foster care is 29.4% while Maryland's target is currently 42.7%. Permanency for children in 12 months for children in care for 12-23 months is currently 28.7% while Maryland's target is 45.9%. Permanency for children in foster care for 24+ months is currently 28.4% while Maryland's target 31.8%. As noted in the CFSR, and in comparison, to last year, Maryland is still challenged in its permanency performance measures, although overall performance has improved between 2019 and 2021. As it relates to the timely identification of appropriate permanency goals there has been an increase in performance, 55% percent of the cases reviewed were rated as a strength compared in 2021 to 39% in 2020. In relation to achieving permanency timely, there was also an increase in performance by 18 percentage points with 34% of cases reviewed rated as a strength in 2021 compared to 16% in 2020. Despite these improvements, the timely achievement of permanency seems to be driving the state's performance as it is the lowest performing among the areas that contribute to the state's overall performance.

Although courts began to reopen in 2021, it should be noted that Maryland's permanency numbers were again impacted by the COVID-19 pandemic as the youth who ordinarily could have achieved permanency during this time were delayed. One of the significant impacts of COVID-19 was court closures that continued for the first half of the reporting period creating delays in changing permanency plans and the achievement of permanency throughout the state. Also, it was reported by some court partners that as courts began to reopen during the latter half of the reporting period, there were delays in scheduling hearings as courts worked diligently to address the backlog created during court closures.

Finally, placement stability rates have shown a slight increase in CY2021 with 6.47 moves per 1,000 days in care which is up from 5.27 moves reported in CY2020 and above the national target of 4.12 indicating that children are experiencing more moves in their foster care placements. In comparison with the CFSR data, the state's performance on placement stability showed a slight decrease with 74% of 80 applicable cases rated as a strength as compared to 83% in 2020. DHS/SSA has also noted that providing permanence to youth via Reunification, Adoption and Custody/Guardianship (C&G) has decreased since last fiscal year. Upon sharing data with local departments and holding conversations with them, it was determined that the placement instability increase was due to COVID as providers were unable to hire staff to meet the staffing requirements to operate at full capacity.

Strengths:

As stated above, Maryland made a few increases in the above permanency measures. Maryland has maintained active Resource Parent Engagement and Permanency Workgroups and has routinely distributed data to the local departments for their review and action. DHS/SSA has also actively participated in quarterly meetings with the Foster Care Court Improvement Program (FCCIP) Subcommittee and presented the CFSR permanency measures for their review. It was agreed that continued focus on the permanency outcomes and strategies to adjust the downward trend of timely identifying appropriate permanency goals for children (Item #5) and achieving timely permanency (Item #6) outcomes were necessary. A collaborative effort is underway via the FCCIP and DHS/SSA to continue the work of examining barriers to permanency outcomes. The data review will also include Court Performance and Timeliness Measures.

Concerns:

The state is still challenged with timely identifying appropriate permanency goals (Item #5) and achieving permanency timely (Item #6). As noted above, in CY21, when assessing achieving timely permanency (Item #6), the majority of cases reviewed (66%) were rated as an area needing improvement. Overall, while COVID has impacted the number of timely permanency for youth, DHS/SSA is currently working with the LDSS to address how each jurisdiction was impacted by the Pandemic. Court closures were another barrier to timely permanency as courts did not return to many of its normal operations beginning in April 2021. In addition, the new state information system (CJAMS) has limitations that affect the ability to accurately evaluate the information available regarding the permanency outcome. The system is currently not able to effectively tell the individual jurisdictional story of barriers to permanency via generating a report. Therefore, the state will need to assess the impact via obtaining qualitative data from the locals. Although courts reopened in the beginning of this reporting period, the impact of the closures continued to impact mandated court visitation. The state is slowly moving towards improving upon this mandate. In addition, the state will still need to determine whether the court closures caused a reduction in the finalization of Custody & Guardianship or whether the cause was another reason.

Activities to Improve Performance:

DHS/SSA is providing local permanency staff with education on concurrent permanency planning, establishing the most beneficial permanency goals, and seeking assistance from the LDSS attorney to be the liaison between the courts and the local departments regarding case specific permanency goal establishment. In addition, Table 7 below outlines the CY2021 status of additional activities identified to improve performance on Permanency Outcome 1.

Table 7: Activities to Improve Performance

Activities for Permanency 1	Target Completion Date
REVISED ACTIVITY: Define quality residential treatment services and performance measures. and the approach to rates setting for these services (including Medical Assistance rates for some services)	2019
<p>Implementation Status: Delayed 2019 Progress:</p> <ul style="list-style-type: none"> Fall 2019: The Placement & Permanency Implementation Team, collaborated with the Quality Service Reform Initiative (QSRI) to produce a vision document and call to action report entitled, “Maryland’s 	

Activities for Permanency 1	Target Completion Date
<p>Children’s Quality Service Reform Initiative: A strategic approach to improving the quality of services for children in residential interventions and increasing the number of children services in family settings.” That included the following core components of the QSRI to 1) establish clinical and provider criteria for residential interventions, 2) establish consistent rates for clinical and room/board services, 3) establish consistent referral and enrollment pathways, 4) support provider, agency and community readiness and workforce development, 5) establish performance measures and a CQI process as part of an updated contracting process and 6) develop and implement a transition plan.</p> <ul style="list-style-type: none"> ● Fall 2019: Collaborated with the QSRI (which includes community/provider agencies and DJS) to develop a review process and tool for determining youth readiness for discharge in an effort to transition youth out of congregate care to family-based living environments. Decision made to pilot this process. ● Fall 2019: Decision made to pilot the process by staffing those youth who have remained in congregate care for 12 months or longer. The team identified the population, gathered and analyzed data and finalized the methodology. The team also developed a transition planning tool to assist the agency, provider and youth/family with the discharge and transition process. <p>2020 Progress:</p> <p>Full implementation of QSRI was expected to be complete in FY2022. The implementation has been delayed due to issues with procuring a new vendor to complete the rate development and actuarial services. The original vendor identified a number of challenges with adequate staffing that would impact their ability to complete the identified scope of work. The new implementation date is State Fiscal Year 2026. While the decision to pilot the review process and tool for determining youth readiness for discharge based on being in a congregate setting for 12 month or more was determined; the activities around implementing the pilot were delayed due to the Statewide Pandemic which shifted much to the state’s focus to developing and implementing revised protocols related to providing child welfare services in ways that supports child, family, and staff safety and wellbeing. The expectation is to pilot this process in 2021. The delay in the activities around youth readiness for discharge were impacted by the Statewide Pandemic specifically related to court closures and reduced or halted provider admissions. Despite the delays experienced the following activities were completed during the reporting period:</p> <ul style="list-style-type: none"> ● Summer 2020: The QSRI workgroup (which includes DJS, MDH, MSDE and other state agencies) made a decision on a proposed new rate methodology which uses the framework of the existing IRC process as a foundation. The proposed methodology moves away from individual rates based on individual costs because there is a need for better predictability of costs for both the State and providers. The new methodology establishes direct care rates and clinical care rates. ● Summer 2020: DHS, DJS, and The Institute developed referral pathways and frameworks, integrating QRTP activities and current and proposed teaming protocols. ● Fall 2020: Continued collaboration with QSRI workgroup to finalize the vision document. ● Fall 2020: DHS Permanency and Placement Units and DJS Resource Unit trained on transition planning tools that will be used to transition youth from congregate care that have been in care for 12 months or longer. ● Winter 2020: The QSRI workgroup (which includes DJS, MDH, MSDE and other state agencies) drafted initial service descriptions, provider qualifications, and medical necessity criteria for the tiered residential intervention service, which has been reviewed by the Maryland Department of Health (MDH) to support alignment for a future submission of a Medicaid State Plan Amendment (SPA). These discussions with the QSRI workgroup discussions are on-going. ● Winter 2020: Implementation date for QSRI has been changed due to issues with the vendor to develop the rate. Request for Proposal (RFP) is being drafted to procure a new vendor to develop the rate and complete actuarial analysis. The proposed implementation date for QSRI is SFY2026. <p>2021 Progress:</p> <ul style="list-style-type: none"> ● January - September 2021: Developed initial draft of a logic model for continuous quality improvements within residential interventions which includes performance measures. ● October 2021: the private provider Agencies were provided with the draft logic model for review. 	

Activities for Permanency 1	Target Completion Date
<ul style="list-style-type: none"> ● November and December 2021: Held several meetings with private provider agencies to review the logic model to ensure their understanding of the information. Feedback is expected during the next reporting period. ● Due to delays in obtaining a vendor to complete the actuarial analysis and develop the rate, this activity has been adjusted to remove the rate setting as part of the activity as it is tied to the implementation of QSRI which is scheduled to occur in SFY2026 	
Develop referral mechanisms and pathway documents for decision-making about a child's placement.	2019
<p>Implementation Status: In Progress</p> <p>2019 Progress:</p> <ul style="list-style-type: none"> ● Early 2019: Developed an enhanced placement referral and decision-making tool and process. ● Fall 2019: Began a review of the tool and process through the OISC and with LDSS leadership. ● November-December 2019: Developed a draft policy for the new placement referral and decision-making process and collaborated with LDSS and other team members to develop and finalize practice enhancements related to the use of congregate care in alignment with FFPSA. The team collaborated with DJS to finalize the state's process for the identification of Qualified Individual (QI) and use of QRTP. Concurrently, the team identified a QI nomination and selection form and initial outline of needed training requirements. The state's QI plan was included and subsequently approved in the state's title IV-E Plan. ● Spring 2020: The policy underwent further review by DHS/SSA's and final approval in late spring 2020. Additionally, the implementation team collaborated with LDSS and other team members to develop and finalize practice enhancements pertaining to the use of congregate care associated with FFPSA. During this period, the team collaborated with DJS to finalize the state's process for the identification of Qualified Individual (QI) and use of QRTP. Concurrently, the team identified a QI nomination and selection form and initial outline of needed training requirements. The state's QI plan was included and subsequently approved in the state's Title IV-E plan amendment that addresses QRTP provisions. ● December 2019: drafted QI and QRTP policy was completed and presented for review to LDSS leadership through the Affiliates and MASS-D meetings. In 2020, the revised policy will be presented to the OISC for approval. <p>2020 Progress:</p> <ul style="list-style-type: none"> ● January 2020-SSA program leadership met to review Family First requirements and implementation plan for alignment of the following policies. ● June 2020-Draft QRTP and QI Policy presented before the SSA Outcomes Improvement Steering Committee for review and feedback. ● September 2020-Draft Placement Referral Policy was presented for feedback before the Family Teaming Workgroup for alignment with the FTDM process. ● October – December 2020 – DHS/SSA partnered with the Children's Bureau to align the QRTP with FFPSA provisions. Final edits are expected to be completed in the first quarter of 2021. <p>2021 Progress:</p> <ul style="list-style-type: none"> ● January 2021- June 2021: DDA, DHS and DJS, in conjunction with University Partners, drafted the criteria to identify QRTP providers within the State of Maryland. ● July 2021: Finalized the criteria and application process for designation of QRTPs in Maryland ● August 2021: Presented QRTP criteria and application process to Private Agency Providers ● October 2021: QRTP Application was opened to providers to submit information for QRTP designation ● November 2021: DHS and DJS reviewed all application submitted by Providers for QRTP Designation ● December 2021: Designated six (6) providers as QRTPs; Initiated activities to identify QIs within local departments for implementation of QRTPs in Spring 2022 	

Activities for Permanency 1	Target Completion Date
Begin using a new transition planning tool with the goal of transitioning children out of group homes (Plan to phase in a group of children in group care for 12 + months.)	2020
<p>This is a new activity added with a start date scheduled for fall 2020, pending successful completion of the upcoming pilot of the new transition process and tool. SSA plans to begin use of a transition planning tool for children and youth in congregate care 12 months or more.</p> <p>Implementation Status: Delayed 2020 Progress: This activity has been delayed due the State Emergency related to COVID-19 and shortage of staff. DHS and DJS staff were not trained on the transition planning tool until December 2020. Additional training is required for DHS and DJS staff which is in the planning process and will be completed in Spring/Summer 2021.</p> <p>2021 Progress: Due to delay with the implementation of QSRI it was determined that this activity would not be implemented until QSRI was closer to being fully in place. Additional training will need to be required for DHS and DJS staff to execute this activity. DHS in conjunction with DJS is still determining the date that this activity will be implemented.</p>	
Begin implementation of strategies and tracking of performance data in pilot jurisdictions (new activity added)	2020
<p>Implementation Status: Delayed 2020 Progress: This activity has been delayed due the State Emergency related to COVID-19 and shortage of staff. This activity cannot be completed until pilot activity is initiated and in order to begin the pilot specific training will need to be provided. DHS/SSA does anticipate that the pilot activity will be completed in 2022.</p> <p>2021 Progress: Due to delay with the implementation of QSRI it was determined that this activity would not be implemented until QSRI was closer to being fully in place. Additional training will need to be required for DHS and DJS staff to execute this activity. DHS in conjunction with DJS is still determining the date that this activity will be implemented.</p>	
Identify strategies through root cause analysis (new activity added)	2020
<p>Implementation Status: Delayed 2020 Progress: This activity has been delayed due the State Emergency related to COVID-19 and shortage of staff. This activity is based on the above activities related to initiating the pilot and implementation of strategies and tracking for performance measures. It is expected that this activity will be completed in 2022.</p> <p>2021 Progress: Due to delay with the implementation of QSRI it was determined that this activity would not be implemented until QSRI was closer to being fully in place. Additional training will need to be required for DHS and DJS staff to execute this activity. DHS in conjunction with DJS is still determining the date that this activity will be implemented.</p>	
Train child Placement & Permanency Units and Providers on new tools and process (new activity added)	2020

Activities for Permanency 1	Target Completion Date
<p>Implementation Status: Delayed</p> <p>2020 Progress: This activity has been delayed due the State Emergency related to COVID-19 and shortage of staff. This activity is based on the above activities related to initiating the pilot and implementation of strategies and tracking for performance measures. It is expected that this activity will be completed in 2022.</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> • Due to delay with the implementation of QSRI it was determined that this activity would not be implemented until QSRI was closer to being fully in place. Additional training will need to be required for DHS and DJS staff to execute this activity. DHS in conjunction with DJS is still determining the date that this activity will be implemented. • August 2021: Reviewed and finalized the statewide standardized referral tool for all placement types in Maryland which will be implemented in the second six months of 2022. Prior to implementation, training will be developed and occur in the first six months of 2022. 	
Provide technical assistance to LDSS and private provider agencies related to decision making about child placement.	2020
<p>Implementation Status: Delayed</p> <p>2020 Progress: This activity has been delayed due the State Emergency related to COVID-19 and shortage of staff. This activity is based on the above activities related to initiating the pilot, implementation of strategies and tracking for performance measures and training to LDSS and Providers on the new tools and process. It is expected that this activity will be completed between 2021-2024</p> <p>2021 Progress: Technical assistance is delayed due to the training delay. It is anticipated that technical assistance will be provided following training in 2022.</p>	
Analyze CQI related to the appropriate placement efforts and placement stability and refine practice based on results.	2020-2024
<p>Implementation Status: Delayed</p> <p>2020 Progress: This activity has been delayed as the Appropriate Placements workgroup is waiting on more systemic data.</p> <p>2021 Progress: This activity has been delayed as the Appropriate Placements workgroup was halted due to staffing changes. The workgroup under a new title- Permanency and Placement Implementation Team was reconvened in December 2021. This workgroup will review the data and other resources related to appropriate placement efforts and placement stability to refine practice based on results.</p>	
Review Headline data for Placement Stability process (new activity added) The process will ensure that children are placed in the most appropriate placements the first time and monitor the reduction of placement disruptions.	2020
<p>Implementation Status: Delayed</p> <p>2020 Progress: This activity was delayed during this reporting period as the QSRI process related to transitioning youth from Congregate Care was still being implemented and DHS/SSA will need training on the implementation process.</p>	

Activities for Permanency 1	Target Completion Date
<p>2021 Progress: Although the Permanency Workgroup reviewed the overall headline measures which included placement stability, a strategy on how to improve this activity was not able to be developed. The state intends to begin planning to revise SSA Policy Directive #10-11 (Placement Protocols for Children) and provide technical assistance with implementing practices to support appropriate placements for youth within the next reporting period.</p>	
<p>Revise policy as needed (one on one) in the Placement & Permanency Meeting process (new activity added). Draft revisions made to 1:1 policy in July, awaiting final approval.</p>	<p>2020</p>
<p>Implementation Status: Delayed</p> <p>2020 Progress:</p> <ul style="list-style-type: none"> December 2020: DHS/SSA reviewed and revised previous 1:1 policy to include timeframes around the utilization of the behavioral supports and reporting of expenditures. The 1:1 policy is currently pending leadership approval. It is anticipated to be finalized in early Spring of 2021. <p>2021 Progress: Due to staff shortages and leadership changes, the revised policy was delayed, and it was determined that additional TA will be needed to assist LDSS with utilizing the policy in a more appropriate manner. DHS/SSA plans for policy to be re-reviewed and approved by the next reporting period.</p>	
<p>Center for Excellence in Foster Family Development Resource Parent Training Model Development</p>	<p>2020</p>
<p>Implementation Status: In Progress</p> <p>2020 Progress:</p> <ul style="list-style-type: none"> During this reporting period, DHS/SSA, in partnership with the University of Maryland, made strides in developing the site selection process and documents designed to identify jurisdictions to implement the identified model. Selection documents developed were vetted by the Cfe Advisory Board, which includes representation of Resource Families. November 2020 - Initiated the procurement process with the identified model purveyors but the completion of the procurement process has been delayed. The delay in the procurement process has impacted the ability to complete training, implementation, and evaluation activities. November 2020 - Finalize the selection of the training module for the CFE. Resource Parents will be trained on an enhanced PRIDE training module centering on birth family engagement. Resource Parent training will also be tailored to resource parent needs utilizing the KEEP and KEEP SAFE training curriculum December 2020 - A virtual information session was held for local jurisdictions to review the site selection and application process which resulted in five jurisdictions submitting applications for consideration for the pilot sites for implementation. It is anticipated that pilot site selection will be completed by Spring 2021. The CFE Grant is in year 2 and in the final process of making a decision on the 5 LDSS sites. It is important to note that DHS/SSA has faced challenges in hiring the supervisor/analyst for the CFE but in spite of that, work has still continued. It is anticipated that both positions will be filled by late Spring 2021. <p>2021 Progress:</p> <ul style="list-style-type: none"> February/May/August/November 2021: Quarterly Cfe Advisory Committee meetings were held. Cfe Resource Parent Model purveyors completed model overview. 	

Activities for Permanency 1	Target Completion Date
<ul style="list-style-type: none"> ● June 2021: Hired CfE Grant Analyst, who was approved by the Children’s Bureau (CB) prior to hire and was on-boarded through the Department of Human Services (DHS), Human Resources Development and Training (HRDT) process. ● June 2021- December 2021: Four Quality Improvement Collaborative (QIC) sessions held with staff in the 5 CfE pilot sites to train on grant implementation activities and to discuss the recruitment of resource parents. The QIC training and discussions were designed to facilitate decision-making and learning between peer sites. ● July 2021: A Promoting Parent Partnership recorded webinar was created to provide a foundation of practice expectations for both resource parents and families of origin. It speaks to the values of the CfE and Maryland's child welfare transformation efforts, with a focus on keeping children and families together. All resource parents that participate in Keeping Foster and Kin Parents Supported and Trained (KEEP) will review the video prior to starting their KEEP support groups. ● September 2021- October 2021: The 5 CfE pilot site staff participated in two KEEP orientations sessions to become familiar with the training that will be provided to resource parents that participate in the CfE pilot. KEEP is a 16-week evidence-based support and skill enhancement program for resource parents of children ages 4-12; the adaptation, KEEP SAFE, is for resource parents caring for youth aged 10-18. KEEP SAFE training will be provided at a later date. It assists with understanding and mitigating trauma related behavioral challenges of youth and prepares resource parents to work in partnership with birth parents/families of origin to encourage smooth and timely reunification, and support youth who may be at risk of or stepping down from congregate care placements. ● October 2021: Hired CfE Project Director, who was approved by the CB prior to hire and was on-boarded through the DHS, HRDT process. ● November 2021: The Becoming a CfE Resource Parent brochure, which is an engagement tool explaining the benefits and expectations for resource parents, was created as a marketing tool for the 5 CfE pilot sites. Meetings were held with the DHS Communications team to design the final version of the brochure in print and digital formats. ● November 2021 - December 2021: The Resource Parent tools, approved by the CB, were distributed to the 5 CfE pilot sites to utilize for recruitment/engagement activities. ● December 2021: Three trainers were hired by the University of Maryland, Baltimore (UMB) to become the Parenting Through Change for Reunification (PTC-R) and KEEP/KEEP SAFE certified facilitators and trainers. They will assist with training for sustainability throughout the life of the grant and beyond. ● December 2021: The Becoming a CfE Resource Parent brochures were disseminated to the 5 CfE pilot sites in December to recruit and engage their existing resource parents in the CfE process. As well, a Parent Partnership Marketing meeting was held to discuss tools and materials to prepare resource parents for partnership with birth families. Several implementation tools were developed and approved by CB during this reporting period including: The Resource Parent Agreement Form outlining the expectations of CfE resource parents and confirming their commitment; LDSS Local Implementation Plans outlining strategies for engaging and recruiting parents; a template for tracking progress; and The Resource Parent Recruitment Tracking Form to record cohort data across the stages of engagement. ● December 2021: A virtual CfE orientation session for current resource parents was held and attended by a total of 60 persons. The majority (48) were resource parents as well as LDSS, SSA and UMB staff. Resource parents were actively engaged in the session and were able to ask and receive immediate feedback regarding the CfE process. A recording of the session was made available to the 5 CfE pilot sites to be used for future training and recruitment of eligible CfE resource parents. ● December 2021- The UMB Child Welfare Academy (CWA) created a Resource Parent KEEP referral portal for local site resource workers to upload CfE parent agreements and other information for interested resource parents. This portal has been an effective means for referring interested resource parents and connecting them to the KEEP groups. The CfE seeks to support resource parents as they actively work to establish and maintain positive and supportive relationships with the birth parents and extended family members of a child in their care. Through CfE participation, resource parents will learn how to authentically partner and team with birth parents to strengthen parental capacity and support the goal of timely and lasting reunification. 	

Activities for Permanency 1	Target Completion Date
New Activity: Evaluate fidelity and outcomes for the resource parent model. Use findings to inform refinements to implementation and training. (PIP Activity)	2024
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> • August 2021: The evaluation team submitted all necessary materials to the Institutional Review Board (IRB) for approval of the evaluation activities and approach. The Department’s Research Review Board (RRB) has been engaged in this process to ensure alignment and that all necessary consents and protections are in place for participants. • August 2021: Stages of Implementation Completion (SIC) Tool and Guidebook was submitted to CB. The SIC identifies Pre-Implementation activities to guide TA to sites for Evidence Based Practice (EBP) readiness. The SIC is a validated and researched tool that predicts positive outcomes for families and sustainability of EBPs. • October 2021 - November 2021: SIC tool and guidebook resubmitted to CB and approved to be used by UMB to track sites’ progress so that the data can be analyzed by the implementation team. • November 2021: The CfE Steering Committee met with each site to review data collection needs and expectations, as well as to consider any variables specific to their jurisdiction that should be considered and examined in the evaluation of the CfE. • November 2021: The Children’s Bureau approved the CfE Evaluation Plan, as well as a draft tracking template for use with the CfE pilot sites to collect information on their recruitment and engagement activities. 	
Procurement for in-person/virtual Post Adoption Services	2020
<p>Implementation Status: Completed</p> <p>2020 Progress: Two Post Adoption Service contracts have been procured and implementation will begin in early Spring 2021. Services will include assessments of youth and families who have finalized Adoptions in Maryland and the provision of individual/group therapy for families.</p> <p>2021 Progress: The two Post Adoption Service contracts began in July 2021. The state has begun to see the impacts of service delivery as referral for post adoption services and counseling services have increased. The state has not seen any placement disruptions from families served by this contract to date.</p>	
Begin a process to transition youth out of congregate care and into family settings.	2021
<p>Implementation Status: Delayed</p> <p>2021 Progress: The transition of youth out of congregate care and into family settings was delayed due to resource capacity as a result of COVID. Providers have decreased their capacity due to staffing shortages. The Department will review its capacity in 2022 to assess appropriate capacity levels for child placement agencies to ensure transitions. In addition, by 2023 transition of youth will be initiated to ensure that youth are stepped down to the least restrictive setting.</p>	
Implement Placement Referral process statewide to target placement stability	2021
<p>Implementation Status: In Process</p> <p>2019 Progress:</p> <ul style="list-style-type: none"> • Referral Policy is being finalized. <p>2020 Progress:</p> <ul style="list-style-type: none"> • December 2020: Placement referral process was finalized. 	

Activities for Permanency 1	Target Completion Date
2021 Progress: <ul style="list-style-type: none"> January - April 2021: Met with the Children’s Bureau to address items in Maryland’s Title IV-E Program Improvement Plan which included the QRTP and Non Family Based Settings Policy and the placement referral form. May 2021: The Children’s Bureau notified DHS/SSA that the Title IV-E PIP had been closed out and implementation of the approved title IV-E amendment provisions was April 2021. It is anticipated that the new referral form will be implemented in the next reporting period 	
Design and implement CQI protocols, including performance data from providers	2021-2024
Implementation Status: Delayed 2021 Progress: With the full implementation of CQSRI being delayed until 2026; CQI implementation to include performance data from providers is being delayed until rates related information specific to the rate development has been completed.	
State Agencies continue to collect and analyze CQI data and reconcile it with cost data, making providers financially whole for two years after implementation of new rates. This activity is being removed due to the completion date being outside of the required CFSP reporting period with the initial implementation of CQSRI scheduled for FY2025 with full implementation in FY2026.	2022

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

Table 8 below represents DHS/SSA’s performance on permanency outcome 2 between January - December 2021.

Table 8: Permanency Outcome 2 CY 2019 - 2021

<i>Permanency Outcome</i>	<i>Time Period</i>	<i>Overall Determination</i>	<i>State Performance</i>
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children	January-December 2021	Substantially Achieved	81.25% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	67% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	43% Substantially Achieved
<i>Permanency Outcome 2 Performance Items</i>	<i>Time Period</i>	<i>Performance Item Rating</i>	
		<i>S</i>	<i>ANI</i>
Placement with siblings	January-December 2021	82.4%	17.6%
	January-December 2020	84.2%	15.8%
	January-December 2019	82.5%	17.5%

<i>Permanency Outcome 2 Performance Items</i>	<i>Time Period</i>	<i>Performance Item Rating</i>	
		<i>S</i>	<i>S</i>
Visiting with parents and siblings in foster care	January-December 2021	82.5%	17.5%
	January-December 2020	74%	26%
	January-December 2019	51.1%	48.9%
Preserving connections	January-December 2021	88.8%	11.2%
	January-December 2020	83%	17%
	January-December 2019	55%	45%
Relative placement	January-December 2021	74%	26%
	January-December 2020	73%	27%
	January-December 2019	55.3%	44.7%
Relationship of child in care with parents	January-December 2021	74.4%	25.6%
	January-December 2020	77%	23%
	January-December 2019	49.3%	50.7%
Data Source: Online Monitoring System (OMS)			

Assessment of Performance:

The state has improved its permanency outcomes. DHS/SSA has met 81% conformity in this permanency outcome. In addition, DHS/SSA CFSR results (Data Source: OMS) have shown steady performance in the following areas: placements with siblings (82.4% in 2021 compared to 84.2% in 2020), visiting with parents and siblings in foster care (82.54% in 2021 compared to 74% in 2020), preserving connections (88.75% in 2021 compared to 83% in 2020), relative placements (73.9% in 2021 compared to 73% in 2020) and relationships of child in care with parents (74.4% in 2021 compared to 77% in 2020) all of which have shown an upward trend since last reporting period. The state is committed to partnering with families and children to ensure connections are kept when youth are placed in care. Although the state resumed in-person visitation in July 2021, virtual visitation is still occurring under certain circumstances.

Strengths:

As noted above DHS/SSA has shown marked improvement in maintaining continuity in relationships and connections between families and children. This improvement is supported by the increases in performance on a majority of items assessed through the CFSR reviews when comparing 2019 to 2021. In addition, DHS/SSA was able to adapt to the changing needs of staff related to COVID to support virtual visitation in order to maintain family connections.

Concerns:

Although the courts resumed many of its normal activities in April 2021, the state may still be challenged in ensuring mandated court visitation occurred where some visitations are ordered to be held at the courthouse location. In addition, COVID continued to impact family and sibling visitation due to protocols implemented to ensure safety of all participants resulting in some visits being virtual or canceled.

Because DHS/SSA makes every effort to place children who enter foster care with relatives, for youth who entered care in 2021 DHS/SSA experienced challenges in placing these youth with relatives due to the inability to obtain necessary mandated requirements such as health and fire inspections. Many of these entities were paused as a result of COVID delaying home approvals for kin caregivers.

Activities to Improve Performance:

- The Placement and Permanency workgroup will continue to work on policies connected to fostering relationships between both birthparent/families of origin, resource parents and youth by developing a survey to assess the practice of promoting partnerships between families of origin and resource parents.
- Monitor/track parent/child/sibling visitation on a quarterly basis and provide technical assistance to the LDSS as needed to ensure quality visitation between birth parents, resource parents, and youth/siblings.
- DHS/SSA developed practice guidance related to fostering partnerships between resource parents and families of origin. The practice guidance and accompanying webinar are designed to reorient the partnership between resource parents and families of origin to ensure relationships and connections are maintained for children in foster care. The state plans to develop a survey to evaluate the practice of promoting partnerships and report on the monitoring by the next reporting period.

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

Table 9 below represents DHS/SSA performance on wellbeing outcome 1 between January - December 2021.

Table 9: Well-being Outcome 1 CY 2019 - 2021

Well-being Outcomes	Time Period	Overall Determination	State Performance
Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs	January-December 2021	Not in Substantial Conformity	48% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	39% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	22% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Assessment of Performance

As shown in Table 9, the most recent CFSR report indicates 48% of cases reviewed substantially achieved this outcome of families having enhanced capacity to provide for their children's needs. Although not in substantial conformity, the agency has made progress towards this outcome as this is an increase of 17% from the previous year.

While improvements are needed to Well-being Outcome 1, the agency continues to show a positive trajectory. The state was able to achieve the identified CFSR PIP target for item assessing the state's efforts to understand the needs of and provide services to children, parents, and foster parents (Item 12). The CFSR PIP target was set for 37.6% and the state's latest performance indicates 48% of cases were rated as a strength. In terms of the state's efforts to involve the parents and children in the case planning process on an ongoing basis (Item 13), the CFSR PIP target was 39.9% with the state's latest CFSR report indicating 59% of cases were rated as a strength. When examining the frequency and quality of caseworker visits with children (Item 14), the CFSR PIP target was 79.4%, and the latest CFSR data report indicates 94% of cases were rated as a strength. Finally, for caseworker visits with parents (Item 15), the CFSR PIP target was 38.2% and the latest CFSR data report indicates 54% of cases were rated as a strength. These improvements from the previous year appear to be attributed to involving more fathers and age-appropriate children in the case planning process as well as having more frequent and quality visits with fathers.

CFSR Qualitative Focus Group Report of October 2021 stakeholder responses related to involving the parents and children in the case planning process, overall workers acknowledged the significance of including family members in the case planning process and collaboratively establishing goals with them based on the family's willingness and ability to engage with the agency however, there appeared to be inconsistencies among casework staff around the inclusion of additional team members in case planning. Caseworkers and supervisors discussed times in which teaming with families can be challenging, especially when biological parents are absent and actively struggling with substance use and mental illness. Families, youth, and biological parents that were a part of the focus group, overall felt included in the development of written case plans and were included in the identification of needs and strengths within their plan. Biological parents reported that their caseworkers listened to them and collaboratively identified goals for them within their case plan. Further analysis of family involvement in written case plans can be found in Case Review Systemic Factor on page 54.

Strengths

The agency continues to show progress in Well-Being Outcome 1, as described above and indicated by CFSR results and stakeholder interviews. The agency does well in adequately assessing the need of foster parents and providing the services needed to ensure they have the capacity to provide for children in their care. The agency's continued implementation of the Integrated Practice Model into practice has shown improved outcomes with workforce enhancing core practices such as engaging, assessing and teaming with parents and caregivers as well as service providers. These activities are described in more detail in the Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland's Integrated Practice Model (IPM) Section on page 115.

The agency's ability to visit with parents directly impacts caseworkers' ability to involve parents in assessing needs and in case planning. As previously noted in the CFSP, the agency struggled with engaging biological parents to assess needs and case plans. During this reporting period, the agency has seen improvements with caseworker visitation with parents with 59% of cases rated as a strength, 16% increase from the previous year. This data suggests the agency is making strides in engaging and teaming with parents. In addition, youth and biological parents who participated in the Stakeholder focus group spoke positively about their experiences teaming with the local department. The youth and biological parents shared that they had regular meetings with their caseworker, were included in the process of assessing their needs, developing a case plan or service plan and felt like an important member of team meetings.

During this reporting period, the agency continued its efforts to strengthen system partnerships to support children and families. The activities focused on this outcome are described in Goal 5: Strengthen system partnerships to improve safety, permanency, and well-being of youth and families as well as build a prevention service array to support children and families in their homes and community Section on page 142.

Concerns

Data continues to reflect the need for further improvement in the area of assessing the needs and services of children, parents, and foster parents and providing those needed services to meet needs and more parents and children need to be involved in the case planning process. Stakeholder interviews revealed that teaming to assess for needs is viewed differently amongst audiences and jurisdictions. Resource parents cited a lack of communication or varied communication between the agency staff and resource parents that resulted in resource parents being uninformed of formal meetings, such as FTDMs, in an untimely manner and being ill prepared for such meetings. This can impact the ability to address and advocate for the needs of children.

Also noted above, stakeholder interviews cited major themes impacting families having enhanced capacity to provide for their children's needs is the service array and the lack of available quality critical services as well as effectively teaming with absent parents and/or parents who are actively struggling with substance use and mental illness. Concerns and activities related to service gap barriers are described in further detail in the Service Array Systemic Factor section of this report on page 76.

As previously reported, in many instances, caseworkers have difficulty engaging parents perceived as resistant who may not be as active in the planning and establishing of goals as needed. Caseworkers have identified incarceration, previous negative experiences with the agency or the negative perception of CPS, severe substance abuse, mental illness and absent parenting, and high turnover of caseworker staff as factors contributing to poor parent engagement.

Multiple agency data sources such as the CFSR, Focus Group Sessions, Community Partnership and Services Survey reflect a major theme impacting families having enhanced capacity to provide for their children's needs is the service Array and the lack of availability and quality of

critical services as well as parents who are absent and/or actively struggling with substance use and mental illness.

Activities to Improve Performance

The agency plans to continue to support the workforce in meeting the needs of complex families through continued training, coaching and practice of the Integrated Practice Model and enhance offering of training at the Child Welfare Academy. These activities are updated in Goal 4: Improve workforce wellness to reduce the impact of secondary traumatic stress and decrease turnover rates section on page 141. In addition, the agency plans to continue its efforts to ensure quality assessments are taking place for each child within the IPM framework. These activities are described in Goal 2 Strengthen workforce knowledge and skills to support the full implementation of Maryland’s Integrated Practice Model (IPM) on page 115.

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

Tables 10 and 11 below represent DHS/SSA performance on wellbeing outcome 2 between January - December 2021.

Table 10: Well-being Outcome 2 CY 2019 - 2021

Well-Being 2 Outcomes	Time Period	Overall Determination	State Performance
Well-being Outcome 2: Children receive appropriate services to meet their educational needs	January-December 2021	Substantial Conformity	95% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	94% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	88% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Table 11: Education Indicator CY 2018-2021

Education Measure	Target	CY2018	CY2019	CY2020	CY2021
Children entering foster care and enrolled in school within five days	85%	76.7%	81%	43%	76%
Data Source: CJAMS (2021)					

Assessment of Performance:

During Calendar 2021, CFSR item 16 which assessed children receiving appropriate services to meet their educational needs, met substantial conformity with 95% of cases reviewed rated as substantially achieved. During CY2021 all Maryland schools and students shifted from virtual learning due to the COVID-19 pandemic back to primarily in-person learning with a virtual option. Maryland schools and students grappled with multiple changes due to COVID-19 such

as wearing masks in schools, shifting to virtual learning when cases began to rise, or an outbreak occurred in schools.

In CY 2021, the CJAMS data reflects that 50.4% of children that entered foster care or changed placements during the summer had timely enrollment in school, and 82.8% of children who entered foster care during the school year were enrolled in school within five days of initial placement. When looking at the full calendar year, CJAMS data shows 76% of children entering foster care were enrolled in school within five days. This is a significant increase from CY 2020 and on trend for Maryland prior to the COVID-19 pandemic. The agency attributes the improvement from the prior year to the fact that schools began to return to normal after the disruption caused by the pandemic. This difference between enrollment during the school year versus summer could be due to the fact that in the summer, school office staff work altered schedules (Monday-Thursday) or school offices are closed, which leads to delays in enrollment during the summer. The overall improvement in school enrollment is reflective of Maryland schools returning to in-person and hybrid instruction during 2021 as staff returned to the office.

Strengths:

Throughout the year, the agency worked to enhance partnerships needed to respond to enrollment barriers brought on by the pandemic and beyond. As the pandemic evolved, the agency saw more communication and collaboration amongst education partners. In addition, the most recent round of CFSR case reviews found that, in general, the educational needs of children in foster care were being appropriately and adequately assessed and addressed. CFSR case review data for Well-Being Outcome 2, Children receive appropriate services to meet their educational needs, was substantially achieved in 95% of cases and was partially achieved in 4.05% of cases. At the state level, as well within each local department, LDSS and school systems are continually working to enhance coordination and communication around the education needs of children in care. In September of 2021, the agency, along with Maryland State Department of Education and Department of Juvenile Services, hosted and facilitated a statewide cross agency collaboration training focused on understanding the role & responsibilities of agencies for:

- Ensuring children in state care are timely enrolled in school and obtain the educating services needed,
- Identifying opportunities to discuss key state and local partnerships essential to building and improving collaborations to ensure the educational needs of children in foster care and in juvenile services are met,
- Highlighting best practices from a panel of participants representing each agency, and
- Generating ideas to improve coordination between all staff and agencies involved in coordination of education services.

The outcome of this training enhanced statewide and local level collaboration focused on ensuring children receive appropriate education services. DHS/SSA also issued updated guidance to LDSS staff to help support accurate documentation and coordination of education services. Identified enhancements are being made to the education tab in CJAMS, which allows workers to better retrieve and review school documents and education entries. This has supported the improvement in assessments of education needs and services. In November 2021 the DHS/SSA Service Array Implementation Team conducted a survey of community partnerships

and service gaps with all 24 local jurisdictions. From this survey, 92% of LDSS rated the partnership with the LEA/School System as strong or very strong. Also 75% of LDSS reported that the current educational supports for children/youth meet the needs of children, youth and families involved with child welfare. The agency continues to collaborate with the Maryland State Department of Education and the Special Education State Advisory Committee to better coordinate special education services for foster care children.

Concerns:

While CJAMS and CFSR data is showing progression and a positive trajectory, there are persistent barriers that continue to impede children receiving timely enrollment and appropriate education services. Through technical assistance provided to the LDSS, identified contributing factors are the lack of knowledge, availability and accessibility of services to meet specialized education services such as tutoring and educational testing. A continued contributing factor is inconsistent communication with the local school system to enroll children in an education setting or address attendance concerns. The CJAMS data reflects that 50.4% of children that entered foster care or changed placements during the summer had timely enrollment in school. Timely enrollment into school for children who enter care continues to be a mutual responsibility between the LDSS caseworker, the Local Education Authority (LEA) school liaison, the school staff involved including the prior and receiving school administration staff as well as the caregivers of the youth. In order to improve our efforts to ensure that children in foster care are enrolled in school and have access to the education services, there needs to be stronger collaboration and communication between all parties. Although MOAs exist between the LDSS and LEAs, not all staff are aware of these MOAs and their role in implementing the requirements. Some local school staff are uninformed or ill-informed about the requirements for school enrollment. Some school staff are requesting a number of documents that are not readily available in order to enroll the child in school which lengthens the time for enrollment. There is also confusion among staff around the coordination and responsibility of transportation for children in foster care especially when a student changes placement but remains in their school of origin. While there is policy identifying the procedures and responsibilities for transportation, problems have been identified if a child in foster care has an Individualized Education Plan (IEP) and if transportation to a non-public school is provided as part of the IEP. We continue to work closely with the LDSS's and LEAs to ensure timely transportation arrangements can be provided to ensure educational continuity.

There are concerns that exist around the right people being involved in the decision-making progress of the student. This includes ensuring that appropriate and necessary people attend the best interest determination meetings. Concerns include the receiving or new school's inability to meet the students' educational needs due to lack of educational records, information, and coordination with the previous school youth attended. This problem is exacerbated if a student is transitioning to a school within another jurisdiction. The agency is continuing to work with MSDE to explore a data sharing agreement to obtain records on school attendance, academic performance, report cards, 504 and IEP records. Data sharing will improve school enrollment and address delays due to the lack of current educational records as caseworkers would have access to school records. In November 2021 the DHS/SSA Service Array Implementation Team conducted a survey of community partnerships and service gaps with all 24 local jurisdictions. From the survey, only 46% of jurisdictions reported that the current services for children and youth with disabilities meet the needs of children, youth and families involved with child

welfare. Specifically, two jurisdictions identified autism services as a critical unmet service need. Another three jurisdictions identified educational supports for children and youth are not available and three identified there are educational supports as available but not enough capacity and somewhat accessible. The focus for education continues to be working on emerging and existing barriers between the LDSS and LEAs. In addition, the agency continues to work with LDSS and provide guidance focused on the quality of education services and how to intervene and support youth in care with education needs.

Activities to Improve Performance:

Tables 12 and 13 below outline the agency’s activities to improve performance on well-being outcome 2.

Table 12: Activities to Improve Performance: Well-being Outcome 2

Activities for Educational Needs (Well-being 2)	Target Completion Date
Assess barriers around navigating education services for children in care by developing and disseminating an education survey and follow up to LDSS staff, resource parents and private providers	December 2019
<p>Implementation Status: Completed 2019 Progress:</p> <ul style="list-style-type: none"> ● August 2019: Developed a survey, in collaboration with the health and education workgroups, to assess barriers to navigating education services. ● August 2019: Survey was distributed to all 24 LDSS, treatment foster care agencies, residential treatment providers, and resource parents. ● September 2019: Survey results analyzed and showed the following: 415 respondents completed the survey. Of these, 59% were resource parents, kinship parents, or private providers, and 41% respondents were LDSS staff. The results of the survey were analyzed by the Institute, reviewed by the education workgroup, and are being used to develop cross system strategies to improve outcomes. 	
Based on survey results, develop targeted interventions to assist the LDSS staff with ensuring they are able to coordinate education services to make sure identified needs are met.	September 2020
<p>Implementation Status: Completed 2020 Progress:</p> <ul style="list-style-type: none"> ● January 2020: Through the implementation structure of the Education workgroup survey results were presented to stakeholders to allow for input and development of targeted interventions and strategies that can be addressed across themed focus areas that impact timely enrollment such as policy and training, transportation, enrollment, academics, special education and coordination of services. ● January 2020: Partners and stakeholders working with the agency to address education goals were tasked with sharing survey results with their agency and staff and developing targeted interventions to address on their end in collaboration with SSA. This includes representation from local administrators from each county, Maryland State Department of Education, Resource Parent Association, kinship parents, Child Welfare Academy, and treatment foster care providers. ● February 2020: Due to the large number of barriers and contributing factors identified, strategies and interventions were prioritized, and a work plan was developed to address over a period of time. ● February 2020: Agency conducted training to the agency private providers such as Treatment Foster Care agencies focused on the requirements of enrollment of youth in school due to placement change, coordination of services and how to support youth in that transition. 	
Improve data sharing between MSDE and DHS/SSA to ensure SSA and LDSS have access to up-to-date education data for children in care	June 2024

Activities for Educational Needs (Well-being 2)	Target Completion Date
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> The agency has not been successful in obtaining a data sharing agreement with MSDE. During 2021, the agency made a request of MSDE to enter data agreement and provided MSDE with educational data points the agency is looking to receive routinely. The agency is looking to obtain data on elements such as attendance records, graduations, number of IEPs and 504, academic performance data and testing scores. This request is still in progress as the agency awaits approval for the agreement. 	
Conduct a statewide review and analysis of education data related to academic performance for children in out-of-home care (Demographics, School Attendance, Student Performance)	June 2024

Table 13: Activities to Improve Performance: School Enrollment

Activities for Measure: Children enrolled in school within 5 days	Target Completion Date
Assess barriers to timely school enrollment by developing and disseminating an education survey and follow up to LDSS staff, resource parents and private providers	December 2019
<p>Implementation Status: Completed 2019 Progress:</p> <ul style="list-style-type: none"> August 2019: Developed a survey, in collaboration with the health and education workgroups, to assess barriers to timely school enrollment. August 2019: Survey was distributed to all 24 LDSS, treatment foster care agencies, residential treatment providers, and resource parents. September 2019: Survey results analyzed and showed the following: 415 respondents completed the survey. Of these, 59% were resource parents, kinship parents, or private providers, and 41% respondents were LDSS staff. The results of the survey were analyzed by the Institute, reviewed by the education workgroup, and are being used to develop cross system strategies to improve outcomes. December 2019 through January 2020: Regional conferences facilitated by DHS/SSA and MSDE to assist in assessing barriers related to timely school enrollment. 	
Coordinate with MSDE to develop processes that will enhance collaboration between the LDSS and the Local Education Agencies (LEA) around timely school enrollment.	June 2024
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> LDSS and LEAs continue to utilize the MOA's that were initialized in 2017. There have been identified barriers, not every LDSS entered into an agreement with the necessary LEA's. The MOA's will need to be updated and renewed in fall 2022. 	
Conduct routine monitoring of school enrollment data related to children in Out-of-Home placements to ensure compliance with education requirements followed by technical assistance to LDSS to address barriers and areas of concern.	June 2024
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> In August 2021 the Audit Compliance and Quality Improvement unit was created at SSA to support the agency in monitoring audit indicators including education outcomes. The agency conducted case 	

Activities for Measure: Children enrolled in school within 5 days	Target Completion Date
<p>reviews of children in out of home placement for compliance and appropriate documentation. Weekly data reports are sent to LDSS for monitoring with a compliance goal of 90% of school age children in out of home care having an updated case record. Technical assistance is provided to any jurisdiction that does not meet that compliance standard and CJAMS enhancements have been identified to improve documentation.</p>	

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

Tables 14 and 15 below represent DHS/SSA Well-being Outcome 3 data from CJAMS and the Child and Family Service Review (CFSR) from January-December 2021.

Table 14: Well-being 3 Outcomes CY 2019 - 2021

Health Outcomes	Time Period	Overall Determination	State Performance
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	January-December 2021	Not in Substantial Conformity	86% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	85% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	66% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Table 15: Health Indicators CY 2018-2021

Health Measures	Target	CY2018	CY2019	CY2020	CY2021
Comprehensive Health Assessment for foster children within 60 Days	90%	92.5%	90%	66%	64%
Annual Health Assessment for foster children in care throughout the year	90%	88.4%	84%	51%	59%
Annual Dental Assessment for foster children in care throughout the year	60%	69.3%	66%	45%	51%
Data Source: CJAMS (2021)					

Assessment of Performance

During this reporting period, the agency saw a slight increase in Well-Being Outcome 3, children receive adequate services to meet their physical and mental health needs, from 85% to 86%. The most recent CFSR report for item 17 Physical Health of the Child, the 88% performance rating reflects a strength for this area. This area continues as a strength for the agency with a slight 2% decrease from the previous year. For Item 18 Mental Behavioral Health of the Child, the 91% performance rating is an increase of 6% from the previous year once again demonstrating

consistent performance in this area. Mental health services for children and youth continued to be accessed via telehealth with in-person and telehealth visits occurring as Maryland's state of emergency restrictions were lifted during 2021. In Maryland Continuous Quality Improvement (CQI) Qualitative Focus Group Report October 2021, respondents reported that access to and availability of needed mental and behavioral health services for youth were identified as a critical service need.

Health indicator performance measures for CY2021 (Table 15) overall reflects a slight increase since the previous year report. For CY2021 timely completion of comprehensive exams reflect a slight decline of 2%. Annual health and dental exams show the agency is making progress in the right direction as evident by an increase of 6% and 8%. The current percentage of timely health exams is significantly below the target of 90% and lower than pre-pandemic outcomes in this area. The agency is currently assessing and testing for CJAMS data validity in this area. The agency attributes the two-year decrease directly to the impact of COVID-19 pandemic which has delayed the timeliness of scheduling and receiving health services. During 2020 and 2021, COVID-19 restrictions included Maryland's State Health Secretary's order to suspend all elective and non-urgent medical procedures until after the state of emergency. Health care providers had the discretion to determine what care was necessary for the maintenance of health for an individual. To prevent potential COVID-19 exposure to children in foster care and resource parents and due to limited access to health care because of Maryland's state of emergency, DHS modified the timeframe for comprehensive health assessments.

Maryland's state of emergency was lifted July 1, 2021. While the emergency has been lifted, residual delay in accessing health services still exists. The agency made efforts to provide guidance to LDSS staff and resource parents on post-pandemic procedures to ensure timely completion of health care exams and services. These efforts as well as issues raised are described in the strengths and concerns sections below.

Strengths:

Despite the impact of the pandemic, the state has continued its efforts to build strong state and local collaborations to improve communication and collaboration with LDSS staff, community providers, and Maryland's Managed Care Organization/(MCOs). Identifying and targeting systematic challenges and resources along with building collaboration at the local level have been a top priority to improve coordination of health services for children and youth in foster care. Technical assistance provided to the LDSS has been ongoing to address timely and accurate documentation in CJAMS. State level partners, such as Maryland's MCOs providing the LDSS support with addressing some specific barriers, has been a key strategy employed by the agency. MCO's attended LDSS all staff meetings to discuss specific challenges and potential solutions and the role of the MCO's Special Need Coordinators/SNCs SNC was strongly encouraged by DHS/SSA to improve coordination of health services and timely completion of health exams.

During this reporting period, the agency's Health Workgroup conducted a root cause analysis to further explore contributing factors in this area. The analysis utilized health data to understand (i.e. late or missed health and dental exams, brainstorm possible root causes, and identify strategies to improve outcomes. Root cause analysis (RCA) findings included:

1. The effects of caseload size on workers, primarily in jurisdictions with a higher number of children in care, as well as staff turnover and/or case transfers impacted the timely documentation of information into CJAMS,
2. LDSS frontline staff not having access to the child's electronic health record via the "patient health portal" for real-time access to the child's health information. Health information/documentation from resource parents, health providers, or private treatment providers was not provided to LDSS staff in a timely manner to validate the health service was completed.
3. Limited or no calls to the MCO's Special Need Coordinators (SNC), and
4. MCOs have inaccurate or outdated information on the child in foster care which creates a barrier for coordinating the child's needed health services or the LDSS contact information is not available for the SNC to obtain the child's current information e.g., placement.

As a result of the RCA, a strategy to address the findings included facilitating a statewide Health Services Town Hall that will occur in the next reporting period. The health services town hall will serve as a cross-system training for key stakeholders involved with supporting health care services for children in foster care. Topics discussed and addressed will focus on increasing LDSS staff, MCO staff, and resource parents' understanding of DHS/SSA's current health care policy for children in foster care and each system's role to support a child's timely access to health care services. The goal of the town hall is to enhance cross collaboration ability to share information and create innovative ways of working together to ensure children and youth receive timely and quality health services.

During this reporting period, the ACQI unit supported DHS/SSA in overseeing and monitoring compliance of required practices including health services for children. ACQI conducted 1:1 meetings with all 24 LDSS child welfare directors, assistant directors and program managers to develop health performance measure reporting tools and address challenges related to meeting health outcomes. The agency continues to strive towards progress towards Well-Being Outcome 3 through work conducted in state lead workgroups and collaboration among DHS/SSA's program areas, resource parent association, and state agency partners such as Medicaid and Managed Care Organization/MCO to identify system challenges, resources, and best practices.

In 2021, the agency established the Foster Care Affinity Group. The Foster Care Affinity Group is a twelve-month Centers for Medicare and Medicaid (CMS) quality improvement (QI) learning collaborative, and the specific aim of the affinity group is to drive measurable improvement on the completion of comprehensive health assessments within state guidelines among children and youth newly enrolled in Title IV-E foster care and Medicaid. This is a state level group consisting of Maryland's child welfare agency program staff and Maryland's Department of Health's program staff addressing common challenges and pursuing innovative system changes that may lead to improving timely healthcare for children in foster care. In addition to the Foster Care Affinity Group, a Stakeholders Advisory Group meets quarterly to support the agency's goal to improve quality and timeliness of health exams for children and youth in out-of-home placements. The larger Stakeholder Advisory group consists of pediatricians, Managed Care Organization representation, and other physical health related experts and providers throughout Maryland.

DHS/SSA has worked to build a collaborative partnership with Maryland’s Public Behavioral Health service provider Optum to improve mental/behavioral health services for children and youth in foster care. Through this state level collaboration, the agency’s focus is to ensure the system can capture accurate and complete mental health data to strengthen programming and services for children and youth in care.

Guidance included weekly program meetings with LDSS directors and assistant directors and issuance of agency memoranda to LDSS staff and foster parents related to COVID-19 precautions and health care exam requirements for children and youth in foster care.

Concerns:

As described above, health performance measures reflect several concerns. The LDSS’ continue to be impacted by delays in receiving health care information from resource parents and private foster care agencies (i.e., date exam was completed; medical documentation from resource parents) which often impacts health documentation in CJAMS. Technical Assistance sessions with LDSS’ and the agency’s statewide Health workgroup reported the following challenges: identification of health service providers to complete a comprehensive exam for which the provider will be reimbursed for the exam, transportation to health service providers (service providers in close proximity to the child’s current placement), issues with providers agreeing to completing the required health passport (631 forms), as well as challenges with coordination and enrollment into a Managed Care Organization when a child comes into care.

CFSR data indicates a positive trajectory for Well-Being Outcome 3; however, the state continues to address factors impacting progress in this area. Timely and accurate data entry remains an area that requires improvement. Without accurate and timely documentation of health services, the agency is unable to fully assess health service needs and address barriers. The agency has struggled to accurately capture CJAMS data that reflects the overall mental health needs of children and youth in care in addition to determining that the services provided supports and meets the child’s needs identified. This has been an area that needs improvement, and the agency will continue the state level work with Optum and other key stakeholders to access valuable mental health data and improve mental/behavioral health service outcomes.

Activities to Improve Performance:

Table 16 below outlines activities to improve performance on health indicators.

Table 16: Activities to Improve Performance: Health Indicators

Activities for Health Measures: Comprehensive Assessment within 60 days, Annual Health Assessment, and Dental Assessment	Target Date
Enhance cross-system collaboration with Maryland’s Managed Care Organizations (MCO) to improve coordination of health care services including strategies addressing scarcity of dental providers accepting Medicaid and/or limited providers in rural areas impeding dental performance measures and oral health outcomes.	September 2024
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> Monthly: DHS/SSA along with Maryland’s MCOs, and Skygen, LLC (dental contractor) provided support to the LDSS’ by attending program staff meetings and individualized case consultation meetings 	

Activities for Health Measures: Comprehensive Assessment within 60 days, Annual Health Assessment, and Dental Assessment	Target Date
to identify potential solutions for jurisdictional or case specific barriers. Health Services Town Hall scheduled for February 2022	
Conduct routine monitoring of health assessments and provide LDSS Permanency Units TA addressing barriers and areas of concerns to ensure compliance with health performance measures. MCO's and Skygen, LLC partnering with the state to support and assist the LDSS' with meeting health performance measures.	December 2024
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> Monthly: The agency's ACQI unit oversight and monitoring included meetings with LDSS leadership and foster care program staff to address timely documentation of health exams and jurisdictional challenges faced by the LDSS related to completing the required health exams. Formal presentations by Maryland's MCOs, Skygen, LLC, and Optum to the LDSS' have been held to support the LDSS with meeting health performance measures. The presentation objectives are to discuss and identify the role of the state level provider as a resource for LDSS staff and an effective approach to coordinating care for children and youth. 	
Coordination at state and local levels with MCO's to assess Transitioning Youth barriers to health services and identify strategies to improve health outcomes for this population.	December 2024
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> November-December 2021: Preliminary planning on this activity was initiated at the end of 2021. SSA's Well-Being Unit will work with SSA's Permanency and Emerging Adults program staff to identify specific strategies to improve health outcomes for this population. 	

Systemic Factors

Systemic Factors include a number of areas that support the functioning of the state's child welfare system. Listed below are updates on any current or planned activities targeted at improving performance or addressing areas of concern identified for each systemic factor.

Statewide Information System

Analysis of Performance:

As noted in the 2022 APSR DHS/SSA launched the Child Juvenile and Adult Management System (CJAMS), Maryland's new Comprehensive Child Welfare Information Systems (CCWIS) in CY2020. Throughout 2021, DHS/SSA has worked to ensure that CJAMS accurately identifies the status, demographic characteristics, location, and goals of placement for every child in foster care. Within CJAMS caseworkers are able to enter a wide range of information regarding the children and families with whom they partner. LDSS case workers and supervisors have access to a daily report where information regarding race, age and other demographic factors, placement/living arrangement, and the identified permanency plan goals are recorded for children in foster care. The report also identifies where data is missing so that workers and supervisors are aware of what has not yet been documented. In addition, DHS/SSA staff have access to the reports for review, allowing for opportunities to follow up with those local departments where the data is not in the system. Through these reviews it has been identified that missing data is due to report logic challenges while at other times it is due to lack

of documentation in CJAMS. Barriers to documenting information in CJAMS may include caseworker workload impacting the prioritization of timely data entry and delays in the entry of placement providers which impacts timely documentation of the child's location/placement. There is a notification process by which staff at either a local department or DHS/SSA can also provide feedback to the report developers if the report is not showing the correct information that is documented in CJAMS. This information is utilized in meetings with MD THINK and DHS/SSA to determine if the data inaccuracies in the report are due to report logic issues, application issues, or if they are due to worker error. If the incorrect data is due to worker error, this information is relayed to the appropriate individuals at the local department along with a timeframe within which to correct the data. If the error is due to application or logic issues, staff at the local departments, MD THINK and DHS/SSA work to address defects and implement possible enhancements to update CJAMS so that it works better for everyone.

Table 17, below, provides the percentage of children in foster care with Demographic and Location information documented in CJAMS.

Status and Demographic Information

In CY2021, CJAMS data indicated that as of December 31, 2021, there were 4,244 children in foster care. The data regarding foster care population comes from both the data reports created by MD THINK in Qlik (the reporting platform utilized with CJAMS) as well as served reports provided through a data accountability contract with the University of Maryland School of Social Work. When there are variances in the data, DHS/SSA works with UMSSW and MD THINK to identify why this has occurred and rectify any differences. Local jurisdictions also have access to a daily report where they are able to monitor the children identified as being in care and alert DHS/SSA of any concerns. As noted in Table 17 below, demographic information (i.e., gender, race, ethnicity, etc.) of the children in foster care is documented in CJAMS. Out of the 4,244 children in care during the CY2021, CJAMS data shows there were 49.5% females, 50.3% males, and 0.24% were identified as other (i.e., transgender). In reviewing the race and ethnicity categories, the majority of the children had race and/or ethnicity documented in CJAMS. For a small percentage (4.24%) ethnicity was documented as unknown indicating that the ethnicity was not determined.

Goals of Placement and Location

The children in care who had a documented Permanency Plan in CJAMS within 7-12 months of entering foster care was 72.9% of the population. CJAMS data in regard to placements indicates that 88% of the children were in a placement category identified in CJAMS (i.e., family home, group homes, Residential Treatment Centers, independent living). For children placed in a treatment foster care program, CJAMS requires that the worker also identify the specific treatment foster home that the child is residing in so that the actual address for the child is known. The remaining 12%, were documented as "Other" which includes respite care, inpatient psychiatric care, runaway, and juvenile detention facility. Placement data is reviewed monthly through a Child Welfare report that is also utilized by other offices within DHS, including Budget & Finance, to allow for the comparison of data to identify any discrepancies and make any needed corrections.

Table 17: Demographics and Location Documented in CJAMS for Children in Foster Care

Child Welfare Demographics and Location CY2021 (January 1, 2021 - December 31, 2021)	
Gender	% Documented in CJAMS
Female	49.50%
Male	50.26%
Other	0.24%
Race	% Documented in CJAMS
Black	57.38%
White	30.21%
Other (all other races)	6.58%
Unknown	5.82%
Ethnicity	% Documented in CJAMS
Hispanic	8.27%
Not Hispanic	87.49%
Unknown	4.24%
Placement (location)	% Documented in CJAMS
Family Homes	70.12%
Group Homes	12.46%
Residential Treatment Centers	2.28%
Independent Living	3.03%
Other	12.11%

Strengths:

As of the last Adoption and Foster Care Analysis and Reporting System (AFCARS) submission (October 1, 2020 - March 31, 2021) DHS/SSA was within the 10% error margin, as noted as part of the data quality review completed by the Children’s Bureau for the entire AFCARS submission. In the latter half of 2021, in collaboration with other DHS agencies who are also part of the MD THINK platform, DHS/SSA has begun to formalize in writing and practice to build a more proficient Search process, eradication of duplicate clients and erroneous identification numbers. The focus group has increased attention on the Master Database Management (MDM) while creating a solution specific to the Child Welfare and Provider modules to decrease search

result duplication. These collaborative efforts have led to improvements in being able to document the necessary demographic information, location and goals of children in foster care.

Concerns:

Status of children’s entry and exits from foster care have not always been documented timely although exits are more likely to be outside of the desired time frame which was identified in the 2021A AFCARS when 95 youth had their exit from foster care documented more than 60 days following their exit. It has been challenging to figure out how to effectively monitor this, however DHS/SSA will continue to explore potential strategies in 2022. Additionally, 27% of children did not have a documented permanency plan within the first 12 months of entering foster care. With new AFCARS 2.0 and needing to make sure permanency is documented, an alert/reminder will be created in CJAMS to ensure that this is documented within the first 60 days. Reminders will also be sent to the caseworker’s supervisor. There are also concerns regarding documentation of placements, with about 2.6% of those in foster care not having an identified placement at the end of CY 2021. A similar reminder will be created in CJAMS to ensure that every child has a placement which will then allow for attention to ensuring that placement change documentation also occurs timely.

Activities to Improve Performance:

Table 18 below provides the status of activities identified to improve performance.

Table 18: Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Organizing for Data Success	
Implement Data Council decisions concerning data security, data standards, and data sharing:	2019/monitored quarterly
<p>Implementation Status: In Progress</p> <p>2021 Progress: During 2021 both Full Data Council meetings (January 22, April 23, July 23, December 10) and Cross-Functional Data Council Meetings (March 26, May 28, September 24) were held. DHS/SSA increased its participation to include staff from data, systems and programs.</p> <ul style="list-style-type: none"> ● Data Standards - the main focus of most data council meetings has been on data standards, particularly as the focus on the Master Database Management (MDM) increased as more agencies have moved to the MD THINK platform. This has also included making sure that client search reduces the creation of duplicates between the different modules. ● Data Security - ensuring that contractors and individuals with different needs have access to CJAMS as well as other MD THINK module areas has also been part of the data council discussions ● Data Sharing - most of the data sharing has focused on those modules that are also part of the MD THINK platform to ensure that the sharing there is established before looking at data sharing with other entities that are not part of the MD THINK platform 	
Review the results and feedback concerning data quality in CJAMS with a State/local Modernization Network that is responsible for reviewing and recommending improvements to the CJAMS system	2020/monitored quarterly
<p>Implementation Status: Delayed</p> <p>2021 Progress:</p>	

Current or planned Activity to improve performance	Target completion date
<ul style="list-style-type: none"> Discussion late in CY2021 regarding how the State/local Modernization Network will be re-established. This discussion will continue early CY2022 with the plan to have the Network back in place by early summer. 	
Selected data elements will be reviewed as part of the CQI (Continuous Quality Improvement) and CFSR reviews that will be conducted on an ongoing basis, for data accuracy, reliability, and timeliness.	2021/monitored monthly
<p>Implementation Status: In Progress 2021 Progress: Monthly through Orientation and Practical Data Meetings for local jurisdictions scheduled for upcoming on-site reviews or Continuous Improvement Planning (CIP) Meetings with local departments who recently had an onsite review, the Headline Indicator dashboard (based on the CFSR state-wide indicators), DHS/SSA and the local department review and discuss the department’s trend data and identify 3-5 area of focus either during the on-site review or as part of their CIP. Reviewing the data also allows the local department to review their data for accuracy, timeliness and for DHS/SSA to evaluate reliability of the Headline Indicator dashboard. These Indicators focus on the CFSR statewide indicators, including Permanency in 12 months, and entry and reentry date while future storylines related to the headlines will include demographic (race, ethnicity and age), placements (particularly for placement stability) and permanency (when looking at Permanency outcomes as well as reentry)..</p>	
Develop data sharing master agreements that are coordinated through the Data Council to build trust among participating member agencies.	2022/monitor quarterly
<p>Implementation Status: In Progress 2021 Progress: As of the end of 2021, the master data sharing document was in draft form. The DHS Data Council manages the documentation and collaboration with program agencies continues to improve the document for distribution and would continue into 2022 to finalize all documents regarding data sharing.</p>	
<p><i>Standards for Data Clarity</i></p>	
Establish clear definitions of data elements and picklist values; and distribute data definitions throughout the interagency structure.	2022/monitor quarterly
Provide training and support on an ongoing basis in order to reinforce the reliable use of data elements.	2022/provided and monitored quarterly
Provide caseworkers the support they need to use SmartLists to help guide their work, making the system more user-friendly and useful.	2023/monitored quarterly
<p><i>Technical Tools to Improve Data Quality</i></p>	
On-line help will be available to include both how to use CJAMS as well as links to policies and practices that relate to the screen and data elements required.	2023/monitored quarterly
Employ Master Data Management tools across the interagency structure to avoid duplicated clients and services.	2023/monitored monthly
Development of SmartLists to guide CJAMS users on upcoming priorities, helping them to plan their work time and address needs in a timely manner.	2023/provided and monitored quarterly

Case Review System

The case review system addresses the following areas 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,
- A periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review,
- 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,
- The filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions,
- 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.

Written Case Plans

DHS/SSA uses a few strategies to ensure that DHS/SSA engages families jointly in the development of case plans. The use of Family Involvement Meetings/Family Team Decision Meetings and now Family Teaming is a primary mechanism outlined in policy as a practice expectation to ensure family engagement in key decisions. Monitoring data through CCWIS and self-report of jurisdictions throughout the State is used to measure how well the state is performing this case review function. The CCWIS system tracks recorded family involvement meetings and a self-report is used to verify the data in the CCWIS system. Surveying families about satisfaction with and participation in the process of developing written case plans takes place through the bi-annually administered Family Involvement Meeting feedback survey and Maryland's Stakeholder Focus Groups. This assists in monitoring how well family teaming is practiced. Case plans are required in policy for every family served in foster care. DHS/SSA policy requires that Family Involvement Meetings (FIMs), which recently changed in title to Family Team Decision Meetings (FTDMs) with the implementation of a new family teaming policy in 2021, take place at key decision points including when considering separation of a child from their family; when a change in placement is being considered; and when a change in permanency plan is being considered. In addition to key decision points, the FTDM policy expands the use of the teaming approach for planning jointly with families. In addition, the policy outlines the use of FTDMs to collaboratively identify options, goals and steps that are used to work toward consensus and serve as a basis for the development of written case plans. The meetings are designed to include parents, children, youth, families, emerging adults, and their natural and community support. The new policy also includes the expectation of using family meetings early on while working with families to team outside of formal teaming interventions. While there is no data collected yet on the number of family meetings recorded, it is expected that this information will be available in the next reporting period.

Analysis of Performance:

Table 19: CY 2021 Children in Foster Care and Written Case Plans

Children in Foster Care	Children in Foster Care >60 days	Children with a Written Case Plan	Family Participated in Family Team Decision Meeting
4,244	3,904 (92%)	2,761 (65%)	1,104 (40%)

As noted in Table 19 above, in CY 2021 of the 4,244 children in foster care, 92% were in foster care for more than 60 days and 65% had written case plans. Of those families with written case plans, 40% had participated in family team decision meetings. Child and Family Services Review data from 2021 reflected improvement in involving parents in case planning (Well-being item 13). Between periods 6 (October 1, 2020 - March 31, 2021) and 7 (April 1, 2021 - September 30, 2021), for 79 out of 129 applicable cases, rated as a strength, this item increased from 47.5% to 59.1% which exceeded the state's PIP target of 39%. As the new family teaming policy rolled out, the need arose to collect new data around family teaming as a broader intervention with DHS/SSA's system as CJAMS currently only captures Family Team Decision Meetings (FTDMs) that occur at separation or considered separation of a child from their home, when placements change and at permanency plan changes. While DHS/SSA continues to develop ways to expand data collection, FTDMs are still a primary strategy for collaborating and jointly developing goals and tasks that become a part of written case plans with families. This approach now also includes family meetings and facilitated family meetings that may also be used for incorporating family voice in written case plans. Virtual meetings were prevalently used in 2021 and there was mixed feedback about their use. FTDM Feedback surveys were administered statewide in March and October 2021 resulting in the collection of 933 surveys of which approximately 100 were from children/youth/families: 85 being parents. Virtual participation due to the pandemic has made it more difficult to collect this data from families. The results of these surveys yielded a satisfaction rate for families of 78%. There has been an 80% decline in the number of surveys collected between 2020 and 2021.

Family engagement in written case plan development was addressed in the stakeholder focus groups conducted in April and October 2021. Workers as well as families were interviewed. Families (parents and youth) who were interviewed expressed an overall feeling of inclusion and collaboration in the case planning process. In April, focus group participants expressed that court orders were heavily infused in case plans. In October, workers and families expressed a stronger emphasis on families contributing to case plans. This evolution seems to have been an improvement from the qualitative data gathered in October 2020's focus group which indicated that there was a high connection with court expectations and written service plans as well.

Strengths:

Feedback from focus groups also includes information showing satisfaction with the process and knowledge of the case plan and family contribution to the plan. CFSR data related to involving parents in case planning (Well-being Item 13) has improved by 11.6% between periods 6 (October 1, 2020 - March 31, 2021) and 7 (April 1, 2021 - September 30, 2021). These improvements from the previous year appear to be attributed to involving more fathers in the case planning process, continued emphasis on the IPM, the use of IPM coaching intensives, and the shift to more in-person rather than virtual teaming.

Concerns:

Since 2019, FIM/FTDM surveys have been administered every March and October. Between survey results in March 2020 (pre pandemic) and October 2021, participation rates have declined from 192 family members (mothers, fathers, youth) in March 2020 to 38 family members in October 2021. There was also a decline in families agreeing or strongly agreeing with the statement “The plan addresses concerns about my family and will help us achieve what we want as a family.” In March 2020, 93.9% of family members agreed or strongly agreed with that statement. In October 2021, 60% agreed or strongly agreed with that statement. The most significant change between March 2020 and October 2021 has been the predominant use of virtual family team decision meetings and therefore the use of an online survey tool instead of paper surveys collected in person. It has also been noted that while the questions included on the survey give some qualitative data on the implementation to teaming as a core practice, specific questions are not included that allow parents to provide feedback on their ability to jointly develop case plans. Finally, much of the teaming process is also not captured yet in CJAMS which is making it difficult to get the full picture of how teaming is taking place with families.

Activities to Improve Performance:

In order to enhance the current FTDM survey, the IPM Implementation team is revising the survey and considering follow up strategies with families to obtain follow up feedback with families such as phone follow up or built-in time to complete surveys on-line at the end of meetings. DHS/SSA is also planning to increase technical assistance and coaching to locals around collaborative assessment and planning in 2022. Coaching intensives and TA will use real case examples and include individuals with lived experience in order to reinforce the importance of collaboration in assessment and planning. Further training and support to supervisors in monitoring skills related to teaming with families has also been introduced and is expected to be a focus of technical assistance and coaching in the coming months as well. See Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland’s Integrate Practice Model on page 115 for other activities related to performance improvement.

Periodic and Permanency Review Hearings

Analysis of Performance:

In determining the occurrence of periodic and permanency review hearings, DHS/SSA has continued to experience challenges. While information around court hearings is included in CJAMS and there is an ability to identify the length of stay for children in foster care (i.e., As of December 31, 2021, there were a total of 4,244 children, of whom, 3,516 were in care up to 6 months), the ability to differentiate between periodic and permanency hearings remains difficult. In an attempt to gather qualitative data around these hearings, DHS/SSA included questions related to the periodic and permanency review hearings in the Stakeholder Focus Groups conducted in April and October of 2021. The data obtained through Stakeholder Focus Groups provided some insight on some of the challenges the state is experiencing in this area. LDSS staff and attorneys who participated in each focus group reported that the periodic review hearings were encompassed as a part of the permanency hearings and occurred at least every three to six months depending on the jurisdiction. Initially when asked about periodic reviews, most participants in the attorneys’ focus group expressed confusion around the questions related to periodic reviews and permanency hearings as they seemed to be asking the same thing. In addition, other focus group participants appeared to have a similar, general understanding of the

periodic review hearings as being synonymous for permanency hearings, despite each hearing having different and distinct purposes. Despite the confusion around the hearings, feedback provided by the focus group participants indicated that the hearings were held timely within their communities and oftentimes were occurring more frequently than their required timelines specifically noting that hearings occurred at varying frequencies ranging from 30 days, six weeks, three months, and six months.

DHS/SSA also initiated conversations with the Foster Care Court Improvement Program (FCCIP) to enhance data sharing opportunities to support the monitor statewide functioning of required hearings as well as identify jurisdictions that may need additional support or technical assistance. While an initial overview of FCCIP data seems to indicate alignment with state data, a formal data sharing plan was developed with support from the Capacity Centers for States and Courts. Per the written plan DHS/SSA and FCCIP reviewed existing data and developed an agreed to upon plan for the sharing of the following data on a quarterly basis: DHS/SSA Headline Indicators and CFSR Results and Court Timeliness Statistics and Performance Measures (i.e. data on timeliness from removal to initial permanency hearing and initial permanency hearing to permanency planning review hearing and timeliness of initial 6-month review hearings) regular frequency. It is anticipated that this plan will be fully implemented in the next reporting period.

Activities to Improve Performance:

DHS/SSA is developing an accurate and effective way of integrating ticklers and a data report into the new child welfare data system to capture periodic review and permanency hearings to ensure they are occurring. DHS/SSA has initiated discussion of this challenge as well as the challenges in collecting needed data within the Placement and Permanency Workgroup. Included in these discussions are training for LDSS and Court partners around the differences between periodic and permanency hearings, the development of tip sheets on how to enter data into CJAMS and partnering CIP around their data on review hearings. In addition, DHS/SSA plans to introduce legislation in the upcoming Legislative Session that is intended to clarify the differences between the periodic and permanency review hearings.

Termination of Parental Rights

Analysis of Performance:

During CY21, the data outlined in Table 20 below shows that out of the 4,534 youth in care on January 1, 2021. Of these youth 3,038 (67.8%) youth were in care 15 of the last 22 months in CY 2021 and 3.7% had a TPR filed and granted. At this time the CJAMS does not track TPR filings however, TPRs granted are tracked which also indicates that a TPR has been filed. Gathering additional quantitative data related to the information related to the filing of TPRs or the documentation of a compelling reason for not filing a TPR continued to present challenges for the state.

Table 20: TPRs Filed and Granted CY2021

	In care as of 1/1/2021	In Care 15 of the last 22 months in CY 2021	Total TPRs Filed and Granted During 2021
Total Children In Care	4,534	3,038	112 (3.7%)

Despite the challenges with qualitative data, additional information related to the timely filing of TPR was provided by the Stakeholder Focus Groups held in April and October 2021. Participants, including youth, families of origin, resource families, service providers, judges and Magistrates, Attorneys, and LDSS staff, were asked who was responsible for tracking timelines for TPR or an exception. Most described the process as one initiated by the social worker or DSS attorney and moved through an administrative process both at the local level within the department as well as through the courts. The majority of participants across all groups reported TPR timelines were generally in compliance within their county and that most delays that did occur recently were due to system-wide delays throughout the courts due to the COVID-19 pandemic. Additional data is not available to support or reconcile information gathered from the Stakeholder Focus Groups.

When exploring further the reasons that TPR filings are delayed, a number of compelling reasons that meet required standards were cited by participants including allowing the family more time due to challenges in service provision, delays because of COVID, and results from the clinical recommendations from the LDSS. In addition to these reasons, the focus groups highlighted other circumstances that delayed TPRs that would not be acceptable including delays within the court process (i.e., changes in court administration or difficulties scheduling hearing), a disruption of the adoptive placement occurred, or the youth no longer wanted to be adopted, waiting to establish paternity, or a sudden re-engagement in services on the parents' behalf. In addition, case workers in the caseworker focus group spoke of the challenges that arise within maintaining the timelines for the TPR process when there is a disconnect with the mandates between the agency and the courts. For any delay in the TPR filing, the caseworkers are responsible for documenting these reasons in CJAMS as reasonable efforts.

Strengths:

As noted above, the Stakeholder Focus Groups indicated that most local departments who participated were able to describe a process for filing TPRs. Most responses from participants seem to indicate that it is a shared responsibility between the agency, DSS attorneys, and the courts that varies from jurisdiction to jurisdiction. In November 2021, a CJAMS tip sheet was developed on how to properly document the filing of the TPR petition within the CJAMS systems. DHS/SSA intends to utilize the tip sheet to support local departments in accurately documenting TPRs in CJAMS.

Concerns:

There continue to be challenges with accessing data to identify the actual filings of the TPR hearings as well as ensuring that the hearings are occurring timely. DHS/SSA continues to be aware that changes need to occur with regards to data availability for timeliness of TPR filings including the need for additional data from the courts and the LDSS regarding the number of

TPR filings and the dates in which the filings have been requested from the courts. Although it appears that there is a general consensus around TPR's being filed timely, the state does not have the data currently with CJAMS to accurately reflect if that is true. Therefore, there is a need for further enhancements to CJAMS to be able to track TPR filings. In addition, in some local jurisdictions TPRs are filed by the agency attorneys while in other jurisdictions they are filed by the LDSS which has caused some confusion around tracking the timeliness of the TPR from the state level. These differences in processes may be due to the desire of local departments and courts to meet the individual needs of their jurisdiction.

Plans for Improvement:

DHS/SSA will continue to utilize the Placement and Permanency Implementation Team to develop a plan on how to address the various barriers to TPR in collaboration with our court partners. In addition, DHS/SSA is exploring opportunities to enhance CJAMS to include fields related to the filing to TPRs as well as reasons for why a TPR was not filed. Finally, DHS/SSA plans to partner with FCCIP around accessing court data related to the filing to TPRs.

Notification of Hearings

Analysis of Performance:

DHS/SSA is still in the process of developing a systematic way of ensuring that caregivers are notified of court hearings and the right to be heard at hearings. The process includes enhancements to CJAMS fields including the ability to document when court notifications are sent to resource parents as well as the development of data reports to ensure notifications are being sent timely. Although accessing qualitative data is still in development, DHS/SSA utilized the Stakeholder Focus Groups to obtain qualitative data regarding the notification of hearing. During the Stakeholder Focus Group that took place in October 2021, stakeholders were asked to respond to questions regarding the notification of hearings within their respective jurisdictions. Overall, resource parents appear to receive notice of court hearings, but this process varies widely across jurisdictions and can be provided at the last minute. The stakeholders, consisting of Attorneys, Judges and Magistrates, Biological Parents, Resource Parents and Youths, Supervisors, and caseworkers from select jurisdictions agreed that resource parents were made aware of their right to participate in and be heard at hearings.

To reinforce the rights of resource parents related to being heard at court hearings DHS/SSA leveraged existing learning opportunities provided to resource parents. Maryland Resource Parent Association (MRPA) provided two educational webinars for resource parents to discuss the resource parent practice profile as well as the DHS integrated practice model which included discussions related to the rights and responsibilities of resource parents, the right to be heard at hearings, and the expectations from the LDSS. An average of 30 participants, which included LDSS staff and resource parents, attended the webinar. In addition, at the Fall Resource Parents Conference, COMAR was reviewed and an opportunity to solicit feedback from participants was provided related to the notification of hearings. DHS/SSA administered a survey to the 195 conference participants, via email, which included questions regarding the receipt of notification of hearings. While the response rate was low, perhaps due to the virtual format of the conference and surveys being emailed, of the 26 participants who responded 31% indicated that they are always or almost always notified, 15% responded sometimes being notified, and 19% responded never being notified and 34% indicated that the question was not applicable.

Strengths:

Overall, DHS/SSA continues to work with the Maryland Resource Parent Association and the Foster Parent Ombuds to strengthen partnerships at the state and local level to support resource parents in receiving hearing notifications. The Foster Parent Ombuds assisted in this process by educating resource parents of their right to be heard in court hearings. DHS/SSA leadership continues to meet with the MRPA Executive Director to discuss the concerns related to notifying resource parents of hearings as well as their right to be heard and to identify opportunities to improve communications to resource parents. In addition, the state was also notified in advance of an upcoming bill to be introduced giving the resource parents the right to be heard.

Concerns:

Much of the concerns related to the notifications of hearings is establishing mechanisms to hear from Resource Parents about their experiences in court and their ability to be heard. While feedback from the Stakeholder Interviews indicates that notifications may not occur timely, it does appear that notifications of hearings are provided to Resource Parents. Additional concerns are tied to the challenges with obtaining reports from CJAMS related to when notifications are being provided.

Plans for Improvement:

DHS/SSA plans to implement an approach to LDSS documenting notification of hearings within the next reporting period. DHS/SSA will continue to assist the locals with questions that may arise regarding the need for notification of hearings and ensure through technical assistance that local jurisdictions strengthen parental involvement. The state is cognizant of the data entry and data collection challenges. DHS/SSA plans to develop a CJAMS tip sheet on notification of hearing documentation to ensure compliance and a more universal process. In addition, the state will work with the FCCIP to educate judges, magistrates and attorneys to improve their knowledge of MD's CFSR process and education regarding resource parents' rights to be heard. During future resource parent conferences, DHS/SSA will ensure there is follow up regarding the after-conference surveys to promote a higher response rate.

Quality Assurance System

Maryland continues to grow and leverage its Quality Assurance/Continuous Quality Improvement (QA/CQI) System to implement improvement activities outlined in the 2020-2024 Child and Family Services Plan.

Maryland's Quality Assurance System

Maryland's quality assurance (QA) system continues to function statewide in alignment with federal standards. DHS/SSA uses performance measures for safety, permanency, and well-being outcomes, known as Headline Indicators, to regularly generate and distribute dashboards reflecting statewide and local department performance. To elucidate the practice that may impact the performance on the Headline Indicators, Maryland continues to conduct qualitative case reviews (MD CFSRs) monthly in a small, medium, and large jurisdictions including Baltimore City (metro), which is reviewed biannually. The ongoing case review schedule spans through March 2024 and includes six 6-month review periods. The reviews use a random sampling methodology to ensure comparability between each 6-month period. In 2021, a total of 130 cases were reviewed representing nine local departments from small, medium, and large jurisdictions

and spanning the two review periods: Prince George's (Large Jurisdiction), Talbot (Small Jurisdiction), Calvert (Small Jurisdiction), Baltimore City (Large Jurisdiction), Carroll (Medium Jurisdiction), Anne Arundel (Large Jurisdiction), Allegany (Small Jurisdiction), Queen Anne's (Small Jurisdiction), and Washington (Medium Jurisdiction). Maryland is currently in period 8 (October 1, 2021 - March 31, 2022) of the ongoing case review process. Maryland implemented stakeholder focus groups in April and October 2021. The results of the focus groups were shared with DHS/SSA leadership and will be presented to the Outcomes Improvement Steering Committee in the Spring of 2022.

Over the last year, Maryland initiated the implementation of a Local Quality Assurance (QA) Process designed to assess compliance with key child welfare activities. Through the use of a standardized tool, these QA reviews allow each LDSS to critically assess the quality of practice and local level processes. Included are case-level and resource-provider level reviews to support an ongoing understanding of LDSS performance related to national and statewide standards. These efforts are informing opportunities to improve practice and ensure quality service delivery for children and families receiving in-home and out-of-home services. In addition, these reviews facilitate targeted course corrections where needed in local jurisdictions. The LDSS QA reviews occur in parallel with the statewide CFSR reviews and aid the state in identifying statewide versus local trends in practice and understanding which additional resources, training, technical assistance, or other supports are needed to address gaps and areas needing improvement. Through these reviews, LDSS can elevate local insights on performance for DHS/SSA to review cumulatively in tandem with other evidence and data gathered on statewide performance. Insights and trends noted through QA reviews are leveraged for statewide policy and program decision-making while also enabling LDSS to monitor their own performance to guide locally driven and developed improvement efforts.

Standards to Evaluate the Quality of Services

Maryland's CFSR uses the federal Onsite Review Instrument (OSRI) and Headline Data Indicator dashboard to evaluate the quality of services provided to children. DHS/SSA identifies practice strengths and needs using CFSR results that are extracted from reports within the federal Online Monitoring System (OMS) and Headline Indicator dashboard performance. Statewide CFSR results are disseminated to external and internal stakeholders every 6-months or after each review period along with Headline results.

Strengths and Needs of the Service Delivery System

Maryland continues to utilize the Statewide and Local performance on Headline Data Indicators, aggregate CFSR performance data, and anecdotal experiences from Local Department of Social Services (LDSS) staff and community stakeholders during Practical Data meetings to develop comprehensive CFSR Results Reports, which are issued to the LDSS within 60 days of completing their CFSR and inform discussions and planning during Continuous Improvement Plan (CIP) meetings for performance improvement with internal and external stakeholders at a variety of venues within the DHS/SSA Implementation Structure. These discussions are critical for identifying trends across program and service areas and assessing progress meeting performance goals. During these discussions, stakeholders reflect on practice strengths and barriers to performance and specify contributing factors and root causes to further analyze and

address in improvement planning conversations. Over the last year, the CQI Unit has expanded and continues to develop skills around analyzing the various sets of performance data.

Evaluation of Implemented Program Improvement Measures

The CQI Unit has developed a comprehensive guided template and enhanced skills around facilitating rich discussions following an onsite CFSR case review at a LDSS to inform a data-driven Continuous Improvement Plan (CIP). Following the development of the CIP, the CQI Unit reviews the plan and collaborates with the LDSS to make necessary adjustments prior to finalizing. Once the CIP has been finalized, the CQI Unit continues to provide targeted technical assistance to LDSS and facilitates CIP Monitoring meetings with the LDSS and necessary stakeholders bi-annually in order to evaluate the implementation of program improvement measures identified in the CIP. During these monitoring meetings, participants track progress of strategy implementation, celebrate successes, address challenges, and make adjustments to the plan as needed in response to lessons learned. In addition to the bi-annual monitoring meetings, the CQI Unit also monitors and evaluates the implementation of the program improvement measures by corresponding with LDSS periodically in between the formal meetings via telephone and email. The CQI Unit also continues to develop and share presentations and summary analysis of local and statewide CFSR performance each quarter to LDSS and SSA leadership.

Plans for improvement

SSA will continue to work with LDSS to strengthen their local CQI practices and increase access to CFSR outcomes by internal and external stakeholders.

Staff and Provider Training System

Initial Staff Training

Analysis of Performance:

Initial pre-service training continues to be offered to all newly hired child welfare staff statewide. The goal of pre-service training is to provide new workers with the requisite knowledge and skills needed to successfully meet the diverse needs of children and families served; ultimately resulting in positive placement, permanency and well-being outcomes for families throughout Maryland. Specific skill development areas emphasized in the training include but are not limited to conducting comprehensive family strengths/needs and safety assessments, demonstrating effective family partnering and engagement and developing strength-based, individualized and culturally/linguistically responsive service plans with individuals and families. Core training content includes but is not limited to the mission and functions of Maryland's child welfare system and systems transformation endeavors, racial equity and inclusion, human diversity, complex family dynamics and trauma responsive assessment and intervention. Training content and learning competencies are intentionally designed to align with the core values and practices of the Integrated Practice Model (IPM).

A total of six (6) pre-service training cycles were offered in CY 2021. A total of 140 staff, representing all new hires in CY 2021, successfully completed the full 8-module series (CWA 2021 Annual Report). Data from the 2021 CWA Annual Report shows that staff are notably pleased with the quality of pre-service training: As indicated in Table 21 below, data over the past three years 2019 to 2021 consistently shows staff satisfaction with the quality of pre-service

training and the connection between pre-service training and worker duties. This is significant and suggests that initial training is meeting the core professional development needs of staff and is successfully preparing them for their caseworker duties with children and families.

Table 21: Staff Satisfaction with Pre-service Training

CY	Number Participating in Preservice	% Satisfied with Content and Quality of Training	% Satisfied with trainer knowledge and expertise	% Believed training was relevant to their work	% Believed they would apply knowledge and skills learned
2021	140	97%	96%	96%	86%
2020	171	97%	94%	93%	91%
2019	188	96%	94%	94%	89%

Once pre-service training is complete, staff are required to pass the competency exam with a 70% or higher score. There is a study guide and review prior to the exam. Staff have three (3) attempts to pass the exam. The 2021 CWA Annual Reports shows:

- 97% (n=140) of staff passed the competency exam in their first attempt
- 2% (n=140) passed the second attempt
- 1% (n=140) did not pass the exam within the allotted number of attempts

This data from CWA suggests that new staff possess a basic knowledge of child welfare policy and practice that will support them in their casework duties. New child welfare staff are assigned cases at the supervisor’s discretion after completing the full pre-service training series and passing the competency exam.

The Foundations Training series is also required and follows pre-service training. This series offers more concentrated instruction in the child welfare policy and practice in the areas of Child Protective Services, Family Preservation, Placement and Permanency, Human Sex Trafficking, LGBTQ Competency (both required by Maryland Legislation) and Secondary Traumatic Stress.

Initially staff had two years to complete Foundations, but this was changed to one year beginning in 2021. This supports a more seamless learning experience for new staff allowing them to the specialized training in a timelier manner. The accelerated time frame will also assist DHS/SSA in the timely tracking of staff completion of the entire Foundations series. In addition, staff are able to carry caseloads while participating in Foundations Training enabling them to apply what they are learning in class while simultaneously gaining actual working experience.

There is data to support that staff are participating in the Foundations Courses. During CY2021, a total of 509 staff (duplicated count) registered for various Foundations Courses and 449 (88%) of those who registered completed courses. While data supports completion of the training, it does not track whether the same staff who completed the Foundations training are the same who completed the pre-service training, or if staff are completing all the required Foundations Courses. This area has been addressed with the DHS/Learn Management System (LMS) with the intent to develop a full tracking plan to be implemented in the next reporting period.

Strengths:

As indicated above, noted strengths of pre-service training include high staff completion and competency exam pass rates. Another strength is attendance rates. Data inclusive of all six (6) training cycles shows that 98% (n=140) of staff maintained perfect attendance and 2% (n=140) completed required make-up sessions to ensure they received the required training content necessary to complete the series and in-turn, sit for the competency exam.

Another strength is staff satisfaction with pre-service Transfer of Learning (TOL) activities. Initial feedback sessions from local department Assistant Directors indicate that staff find the newly added field experience activities helpful. Activities can include shadowing seasoned staff to home visits and interagency meetings, reviewing case notes and case plans, participating in case consultations, and providing input into treatment plans. These TOL opportunities enable new staff to apply some of what they are learning in training to actual field work.

Similarly, debriefing sessions with staff participants indicate that they find the simulation activities helpful and applicable to their work. Simulations involve a host of staff “actors” from DHS/SSA, CWA, DHS Learning Office and Local Department Staff who participate in both scripted and unscripted role plays with new workers to help them hone their communication, authentic partnering, and teaming skills. Staff have verbalized that they appreciate the ‘real life’ experiences (diverse family structures and dynamics) the simulations offer. Formal quantitative and qualitative measures need to be added to fully assess the effectiveness of the field experience and simulation activities. These measures will be included in the Workforce Development Network (WDN) Training Evaluation Plan that will be implemented by September 2022.

An additional strength is that all pre-service modules are virtual at this time due to the lingering impact of the COVID-19 crisis. This eliminated the need for staff travel to Baltimore City and the costs of lodging to complete pre-service training. Modules I and II of pre-service (three days) will remain virtual beyond the pandemic. While the current goal is to eventually resume in-class training, the redesign team is looking at other pre-service modules and learning activities that could remain virtual beyond the pandemic to support continued on-line learning and minimize travel for staff in the more remote jurisdictions. Attendance and completion rates have remained strong since the transition to virtual training,

Concerns:

An on-going concern for pre-service and the training system at large is lack of regularly tracked data to support the lasting impact of training. As noted in Activities to Improve Performance, DHS/SSA has developed a set of activities related to the development and implementation of a structured evaluation to assess the lasting impact of training. See Table 24 Activities to Improve Performance for status of evaluation activities.

Another concern is lack of consistent data that tracks staff completion of Foundations Training. This too has been an on-going challenge. While Foundations offers Continued Education Units (CEUs) to staff, there seems to be no other tangible incentive to complete the training. Unlike pre-service which is a prerequisite to carrying cases, staff enrolled in Foundations are also balancing a full caseload. This may impede their time and ability to participate fully in another training series.

As previously highlighted, several former Foundations courses have been incorporated into pre-service. This has shortened the Foundations series which was intended to be an incentive for staff. It would not be prudent to integrate more Foundations into pre-service because it would extend pre-service beyond the current eight weeks and prolong the time for staff to carry cases. Still, the content and skill building activities involved in Foundations Training are critical to building an informed and competent workforce. Restructuring and/or redesigning foundations training remains an area of discussion within the cross-cutting network.

A subcommittee of the WDN inclusive of case workers and policy analysts will be developed to re-review Foundations content to determine if any training content or methodologies can be modified. For example, there may be opportunities to incorporate more asynchronous activities so that staff can self-pace their learning while balancing other work commitments. The target date for this is September 2022.

There has also been initial discussion among the WDN to connect the completion of both pre-service and Foundations Training to staff Performance Evaluation Program (PEP). This would be a major undertaking that involves personnel policy and procedures. Therefore, DHS Human Resources and Office of Attorney General (OAG) would need to be involved to help ensure that this plan of action is procedurally and legally sound.

Ongoing Staff Training

Analysis of Performance

The in-service training series offers a robust curriculum to meet the diverse training needs of approximately 3,500 child welfare staff statewide. In-service training is offered consistently throughout the year to provide staff with specialized knowledge and skills to successfully meet the complex needs of children and families they serve. There were over 150 distinct in-service training topics and 318 in-service training days offered throughout the year.

Aggregated CWA quarterly training reports show that 6,389 (duplicated count) child welfare staff participated in various training throughout 2021. Additionally, 11 new workshops were added to the training series and are included in the Updated Training Plan (See Appendix A). While participation in training uses duplicated counts of participants, DHS/SSA is exploring the use of unique identifiers, such as worker ID numbers to calculate an unduplicated count of training participants quarterly. The unduplicated count will allow DHS/SSA to more accurately track compliance with participation in ongoing training.

Training evaluation data for in-service sessions offered in CY2021 indicates that:

- 91% (n=6,389) were satisfied with the quality of in-service training
- 88% (n=6,389) believed training would have direct impact on their job
- 88% (n=6,389) believed they would be able to integrate what they learned in training within two months of the completing the training

In addition to the required IPM, Family First and LGBTQ Competency trainings, in-service offers a wide spectrum of specialized trainings that include but are not limited to ethics, clinical practice and child welfare policy and practice, as well practical skill development courses such as effective communication, case note documentation and record keeping.

Priority attention was given to the continued rollout of the IPM. According to the CWA 2021 Annual Report, 145 IPM sessions were offered throughout the year. Specifically, there were 65 Module I training, 41 Module II training and 33 Module III training with a total of 4,572 staff (duplicated count) completing the training.

LGBTQ Competency Training also remains a priority, with the ultimate goal of preparing child welfare workers to provide equitable, affirming and best practice services to Maryland LGBTQ youth and families. There were 15 full day training sessions offered in 2021 by certified trainers that include DHS/SSA, Local Department Social Services and Child Welfare Academy staff who all receive on-going coaching from Human Rights Campaign master trainers. Training content includes but is not limited to: Best Practice Language, Use of Appropriate Pronouns, Early Messaging, Understanding the Coming Out Process, Accessing LGBTQ Community Resources and Identifying Strategies to Build Affirming LGBTQ Organization.

The Family First Prevention Services Training was also developed and rolled out beginning in October 2021. A total of 11 live webinars were offered throughout October with a host of recorded make-up sessions offered in November and December 2021. A total of 1,032 child welfare staff were identified as needing the training in the initial cohort. DHS/SSA used this opportunity to test the ability to track staff participation in the training session. Data from DHS's Learning Management System (LMS) showed that 646 staff completed a live session and 163 staff completed a recorded session. In total 82% (n=1,032) of staff from the initial cohort completed the training by the end of December 2021. To ensure the remaining staff received the necessary training, a recorded makeup session will be offered in 2022. Through this process DHS/SSA identified that there are difficulties in identifying which staff should enroll in training based due to inaccuracies in the program assignment (i.e., Child Welfare vs. Adult Services) for staff within DHS's LMS. DHS/SSA is continuing to explore strategies to clarify program assignments so that training can be more accurately tracked by staff.

Child welfare staff also participate in the Continuing Professional Education (CPE) courses purchased by DHS/SSA and offered by the University of Maryland. As an incentive to staff, DHS/SSA purchases several training slots that are divided among the 24 jurisdictions based on size of the jurisdiction and average number of slots that jurisdiction has used in previous years. The series offers a host of training sessions that address child welfare policy and practice trends for case workers, practitioners, supervisors, and administrators. A major highlight of the training series is the Social Work Licensure Preparation Course. In 2021 a total of 315 courses/slots were purchased and 251 (80%) were used.

Strengths:

A noted strength of the in-service training was the concentrated effort by DHS/SSA and the DHS Learning Office to track completion of specific training "by worker." This was specific to the IPM, Family First Prevention Services and LGBTQ Competency Trainings. A completion roster for the IPM and LGBTQ Trainings are submitted to local department assistant directors and supervisors on a quarterly basis.

The completion roster for Family First Prevention Services training was more frequent and submitted to assistant directors and supervisors bi-weekly and in some instances within 2 business days of the training completion date. Data reports also provided the names of staff who

still needed to complete the training. This intensive tracking was done to ensure that appropriate staff completed the training in a timely manner. Feedback from the local departments Assistant Directors indicated that they were satisfied with the more aggressive tracking and reporting and saw this as a useful tool/process to ensure staff accountability and strengthen the workforce.

With the impending transition of CWA training data from their LMS (ABSORB) to the DHS LMS (HUB), staff training transcripts can be tracked more efficiently to support their on-going skill development. The HUB will house all pre-service, Foundations and in-service training registration and completion data by worker. The transition will occur in interim starting with pre-service with a projected date for the full transition in April 2022.

An additional strength is the growing cadre of trainers to facilitate the LGBTQ Competency training. Three new facilitators were added this year for a total of ten to support the on-going training roll out. Facilitator training is a rigorous training process inclusive of prescribed content and several teach back requirements. With the increased number of facilitators, we are able to add more monthly training as registration dictates. This increase also minimizes trainers being overextended.

Another strength of the training system is the provision of virtual learning throughout the COVID Pandemic as noted by staff satisfaction collected during learning opportunities offered during pre-service, Foundations and in-service. Responses from 5,491 staff who responded to the question “How Would You Describe Your Overall Learning Experience Using an Online Platform?” indicated that:

- 53% described experience as very positive
- 34% described experiences as somewhat positive
- 11% described experience as neither positive nor negative
- 2% described experience as somewhat negative

Additionally, a total of 5,508 staff responded to the question “If Given the Choice between Taking Courses in Person or Online, What would you Prefer?” with the following results:

- 44% indicated they prefer online
- 17% indicated they prefer in person
- 28% indicated they prefer a hybrid of both online and in person
- 11% indicated they had no preference

Concerns:

A growing concern that impacts staff participation in training and the overall quality of the training system is on-going competing training priorities for staff. According to the Stakeholder Focus Groups completed in 2021, staff throughout the state have verbalized that they are overwhelmed by the volume of mandated DHS/SSA training. This concern has been echoed in monthly meetings with Assistant Directors who have candidly expressed that staff are experiencing “training fatigue” to the extent that it is impacting their overall productivity. While DHS/SSA has worked to stagger required training, more is needed to minimize stress for staff.

Another concern is the waning registration and completion rates for the LGBTQ Competency Training. Data from the Child Welfare Academy 2021 Annual Report shows that 218 child

welfare staff completed the training in 2021 as compared to 337 staff who completed the training in 2020, and 321 who completed it in 2019. Additionally, 136 staff completed the training in 2018 during the initial rollout. The DHS Learning Office Training Report shows that a total of 1,508 child welfare workers and supervisors were required to complete the LGBTQ Competency Training. To date, 1,012 staff have completed the training and 496 staff still need to complete the training.

To increase registration and support advanced planning and scheduling, the LGBTQ Competency training schedule is disseminated to staff and supervisors six months in advance. Workforce Development also reinforces training dates in the monthly Assistant Director meetings. A total of 5.5 Social Work Continuing Education Units (CEU's) are provided to incentivize staff. Completion reports generated by the DHS Learning Office are now provided to supervisors monthly rather quarterly to help monitor staff participation. Workforce Development and the Child Welfare Academy have also had preliminary discussions to permanently offer the training virtually as an additional incentive to staff.

The Workforce Development Team also consulted with Human Rights Campaign Staff to discuss strategies to bolster registration. As a result, feedback and testimonials from previous training participants have been added to training brochures and the PowerPoint slide deck. The Human Rights Campaign also advised DHS/SSA to promote Pride Month (June) to increase interest and participation in the training.

An unmet goal from last year is the development of in-service training requirements for all child welfare staff to support on-going learning and skill development. A subcommittee of the WFD was identified to complete this task. Considerations being discussed include determining required training categories and allowing staff to independently choose training from the specified categories. The potential categories may include ethics, trauma, racial equity and inclusion and practice. However, the number of required training hours has not been determined and the finished plan will need to be vetted through DHS/SSA Leadership, local department directors and assistant directors and the Outcomes Improvement Steering Committee (OISC).

Resource Parent Training

Public Homes

Analysis of Performance:

DHS/SSA continued to provide training to current and prospective resource and adoptive parents. Table 22 below shows Resource Parent participation in both required pre-service (27 hours) and in-service training (10 hours or more annually required) opportunities. The state has shown steady participation of resource parents in pre-service training over the last three calendar years with a 95% participation rate or higher. A similar trend exists for in-service training with a high of 92% participation in CY 2021. While the total number of providers is listed for each calendar year, it is important to note that there are resource parents who would have completed their required training in a prior reporting period and therefore are not captured in the pre-service and in-service training numbers for each calendar year.

Table 22: Resource Parent Training

Resource Parent Training					
Reporting Period	Total Providers	In-Service		Pre-Service	
		Total No. of Providers	Number Completing Required Training (10 hours or more)	Total No. of Providers	Number Completing Required Training (27hours)
January – December 2021	1,021	785	720 (92%)	207	200 (97%)
January – December 2020	763	652	592 (91%)	129	122 (95%)
January – December 2019	1,542	637	521 (82%)	124	123 (99%)

In addition, the state has continued its current contract and entered into a multi-year contract with the Child Welfare League of America to continue providing pre-service training to both public/private resource home providers. DHS/SSA worked with the Maryland Resource Parent Association (MRPA) and the Child Welfare Academy (CWA) to ensure that all resource parents are provided with training that addresses the skills and knowledge needed to carry out their duties about foster and adopted children. In addition, a training evaluation is completed by each participant following each session which includes a question designed to assess each participant’s perception of the impact the training will have on their parenting over the coming months. Of the 869 resource parents who participated in an in-service training session and completed an evaluation 89% indicated that the training would have an impact on their parenting with 44% indicating that the training would have tremendous impact. CWA continued to adjust to virtual learning to ensure continuity with resource parents and LDSS comfort level. This will be assessed in the summer of 2022 and the state will be able to report on the transition at the next reporting period.

DHS/SSA also worked with the CWA to ensure there was training regarding the Pandemic by using the Spring 2021 Resource Parent Conference as an opportunity to focus on topics related to the Pandemic. Workshops, as well as the keynote, addressed topics related to managing, surviving, and thriving through COVID. Sessions included tips and tricks on how resource parents could best support their family, navigating e-learning, advocacy, and individual self-care. A total of 295 people registered for the conference and 195 attended. Of those who attended, 164 were resource parents and 31 were workers, staff, trainers, and volunteers. A second conference was held in the Fall 2021, that featured a keynote address which offered encouragement, motivations, and suggestions, on how the LDSS, resource parents, and families of origin can continue to work together in the best interest of children and families even in these uncertain times. A total of 193 people registered for the conference (including 182 parents) with 124 attending the conference.

Strengths:

DHS/SSA met with The Child Welfare League of America (CWLA) and the LDSS to discuss the need of updating the pre-service training modules. CWLA updated modules to reflect more trauma-informed care training and language to be utilized by resource parents taking the training as well as LDSS Pride trainers. DHS/SSA also met with CWA who actively worked on incorporating the IPM language into the in-service training curricula for resource parents utilizing feedback received during the Integrated Practice pilot training targeted toward Resource Families. CWA is scheduled to present at an upcoming MRPA monthly meeting to review the training calendar with casework staff and resource parents. The CWA has continued to provide incentive payments to resource parents via the new incentive program. This program has increased resource parent participation in training. DHS/SSA will need to follow up with CWA regarding the budget allocation for this program now that Maryland's mask mandate has been lifted. The state may need to shift back to in-person classroom training in order to maintain budgetary constraints. DHS/SSA Permanency Workgroup examined trauma informed training provided to resource parents. DHS/SSA to examine how more training can be offered to resource parents who are working with families of origin. The state to review the outcome of the enhanced piloted training being offered to CfE resource parents by CWA in the upcoming months.

In February of 2021, the MRPA installed a program on their website that tracks how many times the resources that they have made available were downloaded. The projection goal was for 3,500 downloads by the end of 2021. The actual total of 4,476 which is 28% higher than that target. This website can also streamline what is being utilized and not to better coordinate services for families and also address individual needs specific to issues and concerns per family to ensure the needed support is provided.

In addition, DHS/SSA conducted stakeholder focus groups in April of 2021 in which the following feedback was provided: Overall, participants commented on the wide array of training available to resource parents, participants cited training through the University of Maryland's Child Welfare Academy, Foster Parent College online training, as well as local and national conferences for resource parents.

Concerns:

DHS/SSA was unable to obtain the resource home milestone report during this reporting period due to system challenges and other priorities within the system. In addition, DHS/SSA was not able to audit resource home training compliance during this reporting period due to staff shortages resulting in the need to prioritize tasks that needed immediate attention over those that could be addressed at a later time. When reviewing stakeholder feedback from the Stakeholder focus groups, the following concerns were raised: they would like more training on advocating for children, trauma focused training and more support for resource parents after youth are reunified. In addition, DHS/SSA learned that resource parents are requesting a tiered approach to training allowing for advanced levels of training to be provided which builds upon the initial training offered.

Activities to improve performance:

DHS/SSA plans to work with the CWA on creating training that is geared more towards how resource parents can advocate for themselves and the children in their care. The state also plans

to utilize the Foster Care Court Improvement Program to assist with the recruitment of a CASA advocate. In addition, the state will be working with CWA and the LDSS in transitioning back to in-person resource parent training in late summer/early fall. The coordination with the Child Welfare Academy as well as MRPA will include training to be more individualized to meet the family's needs.

*Child Placement Agencies and Residential Child Care Programs
Group Homes*

As a result of the COVID-19 pandemic, two executive orders were issued in relation to the training requirements impacting private foster homes:

- Pursuant to the Executive Order authorizing suspension of legal time requirements, the listed regulatory 14.31.06.05 F (1) time frame requiring annual training for Residential Child Care Program Employees who provide direct care to children is conditionally suspended. Where the time requirement is suspended, the suspension will continue no later than the 30th day after the date by which the state of emergency related to COVID-19 is terminated and the catastrophic health emergency is rescinded.
- Governor Hogan lifted the COVID-19 State of Emergency effective July 1, 2021.
- COVID-19 related guidances for employee annual behavior intervention training and employee annual training were rescinded August 15, 2021, per correspondence sent to providers dated June 23, 2021.

Private Homes

- Due to the global pandemic any certifications, recertification of foster parents and adoption home studies or reconsiderations that have a due date beginning March 12, 2020, were suspended until 30 days after the State of Emergency is terminated and the catastrophic health emergency is rescinded.
- Governor Hogan lifted the COVID-19 State of Emergency effective July 1, 2021.
- COVID-19 related guidance for foster parent certification were rescinded August 15, 2021, per correspondence sent to providers dated June 23, 2021.

Analysis of Performance:

Table 23: Training compliance for Group Homes/Residential Child Care Centers (RCC) CY 2021

# of RCC employee records reviewed*	Compliant for Training	Non-Compliant for Training
211*	156 (74%)	55 (26%)

*OLM meets the requirement of sampling 10%+10 (Max 20) per year.

OLM noticed a decrease in compliance with training. Last year RCC providers were 99% compliant with training. Providers reported having difficulty accessing staff training due to COVID-19. In addition, the inability to monitor on a quarterly basis due to the State of Emergency directly impacted the RCC provider's level of compliance with COMAR.

Table 24: Training compliance for Child Placement Agencies (CPA) CY 2021

# of CPA home records reviewed*	Compliant for Training	Non-Compliant for Training
466*	443 (95%)	23(4%)

*OLM meets the requirement of sampling 10%+10 (Max 20) per year.

Private foster home data show a compliance rate of 95%. OLM will continue to develop improved monitoring techniques to obtain a goal of 100% compliance.

Strengths:

Even though COMAR does not require quarterly monitoring of private providers the data shows that increased and consistent monitoring results in a higher percentage of compliance. Program Managers and Licensing Coordinators schedule meetings to review private provider corrective action plans. Program Managers ensure CAPs are detailed and in compliance with COMAR. Licensing Coordinators are required to monitor compliance by completing a periodic visit with the provider before the CAP can be considered resolved.

Concerns:

RCC Providers reported experiencing difficulty accessing training for staff working in congregate care due to COVID-19. Providers reported multiple employee absences related to COVID-19 which resulted in missed training opportunities for direct care staff.

The past year due to the State of Emergency OLM had to adjust our monitoring practices. Now that the State of Emergency has ended our practice of monitoring providers quarterly has resumed.

Activities to Improve Performance:

Table 25 below provides updates to the activities identified to improve performance on the staff and resource parent training system.

Table 25: Activities to Improve Performance

Current or planned Activity to improve performance	Target Completion Date
Child Welfare Training System	
Partner with local departments to implement “group think” networks to openly discuss satisfaction of pre-service and in-service trainings and recommendations for change	September 2020 Quarterly Reviews
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> ● January-December 2021 Group think sessions continued during bi-monthly WDN meetings. These sessions were used to review satisfaction data from the redesigned pre-service training and make suggestions to consistently fine tune the training series. ● January-December 2021 Workforce Development participated in monthly meetings with the Local Department Assistant Directors to provide updates and receive feedback on the training system. The Assistant Directors provided feedback on activities to be incorporated for pre-service field experience week. Other feedback included the request of registration and completion reports for the FFPSA Training and registration reports for the Social Work Licensure Preparation Courses that are offered four times a year. 	
Partner with the Child Welfare Academy (CWA) to develop and enhance on-line pre-service and in-service training opportunities to increase access, registration, attendance and satisfactory completion of trainings	September 2020 Quarterly Reviews
<p>Implementation Status: In Progress 2021 Progress:</p>	

Current or planned Activity to improve performance	Target Completion Date
<ul style="list-style-type: none"> January-December 2021: Members of the WDN continue to review the training catalog, course descriptions and learning objectives to make recommendations about what courses should remain virtual beyond the COVID 19 crisis. CWA continues to provide monthly attendance and no-show reports to SSA who in turn, share with local department assistant directors and supervisors. All trainings remained virtual throughout the year DHS/SSA and CWA continue to review training registration, attendance and completion data at monthly planning meetings and report strengths and concerns to Local Department Assistant Directors per their request. Attendance and no-shows have not presented as an issue so there are no enhancements. The issue of staff having cameras on during training has been a recurring topic during meetings. There has been discussion as to whether the camera is off necessarily equates to staff being disengaged. It is agreed that having the camera on symbolizes a more fulsome engagement between trainer and participant. This matter has been reported to the DHS Learning Office for further discussion and resolution. 	
<p>Review current pre-service, foundations, and in-service training curricula to evaluate relevance to needs of child welfare workforce and offer suggestions for updates and modifications of content and activities</p>	<p>September 2020 Quarterly Reviews</p>
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> January-December 2021: Training content was discussed consistently in monthly meetings particularly regarding satisfaction data and recommendations for change. January-December 2021: Subcommittee of WDN continues to review the in-service training catalog and quarterly new course training matrices to align with the principles and core practices of the IPM. Attention is given to language, course overview and learning objectives. The goal remains to review 100 courses per year. December 2021: Correspondence from Workforce Development sent to all case workers and supervisors that cameras must be on throughout the duration of training in order for participants to receive credit and earn CEUS. Presenters have been requested to add logistics and participation slide at the beginning of all PowerPoint presentations reiterating that cameras must remain on. 	
<p>Consult with independent evaluator to conduct data analysis of pre-service, foundations, and in-service trainings to better assess impact and applicability of trainings</p>	<p>Annually</p>
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> December 2021: Evaluator has participated in data review sessions regarding quality and effectiveness of pre-service training. However, the evaluator remains underutilized. It was determined that the evaluator could work on providing data regarding the number of staff who complete both pre-service and Foundations Training. A clear plan still needs to be developed on how the Evaluator can consistently support the training system. 	
<p>Consult with CWA to discuss in-service trainings that receive unsatisfactory ratings, discuss needed modifications and need for continuation of training</p>	<p>Monthly</p>
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> January-December 2021: Training satisfaction data regarding quality of content, trainer expertise and relevance of learning work duties continues to be reviewed during monthly SSA/CWA meetings. There have been no noted areas of dissatisfaction this period and no recommendations for change or enhancement of the current curriculum. There have been recommendations for additional courses in specialized areas such as substance exposed newborns, substance use disorders and effective clinical writing from training participants. 	

Current or planned Activity to improve performance	Target Completion Date
Partner with CWA and local departments to develop opportunities for peer-to-peer trainings among staff to better align actual and practical work experiences with training content	December 2020 Annual Reviews
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> January-December 2021: Trainers with lived experience continue to be added to the trainer roster, specifically as part of the IPM Training. Professional peers and persons with lived experience have also participated in the pre-service simulation activities and will continue to be recruited. 	
Request “no show” training data from CWA to strategize with local departments to ensure attendance and completion of trainings	Quarterly/Annual Reviews
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> January-December 2021-Assistant Directors continue to receive training no-show data on a quarterly basis. There is currently no global policy that addresses no shows, therefore, no shows are handled in accordance with the policy and procedures of each jurisdiction. 	
<p>Review training reports and data analyses monthly with CWA to:</p> <ul style="list-style-type: none"> o evaluate participant satisfaction o identify well received and non-well received trainings o identify needed modifications to training content o evaluate instruction methodologies o identify need to retain or replace trainers 	Monthly
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> CWA continues to provide monthly and quarterly training reports to DHS/SSA for review, discussions and recommendations for change. This process will continue. Data continues to show that staff are satisfied with the overall quality of training at the time of their initial evaluations. Feedback has not necessitated enhancements to the current training system, but rather additions of requested courses to the training catalog. (See Updated Training Plan in Appendix A) 	
Share data from training reports with DHS/SSA Workforce Development Network (WDN) to further identify and support training needs of staff	Monthly
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> Training data reports continue to be shared with the WDN on a bi-monthly basis. Feedback from participants has primarily been recommendations for new trainings to be added rather than modifications or enhancements to what is currently being offered. Evaluation surveys indicate that staff are satisfied with the content and learning competencies for current trainings. 	
Partner with CWA and local departments to develop and implement 3-4-month post training evaluation and follow-up process for select subset of in-service trainings to gauge ongoing applicability of training	Quarterly/Annual Reviews
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> September: WDN subcommittee began meeting to develop an evaluation plan that would include interim evaluations following all pre-service, Foundations and in-service training. Plan is not fully completed 	

Current or planned Activity to improve performance	Target Completion Date
and is not ready for review, approval or implementation. This priority was overshadowed by the WDN's shifted attention to develop the FF training curriculum in preparation for the October 2021 rollout.	
Establish ongoing training standards and requirements for all child welfare staff to maintain well-prepared workforce <ul style="list-style-type: none"> ○ determine required number of training hours ○ determine required training modules for workers and supervisors ○ require trainings for both licensed and unlicensed staff 	December 2020 Annual Reviews
Implementation Status: Delayed 2021 Progress: <ul style="list-style-type: none"> ● This process continues to be delayed due to competing training mandates. The projected date for completion of this task is September 2022. 	
Consult with DHS/SSA Workforce Development Network (WDN) to further analyze program and evaluation data to identify and support training needs of staff.	Bi-Monthly
Implementation Status: In Progress 2021 Progress: <ul style="list-style-type: none"> ● January-December. DHS/SSA continues to meet with CWA on a monthly basis. Data reports are used to modify the training system as required. This often includes enhancing curriculum and/or modifying training methodologies. There were no enhancements to pre-service training during the period. 	
Develop a monthly resource home milestone report to track all resource home compliance which will include training (pre- and in-service) training data.	2020
Implementation Status: Delayed 2021 Progress: <ul style="list-style-type: none"> ● DHS/SSA is in the process of finalizing the resource home milestone report. It is anticipated to be completed by Summer 2022. 	
Resource Parent Training	
Provide technical assistance to the LDSS to ensure that documentation of training is accurately recorded.	September 2019 Annual Reviews
Implementation Status: In Progress 2021 Progress: <ul style="list-style-type: none"> ● DHS/SSA provided direct technical assistance to Resource Home staff regarding challenges or inquiries regarding documentation of Resource Parent training. However, DHS/SSA has been unable to monitor documentation of provider training due to a lack of capacity in resource home staff within DHS/SSA. 	
Implement a management level review of Corrective Action Plan (CAP) responses to improve the quality of the responses and increase effectiveness (OLM).	2019/Monthly
Implementation Status: In Progress 2021 Progress: <ul style="list-style-type: none"> ● Monthly: Meetings held to review each Corrective action plan submitted for compliance with COMAR by the Licensing Specialist and Program Manager. Program Managers ensure the CAPs are detailed and 	

Current or planned Activity to improve performance	Target Completion Date
have target dates that are appropriate to the violation. The CAP response form has been redesigned to provide clear detailed and specific timeframes for becoming COMAR compliant.	
Revise the monitoring process to include quarterly monitoring of major regulatory standards. Currently the Licensing Specialists are required to meet all the licensing requirements over the 2-year licensing period (OLM).	2020/quarterly
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> On March 9, 2021, the Governor lifted the suspension on legal time requirements and required all private provider re-licensure to be completed by June 30, 2021. Licensing Specialists are performing the task to relicense all private providers that were not relicensed in 2020. The revised monitoring process will resume in 2022. 	
Develop and implement a structured follow-up to CAP responses and repeat findings (OLM).	2020/Quarterly
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> Licensing Specialists continue to provide periodic site visits to ensure the deficiency/violation is corrected and implemented prior to OLM CAP approval. OLM is taking further disciplinary action for repeat serious violations by issuing moratoriums/sanctions. 	

Service Array

Service Array and Resource Development System

DHS/SSA continues to leverage opportunities to enhance and expand its service array and resource development system to support the assessment of the strengths and needs of children and families and provide services that create a safe home environment allowing for children to remain in their home and communities as well as help children in foster and adoptive placements achieve permanency. The LDSS utilizes a number of service providers that are often local to their community to ensure services are available to children and families. In order to understand the landscape of services and partnerships that exist within local jurisdictions, DHS/SSA again administered a statewide Community Partnership and Services Survey (CPSS) during this reporting period. The ten question CPSS was designed to:

- Better understand the LDSS community partnerships to meet the needs of children, youth, and families involved with the child welfare system,
- Identify availability, capacity, and gaps in services to meet these needs in the community at the local level; and understand local efforts to support partnership, and
- Identify services and share service needs with community partners.

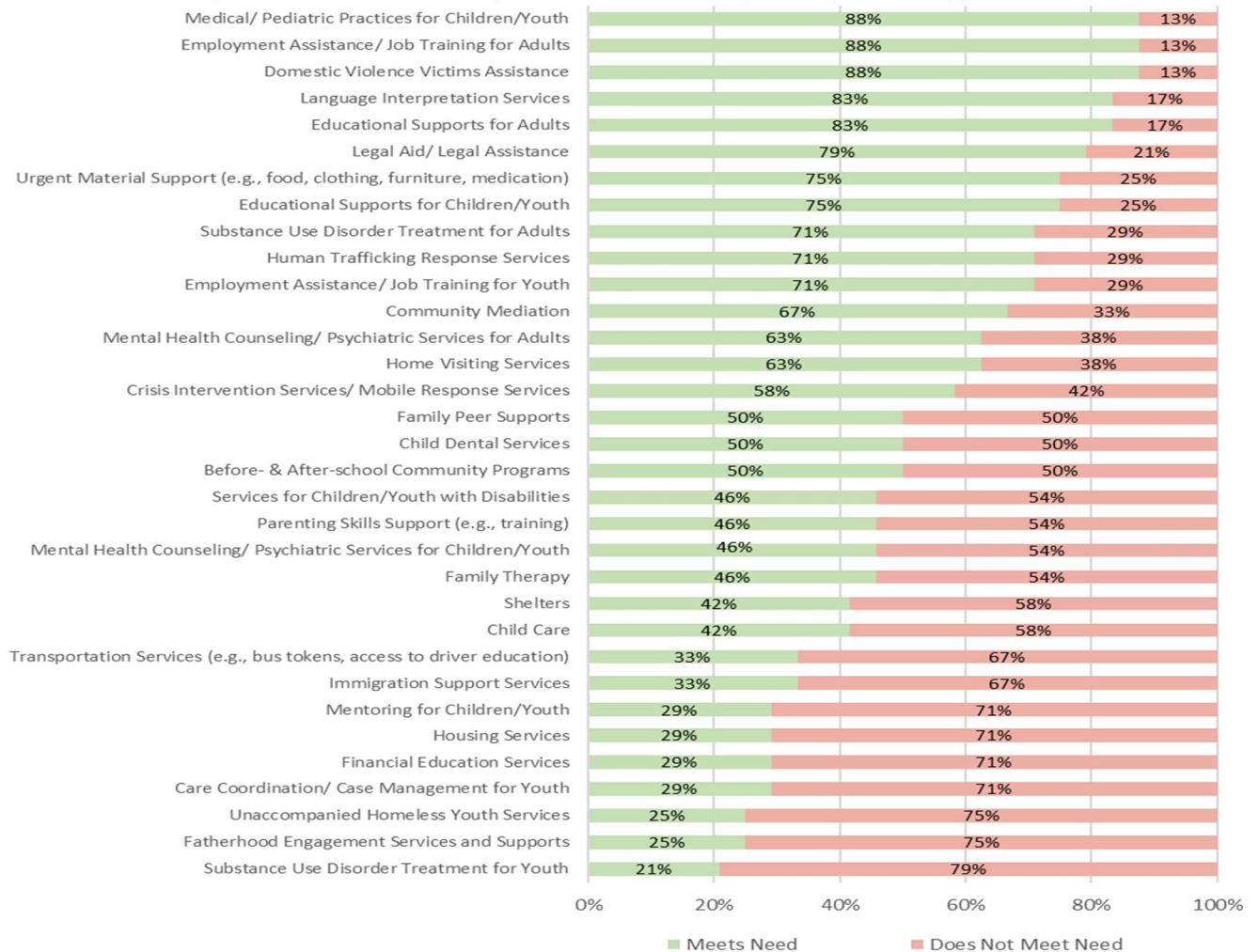
Each jurisdiction completed a single survey yielding 24 responses to each of the 10 questions. In reviewing responses (Figure 1: Current Service Array Distribution of Meeting Need by Service Type below) related to whether the current service array meets the needs of children, youth, and families involved with child welfare notable findings include:

- 88% of LDSS indicated that services for Medical/Pediatric Practices for Children/Youth, Employment Assistance/Job Training for Adults, and Domestic Violence Victims Assistance meet their local needs

- 21% of LDSS indicated that the service array for Substance Use Disorder Treatment for Youth meets their local needs
- 25% of LDSS indicated that the service array for Fatherhood Engagement Services and Supports and Unaccompanied Homeless Youth Services meets their local needs

The use of structures such as Local Care Team, Local Management Boards and Multi-Disciplinary teams tend to be a great support and resources locally to match families with needed services where possible. Through activities such as teaming with families, use of assessment tools and service planning, the agency is able to identify family services needs and determine which needs are being met and which are outstanding.

Figure 1: Current Service Array Distribution of Meeting Need by Service Type



When assessing gaps in services, overall, the findings suggest that most gaps are driven by having no services available or not enough capacity. For those jurisdictions with limited capacity, accessibility also tends to be limited. For example, Substance Use Disorder Treatment for Youth was the most frequently identified service that does not meet local needs. Of the nineteen jurisdictions indicating ‘need not met’ for this service, nine identified it as not available

and ten indicated that it is available but there is not enough capacity. Of the ten with not enough capacity, nine reported the services are only somewhat accessible.

Services that address the strengths and needs of children and families and determine needs:

CFSR data indicates the agency performs well in assessing risk and safety. For Risk and Safety Assessment and Management (Item 3) which explores the agency's efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care, 83% of cases reviewed were rated as a strength. The agency is also progressing in assessing the needs of and providing services to parents (Item 12) with the latest data showing that 51% of the cases reviewed were rated as a strength. This is an increase from the previous CFSR round. To continually assess the strengths and needs of children and families, the agency utilizes collaborative assessment tools such as the Maryland Family Risk Assessment (MFRA), Maryland Safety Assessment for Every Child (SAFE-C), Child and Adolescent Needs & Strengths (CANS) and Child and Adolescent Needs & Strengths-Family (CANS-F). These assessment tools are used to organize the collective knowledge and understanding of the individuals and family's needs and to support clear communication and sound recommendations when making safety, permanency, and well-being decisions. The agency works to enhance the quality of assessments conducted by the workforce through the Integrated Practice Model (IPM) and training offered through Child Welfare Academy. These activities are further described in Goal 2: Strengthen workforce knowledge and skills to support the implementation of Maryland's Integrated Practice Model (IPM) on page 115 of this report.

The Maryland Family Risk Assessment

The MFRA is used to help child welfare staff identify risk factors and determine the services the family needs to reduce risk to the child(ren). The use of the MFRA assists local departments by identifying if the family needs on-going services and what services are needed for the family to reduce risk. This includes the Maryland Family Initial Risk Assessment (MFIRA) which is the initial risk assessment completed for every child as part of the Child Protective Services (CPS) investigation. Subsequent Maryland Family Risk Re-Assessments (MFRRA) are completed within 30 calendar days of acceptance of services and whenever there are significant changes in family structure or dynamics and again prior to termination of services. For CY2021 there were a total of 7,447 MFRAs completed for a total of 4,895 cases in which an MFRA was completed. A deeper analysis of the MFRA utilization is needed to understand completion rates and quality of MFRA. The agency plans to incorporate regular reporting and analysis of the MFRA utilization into the reporting structure.

The Maryland Safety Assessment for Every Child

The Maryland Safety Assessment for Every Child (SAFE-C) is a tool designed to alert staff to situations that pose an imminent danger to children and is completed. The SAFE-C is completed for every child receiving services and is conducted for both children in home and out of home placements at the time a child is initially placed in out of home placement and after placement changes. For CY2021 there were a total of 41,812 SAFE-C assessments completed for a total of 28,750 cases that had a SAFE-C. Similar to the MFRA, a deeper analysis of SAFE-C completion rate is needed as initial data review suggest there are some case within this time frame in which SAFE-Cs were not completed. The agency plans to conduct a further assessment by including

SAFE-C completion rate into the reporting structure to better understand compliance and quality of assessments.

The CANS and CANS-F

The Child and Adolescent Needs and Strengths (CANS) is a tool for identifying needs and collaborating in planning service delivery with families at initial and on-going intervention points throughout a case. The CANS is used to identify on-going needs of children and youth in care and to plan for service needs collaboratively with caregivers and birth families in an effort to meet permanency and reunification goals. The use of the CANS assessments serves as another source of information for the assessment and monitoring of service needs. Initial CANS assessments are completed within 45 days of case opening and subsequently every 90 days until case closure and within 7 days of case closure. For CY2021, a total of 2,864 CANS assessments were completed; 19% were initial assessments, 78% were reassessments (completed every 6 months), and 3% were completed and transition/discharge. The compliance rate for CANS assessments completed within required timeframes was 29%.

The Child and Adolescent Needs and Strengths – Family Version for In-Home Services (CANS-F) is an assessment intended to support caseworkers in a consensus-based approach to assessment and planning with families and youth. All Families who received Family Preservation Services will have a CANS-F completed. The tool assists with family and youth engagement, accurate identification of a family’s needs and strengths and the measurement of change in functioning throughout the life of a case. In 2021, there were 5,100 CANS-F completions which reflects a 62% rate of compliance.

Services to meet the needs of children and families to create a safe home environment and Services to enable children to stay safely with their parents when reasonable

Figure 1 Current Service Array Distribution of Meeting Need by Service Type, above from the Community Partnership and Services Survey, illustrates responses from LDSS that indicate which services needs are being met and which are not. The agency’s progress towards enhancing the Service Array and service availability to meet the needs of children and families, are indicated in the latest CFSR outcomes. When assessing the provision of services to families to protect children in their homes and prevent removal or re-entry into foster care (Safety outcomes 2) the most recent CFSR data shows LDSS programs at 95% of meeting this target which is well above the CFSR PIP target of 59%. In terms of assessing the needs of and providing services to children, parents and foster parents (Well-Being Item 12) the most recent CFSR period shows LDSS programs at 48% of meeting this outcome which is above the CFSR PIP target of 37% for this item. The state continues to demonstrate a positive trajectory for this measure as well.

Throughout this reporting period, the agency worked towards improvements in addressing the needs of families and individual children in order to create a safe home environment and enable children to remain safely with their parents when reasonable. As previously described, some of the agency’s key strategies focus on strengthening community partnerships, increasing awareness and access to prevention services and aligning resources with critical service gap needs. To assess community partnerships, the agency utilizes the CPSS results. Additional activities related to strengthening community partnerships are described in Goal 5: Strengthen system partnerships to improve safety, permanency, and wellbeing of youth and families as well

as build prevention service array to support children and families in their homes and communities on page 142.

In response to how well is the service array functioning to ensure that child-welfare involved children, youth, and families have access to the following services and supports on the CPSS, the majority of jurisdictions rated their service array functioning as good or very good in each domain. Only one jurisdiction indicated functioning as poor in all four areas, and five indicated functioning as fair regarding services that help children in foster and adoptive placements achieve permanency and services that promote the well-being of children and families

The agency utilizes a number of programs and resources that focus on that address the needs of families in addition to individual children in order to create a safe home environment and allow children to remain safely with their parents when reasonable. One key area of focus during CY2021 was the implementation of Prevention Evidence Based Practices (EBPs) as part of FFPSA. DHS/SSA implemented activities to stand up and/or expand the five approved EBPs in Maryland’s FFPSA Prevention Plan. During the reporting period each local jurisdiction identified which of the five prevention EBPs would best meet the needs of the children and families within their community. Using this information as well as information related to local implementation structure, DHS/SSA established a phased roll out plan. Table 26 below outlines the jurisdictions in each phase as well as the identified EBPs to be implemented. To support each jurisdiction with implementation, targeted training will be provided prior to the start of each phase and monthly implementation support meetings will be held. Phase 1 began in October 2021 with Phase 2 and 3 scheduled to begin in the next reporting period. For additional information about FFPSA Prevention Services training see Staff and Provider Training System Section on page 59. For additional information regarding the implementation of FFPSA Prevention Services see Goal 5: Strengthen system partnerships to improve safety, permanency, and wellbeing of youth and families as well as build prevention service array to support children and families in their homes and communities on page 142.

Table 26: Prevention EBPs Phased Roll Out

Phase 1 Cohort: Early Adopters		Phase 2 Cohort: Building Capacity	
JURISDICTION	EBP	JURISDICTION	EBP
Anne Arundel	FFT and PCIT	Allegany	PCIT
Baltimore County	FFT	Dorchester	FFT
Carroll	FFT and PCIT	Wicomico	FFT
Frederick	MST	Worcester	FFT
Harford	FFT	Phase 3: Statewide Implementation	
Howard	FFT	JURISDICTION	EBP
Kent	HFA	Calvert	MST, HFA, and PCIT
Montgomery	MST	Caroline	FFT and PCIT

Prince George's	MST	Cecil	FFT
Queen Anne's	HFA	Charles	MST
Somerset	HFA	Garrett	PCIT
Talbot	HFA	St. Mary's	MST and PCIT
Washington	MST		

Services to help foster and adoptive parents achieve permanency

The latest round of CFSR indicates for assessing the needs and services provided to resource parents (Item 12C), 79% of cases reviewed were rated as a strength. This is a slight decline from the previous year in which 87% cases reviewed was rated as a strength. This data suggests that while the agency is able to provide needed services to help resource and adoptive parents achieve permanency, opportunities exist to further explore service barriers to achieving permanency. Current services the agency provides that help children in foster and adoptive placements achieve permanency are described in the Adoption Promotion and Support Services section on page 163.

Concerns:

While some progress has been made, ensuring quality and equitable services are available and accessible across jurisdictions remains a challenge. The impact of COVID-19 pandemic has added an additional layer and barrier to service accessibility and availability.

Maryland Continuous Quality Improvement (CQI) Qualitative Focus Group Report of April 2021 indicates that when participants were asked about their perspective on what are the service delivery issues or gaps that exist that impact the achievement of case goals and permanency, The two service gaps that were brought up most frequently across all participant groups were placement resource for children and youth and quality mental health treatment. Participants identified the need for placement options that meet the needs of children and youth with more intense mental and behavioral health needs. In addition to a lack of available mental health services, participants also discussed a lack of quality services. Other areas of service gaps that were discussed by participants across groups were lack of available services for individuals who speak a language other than English, housing, transportation, and wraparound services to support family's post-reunification or adoption. The most crucial service gaps exist in the state's rural communities.

Table 27 from the CPSS demonstrates the top 5 most critical unmet needs across jurisdictions based on LDSS respondents as well as examples provided of those service needs.

Table 27: Most critical unmet service needs of child welfare-involved children, youth, and families in your jurisdiction

Category	No. of Jurisdictions Responding	Examples
Mental health/psychiatric services	22	<ul style="list-style-type: none"> ● Behavioral health services for children/youth. ● Easy access to addictions and mental health treatment. ● Mental health/substance misuse for teens. ● Co-occurring disorder treatment. ● Emergency respite. ● Respite care for families. ● Emergency psychiatric services. ● Psychiatric services for children and adolescents. ● Medication management for youth. ● Lack of psychiatrists for children. ● Mental health therapy for children ages 3-6. ● Intensive mental health services. ● Mobile crisis services. ● Lack of hospitals performing adequate psychiatric stabilization for youth in crisis. ● Quality trauma informed individual family therapy. ● There is a lack of trauma informed therapists and qualified counselors. ● Trauma treatment for children and adults regardless of ability to pay. ● Programs for out-of-control teenagers and their families. ● Consistent access to reliable mental health service providers. ● Specialized mental health services for children and families. ● Resources to carry out the recommendations of psychiatrists or evaluators for families and children.
Housing	14	<ul style="list-style-type: none"> ● Safe and affordable housing. ● Housing and addiction services for pregnant and new mothers. ● Housing is a huge issue, multiple families living under the same roof.
Out-of-home placements/providers	11	<ul style="list-style-type: none"> ● Child placements. ● Appropriate placements. ● Group home placements. ● Safe and stable (in state) placements for children with high intensity needs. ● Foster care placements for disabled children. ● Therapeutic foster care providers. ● Placement resources for high needs youth. ● Lack of resources and residential treatment programs for children and youth with severe mental health issues/behaviors. Difficulty with finding placements for children/youth who are dually involved with DJS and DSS. ● Lack of resource homes for foster children. ● Placements for transitional aged youth & treatment foster homes. ● When children and youth have to enter out of home care, our resource parent cadre is ill equipped to handle even seemingly “normal” behaviors that kids who have been traumatized exhibit. There are no therapeutic foster homes in St. Mary’s and

Category	No. of Jurisdictions Responding	Examples
		the current statewide placement crisis makes it very difficult to access appropriate levels of care for youth who need it.
Transportation	8	<ul style="list-style-type: none"> An individual transportation service to assist customers in accessing transportation. Transportation in the most rural areas.
Substance use disorder treatment	7	<ul style="list-style-type: none"> Substance Use Disorder treatment for adult Inpatient drug treatment facilities for teenagers. Evidence-based substance abuse treatment programs. Housing and addiction services for pregnant and new mothers. Substance abuse treatment for adults and youth.

The agency plans to utilize the various service array data obtained to prioritize and create opportunities to close gaps. The agency plans to create opportunities to raise awareness of existing services, engage in targeted partnerships with sister agencies such as Maryland Department of Health, Behavioral Health Administration, Dept of Transportation, Department of Housing and Developmental Disabilities Administration focused on informing the agencies of the needs of children welfare families. The agency also plans to review existing program services and funding to ensure alignment with established priorities. Additionally, the agency plans to continue to build the array of evidence-based practice models available to meet the needs of children and families through leveraging the Family First Prevention Services Act.

Activities to Improve Performance:

Table 28 below highlights updates to planned activities to improve performance.

Table 28: Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Revise process for collaborative assessments and developing service plans to facilitate partnership with families including consistently identifying & engaging the family/youth's chosen supports.	2019-2020
<p>Implementation Status: Completed</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> January-December 2021: Continued to train staff and supervisors across the State in the IPM Modules 1-3. Continued revised format of offering technical assistance to local departments with an emphasis on collaboration, collaborative assessments and teaming and teaming. June-December 2021: IPM Coaching Intensives were designed and launched across the State. The intensives were designed to have LDSS review their own data through the lens of the IPM and identify a coaching focus based on self-reflection on the data and their agency's needs. Several counties focused on improvement in collaborative assessment and planning as well as better teaming with community partners. December 2021: Identified areas of continued support and customization of TA sessions for collaborative assessment. Surveys were developed for each LDSS and the revised, customized annual TA sessions with each LDSS will be launched in 2022. 	
Develop and capitalize on community partnerships to strengthen the full array of services, including prevention service.	2019-2021

Current or planned Activity to improve performance	Target completion date
<p>Implementation Status: Completed</p> <p>2021 Progress (PIP activity Goal 4, strategy 3):</p> <ul style="list-style-type: none"> February 2021: Through the submission of LDSS coaching plans, counties assessed readiness and SSA identified five LDSS to receive in-depth technical assistance to enhance teaming with community partners around specific targeted areas. July 2021: Five LDSS received several in-depth TA and follow up sessions from April-July of 2021. Some themes for enhancements exist in specific target areas and specialized services of teaming with community partners that were identified. Coaching plans and TA revealed several areas of need to enhance and sustain teaming with service partners, including the need to develop a shared understanding and responsibilities of services to best serve families. The type and nature of teaming vary across the state. No one size solution fits all. Issues with teaming are often jurisdictional. April- August 2021, SSA leveraged the TA support provided to the 5 LDSS to utilize Plan Do Study Act (PDSA) cycle as CQI effort in this area. This includes supporting LDSS in establishing their priorities around teaming based on problems identified, implementing a identified strategy(ies), monitoring effectiveness, gathering feedback about progress and deciding to continue, modify, or reconsider solutions, Initial TA sessions were completed in July 2021. July 2021: Results of the PDSA cycle were shared with the larger Service Array Implementation Team members in July for feedback and brainstorming on adjusting approach and how to address common themes on a statewide level. Feedback includes being mindful of over-collaboration and partnering, aligning efforts with rebranding of DHS and Child-Welfare Services including communicating what does teaming lead to as well as supporting LDSS to build capacity to manage and sustain change with competing priorities. CQI efforts to enhance local teaming will continue locally and statewide as part of the agency's existing CQI structure The agency redesigned and conducted the 2021 Community Partnership and Service survey to better assess how well the service array and resource development system is functioning to ensure services are accessible Based on survey results, priorities, goals and strategies were developed to move towards progress on outcomes. 	
Conduct Town Halls and develop Local Calls to Action to engage community partners in meeting the needs of children and families	2019-2021
<p>Implementation Status: Completed</p>	
Utilize lessons learned from Title IV-E Waiver Demonstration Project to expand the utilization of evidence-based practices across the child welfare continuum.	2019-2021
<p>Implementation Status: Completed</p>	
Strengthen allocation process to local departments that maximizes available funding and addresses service gaps.	2020 and Annually
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <p>This activity continued to be delayed in 2021 as a result of the ongoing impact of COVID-19 and the competing priorities that were faced by the state. Despite this, DHS/SSA did continue to strategize around FFPSA funding to support the Prevention EBPs included in the state plan. These discussions also explored the opportunities to utilize other federal and state funding to support the Prevention EBPs for those families not eligible under FFPSA. By the last quarter CY2021 a draft strategy was developed to support the continued implementation and expansion of the Prevention EBPs identified in the state's Prevention Plan using both federal and state funds.</p>	
Include IPM language in contracts/agreements with placement and other providers to enforce consistent implementation of the IPM within contracted providers, monitor compliance, and provide technical assistance and support as needed.	2020-2024

Current or planned Activity to improve performance	Target completion date
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> See Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland’s IPM section on pages 120-132 for updates. 	
Conduct ongoing CQI to assess outcomes, identify strengths and areas needing improvement, and implement improvement plans as needed.	2021-2024
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> See Goal 3 Strengthen Maryland’s CQI processes to understand safety, permanency, and well-being outcomes on pages 127 for updates 	

Individualization of Services

Although the agency was not in substantial conformity in the Individualization of Services Systemic Factor as indicated in Maryland CFSR Final report, the agency continued efforts to progress towards improvement of this outcome by improving data collection and use of data to assess individualization of services. The agency continued to partner with state and community agencies to meet the unique needs of children and families served by the agency. In addition, each LDSS is allocated state and local funds, including flex funds, to be utilized to support individualized services based on the needs of the children and families within their local communities. Each LDSS is responsible for utilizing allocated funds to meet the individualized needs of the children and families in their communities, to include those services to address identified disabilities or special needs. DHS/SSA has the capability to monitor expenditures by LDSS, however during the last reporting period there have been inconsistencies in the monitoring of funds.

Analysis of Performance

As evidenced through the CFSR and Table 29, the Local Department of Social Services are typically assessing children’s needs comprehensively through collaborative conversations with children, parents, placement providers, and community service providers. As a result, the LDSS are able to identify those unique and individualized services that are needed for children and families. It is worth noting that the agency’s CANS assessments completion and compliance rate conflicts with the CFSR data. There are a number of reasons for this. Information obtained for CFSR on assessing needs is not solely based on CANS assessments but other formal (SAFE-C, Maryland Family Initial Risk Assessments (MFIRA)) as well as informal assessments such as a review of records as well as interviews with caseworkers, parents, placement and community service providers. Additionally, the agency is continuing to conduct analysis to test validity of CANS data reports.

Table 29: CFSR Performance CY 2019-2021

CFSR Item	Period 4: 10/1/19-3/31/20	Period 5: 4/1/20-9/30/20	CY 2021
Safety Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into foster care.	75%	100%	95%

CFSR Item	Period 4: 10/1/19-3/31/20	Period 5: 4/1/20-9/30/20	CY 2021
Well-being Item 12: Needs and services of child, parents, and foster parents	23.08%	41.79%	48%
Well-being sub-item 12A: Needs assessment and services to children	79.69%	80.06%	92%
Well-being sub-item 12B: Needs assessment and services to parents	20.03%	38.98%	51%
Well-being sub-item 12C: Needs assessment and services	68.57%	85.29%	79%
Well-being sub item 18: Mental/Behavioral Health of the Child	71.79%	90.24%	91%

The 2021 Community Partnership Survey (CPSS) results indicate the most frequent responses for how child welfare staff identify services in the community included using resource directories and networking/partnerships with other agencies. The most frequent response for how LDSS staff notifies community partners of the individualized needs of their populations was via interagency meetings. Performance data suggests that while the agency is making progress towards identification of needs, continued effort and strategizing is needed to ensure that the services identified are individualized to meet the unique needs of children and families served by the agency.

Strengths:

The 2021 CPSS summary report indicates the majority of LDSS rated their service array functioning as good or very good for the purposes of ensuring that child-welfare involved children, youth, and families have access to relevant assessment, well-being, safety, and permanency services and supports. In addition, CPSS reflected that 58% of LDSS rated their relationship with the Core Service Agency, which are responsible for supporting access to appropriate mental health services, as a strength.

During this reporting period, the agency supported each LDSS in reviewing data related to services needs of families who receive Child Protective and Family Preservation services. This service scan analysis allowed each local jurisdiction to identify which of the five prevention EBPs identified in Maryland’s FFPSA Prevention Plan would best meet the needs of the children and families within their community.

In reviewing the agency’s CFSR data, over 90% of the cases reviewed were rated as a strength for the following areas: providing services to protect children in the home and prevent removal or re-entry into foster care, assessing the needs of and providing services to children, and addressing the mental/behavioral health of children. In further exploring the agency's ability to address the mental/health of children, the agency was able to meet certain behavioral health needs by supporting children in receiving services such as individual therapy for trauma, behavioral therapy and crisis services. In addition, the agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of children in foster care. While this indicates strength and shows progress, this data is in conflict with other data sources that indicate there are many concerns and barriers to accessing mental and behavioral health services

as described in the Service Array Systemic Factor section on page 76. This discrepancy may be a result of the small sample sizes used to complete CFSR reviews. The agency will need to continue to dive deeper to understand the data and reconcile the discrepancies.

As the populations served with local communities continue to become more diverse, Maryland is working to enhance its service array to meet the cultural and linguistic needs of the population. While this continues to be a work in progress, DHS/SSA provided a Language Access Training for agency staff to ensure all services provided by local departments meet the needs of children and families from diverse backgrounds and languages. The training focused on reviewing federal and state requirements related to ensuring equal access to government programs, including individuals with limited English proficiency. The session also provided resources for partnering with families with limited English proficiency as well as practice opportunities. A total of 966 local staff completed the training with 570 attending the live sessions and 396 viewing the recorded session.

Concerns:

As described in the Service Array section, the agency utilizes the CANS and CANS-F to assess needs and develop collaborative plans. While the agency struggles with CANS data accuracy and questionable data due to migration issues from CHESSIE to CJAMS between 2020 and 2021, there are some notable findings from CANS and CANS-F assessments. Completed CANS assessments have recorded specific need trends for youth in care and CANS-F assessments have recorded specific need trends for youth as well as caregivers. Cumulative results of CANS completions reflected that 15.2% of all youth in care rated as moderate to high issues with attention. In addition, 10% of youth in care were identified as having moderate to high levels of anxiety and 13% rated moderate to high levels of depression. CANS-F completions reflect 7.3% of all youth or children needing mental health services (moderate to high ratings) and 11% of all caregivers were identified as identifying moderate to high levels of need for mental health services.

Maryland Continuous Quality Improvement (CQI) Qualitative Focus Group Report indicates that overall, there is a lack of culturally and linguistically diverse service providers across the state to meet the needs of children and families. There are challenges with having limited-service providers that are diverse and have capacity and expertise to meet some of the unique needs of youth coming to the attention of the agency. In certain areas such as Montgomery County which has a large Hispanic population as well as the Eastern Shore, the need for culturally and linguistically diverse service providers are more dire. Focus group participants reported a significant lack of appropriate placement settings or mental and behavioral health resources to address children's mental and behavioral health needs.

In the area of substance use, focus group participants noted a lack of substance use treatment programs that can meet parents' specific identified needs, long waitlists, and/or a lack of inpatient treatment options for parents. These services are even more limited in their ability to meet different cultural background needs and provide those services in languages other than English.

Other individualized services noted as a gap in services were intensive in-home family preservation services, therapists that specialize in treating younger children with significant

trauma, specified independent living programs, an array of treatment programs for youth and young adults and mother baby programs for substance-exposed newborns.

Among the most critical unmet service needs identified by LDSS in the 2021 CPSS were mental health services (n=22), including crisis and psychiatric care, housing (n=14), and out-of-home placements/providers (n=11). CPSS results also revealed that oftentimes when services are in limited capacity, agency staff are often unaware of whether the service exists at all.

Activities to Improve Performance

DHS/SSA is planning a number of activities to ensure that services are individualized to meet the unique needs of children and families. In the next reporting period DHS/SSA will continue the development of an Office of Finance to support the implementation of a standardized approach of allocating and monitoring funds utilized by LDSS. This approach will include processes for identifying the specific services to be funded, identification of target population to be served as well as outcomes to be achieved and monitoring the utilization of funds. By instituting a standardized process for all funding streams DHS/SSA will be able to track expenditures and align funding sources with unique individual needs and child characteristics such as children with disabilities or special health care needs. In addition, DHS/SSA is continuing its efforts to partner with the Maryland Department of Health Behavioral Health Administration (BHA) to address the issues related to lack of substance abuse treatment providers for adults and youth, specialty mental and behavioral health providers, inform BHA of the needs and gaps in services, and develop strategies to better support families and meet needs.

Agency Responsiveness to the Community

As noted in the Collaboration and Feedback Loops section, DHS/SSA continued to utilize its implementation structure to support the ongoing consultation of Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies in the development, monitoring and adjusting the goals, objectives, and annual updates of the CFSP as well as coordinating services or benefits of other federal or federally assisted programs service the same population. For additional information related to DHS/SSA's Implementation structure and the status of other teams and networks engaging an array of stakeholders in the development, monitoring and adjusting the goals, objectives, and annual updates of the CFSP as well as coordinating services or benefits of other federal or federally assisted programs service the same population, please see Collaborations and Feedback Loops Section, pages 12-18.

Assessment of current functioning

During the reporting period, implemented a CQI process to assess the implementation structure and identify strategies to strengthen its implementation. Two groups within the implementation structure were initially addressed during this review process - the Outcomes Improvement Steering Committee (OISC) and the Policy Network.

Over several months in 2021 members of the OISC participated in discussions designed to assess the team's functioning and provide feedback on if the team was having the intended outcomes. A survey was completed by the members of the OISC in June 2021 asking for responses to the following questions

1. How might we further improve the OISC's processes, including agenda development and the process for gathering input?
2. How might we clarify the roles and responsibilities of OISC members?
3. How might we enhance collaboration and shared decision-making?
4. Please review the OISC charter. How might we enhance, strengthen or clarify the charter?
5. Do you have any other recommendations for ways the OISC or SSA executive leadership could support clarity, efficiency and effectiveness?

The survey and discussions within the OISC yielded the following results:

- Agreement that the OISC facilitates the sharing of information about key initiatives and new efforts across SSA, creates a space to gather feedback and input and share perspectives, and serves the critical function of helping to connect work across various implementation teams and clarify the big picture.
- Recommendations included the following:
 - Reduce the meeting frequency
 - Refine the scope of the OISC to clarify what should be brought to the team and decision-making process
 - Standardize and shorten agendas to support a consistent approach related to information sharing
 - Clarify how the OISC fits with other meetings with the same membership
 - Review membership through the lens of strategic implementation
 - Expand membership to include a local jurisdiction
 - Review purpose and objectives of the OISC on a regular cycle and develop a brief orientation for new members
 - Develop group norms and agreements emphasizing that all member's input and ideas are welcome and validated.
 - Give other members opportunities to co-facilitate meetings or facilitate bonding activities to support a sense of ownership among members

DHS/SSA intends to review recommendations and propose changes to the OISC in the next reporting period.

Similar to the review of the OISC, DHS/SSA implemented a process to make revisions to the Policy Development process as an attempt to standardize opportunities to obtain feedback early in the development process, provide feedback to stakeholders who offer feedback, and provide adequate support to local staff in implementing new or modified policies. These revisions were based on feedback DHS/SSA received from LDSS leadership and other stakeholders indicating that some stakeholders were not feeling included in the policy development process. In order to support the identified changes and expand stakeholder voice a revamp of the Policy Network was initiated. The focus of the revamp was to expand membership, establish a process for tracking the development of policies, and structure the receipt and response of feedback from stakeholders. The Foster Parent Ombuds and Foster Youth Ombuds were added to Policy Network Group membership and the Network is making intentional efforts to ensure that persons with lived experiences and other external stakeholders impacted by DHS/SSA policies are included in the drafting of new or revised policies, and/or providing feedback.

Throughout out 2021, DHS/SSA also met weekly with LDSS Directors and Assistant Directors to provide updates and seek feedback on key priorities, address the changing guidance and practice in response to the COVID-19 pandemic, and provide opportunities to engage with external stakeholders including Maryland Association of Resources for Families and Youth (MARFY), Maryland Coalition of Families (MCF), Maryland Resource Parent Association (MRPA), Maryland Court Appointed Special Advocates (MD CASA), Adoptions Together, Center for Adoption Support and Education (C.A.S.E.), and Child Welfare League of America (CWLA). Through these regular meetings DHS/SSA, was able to obtain critical feedback from local departments, identify areas where further discussion was needed, and support locals in their ongoing practice in light of the ongoing pandemic.

Placement providers are another key stakeholder group that supports children and families in foster care. In 2021, DHS/SSA continued regular meetings with The MARFY Leadership team. These conversations provided an opportunity to partner with providers around DHS/SSA responses to COVID-19, the implementation of Family First Prevention Services Act (FFPSA), service needs of children and families in foster care, and provide updates to contracting processes.

In the wake of ongoing critical national conversations around racial inequity and injustice, Maryland, like many other states, partnered with local department leaders across the state to create opportunities to actively express concerns and leverage existing experiences and expertise to address racial inequity and biases within the child welfare system. During CY2021, DHS/SSA held learning sessions to build understanding of how a community of individuals contributed to furthering inequities and how to develop the tools necessary to effectively implement a racially equitable framework. In addition to these larger conversations, DHS/SSA established smaller groups to further explore systemic racism and biases through the lens of workforce development, data and policy.

Strengths:

DHS/SSA has been successful in the last year in consistently holding the majority of team, workgroup, and advisory meetings as well as reviewing membership regularly to ensure that all groups are inclusive of key stakeholders. In addition, DHS/SSA has continued to use the implementation structure to provide information related to performance on outcomes via Headline indicators and CFSR results. In CY2021 DHS/SSA reviewed the state's 3-year CFSR data with the OISC and SSA Advisory Board creating an opportunity to identify successes, areas of concern, strategies being implemented to improve performance.

DHS/SSA found that completing a CQI review of its implementation structure yielded constructive feedback resulting in a number of enhancements planned for the next reporting period. These enhancements include adding members, adjusting meeting frequency, and streamlining agendas to ensure the state is effectively monitoring the implementation of the 2020-2024 CFSP, consistently utilizing data to understand performance and inform decisions, and regularly identifying opportunities for improvement.

Concerns:

During the reporting period it was noted that some teams included in the Implementation Structure did not meet regularly in 2021. Often this was due to staffing changes, competing priorities, and the ongoing need to be responsive to needs arising from the COVID-19 pandemic. In addition, concerns continue to be raised related to ensuring opportunities for all stakeholders to provide feedback and participate in the development of policies and practices on the front end. A number of groups report struggles with engaging youth, families, and other stakeholders. DHS/SSA continues to explore opportunities to create an array of pathways for collaborating and partnering with stakeholders in regard to the CFSP, APSR, goals, and objectives.

Activities to Improve Performance:

Table 30 below highlights updates to planned activities to improve performance.

Table 30: Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Review membership of stakeholder groups to ensure inclusive representation of local representatives, Tribal representatives, service providers, public and private child and family serving agencies, service providers, courts.	2019 and ongoing
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> January 2021-October 2021: The Permanency Workgroup reviewed the workgroup Charter to assess participation from youth and family voice. The workgroup was able to recruit 2 additional resource parents and utilized the MRPA, Ombuds, and email communications to the LDSS to solicit parent participation. January 2021 - Service Array Implementation Team completed its annual review of team membership to identify and additional stakeholder groups that would be beneficial to collaborate with the agency to advance progress. During this reporting period, the team was able to recruit representation from Kinship Navigator program, local frontline workers, and Maryland Association of Behavioral Health Authorities (MABHA). January and June 2021- The WDN completed a review of the charter and membership roster. July-September 2021 WDN added two caseworkers and two supervisors from various local departments as members. Also added members from Bowie State University’s IPM Integration Team. July 2021 - The IPM Implementation Team added two new SSA staff members who also bring lived experience to the work. A Court Outreach workgroup was specifically added at a meeting time more convenient for attorneys and other court partners. This included public defenders, parent’s attorneys, agency attorneys, representation from the Foster Care Court Improvement Project, children’s attorneys, a retired judge, other local department leadership, as well as CASA. During 2021, the CQI Network membership has expanded to include court/legal partner representation through the Office of Public Defenders and the Office of Attorney General in an effort to incorporate more feedback from court and legal partners on CQI processes as it relates to permanency performance. 	
Continue to refine and enhance headline indicators and the CFSR results dashboards to support utilization of data by State and local staff as well as stakeholders.	2019
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> The CFSR Performance Report continued to be posted to the internal and external DHS platforms. The results were shared and discussed with the Implementation Teams, Outcomes Improvement Steering 	

Current or planned Activity to improve performance	Target completion date
<p>Committee, Foster Care Court Improvement Program, and SSA Advisory Board. CQI Unit enhanced the CFSR Results Reports that are provided to LDSS following CFSR case reviews to include data around Integrated Practice Model (IPM) practices, principles, and values observed.</p> <ul style="list-style-type: none"> Updated Headline Indicator data was posted to the internal DHS platform and emailed to each of the LDSS on a quarterly basis. Headline indicator dashboards continue to be produced for each of the LDSS prior to CFSR Orientation & Practical Data Meetings, Continuous Improvement Plan (CIP) Meetings, and CIP Monitoring Meetings so that they can compare their outcomes and progress with their trend data. In 2021, the Headline Indicator data dashboards were adapted to reflect the statewide data indicators used in Round 4 of the Child and Families Services Reviews (CFSR), in which these meetings were conducted for locals as follows: <p><u>CFSR Orientation & Practical Data Meetings</u></p> <ul style="list-style-type: none"> February 17, 2021 - Baltimore City June 9, 2021 - Queen Anne's October 13, 2021 - Washington November 16, 2021 - Baltimore County December 16, 2021 - Worcester <p><u>Continuous Improvement Plan (CIP) Meetings</u></p> <ul style="list-style-type: none"> January 19, 2021 - Caroline February 17, 2021 - Baltimore City March 25, 2021 - Harford October 21, 2021 - Carroll November 19, 2021 - Allegany 	
<p>Develop a schedule to regularly review and clarify goals, objectives and updates of the CFSP with stakeholders and as part of DHS/SSA's Implementation Structure.</p>	<p>2019 and Semi Annually</p>
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> The CFSR PIP remains as a standing agenda item of the bi-weekly OISC meetings and a review of the most recent CFSR performance data is reviewed every six months. The CFSR performance data is continuously shared with the SSA Advisory Board every six months. During Implementation Teams, Networks, and Workgroups, there is ongoing tracking of the implementation of activities identified in the CFSP and any identified barriers to implementation. DHS/SSA continues to review activities and any barriers identified on a regular basis at the OISC meetings and have discussions related to implementation status and critical decision making to implementation barriers. 	
<p>Increase stakeholder accessibility of headline indicators and the CFSR results dashboards.</p>	<p>2020</p>
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> The Headline Indicators Report continued to be posted and shared to internal and external DHS platforms, which was discussed with the locals during their CFSR Orientation & Practical Data Meetings, Continuous Improvement Plan (CIP) Meetings, and CIP Monitoring Meetings in CY2021 as mentioned in the "Continue to refine and enhance headline indicators and the CFSR results dashboards to support utilization of data by State and local staff as well as stakeholders" documentation of meetings shown above. 	
<p>Enhance State CQI cycle to support regular reviews of progress, identify areas of growth, and test out small measures of change.</p>	<p>2020-2021</p>

Current or planned Activity to improve performance	Target completion date
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> DHS continues to utilize the Headline Indicators as a snapshot to improve practice and outcomes of the children served. It is an integral part of learning and growth of the DHS progress to understand the population flow of the youth served. 	
Monitor implementation of CQI cycle making adjustments as needed.	2021-2024
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> DHS/SSA continued to use the CQI cycle to enhance practice internally and externally. Internally the Implementation teams reviewed quantitative and qualitative data. An example of this was within the Service Array Implementation Team where the local departments completed a survey to determine gaps in the service array. The CQI network reviewed quantitative and qualitative data and presented information at the OISC. The CQI Cycle was implemented within the local departments by way of Coaching. The locals used the Plan-Do-Study-Act method to enhance practice and operationalize the Integrated Practice Model (IPM). In addition, local departments who are in the Continuous Improvement Plan phase of the MD CFSR continue to utilize the CQI Cycle. In 2022, DHS/SSA will continue to implement the CQI Cycle internally and externally and make adjustments when needed. 	

Coordination with Other Federal Programs

Analysis of Performance:

Maryland continues to maximize opportunities to leverage federal and federally assisted programs to ensure coordination with those services identified in DHS/SSA’s CFSP. In an effort to better understand how well local jurisdictions are coordinating with these programs, DHS/SSA incorporated a number of federally funded programs in the 2021 Community Partnership Survey. In Table 31 below, LDSS have identified the strengths of their partnerships with federal programs to meet the needs of children, youth, and families with whom child welfare partners. In reviewing the average ratings, which ranged from very strong (5) to very weak (1), the majority of partnerships were rated as either strong or neutral.

Table 31: Strength of LDSS Partnerships with Federal Programs

Agency	Average Rating
Public Benefits (e.g., TCA, Medicaid) *	4.4
Infants and Toddlers/ Healthy Families*	4.1
Early Head Start/ Head Start*	3.6
<p>(Rating Scale: 1=Very Weak, 2=Weak, 3=Neither Weak nor Strong, 4=Strong, 5=Very Strong) *Federally funded and/or assisted programs Source: Community Partnership Survey</p>	

In addition to the partnerships established by local departments, DHS/SSA has also worked to coordinate efforts at the state level. Maryland’s youth and children in foster care are eligible for a number of benefits provided by the Family Investment Administration (FIA) to support access to healthy food and nutrition through the Supplemental Nutrition Assistance Program (SNAP)

benefits. During the Pandemic Electronic Benefit Transfer (P-EBT) in 2021, funds were distributed to 1,738 students in foster care who were enrolled in a Maryland public school.

DHS/SSA also continued to maintain partnerships that address the physical and behavioral health needs of children in foster care. In 2021, DHS partnered with Maximus to advocate for and help eligible youth in foster care access Supplemental Security Income (SSI) benefits. There were a total of 58 youth referrals to Maximus, all of which received SSI benefits including full Medicaid coverage in 2021. In terms of physical health, Maryland's youth in foster care are eligible for full Medicaid coverage as required by the Affordable Care Act. In 2021 there were a total of 6,126 youth who were in foster care for at least 1 day that received full medical coverage. DHS/SSA has also worked to support family caregivers in caring for relative children as an alternative to foster care. Through the use of Kinship Navigators across the State, kinship caregivers are supported in determining potential eligibility and connecting to temporary cash assistance and SNAP benefits. As noted in the Kinship Navigation section on page 169, DHS/SSA has continued the development of an enhanced kinship navigation model to create a single point of access to connect kinship caregivers to FIA and Services regardless of how they come to the attention of the agency. In addition, Kinship Navigators have assisted with connecting caregivers to early head start, head start programs and Infants and Toddler Programs. DHS/SSA continues to partner with Maryland Department of Health and the Maryland State Department of Education to assist in enhancing connections to these resources.

To address parental substance abuse, the agency has continued its partners and collaboration with Maryland Department of Health (MDH), Behavioral Health Administration (BHA). BHA utilizes the resources and services provided through the Federal Substance Abuse Prevention and Treatment Block Grant (SABG) program to support the implementation of the Sobriety Treatment and Recovery Programs (START) services. The coordination and partnership with BHA and the SABG program allow the agency to leverage existing resources to enhance services of Peer support to Pregnant women and women with dependent children while focusing on preventing children from entering into out of home placement. For additional details related to START, please refer to the Populations at Greatest Risk of Maltreatment section on page 164 of this report.

In addition to START, as part of the oversight and care of Substance Exposed Newborns (SEN), Plans of Safe Care (POSC) are developed by the LDSS to ensure that necessary services and supports are in place for the mother, father, newborn, and other caregivers of the newborn. POSC documents any referrals the agency made for the caregiver and infant to Early Intervention programs such as Infants & Toddlers, Home Visiting Programs, Head Start and Postpartum Infant Maternal programs (Medicaid recipients only). Tracking of these referrals is limited due to the POSC not currently being an electronic document. The agency plans to convert the POSC to an electronic document to be able to better track referrals in the near future.

Strengths:

DHS/SSA, in conjunction with local departments, have continued to partner with other federal programs that serve similar populations as demonstrated by the collaborations listed above. Specific strengths of these partnerships include:

- Local departments rate existing partnerships with other federally funded/assisted programs as relatively strong
- DHS/SSA has established working partnerships with other federal programs to address two key populations: substance exposed newborns and their families as well as relative caregivers.
- The majority of children in foster care received SNAP benefits throughout the 2021 calendar year. These benefits supported and improved access to healthy meals to children in care.
- During the pandemic an increase of children in care were eligible and received additional access to healthy meals by receiving the P-EBT until their suspension in October 2021.

Concerns:

While Maryland is consistently and progressively aligning our CFSP with coordinated services and benefits with other federal or federally funded assisted programs there are challenges in establishing mechanisms to effectively track and monitor these partnerships. While connections exist with a number of other federal programs, DHS/SSA needs to identify opportunities to strengthen partnerships, identify additional partnerships needed, and track identification of and referral to other federal programs for which children, youth, and families are eligible.

As an example of this need, it has been noted that Maryland's proposed enhanced kinship navigator model creates a single point of access for kinship caregivers who may come to the local department of social services (LDSS) as an FIA customer or may come to the attention of the LDSS through the child welfare system. This approach will allow a more targeted strategy to identify and outreach to more eligible kinship families and ensure access to essential state and federal services and benefits such as temporary cash assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance, and job readiness and employment services offered through Workforce Innovation and Opportunity Act (WIOA). One of the reasons for this system change is to ensure better coordination of services, streamline the enrollment process, and improve the connection of these services for those eligible.

Activities to Improve Performance:

In regard to Kinship Navigation, opportunities for improvement include the development of cross agency training for staff to create consistent ongoing communication, service coordination, and data sharing. The desired outcome for ongoing collaborative efforts between Kinship Navigation and FIA programs is to mitigate barriers to accessing services and evaluating effectiveness of those services provided. An effort is being planned for 2022 to train FIA staff in kinship navigation services and how to make a referral when appropriate. The plan is to start off training in counties that are piloting Maryland's enhanced kinship navigator program and expand the training statewide as well as to build the training into pre-service for FIA staff.

Maryland continues to look for ways to create opportunities to support youth independence when implementing and providing services that promote sustainability and growth for young adults transitioning to adulthood. One strategy used is infusing well-being benchmark themes during youth transition planning to ensure youth recognize the resources available to them so they remain connected to physical and mental health care treatment and providers in addition to having access to medical insurance through provisions set forth by the Centers for Medicare and

Medicaid services (CSM) which is operated through the Department of Health and Human Services (HHS).

Resource and Adoptive Parent Licensing, Recruitment, and Retention

Standards Applied Equally

Public Homes

Resource Home eligibility requirements continue to be outlined in state regulation, statute, and policy for the purpose of assessing resource parent's ability to meet the needs of children in placement and ensuring that standards are applied equally. In 2021, DHS/SSA issued an updated policy related to Resource Home Standards to bring the state into compliance with FFPSA. Each LDSS is required to document in CJAMS that any prospective resource parent has met the required standards outlined in state policy, regulation, and statute. In addition, supporting documentation is uploaded into the system, where applicable (i.e. Home Study, Medical Forms, Home/Health Inspections). During this reporting period, DHS/SSA and LDSS experienced ongoing delays in finalizing data reports to assist with monitoring many of the licensing requirements for resource and adoptive parents. Despite these delays, DHS/SSA began the process of examining CJAMS to determine the functionality needed to generate accurate reports. This process included identifying the enhancements needed in CJAMS to ensure data was available and could be pulled accurately. Enhancements identified included adding the date of initial resource home application, modifying training fields to allow for easier identification of training requirements, and updating how reconsideration dates were calculated. By the end of CY2021 a draft of the report and an initial plan for building functionality was developed. DHS/SSA anticipates that the new report will be available in the next reporting period.

Child Placement Agencies and Residential Group Homes

Due to the global pandemic any initial certifications, recertification of foster parents and adoption home studies or reconsiderations that have a due date beginning March 12, 2020, were suspended until 30 days after the State of Emergency is terminated and the catastrophic health emergency is rescinded.

Governor Hogan lifted the COVID-19 State of Emergency effective July 1, 2021. Effective August 15, 2021, per the letter sent to providers, all COVID-19 related guidance for foster/adoptive parent certification/amended was rescinded. As of August 15, 2021, all Private Resource Homes are required to be certified as outlined in COMAR.

Analysis of Performance:

The Department of Human Services' Office of Licensing and Monitoring (OLM) is responsible for ensuring that group homes and child placement agencies are in compliance with licensure of their programs 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. OLM monitoring requirements are applied equally and there are no instances of exceptions or waivers related 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. At every quarterly inspection all monitoring tools are utilized to include: youth record review tool, youth interview tool, foster parent record review tool, foster parent interview tool, staff interview tool, and site inspection tool. As of December 2021, there

are approximately 1095 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 a Licensing Specialist. Calendar year 2021 compliance rates are listed below for Residential Child Care programs and CPA homes.

Tables 32 and 33 provides CY2021 data showing reviews completed to assess program compliance for RCCs and CPAs. 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 thorough and consistent monitoring is occurring in the private provider community.

Table 32: Residential Child Care (RCC) Programs (CY 2021)

# of RCC Providers	# of Site Visits	# of Site Visits that Met Requirements	# of Site Visits that Resulted in a CAP
27 (DHS)	87	0 (0%)	87 (100%)

The inability to monitor on a quarterly basis due to the State of Emergency directly impacted the RCC provider's level of compliance with COMAR. The number of CAPs should be reduced now that quarterly unannounced visits have resumed.

Table 33: Child Placement Agencies (CPA) homes (CY 2021)

# of CPA Home Records Reviewed	# Met Requirements	# Needed CAP
466	418 (89%)	47 (10%)

*OLM meets the requirement of sampling 10% + 10 (maximum 20) per year.

The State of Emergency did not end until July 1, 2021; however, the number of CPA homes that met COMAR requirements improved by 9%.

Strengths:

- Quarterly monitoring of providers continues to allow OLM to inspect private provider facilities four times a year. OLM also performs periodic site visits to ensure corrective action plans are implemented prior to OLM approval.
- Quarterly Provider Meetings allows private providers to ask questions and inform OLM of issues with performing services. Quarterly meetings are opportunities to provide COMAR interpretation and training on new licensing requirements, training on current placement trends and a platform to share other related information from the Department of Human Services, Social Services Administration.

Concerns:

Based on OLM’s monitoring of RCC agencies, none of the RCC Providers were able to be in total compliance during the last year. Based on the monitoring tools utilized, non-compliance issues were for a wide array of COMAR violations ranging from a lack of documentation in a staff or youth record or a physical plant violation (ex. a hole in the wall, lack of window screens, etc.) OLM will need to complete a data analysis of residential childcare programs COMAR

violations by type, to see those areas that need to be addressed and develop a comprehensive plan to ensure COMAR compliance in the residential childcare provider community. This is a data report being developed as mentioned in the Plans for Improvement.

Plans for Improvement:

OLM participated in the development of two sections in CJAMS to include: the OLM Worker side and the Provider Portal. The Provider Portal was developed to enhance monitoring of the provider agencies. The full launch of CJAMS for OLM and providers occurred in September 2021. Through the portal providers are required to enter:

- Employee information, such as certification, licensing, training, and clearances.
- Foster parent information, such as home study, demographic information for all household members, health, and fire inspections, medical for all household members, clearances for all household members adult's 18 year and over and annual training.

In addition, providers can submit budgets, financial incident reports, change requests (waiver, address change, voluntary closure etc.), Corrective Action Plan (CAP) response and uniform incident reports via the portal.

CJAMS will allow OLM advanced capabilities to monitor the private provider agencies. On the OLM Worker side of CJAMS OLM Licensing Specialists are equipped with a tablet that will allow them to log into CJAMS from the field. This allows the Licensing Specialist to provide immediate documentation to the Provider of non-compliance as well as allow the Licensing Specialist to:

- Compose the monitoring report and use monitoring tools (youth interview, record checklist etc.) while at the provider facility.
- Submit a corrective action plan to the provider.
- Submit a sanction to the provider
- Respond to provider change requests and CAP response.
- View employee and foster parent data.
- View uniform incident reports, budgets, and financial incident reports.

MDTHINK is developing several data reports that will assist OLM with monitoring private providers with COMAR compliance with the goal of reducing deficiencies.

Criminal Background Checks

Public Homes

Analysis of Performance:

Criminal Background Checks continue to be mandated in COMAR as tools to solicit additional information to identify issues for discussion with prospective resource parents or issues which would eliminate those prospects entirely from approval as resource parents. In order to document compliance with state regulation and policy, there is a field in CJAMS to enter the date the criminal background check was completed for required individuals in the resource home. In addition, when a new resource home was licensed DHS/SSA reviewed the data entry into CJAMS as well as uploaded documents. Following this review, any missing information was noted, and the local department was contacted to make the corrections.

As the state has continued to enhance its new child welfare data system, challenges were experienced in extracting data and determining its accuracy. In addition, as a result of the COVID-19 pandemic, DHS/SSA encountered staff shortages as a result of hiring freezes issued by the state. Both factors inhibited the ability to perform independent auditing of this systemic factor. While challenges were experienced related to monitoring criminal background checks related to licensing or approving foster care and adoptive placements, DHS/SSA continued to address the safety of children in foster care and adoptive placements. DHS/SSA receives the maltreatment reports of all youth in care. DHS/SSA analyzed the report for indicated and named unsubstantiated findings to determine if there were criminal charges. DHS/SSA utilized this data to provide additional technical assistance to the LDSS when there was an indicated finding to ensure there was corrective action taken against the resource parent when applicable. In CY2021, maltreatment reports were received manually from the LDSS. DHS/SSA received 71 public resource home maltreatment allegations, in which 2 were indicated (1 home closed), 28 were ruled out, and 14 were unsubstantiated. DHS/SSA does not have the disposition for 22 reports. This data shows an increase in the number of public resource home maltreatment findings in comparison to CY2019.

Strengths:

DHS/SSA has been able to manually keep track of the public maltreatment findings for this reporting period. The state has also been able to staff cases with the locals regarding maltreatment findings.

Concerns:

DHS/SSA continued to be unable to provide an analysis of the data for this reporting period. In addition, due to resource home staff shortages, DHS/SSA was unable to oversee the monitoring and provide technical assistance for the provider's criminal background requirement. The state is still working on the development of a maltreatment finding tickler within CJAMS.

Child Placement Agencies and Residential Group Homes

Due to the global pandemic a suspension of any certifications, recertification of foster parents and adoption home studies or reconsiderations that have a due date beginning March 12, 2020, until 30 days after the State of Emergency is terminated and the catastrophic health emergency is rescinded. During that time, since no new certifications of private resource homes took place there were no federal clearances to be conducted. Private resource homes that were already certified would have completed their federal clearances. If any new criminal charges were made concerning any individual over the age of 18 in a private resource home, the provider agency would have been notified so that appropriate action could be taken. Once the state of emergency has ended all Private Resource Homes are required to have federal clearances as outlined in COMAR.

Governor Hogan lifted the COVID-19 State of Emergency effective July 1, 2021. Effective August 15, 2021, per the letter sent to providers all COVID-19 related guidance for foster/adoptive parent certification was rescinded. As of August 15, 2021, all Private Resource Homes are required to be certified as outlined in COMAR.

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. 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. In addition, CPAs are required to receive and review the criminal background check results before a CPA home can be certified. When a household member turns 18 years of age, prior to the next annual certification, criminal background checks are required.

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. DHS/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. OLM reviews all CPS Alerts to determine if the CPS Alert is a complaint that should be investigated by OLM. The Licensing Specialist responds to the complaint within 24 hours of receipt. Investigations may require the Licensing Specialist to provide technical assistance and/or impose a sanction.

Child Placement Agencies and Residential Child Care providers are required to submit a Uniform Incident Report via CJAMS. CJAMS is monitored daily by a Program Manager, who processes all reports as part of coverage responsibilities. CJAMS also sends a copy of the uniform incident reports to the Licensing Specialist for further review and follow up. 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.

Analysis of Data:

Listed in Tables 34 and 35 below is the CY2021 federal clearance compliance data for Residential Child Care Programs and CPA Homes. Overall, the data for private resource homes and private providers show an average of 98% compliance with criminal background checks and home study elements.

Table 34: Residential Child Care Programs (CY 2021)

# of RCC employee records reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
211	209 (99%)	2 (1%)

Table 35: CPA homes (CY 2021)

# of CPA home records reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
466	453(97%)	13(2%)

*OLM meets the requirement of sampling 10%+10 (Max 20) per year.

Strengths:

The Department of Human Services' Office of Licensing and Monitoring oversight requirements are applied equally over the provider community. There are no instances of exceptions or waivers in 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.

In the calendar year of 2021 OLM developed mechanisms to target provider safety violations. Licensing Specialists will not re-license providers that have violations that are deemed to be safety related.

Concerns:

While there are no concerns at this time as all programs reviewed are compliant with federal clearance requirements, OLM will continue to monitor, provide technical assistance and request corrective action plans when non-compliant.

Plans for next year:

OLM processes for monitoring in this area have been successful as seen in the data reported. Processes that are already in place will continue. In addition, Licensing Specialists will be required to complete each monitoring activity at each quarterly review. This will include reviews of employee records, youth records, foster home records, and interviews of youth, staff, and foster parents. This will increase oversight so that the provider maintains compliance on a more consistent basis. A sample of youth, foster parent and staff records are required each quarterly review. The sample size annually is based on the census of youth, foster parents and staff associated with the agency. Sample records reviewed should be equal to or greater than 10+ 10% of the average census for the annual licensure period. The maximum number of records reviewed should not exceed 20 per category (youth records, foster parent records and personnel records) annually. The interview guidelines give OLM a broad picture of the providers services and compliance with COMAR.

Diligent Recruitment

Analysis of Performance:

The state continued to be responsible for the development of the statewide recruitment and retention plan. Each LDSS also submitted local recruitment plans. Both plans must include strategies to recruit potential foster and adoptive families who reflect the ethnic and racial diversity of children in foster care in Maryland. DHS/SSA continues to ensure that resource parents are recruited based on the ethnic and racial diversity of children within the 24 local departments. The LDSS submit annual recruitment and retention plans to the state office and quarterly reports which focus on the recruitment and retention of resource parents. Many resource parents who are licensed continue fostering and often adopt and/or are awarded custody and guardianship of youth. It is important to note that there were no resource parents that refused to provide racial demographic information and the data did not indicate the LDSS was unable to determine racial composition.

When reviewing race and ethnicity data for youth in foster care and Resource Parents, in comparison to 2020, Maryland has shown improvements in ensuring resource parent racial

composition was an accurate reflection of the number of youths entering care, especially in the area of resource parent identification being identified as unknown. The data outlined in Table 36 below continues to reflect increases in all racial compositions from 2020-2021 except for the American Indian population. This decrease continues to be indicative of the ICWA law being adhered to thereby allowing youth who identify as American Indian to be placed within their respective tribes. Maryland has a small disproportionate number of Asian youth (1.0% to Asian resource parents) (0.48%). Maryland also has a disproportionate number of Hispanic youth (8.3%) to Hispanic resource parents (5.0%). In comparison to December 2020 where (58%) of youth were African American, (29%) White, and (4%) fell within the category of others, as of December 2021 (62%) of youth are African American, (26.4%) White, and (0.16%) fall within the category of others. This data reflects an increase in the number of AA (0.06%) and White (0.09%) youth in care and a decrease in the number of youth that fall within the category of others (24%). Missing/unknown youth decreased from (6.4%) in 2020 to (2.6%) in 2021 which shows a (1.46%) improvement. In addition, missing/unknown provider information decreased from (5.25%) in 2020 to (2.3%) in 2021 which shows a decrease of (12.8%). In comparison to 2020, Maryland has improved upon the need for additional resource parents to meet the racial composition of youth in care for both public and private providers. As opposed to the previous year's racial/ethnicity data where DHS/SSA experienced challenges with the missing/unknown components, the technical assistance provided to the LDSS has allowed this number to be more accurate and showed a decrease in unknown responses related to race and ethnicity.

Table 36: Racial Composition of Youth in Care and Placement Providers

Race	Youth in care			Placement Providers		
	December 31, 2019	December 31, 2020	December 31, 2021	December 31, 2019	December 31, 2020	December 31, 2021
Black	2,574 (57.1%)	2,699 (57.1%)	2,628 (62.0%)	628 (28.4%)	1,670 (56.0%)	2,008 (58.3%)
White	1,228 (27.2%)	1,110 (25%)	1,126 (26.4%)	533 (24.1%)	927 (31.0%)	1,082 (31.4%)
Hispanic	314 (7.0%)	344 (8.0%)	355 (8.3%)	50 (2.3%)	210 (7.0%)	247 (7.2%)
Asian	33 (1.0%)	30 (1.0%)	25 (1.0%)	40 (0.2%)	21 (0.7%)	19 (0.55%)
American Indian/Native Hawaiian Pacific	8 (0.25%)	8 (0.18%)	10 (0.23%)	5 (0.2%)	3 (0.10%)	10 (0.29%)
All others (Refused, Unable to Determine) *	50 (1.1%)	3 (0.07%)	7 (0.16%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Missing/Unknown**	302 (6.7%)	288 (6.4%)	112 (2.6%)	90 (4.5%)	158 (5.25%)	78 (2.3%)

Race	Youth in care			Placement Providers		
	December 31, 2019	December 31, 2020	December 31, 2021	December 31, 2019	December 31, 2020	December 31, 2021
Total	4,509 (100%)	4,482 (100%)	4,263 (100%)	2,210 (100%)	2,988 (100%)	3,444 (100.0%)
Data Source: CJAMS *Refused, Unable to Determine is utilized if an individual doesn't want to indicate race or does not identify with the options provided. **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.						

Strengths:

The state utilizes the demographic data to ensure youth who come into care have an opportunity to be placed within their ethnic communities however this is not the only consideration when determining a placement. The state also considers a youth's "best fit" based on a youth's needs such as language, health, education, etc. in determining resource parent placement. This data is reflective of the improvements and technical assistance DHS/SSA has provided to the LDSS regarding the importance of capturing racial demographic information as well as the enhancements made to the new child welfare information system. As outlined in Maryland's Statewide recruitment and retention plan, African American youth continue to be the largest percentage of children/youth in foster care. As stated in last year's report, DHS/SSA collaborated with MRPA to ensure target recruitment initiatives were implemented within two of Maryland's largest jurisdictions (Baltimore City and Prince George's County). MRPA was able to engage BCDSS leadership and assist with the re-birth of the resource parent association in 2021. (See Updated Resource Parent Targeted Recruitment and Retention Plan in Appendix B).

Concerns:

As outlined in the state's recruitment and retention plan, DHS/SSA's faced challenges due to staffing in completing the activity planned to extract a data report from CJAMS during CY21 to match youth placements with providers. The state hopes to be able to have a number of data points to ensure that youth are placed with a provider that is best able to meet their needs, with race and ethnicity being one of the factors to be considered.

Activities to Improve Performance:

As outlined in the Maryland Statewide recruitment and retention plan, the state office, as well as the local departments, continues to focus on increasing the number of resource parents to meet the racial composition of youth in care. DHS/SSA plans to have more qualitative data during the next reporting period to monitor these efforts. See Section on Post Adoption Savings on page 171 for more details.

Maryland will work on increasing the number of kinship and public resource homes for Hispanic youth as the data shows that as of December 2021, there were (72%) of Hispanic youth in public resource homes, (19%) in formal kinship care, and (6%) in restrictive in restrictive foster care and (1%) in public TFC. Maryland will explore conducting a placement data analysis report regarding the (8.3%) of Hispanic youth in care and the (7.2%) of Hispanic resource parents. In addition, Maryland will explore the breakdown of placements to understand the (0.45%)

disparity amongst Asian youth to Asian resource parents. This placement data will give the state placement information in order to work with the LDSS regarding recruitment and matching to close the (1.5%) gap in placement disparity.

Cross Jurisdictional Resources

Analysis of Performance:

As noted in Table 37 below, the percentage of ICPC home studies used in cross jurisdictional cases and completed within or under 60 days is 277 out of 553 (excluding 137 cases for which a timeframe could not be calculated due to missing data), or approx. (50%). DHS/SSA, although not in substantial conformity, has made a (19 %) increase from CY2020 to CY2021 in the number of home studies completed within 60 days. The percentage of ICPC home studies completed over 60 days is 239 of 553 (excluding 137 cases for which a timeframe could not be calculated due to missing data) is (43%).

Table 37: Home Studies Completed within 60 Days in CY 2019 - 2021

	Home study not completed within 60 days			Home study completed within 60 days		
	CY2019	CY2020	CY2021	CY2019	CY2020	CY2021
Number of children	468	474	239	181	216	277
Percent	72%	69%	43%	28%	31%	50%

Data Source: ICPC Compact - NEICE

State use of Cross-Jurisdictional Resources for Permanency Placements:

DHS/SSA continues to support youth being placed out of and into Maryland from other states and works collaboratively with the local departments to ensure that home studies are completed within required time frames. In addition, DHS/SSA continues to utilize Tetras/NEICE to electronically send and receive all ICPC assignments and supporting documentation and calculates home study completions to ensure that the home studies are meeting the required timeframes. A Memorandum of Understanding (MOU) between the District of Columbia (D.C.) and Maryland continues to be used primarily by D.C. to place in Maryland, with an average of 310 D.C children placed in Maryland each month during 2021 (Data Source: CFSA, DC Children placed in MD Monthly Data Report). In contrast Maryland does not need or require it, the Border agreement, to place MD youth in D.C. via private study and instead uses a much smaller number of studies needed as public agency referrals when interested in placing a Maryland youth in D.C.

AdoptUSKids:

In addition to cross-jurisdiction resources to support timely permanent and adoptive placements, Maryland has continued its use of AdoptUSKids (AUK). AUK helps families every step of the way, from starting the process to foster or adopt to receiving a placement and accessing supportive services. In addition, AUK provides information, resources, and referrals and connects families seeking to foster and adopt with children and their caseworkers. Adoptive families have access to ongoing support such as information and referral, respite care, youth activities, support groups, therapeutic supports, and training. The specific services available to your family will depend primarily on where you live and if you adopted from foster care in that state. In addition, the usage of AUK assists with Cross-Jurisdictional Resources throughout the state which allows jurisdictions to photo list youth who are legally free and eligible for adoption.

DHS/SSA has a policy that establishes guidance to the LDSS regarding children waiting for adoption. Each LDSS is responsible for ensuring that youth are profiled on the AdoptUSKids (AUK) website, if applicable. AUK is utilized in Maryland as a tool and encourages the profiling of adoptable youth. The central office is in communication with the national AUK liaison and helps facilitate the profiling of youth on the AUK website. According to AUK, in 2021, there were 14 children legally free and ready for adoption, 6 children placed in adoptive homes, and 34 new families available to adopt.

Strengths:

As noted above DHS/SSA is making improvements in completing home studies within the 60-day time frame with the percentage of home studies completed timely increasing each calendar year. In addition to the data provided, information gathered from the Stakeholder Focus Groups held in April and October of 2021 indicate that most participants agreed that when a cross-jurisdictional home study for intrastate or interstate Compact purposes is needed, they tend to complete the home study themselves or ask a nearby county for a courtesy seat in their PRIDE training. Individuals in these groups overall, reported that there is a wide variety of good quality training available to foster parents. Overall, the participants across stakeholder groups discussed the importance of having positive relationships and collaboration with other local departments in order to get cross-jurisdictional home studies complete.

During 2021 DHS/SSA, in collaboration with MD THINK, initiated discussion to enhance CJAMS with an interface to NEICE. It is believed this enhancement will improve the current case management system and reduce the redundancy of two systems.

As it relates to AUK, DHS/SSA collaborates with AdoptUSKids to increase awareness regarding children that are in need of adoptive resources. AdoptUSKids photo lists children that are available for adoption while referring prospective families to DHS/SSA. From January 1, 2021 through December 31, 2021, 14 children were photo-listed with AdoptUSKids, of which 6 were placed with families. For the 6 children that were placed within the state, sometimes youths were placed out of state. During this time period there were 36 new families registered with AdoptUSKids as available to be a resource for children.

Concerns:

The state continues to experience challenges in meeting the 60-day mandated time frame for home studies for cross jurisdictional resources. Locals have experienced challenges with ensuring resource parents are able to complete the required initial resource parent training which directly impacts the timeframe noted above. In addition, the state has little control over receiving home studies from other states where Maryland youth are placed out of Maryland. In addition to training, there are still barriers such as the timely completion of inspections (i.e., Home Health, Lead Paint, Asbestos, Fire) conducted by other agencies that cause delayed home studies. Finally, in a survey conducted with local jurisdiction in May 2021, local departments indicated that additional home study workers are needed to complete the ICPC home studies.

As it relates to AUK, after a review of AUK'S data, the state noted the following as concerns: the website only provides live demographic information which means there is not an ability to review demographic information from a previous time period. Maryland's current demographics

on AUK website shows 11 African American children and 2 Caucasian children, available for adoption. There were also concerns that exist regarding AUK is not the hosting agency but the LDSS or the custodial agency is responsible for managing the listings resulting in listings not always being current, listings without photos, and open inquiries of interest that did not have a response noted. AUK notifies the profile managers when the listings need to be updated; however, at times there is no response from the LDSS.

Activities to Improve Performance:

Outlined in Table 37 below are the activities to improve performance in the area of Resource and Adoptive Parent Licensing, Recruitment, and Retention as well as a status update on the implementation of each activity.

Table 37: Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Resource Home Monitoring	
Follow-up with LDSS acknowledgement of ICPC cases to ensure compliance and provide technical assistance to eliminate barriers.	Monthly
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> ● Monthly: DHS/SSA elicited LDSS confirmation of LDSS home study worker/supervisor contact information. ● Monthly: DHS/SSA fielded inquiries and offered ICPC and NEICE technical assistance to move cases to resolution. ● Monthly: When requested or needed, DHS/SSA provided LDSS with relevant information related to compliance regarding ICPC home study 60-day due dates. ● April 2021: DHS/SSA organized NEICE refresher training for the LDSS’ 400+ NIECE-users in NEICE 2.0 that went live in July 2021. ● June 2021: DHS/SSA provided LDSS survey responses to DHS/SSA Administration and all LDSS the perceived barriers to this outcome which included the need for on-demand Pride Training and additional home study and post-placement services staff. 	
Track/Monitor resource home study completion for 120-day compliance initial certification and 60-day ICPC completion.	Quarterly
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> ● February 2021: Began providing pending home study reports to each LDSS to aid in organizing and prioritizing home study tasks. ● Monthly: Provided 60-day due dates for new case assignments. ● Monthly: DHS/SSA met with the system development team and LDSS to develop needed functionality for interfacing the NEICE with CJAMS to allow more efficient monitoring and tracking of ICPC cases in CJAMS. ● Monthly: Utilized automated “alert notifications” sent 10 days before home study is due to assist with tracking the completion of home studies 	
Provide technical assistance to jurisdictions that indicate barriers to completion according to the milestone report.	Quarterly
<p>Implementation Status: In Progress 2021 Progress:</p>	

Current or planned Activity to improve performance	Target completion date
<ul style="list-style-type: none"> In lieu of DHS/SSA quarterly monitoring, a statewide LDSS monitoring tool was developed. Locals began the monitoring process in December 2021. The state should be able to report out during the next reporting period. 	
Continue to conduct random samples of public provider cases as a monitoring tool to ensure compliance with completion of home study for resource homes.	Quarterly
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> Monthly in 2021, DHS/SSA met with MDT and LDSS to develop needed functionality in CJAMS to interface with NEICE. The state should have integration results during the next reporting period. In Fall 2021, began discussion related to the long-term plan for utilizing NEICE as the interface between CJAMS and NEICE continues to evolve. 	
Provide technical assistance to the LDSS to ensure compliance and clarify any questions.	Quarterly
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> Monthly: DHS/SSA provided technical assistance to LDSS whenever clarification sought or appeared to be needed. In addition, DHS/SSA provided access to NEICE 2.0 E-learning and Support Portal Job Aids to assist local staff with accurate data entry. April 2021: DHS/SSA organized NEICE refresher training for the LDSS' 400+ NIECE-users in NEICE 2.0 that went live in July 2021. 	
Create and issue a memorandum regarding ICPC compliance to LDSS.	Annually
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> In February 2021 and monthly thereafter, DHS/SSA e-mailed the LDSS county-by-county pending home study reports with 60-day due date reminders and policy directive citation requiring prioritizing ICPC home study completion, to each LDSS to aid in organizing and prioritizing home study tasks. 	
Develop the Resource Home Milestone Report to LDSS Monthly as a monitoring tool to ensure compliance with completion of home study for resource homes.	2020
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> In lieu of DHS/SSA quarterly monitoring, a statewide LDSS monitoring tool was developed. Locals began the monitoring process in December 2021. The state should be able to report out during the next reporting period. 	
Resource Parent Training	
Explore with jurisdictions and MRPA, issuance of LDSS training calendars to ensure statewide training calendar distribution for resource parent accessibility with compliance with home studies.	2019
<p>Implementation Status: In Progress</p> <p>2021 Progress:</p> <ul style="list-style-type: none"> The quarterly training calendar continues to be posted on the MRPA website to ensure resource parents have another means of accessing resource parent training. 	

Current or planned Activity to improve performance	Target completion date
Re-institute the Quarterly Resource Home regional meetings to ensure communication from State level to LDSS is consistent	2019/Quarterly
<p>Implementation Status: <i>Delayed</i> 2021 Progress: Although Regional Meetings have not been reinstated, DHS/SSA has worked with the LDSS and MRPA to ensure policies, guidance, and training are communicated. In addition, DHS/SSA met with LDSS leadership monthly and front-line Resource Home staff were cc'd in all communications.</p>	
Criminal Background Checks	
<p>Implementation Status: <i>Delayed</i> 2021 Progress:</p> <ul style="list-style-type: none"> ● DHS/SSA has not been able to coordinate with CJIS regarding live scanning. Due to administrative staffing shortages, this activity will be explored, and progress reported during the next reporting period. 	
Cross-Jurisdictional Resources for Permanency Placements	
Review NEICE to determine best methods to complete home studies in 60 days.	Quarterly
<p>Implementation Status: <i>In Progress</i> 2021 Progress:</p> <ul style="list-style-type: none"> ● Monthly in 2021, DHS/SSA and the LDSS used the NEICE electronic case management system to: <ul style="list-style-type: none"> ○ Track incoming and outgoing Parent, Relative, Foster and Adoption home study referrals ○ Monitor, track, prioritize and complete, timely, all ICPC home studies to the greatest extent possible. ○ Receive automatic 10-day Alerts and e-mailed notifications that 60-day home study deadlines were approaching ○ Respond to other States' inquiries regarding specific and pending home studies. ● Monthly in 2021, DHS/SSA forwarded LDSS' "Preliminary Home Studies" (i.e., home studies not yet completed to allow for a placement, still missing pre-foster parent training, but meeting 60-day forwarding of the same such reports, whenever possible. ● In June 2021, DHS/SSA discussed the development of "State Data Snapshot" tool for tracking and reporting Maryland's 60 day completions on an annual basis ● In December 2021, DHS/SSA, LDSS and MD THINK began planning for the interfacing between NEICE 2.0 and CJAMS. 	
CJAMS will replace MD CHESSIE, and DHS/SSA plans to integrate NEICE with CJAMS.	2020
<p>Implementation Status: <i>In Progress</i> 2021 Progress:</p> <ul style="list-style-type: none"> ● Monthly: DHS/SSA met with MD Think and LDSS to develop needed functionality for interfacing the NEICE with CJAMS. 	
Resource and Adoptive Parent Training	
Review annual resource home survey data to determine the added support resource parents need.	Annually
2021 Progress: See Foster and Adoptive Parent Training section, page 68	

Current or planned Activity to improve performance	Target completion date
Partner with Child Welfare Academy to strengthen resource parent pre-service and in-service training to include the effects of secondary trauma as it relates to child removal from resource homes.	Semi-annually
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> Through the Center for Excellence in Foster Family Development Grant’s pilot training continues as the state enhances the current in-service/pre-service resource parent training regarding the effects of secondary trauma. Implementation will begin once the first cohort of resource parents are selected. 	
Work with the Center for Adoption Support and Education to train/strengthen the skills/knowledge of existing child welfare adoption staff.	2020
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> July 2021-Adoption Workers have been oriented to Adoption Competency modules through the states contract with CASE. Workers have participated in monthly webinars and technical assistance has been provided to locals. The state plans to continue with the workforce adoption competency training through the National Adoption Training Initiatives given by CASE within the next several years. 	
Resource Parent Recruitment and Retention	
Utilize the Maryland Resource Parent Association, Foster Parent Ombudsman and State Youth Advisory Board to assist LDSS with targeted recruitment efforts to increase resource homes for African American, Asian and Hispanic youth in care.	Semi-Annually
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> During this reporting period, MRPA assisted BCDSS with re-instituting their local foster parent association and obtaining their 501c3. BCDSS is the largest jurisdiction within MD and therefore contains the highest number of AA youth and parents. 	
Partner with the Capacity Center for States to work on foster parent engagement initiatives centered on the recruitment and retention of resource home parents.	2019
<p>Implementation Status: Completed 2021 Progress:</p> <ul style="list-style-type: none"> During this reporting period, MRPA continued to utilize their platform to have conversations with local foster parent associations regarding recruitment, communication and partnership. DHS/SSA has shared the survey results with LDSS leadership and plan to present the data quarterly. DHS/SSA has begun initiatives by utilizing training, surveys, and focus groups, to ensure that LDSS casework staff and resource parents are partnering together and hearing information at the same time. 	
Meet with the Maryland’s Commission on Indian Affairs to speak about child-specific recruitment for this population.	2020
<p>Implementation Status: In Progress 2021 Progress:</p> <ul style="list-style-type: none"> The liaison sits on the SSA Advisory Board, along with the FP ombudsman where we have discussed activities related to RH. DHS/SSA has plans to re-initiate quarterly meetings with the liaison. 	

Current or planned Activity to improve performance	Target completion date
Adoption Call to Action	
Monitor and track LDSS utilization of AdoptUSKids website for photo listing of legally free and eligible for adoption as a means to obtain increased adoption finalization.	Quarterly
Implementation Status: Delayed 2021 Progress: <ul style="list-style-type: none"> • Due to limited workforce capacity, DHS/SSA has been unable to resume the work plan with AUK. However, DHS/SSA is still working with the AUK representative regarding photolisting of youth on the AUK website. 	
Work with AdoptUSKids to implement a work plan to improve adoption practice and outcomes.	2019
Implementation Status: Delayed 2021 Progress: <ul style="list-style-type: none"> • Due to limited workforce capacity, DHS/SSA has been unable to resume the work plan with AUK. However, DHS/SSA is still working with the AUK representative regarding photolisting of youth on the AUK website. 	
Include cultural competency as a component in the adoption competency training as well as in the recruitment efforts for additional resource homes.	2020
Implementation Status: Delayed 2021 Progress: <ul style="list-style-type: none"> • Due to limited workforce capacity, DHS/SSA has been unable to resume the work plan with AUK. 	
Explore with jurisdictions and AdoptUSKids, issuance of LDSS adoptive parents open to attending matching events to obtain cross jurisdictional adoptive resources.	2020/annually
Implementation Status: Delayed 2021 Progress: <ul style="list-style-type: none"> • DHS/SSA has begun work with amending the Adoptions Assistance policy, policy will be finalized by the next reporting period. The Adoption Assistance Parent Manual was completed and distributed to the LDSS adoption workers and parents. The manual is also on the state's website as an adoption resource. 	

Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes

Goal 1: Increase families of origin and youth voice in their child welfare experiences to improve safety, permanency, and Well-being outcomes (PIP Goal)

Assessment of Performance:

CFSR data has shown improvement in the areas of case reviews related to children being safely maintained in their homes as well as families having enhanced capacity to provide for their children’s needs. Family participants in Stakeholder Focus Groups in 2021 indicated that they felt overall that they were included in written case plans. However, the completion of CANS and CANS-F assessments appears to have declined in 2021. DHS/SSA has continued to experience some challenges with data accuracy in pulling this information from CJAMS and has planned

more customized technical assistance sessions on the CANS and CANS-F around the state in 2022 as a result.

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained in their homes whenever possible and appropriate will increase to 79% or higher by the conclusion of conclusion of the CFSP period (S 2)	69%	63%	76%	83%		
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children’s’ needs will increase to 41% or higher by the conclusion of the conclusion of the CFSP period (WB 1)	31%	22%	39%	48%		
CANS compliance rate will increase to 80% or higher by the conclusion of the CFSP period	61%	53%	Not Available*	29%		
For CANS-F completed with families served in Consolidated Services, Services to Families-Intake, Interagency Family Preservation, and Risk of Harm, the compliance rate will increase to 80% or higher by the conclusion of the CFSP period	77%	80%	Not Available*	62%		

*Due to Maryland’s transition to a new data system the ability to extract CANS and CANS-F data has been delayed. DHS/SSA will provide CY2020 data as soon as it is available.

Goal 1 Objective 1.1: Revise process for collaborative assessments and developing service plans to facilitate partnership with families, including consistently identifying & engaging the family/youth’s chosen supports.
Measure for Objective 1.1: 10% decrease in CANS and CANS-F assessments completed with "no needs" (CY2019 data = 48% CANS-F and 24% CANS) and a 20% increase in strengths recorded on completed CANS-F assessments (CY2019 data = 47% CANS-F)
<p>Rationale for Objective Selection:</p> <ul style="list-style-type: none"> ● Maryland CFSR Final Report results indicated that the State was not in substantial conformity for the following items: <ul style="list-style-type: none"> ○ Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate, 69% ○ Well-being 1: Families have enhanced capacity to provide for children’s’ needs, 31% ○ Well-being 2: Children receive appropriate services to meet their educational needs, 79%

Goal 1 Objective 1.1: Revise process for collaborative assessments and developing service plans to facilitate partnership with families, including consistently identifying & engaging the family/youth's chosen supports.

Measure for Objective 1.1: 10% decrease in CANS and CANS-F assessments completed with "no needs" (CY2019 data = 48% CANS-F and 24% CANS) and a 20% increase in strengths recorded on completed CANS-F assessments (CY2019 data = 47% CANS-F)

- Well-being 3: Children receive adequate services to meet their physical and mental health needs, 58%
 - CANS and CANS-F (Functional collaborative assessments to identify strengths and needs of children and families) compliance data shows:
 - CANS-F: Statewide compliance rate was 77% at the end of December 2018
 - CANS: Statewide compliance rate was 61% at the end of December 2018
 - Data shows challenges with meaningful use of these assessments:
 - CANS-F: strengths and needs tend to be under assessed (57% of families assessed had no needs identified and 56% had no strengths identified)
 - CANS: Strengths tend to be over assessed (64% of youth assessed had 10-15 useful strengths identified)
- Technical assistance sessions with LDSS to understand compliance and meaningful use data revealed:
- Confusion related to correctly scoring items
 - Difficulty in incorporating the CANS/CANS-F assessment into the development of action-oriented goals in the current Service/Case plan design in CHESSIE

Key Activities	Benchmarks for Completion
Implement collaborative assessment and planning approach as part of the IPM to support child welfare to authentically partner with families and youth to co-create assessments and plans.	2019
<p>2019 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● December 2019: Established baseline data around accuracy of assessments which was used to help inform the design of the TA approach. ● December 2019: Revised the technical assistance traditionally offered to LDSS in use of the CANS and CANS-F assessment instruments to align with the Integrated Practice Model. Technical assistance has been designed to train supervisors and staff in meaningful use and the practice of collaborative assessment while using the tool. Sessions with supervisors will focus on data and documentation accuracy that may support staff in improving assessment and engagement skills. Sessions with staff will focus on use of the assessment tools in the context of the practice of engagement and assessment. ● A pilot of this approach is planned for March 2020 in at least one jurisdiction. <p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● See Section 3 (2022 APSR). ● Building upon 2019 key activities that engaged stakeholders in identifying needed changes to existing teaming practices as well as to identify teaming models that have proven successful in local jurisdictions nationally, policy and training were developed to reflect these needed changes. These changes were built into the IPM training which was launched to the workforce in 2020. Technical assistance changes around use of the CANS and CANS-F were included in this training. ● To address the revamp of Family Teaming revisions we completed and internally approved the existing FIM (now Family Teaming) policy to align with the IPM Teaming model. Revisions to the policy included input from an array of stakeholders including LDSS staff and leadership, court partners, resource parents and families with lived experience. 	

Key Activities	Benchmarks for Completion
<p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● September 2021: The Teaming Policy was issued as was an accompanying recorded webinar for staff to reference for questions concerning the policy. ● September - November 2021: Practice guidance on teaming between resource parents and families of origin were provided and a teaming webinar took place to train and coach staff on implementing the guidance. ● See Case Review Systemic Factor page 54. ● November - December 2021: A companion webinar on the teaming policy specific to Maryland’s court partners was developed and is expected to be released next year. 	
<p>Strengthen the technical assistance provided to LDSS staff to support the effective implementation and meaningful use of collaborative assessments.</p>	<p>2019</p>
<p>2019 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● July and December of 2019: Listening Sessions were conducted across the State which inquired about current practices around collaborative assessment in order to craft more meaningful and relevant technical assistance which aligns with the Integrated Practice Model. Feedback included specific needs around assessment and engagement. ● December 2019: Technical assistance was revamped to include hands-on exercises, specific work with supervisors in order to promote coaching of the tool with staff. ● A pilot technical assistance session is scheduled for March 2020. <p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● See Service Array Section. Pages 59-60 (2022 APSR) <p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● See Service Array Systemic Factor page 76 ● September - November 2021: Continued to provide TA on collaborative assessment and adapted it to reinforce and complement the content of IPM Module 3: Assessing, Planning, Monitoring, Adapting and Transitioning. More customized sessions were piloted in Baltimore City in an attempt to strengthen their assessment skills. ● November - December 2021: Revised technical assistance on collaborative assessment and planning was developed and planned for local departments starting in 2022 using composite case examples and coaches with lived experience. A questionnaire was developed to send to each agency in order to identify specific skill gaps to better customize the TA sessions. 	
<p>Revise pre-service and ongoing learning opportunities to strengthen collaborative assessment skills in alignment with IPM.</p>	<p>2020</p>
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● See Staff Training Section, Page 48 (2022 APSR) Activities Planned to Improve Performance: <i>Review current pre-service, foundations, and in-service training curricula to evaluate relevance to needs of child welfare workforce and offer suggestions for updates and modifications of content and activities.</i> ● See Service Array Section, Pages 59-60 (2022 APSR) <p>2021 Progress:</p> <ul style="list-style-type: none"> ● See Staff Training System Systemic Factor section on page 62 of this report. Alignment with the IPM is highlighted in these sections. The training system consisting of pre-service, Foundations and in-service continue to be reviewed on both a monthly and quarterly basis and is updated/modified/redesigned accordingly. 	

Key Activities	Benchmarks for Completion
Improve utilization of collaborative assessment data at State and local level to design and provide individualized, tailored technical assistance plans for locals.	2020
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> Plans were developed to incorporate this data in IPM coaching strategies planned for 2021. This includes use of a skills-tracker in supervision and supporting supervisors in using this data to inform what gets addressed and managed in supervision. <p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> November 2021: Piloted use of CANS data in technical assistance sessions with some local departments but inaccuracies were discovered in the data which is being investigated by the CJAMS team. Accurate data is expected to be released in early 2022 for use in TA sessions moving forward. 	
Strengthen supervisor’s skills to provide coaching to case workers to support skills and competencies in authentic partnership, collaborative assessments, and developing family/youth driven plans.	2020
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> Supervisors across the State were coached through an IPM Learning Collaborative as the IPM training was rolled out across the State in 2020. They were trained in the use of Plan, Do, Study, Act cycles which addressed some of the practices related to authentic partnership, collaborative assessment, and developing family/youth driven plans. Groundwork was laid for more intensive coaching around IPM implementation in 2021. <p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> March - May 2021: Maryland’s Child Welfare Academy trainers and program staff at DHS/SSA were trained in the coach approach model in order to provide IPM coaching intensives and complementary technical assistance using the Coach Approach model to provide aligned support in developing competencies in authentic partnership, collaborative assessment, and developing youth driven plans. September 2021: A CEU training was offered to supervisors to introduce the IPM skills tracker tool for use in supervision. June-December 2021: IPM Coaching Intensives were provided across the State and completed in 10 counties. The intensives were designed to operationalize the IPM and coach LDSS supervisory teams to engage, team, assess, and create a plan with their coaching teams to support IPM implementation in their agencies. 	
Continue monitoring meaningful use of collaborative assessments.	2021-2024
<p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> See Service Array Systemic Factor Activity “Revise Process for collaborative assessments and developing service plans to facilitate partnership with families including consistently identifying & engaging the youth/family’s chosen supports.” on page 83. See “in progress” section above pertaining to the IPM skills tracker. Began planning to use CANS and CANS-F data for TA sessions but it was determined that there were some inaccuracies in the data therefore the remaining sessions in 2021 were focused on attempting to figure out the inaccuracy issue. It is expected to be fixed in early 2022. 	

Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland’s Integrated Practice Model (IPM). (PIP Goal)

Assessment of Performance:

Implementation of training, coaching, and transfer of learning activities continued during 2021. CFSR results continue to reflect positive progress toward PIP target goals. IPM training continued to be offered throughout the year. The IPM Learning collaborative for supervisors continued through April. Coaching Intensives were rolled out in mid-June 2021. The Coaching intensives focused on having full supervisory teams at local departments operationalize the IPM by identifying areas of practice that the specific agency needed to improve to align better with Maryland’s practice model and utilize core practices of the model to customize goals and individualize improvement plans as we would expect workers to do with children, youth, families and vulnerable adults. DHS/SSA continues to see evidence of improvement in the CFSR outcomes targeted in this PIP goal.

In reviewing the outcome data, all of the measures appear to be heading in a positive direction, with the CFSR outcomes and Resource Parent training rates increasing and the rates of reentry and recurrence of maltreatment decreasing. One data point of concern is the recurrence of maltreatment rate. The data provided is based on what is currently available, however, further evaluation and deeper research is being conducted to determine if the significant decrease is valid and accurate or due to missing data that has not been identified in CJAMS data tables. DHS/SSA has hypothesized that there could be a number of causes for the significant decrease including, but not limited to, the potential impact of COVID-19 on CPS reporting, difficulty in accurately identifying the correct data fields in CJAMS from which to pull information to calculate recurrence of maltreatment, some clients having more than one identification number (duplicate clients) created, and challenges with moving from legacy system to the new system. DHS/SSA is continuing to work on validating the data and will provide updated data when it becomes available.

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained safely in their homes whenever possible if appropriate will increase to 79% or higher by the conclusion of the conclusion of the CFSP period. (S2)	69%	63%	76%	83%		
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's needs will increase to 41% or higher by the conclusion of the CFSP period. (WB1)	31%	22%	39%	48%		

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
Reentry rate from all types of permanency will decrease to 8% or lower by the conclusion of the CFSP period. (Permanency Headline Indicator)	11.8%	10.1%	7.8%	9%		
Recurrence of maltreatment rate will decrease to 9% or lower by the conclusion of the CFSP period. (Permanency Headline Indicator)	10%	9%	5.3%	1%		
The percentage of Foster Parents completing required ongoing training will increase to 95% or higher by the end of the CFSP period.	75%	82%	86%	92%		

Key Activities	Benchmarks for Completion
Introduce the IPM to staff and stakeholders. (PIP Activity)	2019
<p>2019 Progress: (PIP Goal 2, Intervention 1): Completed</p> <ul style="list-style-type: none"> • May and July of 2019: Held a number of forums and meetings around the State between to build understanding of the Integrated Practice Model. These events included disseminating materials that outline the core practices, values and principles and what they look like in practice. • July - December 2019: Every jurisdiction was given the opportunity to dialogue about the practice model as well as self-assess strengths and needs concerning the implementation of the IPM • November - December 2019: Provided foundational training in the Safety Culture Model, a model of psychological safety, for local leadership. Supervisors have been given the opportunity to learn about the shifts that will be happening in training through coaching and transfer of learning. • October - December 2019: E-learning modules were developed to be launched to the workforce for the purpose of introducing the workforce to the practice profiles. The release of the E-learning modules is expected within the next few weeks. 	
Disseminate practice profiles to LDSS and stakeholders.	2019
<p>2019 Progress: Completed</p> <ul style="list-style-type: none"> • See Progress update for: Introduce the IPM to staff and stakeholders. (PIP Activity) <p>2020 Progress: Completed</p> <ul style="list-style-type: none"> • Practice Profiles were both operationalized and re-introduced in the IPM training that launched in July 2020. 	
Develop and launch e-learning modules for prioritized practice profiles.	2019
<p>2019 Progress: In Progress (PIP Activity)</p> <ul style="list-style-type: none"> • Jan - Dec 2019: Practice Profiles were finalized and approved. • July – December 2019: IPM E-learning modules were developed with a plan to launch in 2020. 	

Key Activities	Benchmarks for Completion
<p>2020 Progress: Completed</p> <ul style="list-style-type: none"> E-learning modules designed to introduce the workforce to the Integrated Practice Model practice profiles were launched in April 2020 and completed by the workforce in July 2020. 	
<p>Offer initial training on Maryland’s IPM for existing staff, supervisors, management, and central office staff for current employees delivered statewide with the goal of catalyzing a shift in philosophy and practice statewide. (PIP Activity)</p>	<p>2019-2020</p>
<p>2019 Progress: In Progress</p> <ul style="list-style-type: none"> May- July 2019: an initial training presentation was delivered across the State and at a DHS/SSA staff meeting to promote the philosophy and practice shift intended by the IPM. In December 2019, a more specific training was delivered to DHS/SSA’s extended leadership team to demonstrate how the IPM is operationalized throughout the system. April 2019: Took initial steps to revise its pre-service and in-service training system. Through the development of a core team an assessment of the strengths, weaknesses, threats, and opportunities of DHS/SSA’s current pre-service and in-service training system has been completed. December 2019: Work plan developed to guide the pre-service evaluation, revision and roll out implementation processes. Delays experienced in the development of IPM curricula as a result of a change in direction related to format and content have impacted the completion of the pre-service and in-service training. In addition, the desire to obtain additional data from internal and external stakeholders, including management, supervisory and direct case worker staff, to ensure the training system aligns with specific program and service needs, and enhances staff performance and the quality of services provided to children, youth, families has also delayed progress of this strategy. <p>2020 Progress: In Progress</p> <ul style="list-style-type: none"> July 2020: Module 1: Authentic Partnership and Engagement Training launched as a virtual training across the State for staff, supervisors, and management. August 2020: Module 2: Teaming launched as a virtual training across the State for staff, supervisors and management. October 2020: Module 3: Assessing, Planning, Adapting and Transitioning launched as a virtual training across the State for staff, supervisors, and management. <p>2021 Progress: Completed</p> <ul style="list-style-type: none"> January-December 2021 IPM Modules I, II and III were offered to existing staff, central office staff and supervisors. 	
<p>Incorporate additional learning modalities (web-based/e-learning) that are aligned with the IPM to increase existing staff and supervisor access to the material and support ongoing skill-development. (PIP Activity)</p>	<p>2019-2020</p>
<p>2019 Progress: In Progress</p> <ul style="list-style-type: none"> September 2019: Began the discussions related to the use of transfer of learning as a consistent part of its training system and developed initial transfer of learning tools tied to the IPM. October 2019: Provided IPM Kick Off discussion guides to local jurisdictions to support ongoing discussions about the IPM and prepare staff for the practice shifts expected with the IPM. Delays were experienced in fully conceptualizing and developing a transfer of learning approach to support the IPM as a result of changing direction related to format and content of the IPM initial training. 	

Key Activities	Benchmarks for Completion
<p>2020 Progress: Completed</p> <ul style="list-style-type: none"> ● August 2020: The IPM Learning Collaborative kicked off as a companion for supervisors to the training. ● December 2020: A directory of small tests of change developed in the IPM Learning Collaborative was developed and disseminated around the State. 	
<p>Develop and implement a coaching model for supervisors that involves observation, feedback, and peer learning and that occurs regularly following initial IPM training. (PIP Activity)</p>	<p>2019 - 2020</p>
<p>2019 Progress: In Progress</p> <ul style="list-style-type: none"> ● October 2019: Integrated discussions around the benefits of coaching into existing regional meetings. ● December 2019: Began the exploration of coaching models that would be utilized following the initial IPM training and has also explored potential resources to build an initial set of coaches to support the implementation of the IPM. The State projects that this goal will be completed by quarter 3. ● December 2019: Initiated training and coaching with local department leadership utilizing the Safety Culture Model, designed to promote psychological safety and mindful organizing in order to mitigate the impact of secondary traumatic stress and improve worker well-being, training and coaching opportunities were provided to local department Directors, Assistant Directors, and Supervisors/Managers. <p>2020 Progress: In Progress</p> <ul style="list-style-type: none"> ● August 2020: IPM Learning Collaborative was launched for supervisors as a means of supporting practice changes related to engagement and teaming; core practices of the IPM. ● December 2020: A more intensive means of coaching and supporting IPM implementation has been planned for 2021. <p>2021 Progress: Completed</p> <ul style="list-style-type: none"> ● April 2021: IPM Learning Collaborative concluded ● June - December 2021: IPM Coaching Intensives were implemented around the State to operationalize the IPM, promote continued implementation and support transfer of learning. 	
<p>Develop and disseminate additional practice profiles and e-learning modules as needed to enhance practice and in response to feedback and performance assessment.</p>	<p>2020-2024</p>
<p>2020 Progress: In Progress</p> <ul style="list-style-type: none"> ● March 2020: E-learning Modules were released to introduce workers and supervisors to the practice profiles demonstrating the core practices and principles of Maryland's Integrated Practice Model. ● April 2020: A Practice Profile for Resource Parents was developed in the Maryland Resource Parent Engagement Workgroup. <p>2021 Progress: Completed</p> <ul style="list-style-type: none"> ● April - May 2021: Final revisions were made to the Resource Parent practice profile so that the final document was able to be disseminated as part of training scheduled for June 2021. ● June 2021: Conducted a webinar which included resource parent practice profiles. The webinar consisted of LDSS public and private providers as well as resource parents 	
<p>Provide guidance for supervisors to build transfer of learning opportunities into ongoing structured supervision.</p>	<p>2020-2024</p>
<p>2020 Progress: In Progress</p>	

Key Activities	Benchmarks for Completion
<ul style="list-style-type: none"> July 2020: An orientation webinar was provided for supervisory leadership across the State concerning the roll out of the Integrated Practice Model and expectations for reinforcing transfer of learning as well as planning for the coaching phase of implementation. August 2020: The Integrated Practice Model Learning Collaborative began being offered monthly for supervisors. This session provided support around transfer of learning from the IPM training as well as coaching. <p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> IPM Skills tracker was developed and launched to supervisors in September 2021. Follow up sessions and peer learning opportunities are planned for 2022. 	
<p>Provide transfer of learning activities periodically after training for current workers and supervisors on the IPM to practice skills learned through training. (PIP Activity)</p>	<p>2020-2024</p>
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> July 2020: A transfer of learning tip sheet was designed along with the IPM curriculum to provide continuity of learning as well as transfer of learning between modules. Reinforcement of its use was also emphasized in the learning collaborative. December 2020: A directory of small tests of change developed in the IPM Learning Collaborative was disseminated to participants to continue promoting transfer of learning and peer sharing. <p>2021 Progress: <i>Completed</i></p> <ul style="list-style-type: none"> June-December 2021: <ul style="list-style-type: none"> Learning circles on the Coach Approach model were established for DHS/SSA staff and CWA trainers in order to promote transfer of learning on the model. A cumulative transfer of learning tip sheet and coaching question pre-work was developed and disseminated to local departments as part of the IPM Coaching Intensives. 	
<p>Assess coaching model to inform an adaptation to develop the capacity of supervisors to integrate coaching into ongoing supervision with staff. (PIP Activity)</p>	<p>2021-2024</p>
<p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> June - December: Developed and implemented IPM Coaching intensives across the State. Ten counties have completed the intensives. The remaining counties are expected to participate in 2022. 	

<p>Goal 2 Objective 2.2: Implement revised pre-service and ongoing trainings for child welfare workers to align and focus on the principles, practices, and values of IPM and include coaching and transfer of learning approaches to improve staff skill and competencies. (PIP Strategy)</p>
<p>Measure for Objective 2.2: Revised pre-service and ongoing training framework and curricula. Implementation plan outlining piloting and full implementation of revised training</p>
<p>Rationale for Objective Selection:</p> <ul style="list-style-type: none"> Implementing IPM necessitates training changes. In addition, Maryland CFSR Final Report indicated that current training system was not in substantial conformity for the following items: <ul style="list-style-type: none"> Systemic Factors Initial Staff Training (26), Ongoing Staff Training (27), and Foster and Adoptive Parent Training (28). Feedback concerning pre-service training focused on quality and concerns that workers are not adequately prepared for the work they are expected to do. Variation in training statewide exists

Goal 2 Objective 2.2: Implement revised pre-service and ongoing trainings for child welfare workers to align and focus on the principles, practices, and values of IPM and include coaching and transfer of learning approaches to improve staff skill and competencies. (PIP Strategy)

Measure for Objective 2.2: Revised pre-service and ongoing training framework and curricula. Implementation plan outlining piloting and full implementation of revised training

- because of regional needs and concerns. Additionally, on the job training to integrate classroom learning was identified as a necessary component that is consistently provided.
- Feedback regarding ongoing training included lack of standard training hours and content expectations annually, delays in class openings, insufficient training for experienced workers/supervisors, inconsistency of requirements across jurisdictions.
 - Despite the initial and ongoing staff training systems were not in substantial conformity, evaluations of trainings completed at the end of each training have shown
 - For pre-service training: 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.
 - For ongoing training: 93% (N=3354) “agreed” or “strongly agreed” that training was applicable to their current job, 92% (N=3372) believed training provided useful tools/strategies that would make them a more effective worker or supervisor, and 95% (N=949) “agreed” or “strongly agreed” 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.
- Data source: SFY2018 CWA data
- The discrepancy between the evaluations completed at the time of training and stakeholder interviews included in Maryland CFSR Final Report suggest the need to examine the current staff training system in order to strengthen long-term transfer of learning and skill for staff and on-going coaching strategies to better enhance knowledge and skill development of staff.

Key Activities	Benchmarks for Completion
Revise pre-service and ongoing training curricula to align with and support implementation of the IPM (PIP Activity).	2019
<p>2019 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● April 2019: Took initial steps to revise its pre-service and in-service training system. Through the development of a core team an assessment of the strengths, weaknesses, threats, and opportunities of DHS/SSA’s current pre-service and in-service training system has been completed. ● December 2019: Developed a work plan to guide the pre-service evaluation, revision and roll out implementation processes. ● Delays experienced in the development of IPM curricula as a result of a change in direction related to format and content have impacted the completion of the pre-service and in-service training. In addition, the desire to obtain additional data from internal and external stakeholders, including management, supervisory and direct case worker staff, to ensure the training system aligns with specific program and service needs, and enhances staff performance and the quality of services provided to children, youth, families have also delayed progress of this strategy. <p>2020 Progress: 2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● January 2020: Reviewed Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis and current pre-service modules reviewed, work plan developed to revise pre-service training, and identified potential training methodologies, classroom instruction and e-learning options, tips sheets, and simulation opportunities. 	

Key Activities	Benchmarks for Completion
<ul style="list-style-type: none"> ● February 2020: Pre-service satisfaction surveys disseminated to DSS Local Departments Managers and Supervisors. ● March- April 2020: Survey data analyzed and used to guide framework design. ● April 2020: Redesign team began to redesign format and structure of the pre-service training series. ● May 2020: Pre-service framework completed, and curriculum design team identified. ● June-July 2020: Pre-service framework approved by DHS/SSA Leadership, Implementation Teams and LDSS Leadership and began review of in-service training catalog to align with IPM. ● July 2020: Began pre-service curriculum development. existing pre-service curriculum enhanced/modified/deleted. Transfer of Learning (TOL) activities were infused throughout the pre-service curriculum. Timelines and completion dates identified to ensure September 2020 roll-out. ● August 2020: Revised and finalized draft of pre-service series. Final curriculum vetted and approved by DHS/SSA Leadership, OISC, and Local Department Managers. ● September 2020: Revised pre-service launched. Orientation webinars disseminated to staff participants and supervisors. Cadre of staff volunteers identified to support pre-service simulation activities. <p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● January-December 2021 A total of 6 pre-service cycles (redesigned model) were provided to child welfare staff. ● January-December 2021 In-service courses continue to be reviewed to align with IPM core practices. Review includes course description, learning objectives, core competencies and language. The initial goal was to review 100 courses per quarter. This number was reduced to 55 per quarter in June 2021 due to decreased capacity (staff shortage) to review the in-service course catalog. ● June 2021 The in-service redesign was approved for renegotiation to be reported on in DHS/SSAs annual report (APSR). ● June-December 2021-The in-service training catalog inclusive of on-going and newly added courses continued to be reviewed to align with IPM core values/practices and language and as well Family First core values. A minimum of 55 trainings are reviewed per quarter. An initial work plan of the in-service redesign was developed to include continued review of courses, developing a statewide policy to address training “no shows” and identifying required annual training courses for all child welfare (number of training hours, course themes, tracking and reporting requirements). 	
<p>Develop innovative transfer of learning activities into all pre-service and ongoing learning opportunities to support learning and adoption of IPM. (PIP Activity)</p>	<p>2019</p>
<p>2019 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● April 2019: Began the discussions related to the use of transfer of learning as a consistent part of its training system and developed initial transfer of learning tools tied to the IPM. ● April – November 2019: IPM Kick Off discussion guides were provided to local jurisdictions to support ongoing discussions about the IPM and prepare staff for the practice shifts expected with the IPM. ● Delays were experienced in fully conceptualizing and developing a transfer of learning approach to support the IPM as a result of changing direction related to format and content of the IPM initial training. <p>2020 Progress: 2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● January 2020: Work plan developed to redesign pre-service training series <ul style="list-style-type: none"> ○ Redesign team reviewed current pre-service modules. ○ Redesign team identified potential training modalities for pre-service series: classroom instruction, e-learning modules, field experience assignments and simulation activities to enhance training system. ○ IPM incorporated into in-service training. 	

Key Activities	Benchmarks for Completion
<p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> January-December 2021: IPM continues to be incorporated into in-service training through review and modification of course catalog. 	
<p>Develop a cadre of trainers available statewide who are able to deliver pre-service and ongoing trainings aligned with the IPM. (PIP Activity)</p>	<p>2019-2020</p>
<p>2019 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> December 2019: Identified a pool of trainers to train the launch of the IPM for the existing workforce. The training is currently being developed. The plan is to train the pool of trainers in order to launch the IPM. It is expected that this will occur in late spring of 2020. <p>2020 Progress: <i>Completed</i></p> <ul style="list-style-type: none"> January 2020: Cadre of trainers identified to support delivery of pre-service and in-service training series. Trainers include DHS/SSA, CWA and Local Department Staff in addition to Technical Assistance partners, interagency professionals and individuals with lived experience. The cadre of trainers offer diverse areas of expertise and work experiences. The training roster will be reviewed and updated annually. June 2020: Additional trainers with demonstrated training experience were added to the cadre of trainers. Training pool was increased to meet pre-service rollout and on-going training needs. 	
<p>Develop coaching approach for pre-service training to support new staff in integrating IPM and learning skills needed to effectively incorporate skills needed to effectively partner with families into day-to-day practice (PIP Activity) PIP 2. 4</p>	<p>2020 -semi-annually</p>
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> January 2020: <ul style="list-style-type: none"> Follow up coaching was offered and 12 out of 24 counties scheduled coaching calls. Researched potential coaching models and identified potential models for implementation. Initiated explorations and alignment of resources to ensure successful implementation. July 2020: In addition to the learning collaborative that is being offered throughout IPM implementation, local jurisdictions have been given the option to customize and develop their own coaching plans post-IPM implementation that will build on the CQI efforts they are currently involved in, This model involves skills based coaching for all supervisors, with the option to use one of two identified models (Goal, Reality, Options, Will (GROW) Model or Fluent, Lead, Own, Withstand (FLOW) Model). This was developed in May 2020 and introduced via webinar to supervisors and LDSS leadership across the state in July 2020. <p>2021 Progress: <i>Completed</i></p> <ul style="list-style-type: none"> March-May 2021: Coaching alignment between TA staff at DHS/SSA and trainers at the Child Welfare Academy was implemented. In May, the staff and trainers received training in the Coach Approach Model. June - December 2021: Designated staff who completed the Coach Approach Training continue to provide needed support to the local departments. Coaches continue to participate in monthly learning circles to discuss lessons learned and build skills in providing coaching to staff. 	
<p>Implement surveys immediately after pre-service and ongoing training and at 3 months follow up as well as focus groups to assess the effectiveness of learning opportunities in preparing staff to prepare staff to do their job.</p>	<p>2020 -Ongoing</p>

Key Activities	Benchmarks for Completion
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● January-December 2020: Satisfaction surveys continue to be administered immediately after each pre-service training module and in-service training session. Data results and recommendations from surveys are captured in monthly, quarterly and annual reports. ● December 2020-WFD Network discussed the need to develop a plan to administer interim evaluations of completed training. This plan, which includes focus groups/listening sessions, will be completed by 9/30/2021. WFD Network has clarified that the CWA evaluator will need to be involved in the process. <p>2021 Progress: <i>Delayed</i></p> <ul style="list-style-type: none"> ● June 2021: A subcommittee of the WDN began meeting to develop an evaluation plan to provide interim training evaluations to monitor transfer of learning and relevance of training to work duties over an extended period of time. ● September to December 2021: WDN experienced attrition and loss of sub-committee leads. The overall focus of WDN members shifted to developing the Family First Training curriculum in anticipation of an October 2021 roll-out. These factors resulted in a delay for this activity. 	
<p>Develop and implement a professional development module for supervisors on how to coach workers through supervision.</p>	<p>2020</p>
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● March 2020-The GROW Model was selected for the IPM Coaching. However, due to COVID-19 restrictions a learning collaborative alternative was planned for the IPM rollout. ● July 2020: An orientation to the virtual training for the IPM was held and introduced the GROW Model coaching and learning collaborative components of the IPM implementation to come. ● August-December 2020- Learning Collaborative introduced as a coaching mechanism during the IPM implementation. More intensive coaching using the GROW Model was postponed until 2021. It is the intention to use lessons learned from the IPM rollout to build this professional development module. <p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● February 2021: Coach Approach Model identified, and selected staff completed the training. ● Beginning summer 2021 - Bi-monthly Learning Circles enhance and reinforce coaching skills that can be used in supervision. ● November 2021: Planned Coach Approach training for supervisors that is scheduled to begin in January 2022. 	
<p>Integrate coaching approach for pre-service training to support new staff in integrating IPM and learning skills needed to effectively incorporate skills needed of effectively partner with families into day-to-day practice</p>	<p>2020-2024</p>
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● January 2020: <ul style="list-style-type: none"> ○ Follow up coaching was offered and 12 out of 24 counties scheduled coaching calls. Coaching began with Washington County. ○ Researched potential coaching models and identified a potential model for implementation. ○ Initiated initial exploration and alignment of resources to ensure successful implementation. ● July 2020: <ul style="list-style-type: none"> ○ In addition to the learning collaborative that is being offered throughout IPM implementation, local jurisdictions have been given the option to customize and develop their own coaching plans post-IPM implementation that will build on the CQI efforts that they are currently engaging in. This model involves Skills-based Coaching for all supervisors, with the option to use one of two models (the GROW Model or the FLOW Model). This was developed in May 2020 and introduced via webinar in July to supervisors and LDSS leadership across the State. 	

Key Activities	Benchmarks for Completion
<ul style="list-style-type: none"> ○ A webinar was delivered to Supervisors and LDSS leadership to introduce Coaching and the development of customized coaching plans post-IPM implementation. A learning collaborative on teaming is starting to be offered in August 2020 as workers and supervisors are trained through a learning collaborative and regional assigned coaches will begin more focused coaching in January after the virtual training is completed across the State. This delay is due to the need to convert the training to a virtual training because of COVID-19 restrictions. The revised plan is expected to speed the infiltration of training and coaching as it takes place concurrently rather than consecutively. <p>2021 Progress: Completed</p> <ul style="list-style-type: none"> ● May 2021: Identified staff completed Coach Approach Training Series ● July 2021: Bi-monthly learning circles for coaches implemented ● July-December 2021: Coach Approach strategies implemented into pre-service simulation activities to reinforce effective partnering with families 	
<p>Integrate innovative transfer of learning activities into all pre-service and ongoing learning opportunities to support learning and adoption of IPM.</p>	<p>2020-2024</p>
<p>2020 Progress: In Progress</p> <ul style="list-style-type: none"> ● January -July 2020: Transfer of learning activities are also implemented into a variety of in-service trainings and included in module overviews and learning objectives. Given the volume of in-service trainings, identifying transfer of learning activities for each module may not be feasible. However, a general overview of the various transfer of learning activities utilized to augment learning will be captured in the introduction of in-service catalog. This will be completed by 9/2021. ● September 2020: Transfer of learning activities including e-learning, field experience assignments and simulation activities were successfully integrated throughout the pre-service training series to support learning of the IPM. <p>2021 Progress: In Progress</p> <ul style="list-style-type: none"> ● January 2021-December 2021 This is an on-going activity. E-learning, simulations and field experience assignments continue to be interwoven into pre-service training activities. In-service training catalog, course reviews and learning objectives continue to be reviewed to identify opportunities to incorporate transfer of learning opportunities to reinforce IPM. 	
<p>Integrate the IPM within BSW and MSW programs at local universities (Renegotiated activity from CFSR PIP)</p>	<p>2024</p>
<p>2021 Progress: In Progress</p> <ul style="list-style-type: none"> ● Through SSA’s planning efforts to incorporate IPM content into social work curricula in Maryland, Bowie State University (BSU) was identified as an early adopter of this strategy in its BSW program. Bowie State University has fully integrated IPM content into its social work, human services and counseling curricula. DHS/SSA partnered with BSU to better understand its approach and generalize lessons learned in their planning and integration processes. In January 2021, a peer learning meeting was held between DHS/SSA, University of Maryland School of Social Work and BSU to discuss BSU’s integration strategy. The DHS/SSA Workforce Development Team joined BSU’s IPM Integration Committee in April 2021 to understand ongoing implementation efforts that could be applied in other universities statewide. In November 2021 BSU Staff met with DHS/SSA’s Title IV-E Education Consortium Universities (University of Maryland, Morgan State University, and Salisbury University) to continue peer learning as each university makes its own preparation for IPM integration. 	

2.3 IPM information is included in the Scope of Works for residential childcare (RCC) and child placement agency (CPA) provider Contracts.

Goal 2 Objective 2.3: Integrate IPM language into provider contracts	
Measure for Objective 2.3: Integrate language into 100% of the Provider Contracts	
<p>Rationale for Objective Selection:</p> <ul style="list-style-type: none"> ● Headline data shows: <ul style="list-style-type: none"> ○ Maryland’s placement stability has fluctuated and as of CY2018, was at 4.38 moves per 1000 days in care, exceeding the target of 4.12 ○ Maltreatment in care for CY2018 is 11.4 as opposed to the target of 8.5. ● Maryland CFSR Final Report results indicated that the State was not in substantial conformity on Permanency Outcome 1 Item 6 achieving reunification, guardianship, adoption, or other planned permanent living arrangement, 50% ● During Maryland’s PIP convening, stakeholder feedback included: <ul style="list-style-type: none"> ○ The needs of families are broad and the challenges they face are often complex; beyond the limited resources of any Local Departments of Social Services or the Social Services Administration. ○ Maryland family and child serving agencies and organizations often work in silos, within their own mandates and perceived parameters of confidentiality. ○ These silos mean that agencies have limited understanding of what other agencies can offer a family and families too often receive basic referrals versus facilitated referrals (e.g., warm handoffs) and coordinated services. ○ Families report going through multiple systems in search of the support they need, becoming increasingly frustrated and disempowered by the difficulty they experience navigating systems, in addition to meeting their own needs as well as those of their family. ○ There is a lack of shared accountability among family and child serving agencies and organizations on behalf of child-welfare involved families, in part driven by the lack of a holistic vision that Maryland values safe, healthy and self-sufficient families. ○ A shared vision is a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families. 	
Key Activities	Benchmarks for Completion
Develop standard contract language for providers that speaks to expectation of implementation of practice model with providers.	2019
<p>2019 Progress: Completed July 2019: Standard language related to the IPM was identified and included in DHS/SSA’s Request for Proposals (RFP) for private placement providers.</p> <p>2020 Progress: Completed October 2020: DHS/SSA shifted from using an RFP process to procure placement providers. As an alternative to this approach, DHS/SSA included standard language related to the implementation of the IPM in the Residential Child Care Child Placement Agency Scope of Work, that contain the guidelines that Providers are measured by for compliance with their Sole Source Contracts with an effective date of July 1, 2020 - June 2022.</p>	
Obtain agreements with providers to share vision and implementation strategies.	2019
2019 Progress: In Progress	

<p>This activity will be completed in the first quarter of CY2020. The agreements will be in the provider proposal submissions that are due in February 2020.</p> <p>2020 Progress: Completed</p> <ul style="list-style-type: none"> January - March 2020: DHS/SSA shifted from using an RFP process to procure placement providers. As an alternative to this approach, standard language related to the IPM was included with DHS/SSA's Residential Child Care and Child Placement Agencies (CPA) scopes of work. Contracts with IPM language were effective July 1, 2020 	
Explore methods to incorporate language in contracts, Requests for Proposals and policy directives.	2020
<p>2019 Progress: Completed</p> <p>July 2019: This activity was completed as the language was included in the current RCC proposal and the CPA Contract.</p> <p>2020 Progress: Completed</p> <p>October 2020: DHS/SSA included standard language related to the implementation of the IPM in the Residential Child Care and Child Placement Agency Scopes of Work, that contain the guidelines that Providers are measured by for compliance with their Sole Source Contracts with an effective date of July 1, 2020.</p>	
Develop a common glossary of terms to include in solicitations.	2020
<p>2020 Progress: Delayed</p> <p>Due to the impact of COVID-19 and priorities that emerged to manage the pandemic, this activity was delayed. It is hoped that as the recovery from the pandemic continues this activity will be able to be addressed in 2021.</p> <p>2021 Progress: Delayed</p> <p>Terminology related to the Integrated Practice Model will be included in the Provider Questionnaire distributed for FY2023 in April 2022.</p>	
Partner with Provider Advisory Council to clarify terminology and strategies for the IPM.	2020-2024
<p>2020 Progress: Delayed</p> <p>Due to the impact of COVID-19 and priorities that emerged to manage the pandemic, Provider Advisory Council (PAC) meetings were not held for much of 2020. However, in the Fall of 2020 DHS/SSA began conversations with placement providers to re-establish PAC. DHS/SSA has used this opportunity to review and revise membership and by-laws to ensure wider provider participation and enhance effectiveness of PAC meetings.</p> <p>2021 Progress: Delayed</p> <p>During 2021, due to the evolving nature of the pandemic, there was a need for more frequent and targeted meetings to ensure that all placement providers had the most recent guidance related to the state's response to the pandemic and the impact of youth in foster care. As a result, DHS/SSA and PAC adjusted their meeting strategy resulting in ending the PAC meetings as originally designed. As 2021 ended, DHS/SSA began meeting monthly with the MARFY Executive Team and attending the larger MARFY meetings when invited. As this approach continues to evolve DHS/SSA will explore opportunities to integrate IPM discussion into these conversations.</p>	
Review and develop standard compliance reporting methods that align with the IPM.	2021
<p>2021 Progress: Delayed</p>	

Discussions will take place regarding the standard compliance reporting methods to align with the IPM model. This information will be included in the Provider Annual Report. Revisions will be completed in July 2022.	
Customize technical assistance for providers based on need.	2021-2024
<p>2021 Progress: Delayed</p> <p>Due to the impact of COVID-19 and priorities that emerged to manage the pandemic, this activity was delayed. It is hoped that as the recovery from the pandemic continues this activity will be able to be addressed between 2022-2023.</p>	

Goal 3: Strengthen Maryland’s CQI processes to understand safety, permanency, and well-being outcomes

Assessment of Performance:

During the calendar year, DHS/SSA utilized the State and Local CQI Cycle to strengthen Maryland’s CQI processes to understand safety, permanency, and well-being outcomes. The use of the CQI cycles allowed for regular sharing of CFSR and headline data performance with internal and external stakeholders through the DHS/SSA Implementation Structure, SSA Advisory Committee, and FCCIP. DHS/SSA Implementation Structure groups actively participated in the CQI cycle, facilitated by the CQI Unit, by discussing performance data, considering qualitative data gathered for additional context, and identifying areas needing improvement to further analyze to address through small tests of change and improvement strategies. As reflected in the table below, during CY2021 Maryland achieved goals in Educational Needs of the Child (Item 16), Physical Health of the Child (Item 17), Families have enhanced capacity to provide for their Children’s Needs (WB1) and Services to Family to Protect Child in the Home and Prevent Removal or Re-entry into Foster Care (Safety Outcome 2). Although for Achieving Reunification, Guardianship, Adoption, or Other Planned Permanency Living Arrangement (Item 6), the goal was not achieved, there was an increase in performance for this item. DHS/SSA continues to implement the Integrated Practice Model in order to sustain outcomes and improve the outcome yet to be achieved. In addition to understanding performance on key measures, IPM training, IPM Coaching Intensives, Coach Approach Model training and learning collaboratives are integrating opportunities to make adjustments to continuous support of sustainable skill building related to authentic partnership and engagement, teaming, and assessing, planning, monitoring and adapting goals of families, children, youth with the ultimate goal of transitioning them out of our system. Feedback obtained from participants was immediately incorporated into the training curriculum and learning collaborative sessions to enhance skills directly related to the CFSR items outlined in the table below. In order to support continued improvement on Achieving Reunification, Guardianship, Adoption, or Other Planned Living Arrangement (Item 6), DHS/SSA continues to partner with legal stakeholders via the Implementation Structure to address barriers and develop strategies to increase performance on permanency outcomes.

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained in their homes whenever possible will increase to 79% or higher by the conclusion of the CFSP period. (S2)	69%	63%	76%	83%		
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to achieving reunification, guardianship, adoption, or other planned permanent living arrangement will increase to 60% or higher by the conclusion of the of the CFSP period (Item #6)	50%	23%	16%	34%		
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's needs will increase to 41% or higher by the conclusion of the CFSP period. (WB1)	31%	22%	39%	48%		
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children receiving appropriate services to meet their education needs will increase to 89% or higher by the conclusion of the CFSP period. (#16)	79%	88%	94%	95%		
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children receiving adequate services to meet their physical and mental health will increase to 68% or higher by the conclusion of the CFSP period. (WB3)	58%	81%	90%	86%		

Goal 3 Objective 3.1: Monitor fidelity, quality, and impact of IPM implementation through CQI that consistently engages key stakeholders to share in decision-making and that leads to strategy adjustments when warranted (PIP Strategy)

Measure for Objective 3.1: Focus groups will be conducted as an addition to CQI processes to collect qualitative data. Results will measure fidelity, quality and impact of the IPM. Evaluations after training, transfer of learning, and coaching will also assist in measuring this objective.

Rationale for Objective Selection:

- The IPM has recently been developed and launched, an evaluation plan has not yet been developed and integration with CQI has not been planned. An evaluation plan allows the State to:
 - Posit research questions in order to understand quality, fidelity, and outcomes
 - Empirically gauge progress on IPM implementation and outcomes
 - Monitor, understand, and refine the IPM implementation
- Maximize child and family outcomes through the impact of the IPM on case practice.

Key Activity	Benchmarks for Completion
<p>Identify methods for collecting data on fidelity, quality, and outcomes by: (PIP Activity)</p> <ul style="list-style-type: none"> ● Cross-walking and aligning core practices with qualitative and quantitative data currently collected, such as OSRI, stakeholder focus groups, FIMs surveys, and MD CHESSIE field. ● Introducing, if needed, new mechanisms to collect data required to understand implementation of the IPM. ● Exploring alignment between provider data and agency data to understand IPM implementation. 	2019
<p>2019 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> ● DHS/SSA is in the initial phase of IPM implementation and has put strategies in place to measure outcomes: <ul style="list-style-type: none"> ○ July 2019: An additional root cause analysis was completed resulting in the need to ensure the curriculum included strategies for strengthening workforce skills tied to core practices of the IPM and integrating the core practices throughout all child welfare system involvement with families. Root cause analysis took place in July 2019. ○ September 2019: Identified strategies to connect the outcomes of the root cause analysis with curriculum development for IPM training and policy revision. ● The continuing development of the IPM curriculum has included slight changes to the IPM training and learning objectives and discussions about outcome measures to be tracked. <p>2020 Progress: <i>Completed</i></p> <ul style="list-style-type: none"> ● January - March 2020: Provider CANS and Agency CANS data TA were aligned and accuracy data measures across both provider and LDSS data sets determined to be a useful measure for the IPM. Other measures explored and solidified included FTDM participant data, FTDM utilization data, CFSR stakeholder, worker, youth and family focus group data were all proposed and approved as performance measures of the core practices of the IPM. 	
<p>Develop and finalize an evaluation plan for the IPM outlining research questions, data sources and data collection methods, analysis, integration with CQI processes, and reporting by: (PIP Activity)</p> <ul style="list-style-type: none"> ● Researching questions to include assessments fidelity, quality, and outcomes. ● Including roles, responsibilities, and a detailed timeline that aligns the reporting schedule with DHS/SSA’s CQI cycle. ● Intentionally aligning with CQI processes in order to obtain broad input on findings and produce rapid feedback about implementation, while also yielding summative findings following year 1 and at the conclusion of the PIP period. 	2019-2020
<p>2019 Progress: <i>In Progress</i></p> <p>Fall 2019: Focus group questions were developed, and proposed outcome measures were presented to the Integrated Practice Implementation Team. It is anticipated that measures will be finalized in CY2020.</p>	

Key Activity	Benchmarks for Completion
<p>2020 progress: Completed</p> <ul style="list-style-type: none"> January - March 2020: DHS/SSA, in partnership with Chapin Hall, identified research questions for the IPM evaluation plan. These research questions are designed to provide insights on statewide fidelity to the IPM following the initial IPM training rollout, assess changes in quality of practice related to the IPM, and determine outcomes related to child and family well-being and workforce practice. SSA finalized 13 IPM fidelity measures and created tools to support implementation. The logic model developed over the last year for the IPM is informing the operationalization of IPM performance and implementation measures. Fall 2020: Stakeholder focus groups were conducted to gather feedback on the implementation of the IPM. Additionally, IPM outcome measures were finalized and tools to support Supervisors in monitoring IPM practice were introduced to the Integrated Practice Implementation team. 	
<p>Complete Phase I implementation evaluation by: (PIP Activity)</p> <ul style="list-style-type: none"> Focusing on training and coaching effectiveness, awareness, and understanding of the IPM, as well as an assessment of fidelity to core practices. Reviewing findings within DHS/SSA’s implementation structure through existing CQI processes to inform adjustments to ongoing training and workforce supports. 	2020
<p>2020 Progress: In Progress</p> <ul style="list-style-type: none"> January-December: DHS.SSA rolled out IPM authentic partnership and teaming modules to LDSS staff by the end of July 2020. Due to the pandemic, DHS/SSA developed, with support from training partners, an IPM web-based training for supervisors that previewed upcoming training modules and introduced a supervisory practice framework to promote CQI practice changes for LDSS staff post-training. This training to support LDSS staff in integrating the IPM values, principles and core practice skills into their day-to-day work, beyond the training. In order to achieve the practice changes associated with the IPM (e.g., collaborative assessment, family teaming, etc.) and ensure statewide awareness and understanding of the IPM, SSA implemented the LDSS-driven Learning Collaboratives and coaching model across the state over the last year. While initially designed as in-person Learning Collaboratives and coaching, SSA successfully adapted the approach to be virtual engagements in light of the pandemic and its restrictions. Delivery of the supervisory Learning Collaboratives introduced and promoted transfer of learning strategies and initiated CQI of the IPM core practice skills with LDSS supervisors through plan-do-study-act cycles and small tests of change. Despite their virtual nature, the Learning Collaboratives gained momentum within most LDSSs across the state and elevated supervisors’ commitment to designing and carrying-out small tests to improve their supervision and practice. Many LDSS supervisors have participated in follow-up sessions, beyond their initial participation, to address challenges and improve engagement, teaming and collaborative assessments with families and their workforce. Participants have also expressed interest in attending future sessions to continue their small tests of change. Building staff morale and bolstering engagement and teaming within their own supervisory teams have been recurrent themes in small tests of change, mostly in an effort to combat worker distress and fatigue secondary to COVID-19. In response to this positive response, SSA has chosen to continue the Learning Collaborative supervisory platform through 2021. Revisions and feedback for the learning collaborative as well as the trainings have been used to revise and finetune the training, inform revisions in the learning collaborative structure and build further coaching of the IPM across the State regularly throughout implementation. The CQI Unit has continued to leverage spaces within DHS/SSA’s Implementation Structure to review program and performance progress following IPM training. This has allowed specific teams and units to identify workforce supports and training needs to further support implementation of the IPM. The CQI Unit has begun monitoring how the IPM core practices, principles, and values manifest in caseworker and supervisor interviews completed as part of the CFSR. The observed practices are discussed during the onsite Reviewer Debrief. While informal, these observations on how the workforce is incorporating 	

Key Activity	Benchmarks for Completion
<p>the IPM into their work and reflections on practice have been helpful with identifying when jurisdictions could benefit from additional workforce support to reinforce the IPM. The IPM observations are noted in the CFSR Results Report and the local CIP if identified as an area of enhancement. IPM data will be reviewed during the Orientation & Practical Data meeting starting in 2021.</p> <p>2021 Progress: Completed</p> <ul style="list-style-type: none"> January 2021: Released a report of focus group feedback in which informed adjustments to the training and coaching of the Integrated Practice Model. Further assessment of core practice fidelity measurements was tested with a group of supervisors and incorporated in the development of an IPM skills tracker that is being used as a pre and post measurement tool for the IPM Coaching intensives. Compiled reports from focus groups conducted in April were reviewed and used to inform IPM Coaching intensives. Themes included a need for better teaming and preparation of families for Family Team Decision Meetings. This information was used to develop a teaming training sponsored by the Child Welfare Academy that builds on IPM Module 2. This training launched in the summer of 2021. A CEU workshop for supervisors specific to the use of the skill tracker tool was rolled out in September 2021 in response to some of these findings. The CQI Unit has continued to leverage spaces within DHS/SSA’s Implementation Structure to review program and performance progress while utilizing IPM practices, principles, and values throughout 2021. This has allowed specific teams and units to identify workforce supports and training needs to further support implementation of the IPM. The CQI Unit monitors how the IPM core practices, principles, and values manifest in caseworker and supervisor interviews completed as part of the CFSR. IPM data is reviewed/discussed during the Orientation & Practical Data meeting. The observed practices are discussed during the onsite Reviewer Debrief. While informal, these observations on how the workforce is incorporating the IPM into their work and reflections on practice have been helpful with identifying when jurisdictions could benefit from additional workforce support to reinforce the IPM. The IPM observations are also noted in the CFSR Results Report and the local CIP if identified as an area of enhancement. The CQI Unit has also aligned the various IPM practices with identified strategies in the CIP Compilation document that is shared through the intranet with all 24 LDSS. 	
<p>Complete Phase II implementation and outcomes evaluation by: (PIP Activity)</p> <ul style="list-style-type: none"> Focusing on an assessment of fidelity to core practices, quality, and outcomes for children and families. Reviewing findings within DHS/SSA’s implementation structure through existing CQI processes and informing adjustments to ongoing training and workforce support. 	2021
<p>2021 Progress: Completed</p> <ul style="list-style-type: none"> Further assessment of core practice fidelity measurements was tested with a group of supervisors and incorporated in the development of an IPM skills tracker that is being used as a pre and post measurement tool for the IPM Coaching intensives. A CEU workshop for supervisors specific to the use of this tool was launched in September 2021 in response to some of these findings. 	
<p>Based on lessons learned, refine evaluation plan & practice.</p>	2021-2024
<p>2021 Progress: In Progress</p> <p>May-October 2021: Compiled reports from focus groups conducted in April 2021 and October 2021 were reviewed and used to inform IPM Coaching intensives. Themes included a need for better teaming and preparation of families for Family Team Decision Meetings. This information was used to develop a teaming training sponsored by CWA that builds on IPM Module 2 and helps facilitators operationalize the Integrated Practice Model. This information was also used to develop and launch a webinar on the new teaming policy in September and October 2021. Began to build content for a webinar on teaming court partners that will launch in 2022.</p>	

Key Activity	Benchmarks for Completion
CQI to improve implementation and outcomes of the IPM.	2021-2024
<p>2021 Progress: <i>In Progress</i> January 2021-December 2021:</p> <ul style="list-style-type: none"> • During Orientation Practical Data meetings with the local departments, a part of our discussion is the IPM and how the local departments incorporate the IPM in practice and their agency culture. We presented feedback from the IPM Coaching Intensives and the IPM trainings to encourage reflection on IPM implementation and to connect with each LDSS Continuous Improvement Plan and in the context of their CFSR Review. The LDSS was then encouraged to build upon these plans as they participate in the Coaching Intensive for their agency and select supervisors to participate in the Coach Approach Model training as well as the Coach Approach learning circles. • After review of the reports from the focus groups conducted in April 2021 and October 2021, there were notable feedback differences in what families reported concerning engagement and teaming. In April, families reported that their voice was heard when they attended Family Involvement or Family Team Decision meetings but felt that was the only time they were given an opportunity to express themselves. In October, family members expressed that they were able to express themselves and partner with their workers throughout their work together, not specifically in family team decision meetings. 	

Goal 3 Objective 3.2: Strengthen data and CQI tools to increase consistent implementation and utilization of the State’s CQI cycle
<p>Measure for Objective 3.2 Annually reviews the State CQI cycle utilized within the OISC and development of action steps for improvement if needed.</p>
<p>Rationale for Objective Selection:</p> <ul style="list-style-type: none"> • The Maryland CFSR final report results indicated the Quality Assurance Systems was not in substantial conformity. • The Office of Legislative Audits report results found Maryland to not be in compliance with 14 child welfare outcomes including a systematic approach to quality assurance.

Key Activity	Benchmarks for Completion
Continue to refine and enhance headline indicator and the CFSR results dashboards to support utilization of data by state and local staff.	2019
<p>2019 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> • Early 2019: Data Analytics Network began to review potential data reports to ensure that data dashboards are user-friendly and allow for data-informed decision-making. • October – November 2019: Regional meetings included the sharing of both the dashboards to those supervisors who attended and provided means in which they can be used by locals to evaluate their practice. • November 2019: Most recent CFSR results posted to the internal and external DHS website. • Quarterly in 2019: Most recent Headline indicators posted to the internal DHS website as well as emailed to each of the local departments. • Headline indicator dashboards are also produced for each of the locals for meetings around their CFSR results so that they can compare their outcomes with their trend data. • In the next year, 2020, additional storyline indicators (those that support the headlines) will begin to be posted on the KnowledgeBase so that local departments can access them as needed for the work that they do. 	

Key Activity	Benchmarks for Completion
<ul style="list-style-type: none"> As Maryland transitions to CJAMS, the headline indicators dashboard will be shifted to Qlik which will allow each local to access their own information without having to wait on SSA to provide the information. This will be happening during CY2020 and would probably require modifications to the dashboards as a new platform will be utilized. <p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> The CFSR Performance Report continued to be posted to the internal and external DHS platforms. The results were shared and discussed with the Implementation Teams, Outcomes Improvement Steering Committee, Foster Care Court Improvement Program, and SSA Advisory Board. <p>2021 Progress: <i>Ongoing</i></p> <ul style="list-style-type: none"> The CFSR Performance Report continued to be posted to the internal and external DHS platforms. The results were shared and discussed with the Implementation Teams, Outcomes Improvement Steering Committee, Foster Care Court Improvement Program, and SSA Advisory Board. Updated Headline Indicator data was posted to the internal DHS platform and emailed to each of the LDSS on a quarterly basis. Headline indicator dashboards continue to be produced for each of the LDSS prior to CFSR Orientation & Practical Data Meetings, Continuous Improvement Plan (CIP) Meetings, and CIP Monitoring Meetings so that they can compare their outcomes and progress with their trend data. CQI Unit enhanced the CFSR Results Reports that are provided to LDSS following CFSR case reviews to include data around Integrated Practice Model (IPM) practices, principles, and values observed. In the second half of 2021, modifications were made to the Headline Indicator Dashboard to switch from an eight-quarter time frame presentation to a 5-year trend presentation which was first provided to jurisdictions in October 2021. At the same time, the syntax used to provide the data was modified to match the CFSR round 4 state-wide data indicators. 	
<p>Provide ongoing presentations to local departments to enhance the quality of the data and the capacity of staff to use it effectively.</p>	<p><i>2019 and annually</i></p>
<p>2019 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> January – December 2019: 22 jurisdictions participated in data presentations with their supervisors. Most of these jurisdictions also included their staff as well. Due to the size of some jurisdictions, this resulted in 38 meetings with 6 by WebEx and the rest in person. There were 8 presentations during the first quarter (Jan – Mar) 2019 and 8 more during the second quarter of 2019 (Apr – Jun). There were 12 presentations during the third quarter (July-Sept) and 10 during the fourth quarter of 2019 (Oct – Dec). These presentations generated a great deal of discussion and became longer as the year went on as more information was discussed and in more detail. Overall, these presentations were favorably received. Many staff members commented on how helpful this was as they now understood the importance of timely, accurate, and complete data entry. The efficacy of these presentations was also evident in the changes in the data that occurred following the various presentations. It has certainly helped with monitoring of Headline Indicators, one of the main tools that is provided to LDSS to utilize data in their program work. December 2019: A survey was provided to all locals at the end of the year to develop the presentations for CY2020 for supervisors and staff to complete. The survey contained questions about length of time as well as time of day, desired content areas as well as who should be part of the presentation. The results of the survey will be compiled, and a new training will be developed and provided to the locals. December 2019: Developed a standard, introductory training for all new staff in order to help those new staff in understanding the value placed on data and their role in ensuring the quality. Plans are to incorporate the training curriculum for new staff following their pre-competency training in March, April and June of 2020. 	

Key Activity	Benchmarks for Completion
<p>2020 Progress: Ongoing</p> <ul style="list-style-type: none"> January-December 2020: SSA data analytics leadership provides regular data presentations on various aspects of agency performance in Maryland on safety, permanency, and well-being outcomes. This has included presentations on CFSR performance to local departments throughout the year to enhance data quality and the capacity of staff to use it effectively in improvement planning. SSA leadership increasingly uses data in their day-to-day work. For example, leadership routinely incorporates data presentations in meetings to aid in decision-making. In addition, due to the pandemic and the various stay-at-home orders, DHS/SSA was particularly concerned with the pandemic's impact on substantiations and child safety and well-being. Rather than comparing data from the current month to the same month the previous year, maltreatment report rates and hotline call rates during the pandemic were compared to those from the previous summer in Maryland and nationally. This approach was developed in partnership with Chapin Hall thanks to an understanding that report rates naturally decrease due to school closings for the summer holiday. By doing this analysis, SSA's data analytics team found that the pandemic's decrease in maltreatment reports was comparable to periods when schools are normally closed, and that the risk of unreported maltreatment during the pandemic was not as significant as initially anticipated. This has enabled SSA leadership to more accurately understand the impact of the pandemic on child safety and well-being. <p>2021 Progress: Ongoing</p> <ul style="list-style-type: none"> January-December 2021: SSA data analytics leadership provides regular data presentations on various aspects of agency performance in Maryland on safety, permanency, and well-being outcomes. This has included presentations on CFSR performance to local departments throughout the year to enhance data quality and the capacity of staff to use it effectively in improvement planning. SSA leadership increasingly uses data in their day-to-day work. For example, leadership routinely incorporates data presentations in meetings to aid in decision-making. During CFSR Orientation & Practical Data Meetings, Continuous Improvement Plan (CIP) Meetings, and CIP Monitoring Meetings with LDSS, DHS/SSA reviews and discusses the local Headline Indicator data related to safety, permanency, and well-being as well as CFSR case review qualitative data to identify practice strengths and areas needing improvement. These meetings include participation by LDSS leadership and staff to increase their understanding and capacity to utilize data for practice improvement. During local collaborations, with the locals, the data analytics team provides data representing DHS three pillars for safety, permanency, and well-being. This is a collaborative effort to discuss the story behind the data and practice for better outcomes of the youth served. 	
<p>Increase statewide accessibility of headline indicators and the CFSR results dashboards.</p>	<p>2020</p>
<p>2020 Progress: In Progress</p> <ul style="list-style-type: none"> January-December 2020: The SSA headline dashboard and CFSR results are reviewed regularly in a variety of internal and external stakeholder meetings, and leadership and staff are actively aware of agency performance trends. Analysis of case review narratives completed through the CFSR process have provided DHS/SSA implementation teams with additional context for CFSR and headline indicator performance. These summary analyses have been particularly useful at providing actionable insights as to the root causes of key practice issues, especially related to permanency planning and teaming practices with families and the court, thus equipping them to develop targeted strategies for improvement. <p>2021 Progress: In Progress</p> <ul style="list-style-type: none"> January-December 2021: The CQI Unit routinely reviews and discusses the most recent LDSS Headline Indicators with each LDSS bi-annually during their CFSR Continuous Improvement Plan (CIP) Monitoring meetings. Following each LDSS CFSR case review, the CQI Unit reviews the CFSR findings in comparison with the LDSS Headline Indicator data with the LDSS leadership, staff, and 	

Key Activity	Benchmarks for Completion
<p>external stakeholders in a CIP Meeting and provides the LDSS with a CFSR Results Report outlining the strengths, areas needing improvement, and recommendations. The SSA Headline Indicator dashboard and CFSR results continue to be reviewed regularly in a variety of internal and external stakeholder meetings, and leadership and staff are actively aware of agency performance trends. Analysis of case review narratives completed through the CFSR process have provided DHS/SSA implementation teams with additional context for CFSR and headline indicator performance. These summary analyses continue to be particularly useful at providing actionable insights as to the root causes of key practice issues, especially related to permanency planning, family engagement, and teaming practices with families and the court, thus equipping them to develop targeted strategies for improvement.</p>	
<p>Develop and implement a local quality assurance process to monitor compliance with state and federal regulations.</p>	<p><i>2020 and biannually</i></p>
<p>2020 Progress: <i>Ongoing</i></p> <ul style="list-style-type: none"> January-December 2020: The CQI Unit, in partnership with the University of Maryland School of Social Work Institute for Innovation and Implementation (the Institute) developed a QA Review process in partnership with LDSS to monitor compliance with state and federal regulations. These semi-annual reviews for all service areas, with the exception of protective services which are reviewed quarterly, allows each LDSS to critically assess the quality of practice and local level processes and align with the statewide QA process. The QA process is scheduled to be implemented in 2021. <p>2021 Progress: <i>Ongoing</i></p> <ul style="list-style-type: none"> Over the last year, Maryland has utilized a QA Review process with LDSS with Protective services reviewed quarterly and the remaining service areas reviewed semi-annually. These QA Reviews allow each LDSS to critically assess the quality of practice and local level processes. Included are case-level and resource-provider level reviews to support an ongoing understanding of LDSS performance related to national and statewide standards. These efforts are informing opportunities to improve practice and ensure quality service delivery for children and families receiving in-home and out-of-home services. In addition, these reviews facilitate targeted course corrections where needed in local jurisdictions. The LDSS QA Reviews occur in parallel with the statewide Department of Human Services/Social Services Administration (DHS/SSA) QA Reviews and aide the state in identifying statewide versus local trends in practice and understanding which additional resources, training, technical assistance, or other supports are needed to address gaps and areas needing improvement. Through these reviews, LDSS can elevate local insights on performance for SSA to review cumulatively in tandem with other evidence and data gathered on statewide performance across Child and Family Services Review (CFSR) and safety, permanency, and well-being indicators in addition to program improvement measures. Insights and trends noted through QA Reviews are leveraged for statewide policy and program decision-making while also enabling LDSS to monitor their own performance to guide locally driven and developed improvement efforts. 	
<p>Enhance state CQI cycle to support regular reviews of progress, identify areas of growth, and test out small measures of change</p>	<p><i>2020-2021</i></p>
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> January-December 2020: Qualitative data collected through the state CFSR case review process using the narrative summaries from the On-Site Review Instrument (OSRI) have informed practice improvements related to permanency and well-being. The CQI Unit in partnership with Implementation Teams within the DHS/SSA Implementation Structure and local jurisdictions have used this information to identify areas of growth to enhance service array quality and improve teaming efforts between the agency, court, and families. In addition, DHS/SSA continued to develop the CQI capacity to support ongoing monitoring and reporting of the state’s Title IV-E Prevention Plan under the Family First Prevention Services Act. SSA participated in a multiagency workgroup with representatives from the 	

Key Activity	Benchmarks for Completion
<p>Department of Juvenile Services (DJS) and Department of Health to build the CQI infrastructure for Family First reporting and claiming. This has involved leveraging the existing DJS and title IV-E waiver CQI process in addition to the statewide QA/CQI system. Ongoing enhancement to CJAMS are a vital component of this work to support the state’s CQI cycle to review progress and identify areas of growth for Family First implementation. This will be especially critical for ensuring that the prevention service arrays within and across jurisdictions are targeted to meet the needs of children and families Maryland aims to serve.</p> <p>2021 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> January-December 2021: Qualitative data collected through the state CFSR case review process using the narrative summaries from the On-Site Review Instrument (OSRI) continues to inform practice improvements related to permanency and well-being. The CQI Unit in partnership with Implementation Teams within the DHS/SSA Implementation Structure and local jurisdictions have used this information to identify areas of growth to enhance service array quality and improve teaming efforts between the agency, court, and families. In addition, DHS/SSA continued to develop the CQI capacity to support ongoing monitoring and reporting of the state’s Title IV-E Prevention Plan under the Family First Prevention Services Act. SSA participated in a multiagency workgroup with representatives from the Department of Juvenile Services (DJS) and Department of Health to build the CQI infrastructure for Family First reporting and claiming. This has involved leveraging the existing DJS and title IV-E waiver CQI process in addition to the statewide QA/CQI system. Ongoing enhancement to CJAMS are a vital component of this work to support the state’s CQI cycle to review progress and identify areas of growth for Family First implementation. This will be especially critical for ensuring that the prevention service arrays within and across jurisdictions are targeted to meet the needs of children and families Maryland aims to serve. 	
<p>Monitor implementation of CQI cycle and local quality assurance process, making adjustments as needed.</p>	<p>2021-2024</p>
<p>2020 Progress: <i>In Progress</i></p> <ul style="list-style-type: none"> January-December 2020: The CQI Unit continued to monitor implementation of Maryland’s State CQI cycle. This has included regular review and discussion of outcomes data to identify performance improvement opportunities, prioritize performance issues, conduct root cause analysis, and develop strategies to address the priority areas needing improvement. CFSR and headline performance data were regularly reviewed with key internal and external stakeholders through the DHS/SSA Implementation Structure. These groups were actively involved in a variety of root cause analysis initiatives related to improving performance on OSRI items assessed through the CFSR process. Specifically, the DHS/SSA Service Array Implementation Team’s Health Workgroup identified timeliness of initial and comprehensive health and dental assessments as key improvement areas to address. After conducting root cause analysis of these areas, the workgroup will hold focus groups and survey stakeholders to better understand the identified root causes related to workforce development, cross-systems training, and practice considerations. <p>2021 Progress: <i>Ongoing</i></p> <ul style="list-style-type: none"> January-December 2021: The CQI Unit continued to monitor implementation of Maryland’s State CQI cycle. This has included regular review and discussion of outcomes data to identify performance improvement opportunities, prioritize performance issues, conduct root cause analysis, and develop strategies to address the priority areas needing improvement. CFSR and headline performance data were regularly reviewed with key internal and external stakeholders through the DHS/SSA Implementation Structure. These groups were actively involved in a variety of root cause analysis initiatives related to improving performance on OSRI items assessed through the CFSR process. Specifically, the DHS/SSA Service Array Implementation Team’s Health Workgroup identified timeliness of initial and comprehensive health and dental assessments as key improvement areas to address. After conducting root cause analysis of these areas, the workgroup holds focus groups and surveys stakeholders to better 	

Key Activity	Benchmarks for Completion
understand the identified root causes related to workforce development, cross-systems training, and practice considerations.	

Goal 4: Improve workforce wellness to reduce the impact of secondary traumatic stress and decrease turnover rates.

Assessment of Performance:

The issue of Secondary Traumatic Stress (STS) remains a priority for DHS/SSA. Attention has been given to ensure that STS trainings are offered throughout the training system to support worker wellness and foster Safety Culture. As noted below, the CY2021 percentage of new staff completing STS training included in the Foundations training series within the first year of employment decreased by ten percentage points compared to last year. It should be noted that in 2020 the Maryland Board of Social Worker Examiners determined that staff could not receive CEU's for self-care courses and STS training falls under this category. This could prove to be a disincentive that impacts registration and completion of STS training and could explain the drop in completion percentages. When looking at retention rates, the CY2021 percentage is similar to the CY2020 percentage. In addition to coursework made available to local staff, DHS/SSA provided a number of activities to introduce Safety Culture concepts to DHS/SSA Leadership, Directors, Program Managers, and Supervisors. Between April and November 2021, a webinar was offered, followed by an organized discussion on the Safety Culture Model, and disseminating a survey to assess how the current infrastructure supports Safety Culture and identify future planning opportunities. The Safety Culture Webinar was also shared with the Local Departments in October/November 2021.

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
All 24 jurisdictions will have completed the STS BCS by the end of the CFSP period. *No longer applicable	7	3	N/A			
NEW MEASURE: Increase percentage of new staff completing trainings on STS and Safety Culture included in Foundations training within one year of joining the workforce by 6% (2% per year) over the CFSP period.	47%	67%	58%	48%		
NEW MEASURE: There will be an increase in new child welfare caseworker staff 5-year retention rates by 10% (2% per year) over the CFSP period	41%	43%	49.62%	49.3%		

Goal 4 Objective 4.1: ~~Explore expanding the existing Secondary Traumatic Stress Breakthrough Collaborative Series in additional jurisdictions, through which individualized local plans for reducing STS will be developed and put in place.~~ NEW OBJECTIVE CY2020: Incorporate worker wellness and safety culture into pre-service and in-service training to raise awareness of and mitigate STS.

Measure for Objective 4.1: ~~Number of locals participating in STS BCS each year~~ NEW MEASURE:
Percentage of new staff completing trainings on STS and safety culture within one year of joining the workforce.

Rationale for Objective Selection:

- On average 88% of caseworkers hired between SFY 2015-SFY2018 retained their employment within their first year. This percentage decreases over the length of employment dropping significantly after 5 years of employment.
- Part of SSA’s strategic vision and a guiding principle of the IPM is a safe, engaged, well prepared professional workforce. Included in this is workforce wellness and a reduction of secondary traumatic stress for child welfare workers, a theme that also emerged from the Maryland PIP convening that should be addressed to support improving outcomes for children and families. In 2018, SSA supported the implementation of a Secondary Traumatic Stress (STS) Breakthrough Collaborative Series Pilot in seven jurisdictions (Allegany, Baltimore, Calvert, Carroll, Frederick, Prince George’s and Talbot Counties) that was informed by the work of the National Child Traumatic Stress Network (NCTSN) and aimed to help LDSS strengthen their policies and practices to respond to staff trauma. LDSS completed pre and post assessments to assess the impact of the pilot. All seven jurisdictions indicated higher levels of STS Informed policies and practices, lower levels of STS, and similar levels of staff burnout.

County	STSI-OA Baseline	STSI-OA at LS 3	STSS at Baseline	STSS at LS 3	BO at Baseline	BO at LS 3
Allegany	77.62	116.34	37.21	33.11	21.84	21.10
Baltimore	71.64	85.66	37.73	35.71	23.21	22.08
Calvert	94.89	110.39	34.65	34.06	22.84	22.02
Carroll	71.21	91.54	37.52	37.15	23.87	22.15
Frederick	71.46	90.08	35.41	33.5	22.54	22.06
Prince Georges	51.70	66.57	39.46	38.22	23.74	23.28
Talbot	96.06	125.71	35.90	32.88	21.45	20.84

Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA) scores- 0-200 range. Higher scores indicate higher levels of STS Informed policies and practices

STSS scores – higher scores indicate higher levels of STS

Burnout (BO)- Professional Quality of Life Measure (ProQOL) Burnout scores: 22 or less= low burnout; 23-41= average; 42 or above= high

- Recommendations following the pilot included:
 - Continued administration and analysis of the Secondary Traumatic Stress Informed- Organizational Assessment (STSI-OA) on a bi-annual basis to track progress (measures organizational and workforce levels).
 - Informal collaborative meeting, in person with current cohort at least twice a year.
 - Merge and align STS language, priorities, and training into IPM.
 - Make funding available that can be used creatively to address STS in local departments.
 - Make the STS-BSC available to other jurisdictions.

Key Activities	Benchmarks for Completion
Understand the lessons learned from the pilot of 7 jurisdictions and explore a proposal for expansion to additional jurisdictions.	2019
<p>2019 Progress: Completed</p> <ul style="list-style-type: none"> ● Progress and data findings representing the 7 LDSS that participated in the initial Secondary Traumatic Stress Breakthrough Collaborative Series were reported by the UMB Institute for Innovation and Implementation and JA Consulting Services to the OISC in July 2019 with recommendations to extend the series to the remaining Maryland jurisdictions. ● Participants in the original training cohort (2-3 staff members from the participating jurisdictions) completed internal analysis of worker safety, satisfaction, well-being, resilience and knowledge of trauma and trauma symptoms within their work site starting in September 2018. ● Participants in collaboration with their colleagues identified strengths and challenges regarding worker - wellness and secondary traumatic stress and developed strategies to make improvements. This included but not limited to changes in staff composition and work assignments, supervision and management support and expectations, team building rituals, organizational policy and procedures and enhancing the actual work environment. Participants also developed sustainability plans to ensure on-going positive change. All jurisdictions reported increased knowledge of secondary traumatic stress at the end of the collaborative training series. Participants began working on their sustainability plans from September 2018 to May 2019. ● The STS Breakthrough Collaborative Series was officially discontinued in September 2019. A final presentation of lessons learned from this initiative were presented to the OISC in July 2019 with recommendations to expand the work into additional jurisdictions. SSA and The University of Maryland Institute for Innovation were unable to negotiate the continuation of services. 	
Integrate safety culture concepts into Integrated Practice Model rollout.	2020
<p>2019 Progress: In progress</p> <ul style="list-style-type: none"> ● November - December 2019: Training in the Safety Culture Model for local agency leadership was offered to all LDSS. All but two jurisdictions participated. ● Customized coaching and consultation followed this training and will continue through 2020 and the activities of the model which best align with local agency interest, capacity, and need are being built into the Integrated Practice Model curriculum. ● Learning collaboratives are being planned to continue transfer of learning and maximize coaching opportunities of the model. <p>2020 Progress: Completed</p> <ul style="list-style-type: none"> ● January-April: Concepts and practices of psychological safety built into the IPM training curriculum. ● July-December: IPM training implemented ● March 2020: Training on Safety Culture was provided by Chapin Hall designed to define Safety Culture, demonstrate alignment with the IPM, and discuss strategies for managing human error with a Safety Culture. 	
Incorporate Safety Culture principles into pre-service and ongoing training.	2020
<p>2020 Progress: In Progress</p> <ul style="list-style-type: none"> ● January-December 2020 <ul style="list-style-type: none"> ○ New child welfare staff are introduced to safety culture in Module I-Foundations of Child Welfare Practice of the pre-service training as part of the DHS Welcome, Overview of Strategic Vision, and Worker Wellness and Safety Culture. ○ Safety Culture is also emphasized in Module II-Factors Impacting Child Abuse and Neglect of pre-service as there is a specific section on Secondary Traumatic Stress. ○ Safety Culture is more pronounced in Module VI-Planning, Intervening, Monitoring and Adapting of pre-service. There is a half day of training devoted to worker safety including: 	

Key Activities	Benchmarks for Completion
<p>Self-Awareness, Safety Culture, Psychological Safety, Compassion Fatigue, Environmental Safety and Staff-Burnout.</p> <ul style="list-style-type: none"> ○ Courses on Safety Culture have also been added to the in-service series: Secondary Traumatic Stress, Elements of Safety Culture, and Safety Awareness for Child welfare Professionals. These courses are offered several times throughout the year to accommodate the large number of child welfare staff statewide. <p>2021 Progress: Completed</p> <ul style="list-style-type: none"> ● January-December 2021 <ul style="list-style-type: none"> ○ New child welfare staff continue to be introduced to elements of Safety Culture at the onset of pre-service training in the following sessions: <ul style="list-style-type: none"> ▪ Module I: Foundations of Child Welfare Practice and overview of the DHS/SSA Strategic Vision and IPM values and principles. ▪ Module VI: Intervening, Monitoring, Adapting and Transitioning. Self-Awareness, Psychological and Environmental Safety, Compassion Fatigue and Staff Burnout are addressed in this section. ○ Safety Culture and Secondary Traumatic Stress are covered in the Foundations Training Track ○ Safety Culture and Workers Wellness continue to be incorporated into in-service training. New courses included during the reporting period included: Turning Post Traumatic Stress into Traumatic Growth, and Self Care Through Self Discovery and Awareness-Unpacking the Past. 	
<p>Provide TA and coaching to state and local leadership on the implementation of Safety Culture approach.</p>	<p>2020-2024</p>
<p>2020 Progress: In Progress January - April 2020: Safety Culture consultations continued throughout the state for 11 jurisdictions.</p> <p>2021 Progress: In Progress October: Safety Culture webinar disseminated to local departments to offer insight into the science of Safety Culture and offer strategies on how organizations can develop and maintain a Safety Culture. In the next reporting period DHS/SSA plans to offer additional training and hold individual discussions to support implementation as well as identify and problem solve around barriers to implementation.</p>	
<p>NEW ACTIVITY: Incorporate STS content and learning activities into the pre-service and in-service series.</p>	<p>2020-2024</p>
<p>2020 Progress: In Progress</p> <ul style="list-style-type: none"> ● With the discontinuation of the STS Breakthrough Series, increased attention was given to infuse more training on STS into the pre-service and in-service series. STS content and learning activities were included in the redesigned training series for new child welfare workers. Specifically, STS is covered in Module II of the Series: Indicators and Factors of Abuse and Neglect. There is an activity in this module that requires participants to reflect on matters of self-care and to complete a self-care resiliency plan. ● March-December-2020: Specific in-service trainings offered with a focus on STS and/or worker wellness to include: <ul style="list-style-type: none"> ● Indicators and signs of STS ● Role of the Supervisor in Trauma Informed Practice ● Addressing Issues of STS in a Safe Environment ● Practicing Balance during Teleworking and Social Distancing (webinar) ● Practicing Boundaries during Teleworking and Social Distancing (webinar) ● June 2020: Additional Child Welfare on-line trainings pertaining to worker wellness made available to staff to include: <ul style="list-style-type: none"> ● How Will You Practice Safety and Well-Being in Your Work? ● Supporting Virtual Workforce Well-Being 	

Key Activities	Benchmarks for Completion
<ul style="list-style-type: none"> What About You...Self-care for Those who care for Others <p>December 2020: Worker Wellness Activity and Morale Booster Plan developed to include various team and morale building activities and building a Worker Wellness Committee to promote wellness activities statewide.</p> <p>2021 Progress: Ongoing</p> <ul style="list-style-type: none"> January-December 2021 STS classes continue to be incorporated into pre-service, Foundations and in-service training. Specific STS in-service trainings include: <ul style="list-style-type: none"> STS in Child Welfare Indicators and Signs of STS Self-Care: Caring for Self while Caring for Others Self-Care in the Virtual Work Environment 	
Implement 2 nd cohort for STS-BCS for 3-4 jurisdictions	2020
<p>2020 Progress:</p> <p>The STS-BCS work has been discontinued. The WFD Network will continue to collect and review retention data and develop a retention plan to be approved SSA Executive Leadership by 12/30/2021-</p>	
Implement 3 rd cohort of STS-BCS for 3-4 jurisdictions	2021
Implement 4 th cohort of STS-BCS for 3-4 jurisdictions	2022
Implement 5 th cohort of STS-BCS for remaining jurisdictions	2023
Provide technical assistance and support to locals as they participate in and complete STS-BCS, monitor and track data related to turnover, STS, Burnout, and Safety Culture.	2020-2024
<p>2020 Progress: In Progress</p> <p>The STS-BCS has been discontinued. DHS/SSA will improve efforts to provide technical assistance to the local departments regarding STS, Burnout and Safety Culture. An implementation plan will be developed by 1/2022. DHS/SSA continues to monitor and report annually on retention rates and trends at all locals and provides technical assistance and analysis via the Workforce Development Network, which includes local leadership and stakeholders.</p> <p>2021 Progress: In Progress</p> <p>The Safety Culture Model continued to be implemented through the Child Maltreatment Fatality Review System and through the IPM Coaching Intensives (See Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland’s IPM on page 115 and Efforts to Track and Prevent Child Maltreatment on page 158 for additional information). As a result, data is being collected to inform specific system changes related to secondary traumatic stress. Safety culture habits and activities are being implemented and strengthened in local departments of social services as a result of the coaching intensives as well. Seven out of ten counties that participated in coaching intensives in 2021 set goals related to improving psychological safety for their workers. The intensives will continue through 2022.</p>	

Goal 5: Strengthen system partnerships to improve safety, permanency, and well-being of youth and families as well as build a prevention service array to support children and families in their homes and community.

Assessment of Performance:

The agency has made progress towards strengthening system partnerships to improve safety, permanency, and well-being of youth and families as well as build a prevention service array to support children and families in their homes and communities. In calendar year 2021 (CY21), CFSR data shows improvements in the percentage of cases rated as a strength for children being safely maintained safely in their homes whenever possible. This measure is currently at 83% for CY 21 meeting the target of 79% or higher. Additionally, the agency has shown progress for Well-Being Outcome 1, the percentage of cases rated as a strength for families having enhanced capacity to provide for their children's needs. For CY 21, the percentage was 48%, an increase from 2020 and surpasses the PIP target of 41%. Entry rates for SF21, is 1.2 and meets the PIP target of 1.5 or lower. Re-entry rates into foster care for SF21 was 9%, a slight increase of 1.2% from the previous year.

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained safely in their homes whenever possible will increase to 79% or higher by the conclusion of the CFSP period. (S2)	69%	63%	76%	83%		
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's needs will increase to 41% or higher by the conclusion of the CFSP period. (WB1)	31%	22%	39%	48%		
Entry rates will decrease to 1.5 or lower by the conclusion of the CFSP period (Permanency Headline Indicator)	1.8	1.5	1.1	1.2		
Reentry rate will decrease to 8% or lower by the conclusion of the CFSP period (Permanency Headline Indicator)	11.8%	10.1%	7.8%	9%		

Goal 5 Objective 5.1: Develop and capitalize on community partnerships to strengthen the full array of services, including prevention services.

Measure for Objective 5.1: Number of community partnerships in place by fiscal year and service type
of LDSS reporting Strong or Very Strong partnerships in the essential services category of the Community partnership - establish a baseline for year one and develop measure in subsequent years

Rationale for Objective Selection:

- Maryland CFSR Final Report results indicated that the State was not in substantial conformity in:
 - Systemic Factor Service Array and Resource Development, Items 29 (Array of Services) and 30 (Individualizing Services)
 - Systemic Factor Agency Responsiveness to the Community, Items 31 (State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR) and 32 (Coordination of CFSP with other Federal Programs)
- Maryland’s PIP convening revealed that
 - The needs of families are broad and the challenges they face are often complex; beyond the limited resources of any Local Departments of Social Services or the Social Services Administration.
 - Maryland family and child serving agencies and organizations often work in silos, within their own mandates and perceived parameters of confidentiality resulting in a limited understanding of what other agencies can offer a family.
 - Families too often receive basic referrals versus facilitated and warm-handoffs and coordinated services.
 - Families report going through multiple systems in search of the support they need, becoming increasingly more frustrated and disempowered by the difficulty they experience navigating systems in addition to meeting their own needs as well as those of their family.
 - There is a lack of shared accountability among family and child serving agencies and organizations on behalf of child-welfare involved families, in part driven by the lack of a holistic vision that Maryland values safe, healthy and self-sufficient families.
 - A shared vision is needed as a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families
- FFPSA implementation will require the development of and/or expansion of prevention evidence-based practices to address child and family needs in their homes and communities.

Key Activities	Benchmarks for Completion
Identify elements and lessons learned from existing local entity teaming projects and models to inform the development of a statewide strategy that structures and operationalizes local teaming on family/child specific cases, e.g., (PIP Activity) <ul style="list-style-type: none"> ● Local care teams ● Multidisciplinary teams ● Partnering for Success in Baltimore County ● Sobriety Treatment and Recovery Teams (START) 	2019
2020 Progress: Complete January 2020 Service Array Implementation Team reviewed elements of success and lessons learned in local teaming models (local care teams, multidisciplinary team, Partnership for Success [local county model], START [national model implemented in thirteen MD jurisdictions]) and received input on further areas of inquiry regarding teaming that should inform model development.	
Develop approach and policy for local teaming on work with families/youth that may include: (PIP Activity) <ul style="list-style-type: none"> ● Local agencies who are suggested to be partners in the range of service types across the child welfare continuum (e.g., prevention, in-home services, out of home) ● Approaches to aligning family/child assessment, plans, and monitoring efforts to create shared responsibility and reduce conflicts and redundancy in family/youth expectations and services (“one family, one plan”). 	2020

Key Activities	Benchmarks for Completion
<ul style="list-style-type: none"> Mapping a family’s services to communicate with professionals about the challenges of multiple demands on families. Template for memoranda of understanding to create infrastructure for local teams. 	
<p>2020 Progress: Complete</p> <ul style="list-style-type: none"> July 2020: SSA has disseminated a Structured Teaming Model Survey targeted to participants to identify Successful Teaming Models. August 2020: Analysis of data to create best practice documents was conducted. May and July 2020: SSA garnered feedback and input from Service Array Implementation Team members around ideas for what an approach and process for implementing best practice teaming strategies at the local level can look like. July 2020: Further developed the planned for the teaming approach to include: <ul style="list-style-type: none"> Alignment with Implementation of Integrated Practice Model (IPM) teaming module efforts, develop a Structured Teaming model for Partnership framework to offer to LDSS Structure teaming model guidance into established Integrated Practice Model Training and Coaching Series for LDSS supervisors and Leadership October - December 2020: Developed a Teaming with Partners Module that was included with the IPM training. Each LDSS program received the module via webinar training and supplemental materials providing guidance around best practices and tools to support enhanced teaming with partners to better support families. Through the submission of Integrated Practice Model coaching plans by the LDSS, an analysis of qualitative data patterns from the coaching plans submission related to teaming with partners was conducted. November 2020: DHS/SSA began the Strategic Service Array Assessment and Planning Process focused on bringing together system partners to support an enhanced approach to teaming aimed to improve collaboration and communication in the development of local service arrays. Initial effort was well attended by partners. 	
Engage in exploration related to readiness to implement local teams; select LDSS to receive in depth technical assistance to implement local teams. (PIP Activity)	2020
<p>2020 Progress: In progress</p> <ul style="list-style-type: none"> December 2020: Through the submission of Integrated Practice Model coaching plans by the LDSS, an analysis of qualitative data patterns from the coaching plans submission related to teaming with partners was conducted. As a result, identification of LDSS to receive TA around teaming will be provided. The activities within each strategy are sequential. Due to the initial delays with developing the teaming approach, this activity was also delayed. The new target date for this activity was moved to April 2021. <p>2021 Progress: Complete</p> <ul style="list-style-type: none"> February 2021: Through the submission of LDSS coaching plans, counties assessed readiness and SSA identified five LDSS to receive in-depth technical assistance to enhance teaming with community partners around specific targeted areas. July 2021: Five LDSS received several in-depth TA and follow up sessions from April-July of 2021. Some themes for enhancements exist in specific target areas and specialized services of teaming with community partners that were identified. Coaching plans and TA revealed several areas of need to enhance and sustain teaming with service partners, including the need to develop a shared understanding and responsibilities of services to best serve families. The type and nature of teaming vary across the state. No one size solution fits all. Issues with teaming are often jurisdictional. 	
Develop measures of progress and performance focused on more effective and comprehensive assessment and facilitation of services to meet family needs (PIP Activity).	2020

Key Activities	Benchmarks for Completion
<p>2020 Progress: Delayed The activities within each strategy are sequential. Due to the initial delays with developing the teaming approach, the subsequent activities were also delayed. We reconfigured the remaining key activities and proposed updated dates of completion for this strategy. The new target date for this activity was moved to April 2021.</p> <p>2021 Progress: Complete</p> <ul style="list-style-type: none"> ● May 2021: SSA decided to utilize measures of progress and performance for both state and local level. SSA will continue to utilize CFSR Item 12. Needs and services of child, parents, and foster parent, in addition to the Stakeholder Focus Groups conducted annually. ● July 2021: The Community Partnership and Services Survey which will be conducted annually has been revamped to provide a more effective and comprehensive assessment and quality of partnerships state and locally. For more immediate real time assessments and measures of success, LDSS can utilize an evaluation strategy with partners focused on responding to a set of questions as an immediate follow up activity to teaming meetings. Questions focus on assessing success of teaming effort and service connection. 	
Conduct ongoing CQI using performance measures; share results and adjust local teaming approaches or policy as needed. (PIP Activity)	2021-2024
<p>2021 Progress: Complete</p> <ul style="list-style-type: none"> ● April 2021, SSA leveraged the TA support provided to the 5 LDSS to utilize Plan Do Study Act (PDSA) cycle as CQI effort in this area. This includes supporting LDSS in establishing their priorities around teaming based on problems identified, implementing a identified strategy(ies), monitoring effectiveness, gathering feedback about progress and deciding to continue, modify, or reconsider solutions. ● July 2021: Results of the PDSA cycle were shared with the larger Service Array Implementation Team members in July for feedback and brainstorming on adjusting approach and how to address common themes on a statewide level. CQI efforts to enhance local teaming will continue locally and statewide as part of the agency’s existing CQI structure. ● October -November 2021: Community Partnership and Services Survey was developed and conducted as a tool for continued performance measurement. 	

Implementation & Program Supports

During the reporting period, DHS/SSA continued to provide an array of implementation and program support to promote successful implementation of all goals and objectives outlined in the state's CFSP and CFSR PIP as well as to advance the strategic vision for child welfare transformation. As the COVID-19 pandemic continued in 2021, DHS/SSA continued to utilize virtual platforms to provide implementation and program support to local departments. As circumstances related to the pandemic shifted throughout 2020/21, DHS/SSA regularly updated guidance provided to LDSS staff regarding the continued use of virtual platforms to host virtual meetings and conduct effective virtual caseworker visits and visitation between children and their families. By July 2021 Maryland ended its state of emergency and as a result DHS/SSA returned to many pre-pandemic practices related to caseworker visits and visitation between children and their families while allowing staff to use virtual platforms when needed to ensure the safety of staff, children, and families. DHS/SSA did continue to utilize virtual platforms to provide training, technical assistance, and implementation support. In addition, support continued to be provided to LDSS staff around effectively using virtual platforms to ensure youth and family partnership and engagement in learning, training, visitation, and court hearings.

*Training and Technical Assistance
Integrated Practice Model*

Following the IPM training that occurred in 2020, DHS/SSA began the implementation of targeted transfer of learning activities and coaching to support local staff in integrating values and guiding principles into day-to-day practice. IPM Learning Collaborative sessions were implemented with supervisors representing all 24 local jurisdictions joining a cohort. Additional transfer of learning activities were designed and developed based on survey responses from supervisors who participated in the IPM Learning Collaborative. The survey results indicate that about half of the respondents would find value in further learning opportunities that address internal teaming to combat isolation of staff during the pandemic and half of the respondents also indicated a specific need to address compliance while promoting practice change. As a result, a directory of successful small tests of change was developed and sent to IPM Learning Collaborative participants.

In addition to the transfer of learning activities, a plan to implement a more intensive coaching was developed beginning with those jurisdictions in which staff and supervisors completed the learning collaborative. Based on feedback from the IPM training, IPM Learning Collaboratives, and surveys obtained from local leadership and training feedback a customized approach to coaching was developed based on “the Coach Approach Model for Adaptive Leadership.” This coaching approach was designed to further operationalize the IPM in local departments, more intensively coach supervisors through experiential teaming, identify specific goals to fully implement the IPM to fidelity, and prepare supervisors to be able to coach their staff to do the same. The model also builds in a Safety Culture approach in which evidence informed activities and habits of psychological safety are built into the coaching intensives in order to establish effective means of support and structure for supervisors to address secondary traumatic stress. In May 2021 coaches along with DHS/SSA Program staff were trained in the model with a broader strategy in mind that this adaptation would support the roll out of a three-month Coaching Intensive in each jurisdiction in Maryland and that DHS/SSA Program staff would utilize technical assistance strategies that aligned with the model as well. In June 2021, the first cohort of Learning Circles (the three-month coaching intensive) was held with DHS/SSA staff and coaches with the plan to continue through the remainder of 2021 and into the next reporting period to ensure all local jurisdictions participate in a coaching intensive. In the next reporting period DHS/SSA plans to continue learning circles, use a coaching approach to technical assistance, train coach mentors from every region in the state to support operationalization of the IPM, and begin offering peer coaching and learning series to support supervisors in utilizing the IPM skills tracker.

As CJAMS implementation continued in 2021, DHS/SSA continued to provide implementation support of local departments through the use of bi-weekly CJAMS Coordinator’s meetings composed of staff from DHS/SSA, MD THINK, and LDSS. These meetings were designed to monitor the transition to CJAMS, monitor the functionality of the system, and identify additional enhancements needed. In addition to implementation support, DHS/SSA provided two specific trainings to LDSS staff to support the effective development of service and case plans. In August 2021, training was provided to caseworkers related to the documenting case plans for children in foster care. In October 2021, DHS/SSA began the phased roll out of prevention services outlined in Family First Prevention Act (FFPSA) training. To support this effort,

training was provided to existing and new caseworkers on how to document prevention services in CJAMS including prevention services eligibility, child specific plans, and the receipt of evidence based prevention services. DHS/SSA plans to continue training and technical assistance to LDSS related to CJAMS as enhancements to functionality continue to be implemented.

Capacity Building

DHS/SSA continued its partnership with the Capacity Building Center for States to advance three capacity building initiatives related to strengthening partnerships with families of origin, youth, and resource families and achieve the outcomes outlined in Plan for Enacting the State's Vision and Progress Made to Improve Outcomes, Goal 1: Increase families of origin and youth voice in their child welfare experiences to improve safety, permanency, and well-being outcomes (See page 110).

Intensive Project #1: Authentic Family Partnership (AFP)

During 2021 efforts were focused on the initial implementation of Parent Partner in Washington County. The state and local implementation teams worked on initial implementation activities including finalizing agreements, aligning existing training with the Iowa Parent Partner model, holding stakeholder meetings to build knowledge and buy-in around the model, and developing an initial evaluation plan. In April 2021 DHS/SSA finalized an agreement with Maryland Coalition of Families to implement the pilot program. By the end of June 2021, the Parent Partner was hired and trained allowing for the launch of the pilot to occur in July 2021. For the remainder of the reporting period efforts focused on monitoring implementation and beginning the initial data collection. By the end of November 2021, fourteen referrals were made, 10 families were served, and 4 families were not interested in services or could not be contacted. Further capacity building work with the Capacity Building Center for States is being requested for FFY2023 to continue support around the implementation of the pilot and the evaluation plan as well as to monitor model fidelity.

Intensive Project #2: Resource Parent Engagement (RPE)

In CY2021 efforts focused on finalizing and disseminating a Resource Parent Practice profile that was designed to support teaming between resource parents, families of origin, and caseworkers in alignment with DH/SSA's Integrated Practice Model (IPM). In order to finalize the development of the practice profile and RPE Workgroup, in conjunction with the Child Welfare Academy, introduced IPM Modules on Teaming and Partnering to a group of resource parents and caseworker staff. Feedback obtained from this group was utilized to determine a dissemination method for the Practice Profile that initially included connecting the profile to a policy focused partnering between resource parents, families of origin, and caseworkers that was introduced through a webinar co-facilitated by a LDSS caseworker, resource parent and family member to be followed by technical assistance and additional training to support implementation of key strategies to support partnership and teaming. Following the webinar, feedback from local jurisdictions resulted in a shift in approach related to the dissemination of the practice profile. DHS/SSA determined that utilizing a practice guidance would be a more effective approach to supporting the utilizing the practice profile to inform practice. In addition, efforts were made to obtain additional feedback from resource parents to determine the need for any additional training and technical assistance. By the end of the reporting period, DHS/SSA, in collaboration with the RPE Workgroup, reviewed all feedback obtained to determine the need for

additional training and/or technical assistance and develop a plan with the Maryland Resource Parent Association (MRPA) to make the webinar and practice profile available on their website. It is anticipated that these activities will be completed in early 2022.

Intensive Project #3: Youth Advisory Board (YAB)

During 2021 progression was made towards training and the implementation of the YAB toolkit designed to assist Independent Living Coordinators (ILC) on acquiring resources to create, implement and sustain YABs. ILC from six jurisdictions (Baltimore, Charles, Carroll, Cecil, Prince George's, and Washington Counties) were used to pilot the toolkit which will include inclusion of youth voice and resource providers. Efforts were also focused on developing training on the revised Youth Transition Plan and Ready by 21 Benchmarks targeted at local staff, youth, and stakeholders. DHS/SSA engaged a number of partners to develop training content, an initial timeline and identify any lessons learned through implementation of IPM training. For the youth audience, a youth-friendly interactive video was developed and made available via YouTube in order to reach as many youth as possible. For the DHS/SSA workforce, a two-part training was developed. In the first session, staff were introduced to the newer policies and processes related to transition planning, including the YTP process and Ready by 21 Benchmarks. The second session was designed as a skills lab to give workers practice in implementing youth-driven transition plans, with a renewed focus on youth voice and choice. For stakeholders (i.e., individuals who may participate in YTP meetings as "natural supports," but who are not child welfare professionals) the webinar introduced the principles of youth-driven planning and the shift toward honoring youth voice during YTP discussions. All trainings were made available by the end of July 2021. DHS/SSA will continue to monitor implementation, obtain feedback, and provide technical assistance to address any emerging needs.

DHS/SSA will continue to explore additional capacity building opportunities and seek the support of technical assistance partners to advance the state's vision and transformation efforts.

Research, Evaluation, and Management Information Systems Support

During 2021, technical assistance and support to case workers was provided through a variety of processes. Most surrounded improving performance of CJAMS for case workers although training around utilization of the Headline Indicator Dashboard and program Milestone continued to be provided to supervisors and managers as requested.

Data Reports

The first process was a weekly Milestone Report meeting where accuracy and validity of reports in Qlik, a reporting mechanism in CJAMS, were discussed and evaluated. This included providing understanding of where the data was coming from in the application, ensuring that the report development logic was accurate and evaluating data documentation. Representatives from all jurisdictions as well as CJAMS application and report development teams participated. This meeting was disbanded after the first four months of the year as it became necessary to focus on report development to support Baltimore City's work regarding their consent decree.

A report development team that focused on modifying reports from DHS/SSA's legacy system (MD CHESSIE) also existed during the first four months of 2021. This group met weekly to

prioritize and review these desired reports. It shifted to focus on the consent decree reports, several of which will also be provided to the other jurisdictions for their data monitoring. This group will resume its original purpose in late-2022 in order to prioritize and continue development of other desired child welfare and provider reports to support case management and program improvement processes. The needed reports have been provided to MD THINK and will be prioritized for development through the rest of 2022.

Baltimore City Consent Decree Reports

Starting late April of 2021, much of the focus for Research and Evaluation was on providing support to Baltimore City in the creation, development, testing, and implementation of over 60 reports for the consent decree. These reports would eliminate the need for hand counts for all of the required data and would be able to be validated with other Qlik reports derived from the same CJAMS data. This group met four times a week to develop the Business Specifications, review and test the reports created, and approve the reports for deployment into CJAMS production (actual usage). Most of the reports focus on elements of foster care and the work completed by the case workers. All reports were developed in such a way that those that made sense to be made available to other jurisdictions would easily be able to be expanded. This focus will end once all of the reports are completed, although there will be modifications as necessary to ensure that the reports are accurate and valid based on other sources. As enhancements occur in CJAMS during 2022, these reports will be monitored to ensure that the report logic is still accurate or modified as needed.

CJAMS Support & Enhancement

Systems Management initially provided twice weekly, then weekly and later bi-weekly coordinator groups to discuss challenges and concerns with CJAMS functionality and to help troubleshoot issues. Representatives from all local departments, DHS/SSA and MD THINK applications participated in these meetings. The focus of these meetings was to ensure that caseworkers can document accurately, efficiently, and effectively information about the children and families with whom they were partnering, and to support the case management process. Over the course of the year, there were several work groups for the creation of stories to enhance CJAMS, although by the later part of the year, only one longer meeting remained. This group outlined needed modifications, enhancements, or new areas to be included in CJAMS to improve the user experience and/or data quality management. The membership of the group included a DHS/SSA systems development team member whose focus is on the application and the training needs for the enhancement being requested. This group also participated in the testing of the enhancements and viewing of the demonstrations, asking questions about applicability and scope of the enhancements. This ensures that any enhancement will work for the end user as well as support reporting requirements. The work of this group will continue through 2022 to ensure that enhancements are created with the input of stakeholders.

AFCARS updates

With the Adoption and Foster Care Analysis and Reporting System (AFCARS 2.0) updates being necessary by October 2022, a group began meeting in June 2021 to start reviewing CJAMS to identify the modifications and enhancements necessary to collect the required data elements. This group consisted of data analysts, end users, data administrators, DHS/SSA leadership and program staff and will continue to meet throughout 2022 to develop training

materials for all local department staff so that they are aware of the upcoming changes and to ensure that Maryland is able to meet federal reporting requirements. Following the completion of AFCARS 2.0 enhancements in CJAMS between August - September 2022, training will be provided to all caseworkers and supervisors who might be entering data that will be collected starting October 2022 for the new AFCARS data elements. An updated How-To guide will also be created and provided as part of the training.

Much of this work will continue throughout 2022 with the addition of Family First Prevention Services monitoring. Additional support will be provided as identified.

Quality Assurance System

Maryland continues to grow and leverage its Quality Assurance/Continuous Quality Improvement (QA/CQI) System to implement improvement activities outlined in the 2020-2024 Child and Family Services Plan.

Capacity in the state's current CQI/QA system

Maryland continues to build capacity to enhance its current CQI/QA system by working closely with Chapin Hall and the University of Maryland School of Social Work. Through these partnerships, DHS/SSA can anticipate and plan for staff attrition and maintain a highly functional CQI/QA system. Over the past year, for example, the CQI/QA unit lost several key positions, but SSA was able to use our partners to fill key gaps until SSA was able to hire four analysts, a CQI supervisor, and a CQI manager. The CQI/QA unit provides CFSR peer reviewer training and quality assurance (QA) training throughout the year. This training consists of applying the federal Onsite Review Instrument (OSRI), reinforcing high quality reviews, and capacity building for newer staff. Staff also receive training in understanding Maryland's Headline Indicator Dashboard Performance. Staff meet quarterly with external reviewers to assess overall trends towards improving outcomes and discuss the overall quality of the reviews to promote fidelity to the CFSR review process. Over the coming year, Chapin Hall will be working closely with the CQI/QA team to build additional capacity in understanding performance by implementing a more rigorous root cause analysis (RCA) approach to enhance Maryland's performance in achieving improved outcomes for children and families. The RCA is based on the Capacity Building Center for States approach and consists of developing guiding research questions, developing a data plan, developing a theory of change to address root causes in the barriers to achieving outcomes for children and families. This work will be used to inform Maryland's Statewide Assessment for CFSR-4.

Capacity to conduct a state lead review

Maryland's CQI/QA System is supporting jurisdictions where the services included in the Child and Family Services Plan are provided through an established statewide quality assurance (QA) system that leverages administrative and case-review data to assess progress towards achieving outcomes for children and families. In 2021, for example, 9 local departments were reviewed spanning two review periods: Prince George's County, Talbot County, Calvert County, Baltimore City, Carroll County, Anne Arundel County, Allegany County, Queen Anne's County, and Washington County. Because of our current infrastructure and ongoing relationship with our partners, SSA intends to conduct a state lead review for CFSR-4.

CCWIS enhancements or updates used to support CQI/QA

Maryland's CQI/QA system can evaluate the quality of services using administrative data pulled from CJAMS (i.e., CCWIS) to track progress across sixteen key outcomes measures safety, permanency, and well-being through the Headline Indicators dashboard. DHS/SSA distributes Headline Indicators on a quarterly cycle statewide to all the local departments. The data show statewide and individual jurisdiction level progress towards achieving outcomes. To prepare for CFSR round 4, DHS/SSA took intentional efforts this year to revise the applicable Headline Indicators to achieve alignment with the CFSR round 4 statewide data indications (SWDIs).

DHS/SSA Operations, working closely with the CJAMS coordinators for child welfare and resource providers from each local department, provided technical assistance and collaboration in order to identify solutions for both long- and short-term issues related to CCWIS enhancements. Throughout 2021, there was increased and consistent integration of social services staff in the testing, demonstrations of application changes and revisions/updates of written technical documentation for CJAMS. DHS/SSA and LDSS staff also increased participation in the development of user stories for application changes. There was consistent communication and collaboration with MD THINK on all aspects of CJAMS, including management of application defects that have been reported by users. This has been done in order to achieve the data quality priorities identified as part of the CCWIS Data Quality plan through developing data standards to support data accuracy, reliability and validity. All AFCARS data fields will be highlighted to ensure that caseworkers can identify and complete them. Additionally, a great deal of attention has been paid on the creation of reports that will provide real time data for caseworkers and supervisors to ensure that all necessary data fields are completed timely and to ensure duplicate records are not created. To help ensure that caseworkers have the time to pay attention to these mandatory data areas, review of data fields that can be auto populated from other areas is occurring. Case workers should not have to enter data more than once, even if it is needed in other sections of the CCWIS, and wherever possible workers should have picklists to provide data consistency for QA/CQI purposes.

However, there were limited personnel resources both at MD THINK and DHS/SSA who can fix defects and develop identified enhancements at the same time as the volume of issues that required logging, triage and resolution and response have been quite extensive. During Fall of 2021, DHS/SSA increased its staff resources while there was a reduction at MD THINK. There was also a lack of transparency regarding how the resources at MD THINK were being managed in order to meet specific needs. Not only are MD THINK staff split between resolving defects and creating enhancements, but they are also involved in multiple CJAMS modules as well as other agencies on the MD THINK platform. This created challenges in paying attention to any priority level other than critical with regards to the defect tickets. These challenges have limited the number and scope of changes desired to ensure that workers are able easily document as well as to ensure that changes occur expeditiously; instead, there can be many weeks or even months between identification of needed changes, either as a defect or enhancement, and the implementation of those changes.

CQI/QA process to ensure progress towards improving outcomes

To assess how casework practice is driving performance on the Headline Indicators, the DHS/SSA CQI/QA unit conducts monthly qualitative on-site case reviews (MD CFSRs) across a range of small, medium, or large jurisdictions including Baltimore City (metro), which is

reviewed biannually. Case review results are shared on a six 6-month review cycle. Cases are identified using a random sampling methodology to ensure comparability between each 6-month period. One key area that was identified as a result of the state's on-site reviews was the engagement and partnership with fathers. Many local departments strengthened approaches to identify absent fathers and engage fathers who were incarcerated as well as improve the documentation of all outreach efforts. These efforts have appeared to have a positive impact on the state's performance related to case planning, identifying service needs, and caseworker visitation. In addition, DHS/SSA specifically utilized its CQI process to better understand performance related to Health Outcomes for children in foster care and the length of stay in foster care for children under five. Headline and on-site review data was utilized to conduct root cause analyses and begin to develop potential strategies to improve performance. See Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs on pages 45 and Services to Children Under Five on page 154 for details on these activities.

Maryland is currently in period 8 of the ongoing case review process. Maryland implemented stakeholder focus groups in April 2021. Findings across both the April and October 2021 focus groups identified challenges with accessing resources to appropriately meet children's mental and behavioral health needs. Additionally, responses from child welfare staff and court partners revealed an inconsistent understanding of periodic reviews and permanency hearings as child welfare staff often reported their understanding of periodic review hearings as being synonymous with permanency hearings. In efforts to bridge this gap in understanding and create more opportunities for teaming between the local departments and court partners, DH/SSA created the Court Outreach workgroup in 2021. Furthermore, DHS/SSA developed and implemented Family Teaming webinars specific to court partners in effort to foster their understanding of child welfare staff's perspectives and expectations for practice. The results of the focus groups were shared with DHS/SSA leadership and will be presented to the Outcomes Improvement Steering Committee in the Spring of 2022. The focus groups provide an opportunity for the families, youth and professionals involved in the child welfare system to inform SSA's understanding of Maryland performance on systemic factors, the IPM and other strategies.

Current case review instrument

Maryland CFSRs are conducted using the federal Onsite Review Instrument (OSRI), which assesses the quality of practice and service delivery to children, youth and families. Through Maryland's CQI/QA System process, /SSA identifies practice strengths and needs of the service delivery system using data extracted from reports within the federal Online Monitoring System (OMS). This information is combined with the Headline Indicator dashboard performance. Statewide CFSR results are disseminated to local departments and to internal and external stakeholders every six months.

Collaboration in improving outcomes

DHS/SSA continues to regularly review and discuss aggregate CFSR performance data with external and internal stakeholders at a variety of venues within the DHS/SSA Implementation Structure (See Collaboration and Feedback Looks section on page 11 for additional information). These discussions focus on identifying trends across program and service areas, assessing strengths and barriers, and identifying potential root causes impacting performance.

In addition to these efforts, the CQI/QA Unit provides a CFSR Results Report (summary analysis) of local and statewide CFSR performance following each CFSR onsite case review. This report outlines the aggregated findings of the LDSS onsite case review, including trends around their practice areas of strength and areas needing improvement. The report then summarizes the overall CFSR performance trends in comparison to the local Headline Indicator data and provides recommendations for practice improvement.

Furthermore, the CQI/QA unit assists by providing targeted assistance to construct a data-driven, comprehensive Continuous Improvement Plan (CIP) to leverage strengths and developing strategies to address areas of improvement. The CQI/QA unit then monitors the CIP on an ongoing basis bi-annually until the LDSS restarts the cycle.

Over the last year, Maryland initiated the implementation of a local Quality Assurance (QA) Review process designed to assess compliance with key child welfare activities. Through the use of a standardized tool, these QA Reviews allow each LDSS to critically assess the quality of practice and local level processes. Included are case-level and resource-provider level reviews to support an ongoing understanding of LDSS performance related to national and statewide standards. These efforts are informing opportunities to improve practice and ensure quality service delivery for children and families receiving in-home and out-of-home services. In addition, these reviews facilitate targeted course corrections where needed in local jurisdictions.

The LDSS QA Reviews occur in parallel with the statewide CFSR reviews and aid the state in identifying statewide versus local trends in practice and understanding which additional resources, training, technical assistance, or other supports are needed to address gaps and areas needing improvement. Through these reviews, LDSS can elevate local insights on performance for DHS/SSA to review cumulatively in tandem with other evidence and data gathered on statewide performance. Insights and trends noted through QA Reviews are leveraged for statewide policy and program decision-making while also enabling LDSS to monitor their own performance to guide locally driven and developed improvement efforts. Maryland has also implemented bi-annual focus groups that offer an opportunity for families, youth and professionals who are involved in the system to inform our understanding of Maryland performance on the systemic factors, the IPM, and other strategies.

Update on Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program

Below is a list of all services currently provided by DHS/SSA which have not changed since the submission of DHS/SSA's CFSP. DHS/SSA does not anticipate any changes in services provided in FFY 2023. For a full description of services please refer to DHS/SSA's CFSP.

- Child Protective Services
- Alternative Response
- Family Preservation Services
- Kinship Navigation
- Placement and Permanency
- Adoption Assistance Program
- Mutual Consent Voluntary Adoption Registry

- Adoption Search, Contact and Reunion Services
- Ready By 21
- Guardianship Assistance Program

The estimated number of individuals and families to be served (the number of individuals and families to be served by service/activity with the total estimated funding indicated); the population(s) to be served (the population that has been targeted for the designated services); and the geographic areas where the services will be available is reported in Appendix C: Maryland FY2023 CFS-101s

Services for Children adopted from Other Countries

There were zero (0) disruptions and (0) dissolutions for FFY2021 for Inter-Country Adoptions that were reported by the LDSS.

Maryland does not provide any specific programs targeted to children adopted from other countries. If these children enter care post adoption, they receive the same services as those provided to children born in this country, aimed at reunifying the family as soon as possible. At the time of removal, families are eligible to receive post adoption support 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.

Maryland has continued to implement 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. The tracking system also includes 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. DHS/SSA plans to integrate a tracking system within the new child welfare data system to track the LDSS adoption disruptions to ensure the self-reporting data is accurate.

Services for Children Under 5

As indicated in Table 38, in CY 2021, 42% of children under the age of 5 that came into care had a length of stay of 11 months or less (24% had a length of stay of 6 months or less and 18% had a length stay between 7-11 months). This is a slight increase from the previous year which was at 39%. A little more than half (58%) of children under five had a length of stay of 12 months or more in CY2021.

Table 38: Children Under Age Five Length of Stay CY2021

Social Services Administration: Children Under Age Five in Foster Care, Length of Stay (LOS)				
LOS in Care (In Months) of Children Under Five in Out-of-Home				
Calendar Year	6 months or less	7-11 months	12 months or more	Total
2021	278	211	687	1,176
Percentage of population	23.6%	17.9%	58.4%	100%
Percentage Point Change: 2019 to 2020	3.3%	-1.9%	-1.5%	
2020	259	252	763	1,274
Percentage of population	20.3%	19.8%	58.9%	100%
Percentage Point Change: 2018 to 2019	-8.1%	-1.5%	9.4%	
2019*	353	264	627	1,241
Percentage of population	28.4%	21.3%	50.5%	100%
The goal is for 80% of the children 0-5 will have a length of stay of 11 months or less by 2024.				
Source: CJAMS				
*2019 has been updated to include Washington County which was missing last year due to CJAMS transition				

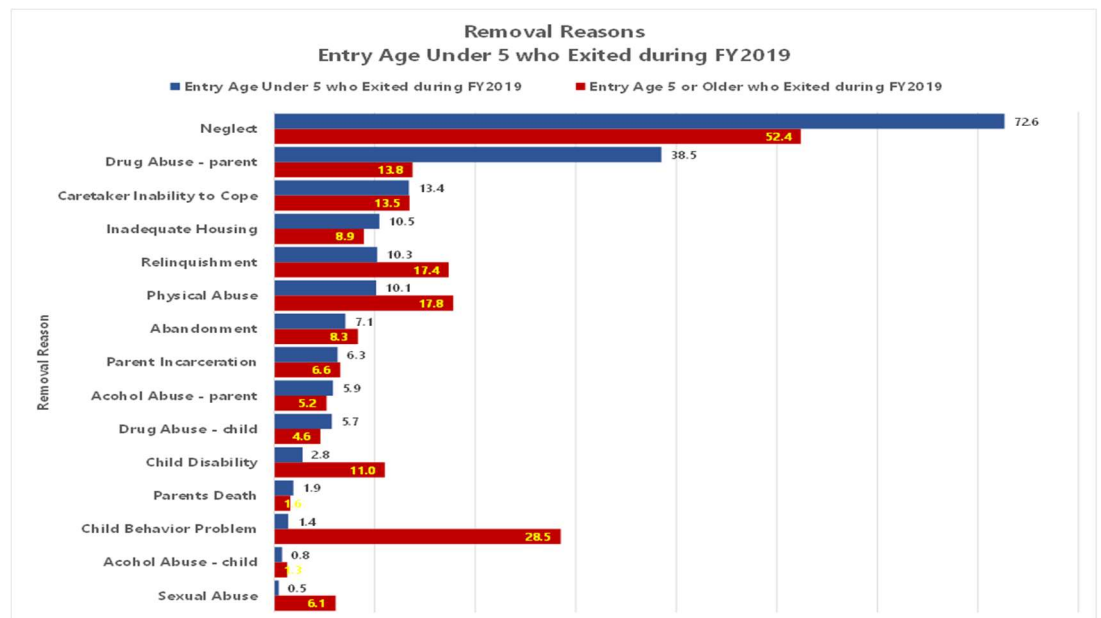
The most recent CFSR data for item 10; relative placement indicates 79% of cases were rated as a strength. This is a slight increase from the previous 2 years in which in 2020, 73.91% of cases reviewed were rated as a strength and in 2019 68.92% of cases rated as a strength. This data suggests an increase in relative placement may be contributing to the decreased length of stay for children in care, however DHS/SSA will look to conduct additional analysis to understand length of stay with relative caregivers versus other caregivers.

During this reporting period, the agency continued to monitor, assess contributing factors and work to reduce the length of stay for children under the age of five in care. In order to better understand factors contributing to longer lengths of stays for children five and under, the agency conducted a Root Cause Analysis (RCA) to (1) Identify unmet service-related needs associated with achieving permanency, (2) Identify services for children under age 5 that reduce the length of stay in foster care and (3) Identify strategies to improve service quality and delivery. The RCA, conducted with the support of Chapin Hall, included an analysis of the following data sources: Child and Family Services Reviews (CFSR), Permanency exits by race, Program Questionnaire, Headline Indicators and Adoption and Foster Care Analysis and Reporting System (AFCARS). There were some data limitations at the time of analysis as CANS data was not available. The RCA was a three-layered process designed to understand the longer length of stays for children 5 and under, rates of permanency for all youth, issues with service quality and delivery, and contributing factors related to removal.

Key Findings from RCA looking at those who exited during FY 2019, indicated:

- Children under 5, stay in care for about 1.5 years on the average, with about long-stayers (approx. 5%) remaining in care for more than 5 years. Families with children under the age of five with longer length of stays, tend to have more complex needs that are compounded by other issues such as experiencing housing instability and dual diagnosis (i.e., substance use; mental health). Due to having multiple service needs, families are often involved with multiple community providers/agencies. This appears to impact the parents' ability to successfully address family needs and meet program requirements. DHS/SSA is continuing to explore this key finding by identifying additional data that would assist with addressing factors impacting this area. When exploring reasons for removal for children who entered care under the age of 5 versus over the age of 5, Figure 2 Removal reasons for children who entered care under the age of 5 who exited care during FY2019 compared to the removal reasons for those 5 and older, below seems to indicate that:
 - For children under the age of 5, a significant trend identified is, substance use of parents (39%) and neglect (76%) are the most common circumstances at the time of removal. Both lead to significantly longer length of stay compared to the median length of stay of all those who were removed prior to age 5.
 - Substance abuse issue is significantly more magnified among parents/caretakers of those under 5 compared to those with older children. Conversely, the issues around children (e.g., behavior problems) is much more present among children older than 5.
 - Other notable circumstances of removal along with neglect for children under 5 includes caretaker inability to cope, inadequate housing, relinquishment, and physical abuse.
- Circumstances of removal varied significantly by race: more white children are represented for neglect and drug abuse of parents (e.g., whereas more Latinx children are represented in neglect and alcohol abuse of parents). The length of stay also varied significantly by race where black children stayed in care significantly longer compared to white children

Figure 2: Removal reasons for children who entered care under the age of 5 who exited care during FY2019 compared to the removal reasons for those 5 and older.



As a result of the RCA and collaboration with key stakeholders, a set of recommendations were identified to progress towards goals and improve service quality and delivery. Maryland's Continuous Quality Improvement Focus Group Report indicates that caseworkers find it extremely challenging to team and engage parents struggling with substance use disorder as these parents often appear absent or present challenges in developing authentic partnerships. This information indicates an opportunity for the agency to support caseworkers with coaching on working with families whose needs are more complex and challenging.

Maryland has continued to support and monitor various activities implemented by LDSS to support children under five designed to prevent their entry into care and/or shorten their length of stay in care. Root Cause Analysis findings indicate that parental substance use disorder continues to be the most common contributing factor in removals. To address this issue, the agency focused on enhancing collaborative partnerships with behavioral health and other core service agencies. The agency's Substance Use Disorder Workgroup consists of a number of key stakeholders representing behavioral health, parents, advocates and the LDSS. During this reporting period, the SUD workgroup explored opportunities to enhance or expand current behavioral health services to DHS involved families. This included sharing information around SUD treatment options, level of care and how to access Maryland's SUD Pregnant Woman and Children residential programs.

Maryland has a number of programs that increase recovery from substance use disorders, encourage retention in treatment, increase parenting skills and capacity and coping skills, and enhance child well-being which can support in reducing lengths of stays for children. These services include:

- Safe Babies Court Team Approach- SBCT (Frederick County)
- Peer Recovery Coaches (Harford County)
- Judy Centers (Various counties)
- Family Recovery Courts (5 Jurisdictions)
- Sobriety Treatment and Recovery Teams (12 jurisdictions)

As the agency continues to shift to a focus on prevention, during the reporting period, the agency continued with its implementation of Family First Prevention Plan and the five identified prevention evidence based practices. The agency offered Workforce Development training to the Child Welfare Workforce focused on assessments of needs, appropriate service matching and coordinating with service providers to ensure service plan goals are being met.

The agency currently supports and collaborates to implement a number of evidence-based or promising practice interventions for young children and their families. These interventions include:

- Parent Child Interactive Therapy (PCIT) is an evidenced-based mental health intervention designed for children aged two - seven and their families. This intervention is currently being implemented in Anne Arundel County. This intervention is included in Maryland's Family First Prevention Plan, allowing for expansion to other jurisdictions in coming years.
- Nurturing Parenting Program (NPP) is a promising parent-education program that is being implemented in two jurisdictions.

- Healthy Families is an evidence-based home visiting program designed for pregnant mothers and parents with children up to 24 months of age. It is being implemented in five jurisdictions. This intervention is included in Maryland's Family First Prevention Plan allowing for expansion to other jurisdictions in coming years.

Additionally, during this reporting period the agency worked towards improvement of permanency goals, reducing lengths of stays for youth aged 0-5 as well as all other youth through activities such as:

- Continued improving coordination between LDSS and court and legal staff. DHS/SSA Permanency Workgroup requested updated information on TPR filings.
- Due to COVID there were some challenges with in-person visitation however virtual visitation is occurring. LDSS are continuing to assess if they will re-institute utilization of visitation centers since in-person visitation has resumed.

To address system infrastructure related to childhood development, Maryland is currently the recipient of the Pritzker Family Foundation Prenatal-to-Age-Three State Grant which is called the Building Better Beginnings (B3) initiative. DHS currently serves as a Key Leader on the B3 initiative. B3 focuses on expansion of high-quality services available for expectant families and families with children from birth to age 3 who are living at or below (200%) of the Federal Poverty Level. The initiative focuses on increasing receipt of services in three broad areas: high-quality prenatal and early childhood care and services to support health and development (Healthy Beginnings); comprehensive services that promote maternal health, infant and toddler development, and family well-being (Supported Families); and high quality, affordable infant-toddler childcare, and early learning experiences (High-Quality Early Care and Learning). The agency spent the previous year as a key collaborator on the B3 initiative to develop the state's inaugural Prenatal-to-Three Equity Report which is essential to promoting equity in the three broad domains and in addressing the developmental needs of all vulnerable children age 3 including children in foster care, as well as those served in Family Preservation and within community-based agencies.

Efforts to Track and Prevent Child Maltreatment Deaths

Process for reporting fatality data to NCANDS

DHS/SSA developed a partnership with Maryland's Office of the Chief Medical Examiner (OCME) which has shared the OCME database of all deaths with DHS/SSA on a monthly basis starting in the latter part of 2020. This allows DHS/SSA to obtain more detailed findings about a child fatality that may not be available until several months following the closure of a CPS investigation. During the Fall of 2021 there was staff turnover with the policy analyst and CPS Director who managed fatality data. Given the staff transitions, there was a delay in obtaining access for the new CPS/Family Preservation program leadership team. Once access was obtained the CPS/Family Preservation Leadership team was able to access all data unavailable during the delay.

DHS/SSA worked to implement a Data Use Agreement (DUA) with the OCME to ensure a process for consistent information sharing moving forward. DHS/SSA began the exploration of cloud-based confidential database options. DHS/SSA worked with the University of Kentucky, our academic partner for the Child Maltreatment Fatality Review, to build a database in the

RedCap system which is used by other States to securely store, analyze, and archive fatality data. DHS/SSA is working through the Office of Technology for Human Services' (OTHS) Architectural Review Board (ARB) for security approval to begin using the RedCap system. Currently DHS/SSA uses secured Excel-based spreadsheets that can only be accessed and updated by one individual at a time. The database is so large it takes a significant amount of time to load, update, and save the data. The RedCap system will resolve these issues and allow for improved data tracking with multi-user functionality. A new supervisor monitoring process has been put into place to reduce human error associated with manually entering data into tracking sheets.

Currently, SSA receives information about child deaths from LDSS at the time of the fatality. To ensure DHS/SSA is receiving timely reports of child fatalities, enhancements were made to the tracking system as an interim measure while approval for use of the RedCap database is pending. In 2022, fatality reporting forms will be updated to allow for future enhancements to be made to CJAMS to capture data elements directly from the system. This will improve Maryland's ability to monitor trends and provide any necessary guidance, technical assistance, or training to staff. The new reporting forms and use of the RedCap database will allow for more accurate data to report to NCANDS. DHS/SSA incorporated feedback gathered over the course of 2021 to make adjustments to the Child Fatality/Serious Physical Injury/Critical Incident Policy that had been in development. This new policy is planned for release in early 2022.

Steps to develop and implement a statewide plan
[Maryland Plan](#)

DHS/SSA has compiled a set of objectives to encompass the methodology, implementation and necessary policy and practice changes related to the Child and Family Services Plan. These objectives include processing and learning from staff experiences working within the entire child and family-serving system. Front line staff are a direct source of information as to their experiences in the field, what resources or tools were needed versus what was provided or available, and what barriers or supports existed during casework practice.

In November of 2021 Maryland fully launched the pilot for the Child Maltreatment Fatality Review. Eight of Maryland's 24 jurisdictions received an individualized overview presentation with an interactive Q&A session to address any questions or concerns from the Local Department leadership team. The overviews included our TA support from Chapin Hall and our academic partners from University of Kentucky. These external sources which spoke to the National Partnership for Child Safety and the work to stem child fatalities in other localities and states supported SSA in garnering buy-in from the Local Departments as they were able to speak to the benefits, implementation challenges, and lessons learned from other states. In December of 2021, three fatality reviews were held with front line child welfare staff and Supervisors. While the CMFR pilot had begun in 2020 with conversations, planning, and meetings with the pilot jurisdictions, due to staffing issues, the pilot jurisdictions had to be shifted in order to move the implementation forward.

The criteria for triaging fatalities across Maryland's child welfare system have been determined. Fatalities that may result in a State-led CMFR include:

- All youth in Out-of-Home placement,
- Children aged 3 years and under with an undetermined cause of death,
- All deaths for children with an open LDSS case or active within last 12 months,
- Any maltreatment related death - regardless of CW history; and
- Administrative requests.

In 2021 DHS/SSA continued to revise SSA Policy Directive #10-5 - Child Fatality/ Serious Physical Injury/ Critical Incident Protocol and the related reporting forms. Feedback was received from numerous stakeholders resulting in a streamlined policy that includes new supplemental guidance to address unsafe sleep-related fatal incidents. Maryland's data shows that while an exact cause of death cannot always be determined in unexpected infant deaths, unsafe sleep factors are present in the majority of cases (85% of the 264 Maryland Sudden Unexpected Infant Death cases between 2015 to 2019, Maryland Department of Health 2020 Annual Legislative Report) indicating that the deaths could have potentially been prevented if safe sleep practices were followed.

In keeping with the Integrated Practice Model and the commitment to Safety Culture, SSA's new leadership in the CPS/Family Preservation team was trained to use the Safe Systems Improvement Tool. The new leadership team has extensive knowledge in Child Protective Services, Family Preservations and prevention focused work from direct experience on the "front line." With this transition came a new deep dive into casework practices when receiving fatality notifications. Upon receiving a fatality notification with abuse allegations in a family that has a history with the Department, a deep dive into the case is conducted by SSA staff. After reviewing the current investigation and any associated previous Departmental interventions with the child and family, an SSA representative conducts individual outreach to the local office to discuss system-level barriers and any potential areas for improvement. This deep-dive approach coupled to the 1:1 assistance offered to Local Departments has already shown promise as offices take steps to enhance practice and adherence to policy.

Engaging public and private agency partners

DHS/SSA is continuing to work with Chapin Hall and University of Kentucky to develop a comprehensive child fatality review process based on the success of those implemented at the national level. Throughout 2021, Chapin Hall regularly met with SSA staff to develop strategies to overcome staffing shortages to begin the CMFR pilot.

A Safety Culture webinar was recorded and shared with local offices to prepare for the implementation of the Child Maltreatment Fatality Review. This webinar helped to explain "safety science" to inform the creation of a Safety Culture. DHS/SSA's has been intentional in its approach to foster an organizational culture that promotes a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment. This cultural shift is essential for the Child Maltreatment Fatality Review process and is integral to organization learning and the identification of improvement opportunities. It is anticipated that lessons derived from the CMFR will align with FFPSA as upstream prevention opportunities come into clearer focus. Benefits have already been evidenced through the Plan-Do-Study-Act (PDSA) process as safe sleep has emerged as an opportunity to enhance workforce preparation through skill building and risk mitigation. Coupled to this is a desire to

strengthen family engagement so that child welfare workers are best equipped to provide education to families on the risks associated with unsafe sleep while demonstrating safe sleep options and offering tangible goods as needed. A safe sleep workgroup is planned for 2022 which will include key community partners in an effort to create guidance for Local Department staff around safe sleep practices.

DHS/SSA worked to obtain access to the OCME system for the new CPS leadership team as staff transitions occurred. This allows SSA continued access to this database which will help identify potential cases of maltreatment that are not reported to the LDSS and are therefore not included in the DHS/SSA data. Gaining access has also been beneficial as it relates to the date of death and official cause and manner of death, which may alter the CPS dispositional findings.

DHS/SSA attends the State Child Fatality Review meetings which allows for partnerships with the Department of Health, law enforcement agencies, public and private agencies. These meetings allow for review of Statewide data and trends and focus on prevention efforts throughout the State. DHS/SSA also has representation on the Maternal and Child Health Morbidity, Mortality and Quality Review Committee. This committee determines factors contributing to morbidity and mortality related to pregnancy, childbirth, infancy and early childhood based upon the cases reviewed. The committee develops recommendations to address the contributing factors.

Supplemental funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 (COVID-19)

DHS/SSA continued to utilize the supplemental funding allocated in 2020 to provide an array of services to respond to, prepare for, and/or prevent child welfare needs arising from the coronavirus pandemic. Specific uses of these funds continued to include:

- Purchasing personal protective equipment (PPE) including face masks, sneeze barriers, disposable masks, medical gowns, digital thermometers, hand sanitizer for child welfare staff, youth, and families
- Securing Non-IV-E eligible placements for youth/family to quarantine
- Laptops, Webcams and Hotspots
- Rent/Mortgage Assistance
- Therapeutic Services to include specialized therapy and behavioral health treatment for youth and families to address social isolation, support wellness, and maintain placement stability
- Staff training on impact of pandemic and wellness
- Air filters for Visitation Rooms
- Educational supports and supplies to include books, tutoring, and mentoring
- Transportation Support
- Child Abuse prevention outreach

DHS/SSA continued to support the LDSS on the use of their individual allocations in alignment with federal guidance for approved uses and to ensure funds were expended by September 30, 2021. By September 2021 DHS/SSA fully expended its allocation of \$664,640. With these funds DHS/SSA served approximately 615 children, 606 youth, 861 families, 1033 parents/caregivers, and 770 staff.

Promoting Safe and Stable Families (PSSF)

Please refer to the CFSP and previous APSRs for background information on the PSSF grant. In 2022, Maryland will utilize no less than 20 percent of the PSSF grant in each of the following service categories: family preservation, family support, family reunification, and adoption promotion and support services. Ten percent of the grant will be administration and discretionary spending. These funds are allocated to the Local Departments of Social Services (LDSS) for contracting with local community-based organizations to provide services to families and children within their local jurisdiction. There were no changes or additions in services or program design during this reporting period.

Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act

In July 2021, DHS/SSA allocated to local departments the emergency funding for the Mary Lee Allen Promoting Safe and Stable Families (PSSF) to be utilized to support families by facilitating reunification of youth who are placed in out of home care, support and prevent entry into care and promote and support adoption finalization and remove barriers for those youth who have a goal of adoption. The LDSS were also provided with a tip sheet and guidance for use of the funds and tracking expenditures on a quarterly basis. Through December 2021, DHS/SSA has spent approximately \$123,588 on various activities and items including tutoring services to children in adoptive homes during distance learning, daycare services for foster care children, purchasing of furniture for children in care and covering medical, dental, and pre-adoptive expenses for children and families seeking to be foster parents. In addition to providing funding to families in care, PSSF funds also allowed social workers to attend virtual conferences and trainings throughout the year. DHS/SSA has noted that there has been limited spending of the Division X PSSF funds by local departments suggesting that barriers to spending have been experienced. Potential barriers may have included a lack of clear guidance on the utilization of the funding in conjunction with their standard PSSF allocation as well as managing state timelines regarding the procurement of services. To support spending of these funds by September 2022, the state plans to further explore with LDSS the barriers to spending and provide technical assistance around appropriate uses of these funds.

Family Reunification Services

Approximately 847 families and 1,243 children were served in SFY 2021. (Unduplicated count). 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. Family Reunification services support Safety Outcome two (2) in the CFSR that children are safely maintained in their home when possible and support Permanency outcome one (1) in the CFSR that children have permanency and stability in their living situation. These Family Reunification services that are provided by the LDSSs help achieve both reunification and prevent re-entry in the foster care system.

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 childcare and therapeutic services for families, including:
- Crisis nurseries
- Transportation
- Visitation centers rent/mortgage assistance,
- Baskets of supplies for kinship caregiver support group appreciation month
- Reimbursement for moving expenses including hotel, U-Haul expenses, while awaiting move to new home

Family Preservation and Family Support Services

In SFY2021, family preservation and family support funds through PSSF were allocated to all twenty-four (24) LDSS in Maryland resulting in approximately 1,297 families and 1,400 children being served. Most of the LDSS operate a specific program with these funds that provide family visiting, counseling, evidenced based services. 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 SFY2021, the following jurisdictions continued to receive “flex funds”: Baltimore City, Anne Arundel, Caroline, Charles, Frederick, Harford, Howard, Prince George’s, Queen Anne’s, St. Mary’s, Somerset, Talbot, Washington, and Wicomico County. Community based parent education programs and structured parenting classes were offered as an integral part of child welfare services, offering parenting development opportunities. In addition, home visiting services were also provided, which served families with children ages 4 months to 5 years old. These “flex funds” achieve program goals by providing services to families to preserve and strengthen families and to prevent children’s entry into foster care. 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 the family preservation and support programs are different and are based on the needs in the respective jurisdiction.

Adoption Promotion and Support Services

Approximately 426 families and 447 children were served in SFY 2021. 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. For the SFY2021 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.

The types of services provided include:

- Respite and childcare
- 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.

In SFY2021, DHS/SSA also utilized the Adoption Promotion funds in the following ways to promote adoption finalization. The LDSS were able to achieve their individual adoption goals developed in conjunction with the Children’s Bureau’s All-In Foster Adoption

Challenge/Adoption Call to Action:

- Fire, Health, Lead Paint, and Environmental inspections for potential foster care homes- required to license adoptive homes
- Training for CPR and resource parent PRIDE training for potential foster/adoptive parents
- Medical care of youth for services such as braces
- Personal care items to support pre-adoptive placement such as toiletries, diapers, etc.
- Marketing and advertising to recruit families for Foster Care and Adoption
- Targeted services to remove barriers for foster youth for goals of adoption
- Payment to trainer/facilitator for the adoption support and education groups
- Food and supplies for adults and children for the adoption support and education groups
- Payment for TPR mediation and attorney fees for children with permanency plans of adoption
- Adoption education/counseling for pre-adoptive parents and children
- Deposit for adoption celebration

Populations at Greatest Risk of Maltreatment

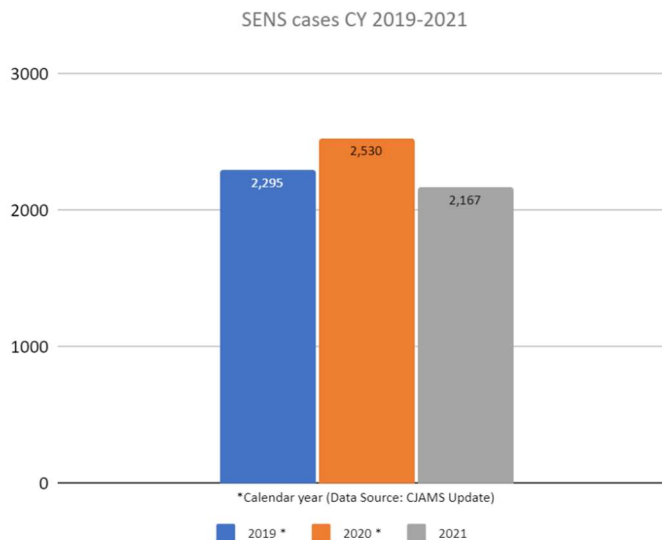
DHS/SSA continues to identify Substance Exposed Newborns (SENs) as a population at the greatest risk of maltreatment. While the agency considers all children engaged or receiving state services vulnerable to maltreatment, SENs are considered at greatest risk because of age and risk involved with prenatal substance exposure. SENs may suffer from long term adverse effects that may impact their health and well-being as well as the parent’s inability to properly care or protect the SEN due to unhealthy decisions and behaviors associated with the parent’s substance abuse/use. The agency recognizes that a comprehensive assessment of the SEN, parent/caregiver, and family member’s needs, and risk factors coupled with a collaborative approach with health care and service providers is necessary to effectively support the well-being and safety of the SEN and other family members.

Assessment of Data

The state’s SEN data in Table 39, below, shows a cyclic pattern. For CY2021, there were 2,167 SEN cases served by the agency which is a 14% decrease from the previous year. As a part of continuous quality improvement and assessing SEN data, the agency believes the SEN data fluctuations may be attributed to and impacted by the change in the SEN definition and notification exemption that occurred in 2018. The decline in SEN cases may be attributed to the notification/referral exemption included in Maryland’s Family Law Article § 5-704.2. This

exemption affords a mother who is legally using a substance as prescribed to be exempt from notifying the LDSS solely on the basis of the newborn’s positive toxicology results unless there is some effect on the newborn as determined by the health care practitioner/birthing hospital staff. Maryland has thirty-one (31) birthing hospitals and Maryland’s Family Law Article § 5-704.2 provides autonomy to the health care practitioner/birthing hospital staff in determining any effects on the newborn, perhaps leading to some inconsistencies regarding SEN notifications to the LDSS.

Table 39: SENs Cases CY 2019-2021



The accuracy of SEN data over the last three years in order to identify trends has also been impacted by the agency’s transition to CJAMS in 2019. This transition and data migration has impacted the accuracy and validity of the agency’s SEN data reports. The agency continued to review, test and validate the SEN data as well as enhancements to better inform the agency about the SEN population, positive outcomes, and programmatic needs.

2021 Efforts to Support and Address the needs SENs

During 2021 the agency continued to support and address the needs of SENs. DHS/SSA issued a new statewide SEN policy to all LDSS. The policy provided updated guidance, tools and best practices on cross-system collaboration to improve service delivery and continuum of care for SENs and parents. The agency introduced the revised SEN written notification form and standardized the Plan of Safe Care (POSC). To support effective implementation of the policy and adherence to Maryland’s Family Law Article § 5-704.2, DHS/SSA collaborated with Maryland Department of Health’s Behavioral Health Administration, Maryland’s Patient Safety Center, and Maryland Department of Health’s Maternal and Child Health to conduct a two-day SEN policy training during February 2021. Target audience for the training included birthing hospital staff, health care practitioners (HCPs), mandated reporters, and community health providers serving SEN or parents with a substance use disorder, and LDSS staff. The SEN policy training informed internal and external stakeholders on DHS/SSA’s new SEN policy, SEN resources, and resources for parents to ensure effective implementation of the SEN policy and cross-system collaboration at the state and local levels.

The agency worked with University of Maryland School of Social Work, Ruth Young Center for Families and Children Child Welfare Academy to update and enhance the current training curriculum for child welfare staff. The enhancements support implementation of the new SEN policy and advanced skills in key areas such as medical cannabis, effective partnerships (for families affected by substance use disorders), and implementation of the POSC to support practice improvements.

DHS/SSA's Well-Being (WB) Unit along with technical assistance from The Institute for Innovation and Implementation (The Institute) and Chapin Hall continued to provide technical assistance (TA) to the LDSS, birthing hospitals, substance use treatment providers, and community providers to improve practice and cross-system collaboration. A SEN Policy Survey was developed and completed by LDSS staff late spring of 2021. The survey was developed to gain information and assess policy comprehension to support policy implementation and statewide development. State and jurisdictional survey results were compiled and indicated the majority of program staff did not need additional training or TA in the areas of SEN related policy documents, assessment tools or procedures. Some of the areas that were identified as a training need were the use of the POSC, the development oversight and monitoring of the POSC, and the SEN supplemental policy document "Parental Authorization for Care of a Child by a Caregiver." There was considerable variability in responses across jurisdictions, suggesting the need for tailored coaching and technical assistance. As a result, the agency conducted targeted TA sessions including follow up sessions with all 24 LDSS from summer 2021 to December 2021. The TA sessions were held to provide additional policy guidance, determine needed programmatic changes to ensure effective implementation of the policy including the POSC, and inform the agency on areas of needs for targeted SEN's training and activities for 2022.

In addition, to support the monitoring process of the POSC agency, program staff continued to work in partnership with DHS/SSA's operations unit to embed the full POSC document into CJAMS to allow for more effective reporting of POSC activities. The plan for ongoing monitoring will be to utilize data from the POSC to inform practice and program changes, identify needed provisions to ensure effective implementation, and utilization of funds to ensure healthy outcomes for SENs and families impacted by substance use. The state did not participate in a Children's Bureau site visit related to SENs or to the development of POSC.

Over the past four years, DHS/SSA's Well-Being Unit has continuously worked to build and improve state and local collaborations for this population. During July 2021, DHS/SSA introduced the SEN Collaborative Team Toolkit with supplemental material for utilization by child welfare program administrators. The toolkit was designed to build and enhance current cross-system collaboration teams to enhance service delivery, support program outcomes, improve practice across systems, and support development and implementation of the Plan of Safe Care.

During the Fall of 2021, the Well-Being Unit coordinated several cross-system training webinars with the University of Maryland School of Medicine, the Maryland Medical Cannabis Commission, and Maryland Addiction Consultation Service/MACS. The purpose was to increase program staff's knowledge on Cannabis and Medication for Opioid Use Disorder/MOUD, improve coordination and delivery of services for SENs and parents with substance use

disorders, as well as enhance collaboration at the state and local level between child welfare and substance use providers involved in implementing or supporting the POSC.

The agency continued to support the implementation of the Sobriety Treatment and Recovery Teams (START) in 12 Maryland Jurisdictions. In Maryland START is targeted to families that come to the attention of the agency that have a SEN or parental substance use is a risk factor. START aims to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders by serving eligible families through a dyad capped caseload that includes a Child Welfare Supervisor, Caseworker, and a Family Mentor. For CY 2021 there were 55 families served by the START model and 41 START families with a child under the age of five. Over 600 Family Mentor encounters documented, focused on implementing the POSC, parental recovery supports, and coaching parents on system navigation (community outreach and advocacy). In addition, 83% of SUD affected families served by START remained together at case closure (START utilization and Family Mentor Reports).

DHS/SSA utilizes a portion of CAPTA funds to support the implementation of the START model to purchase the services of Family Mentors. The agency does not currently utilize CAPTA funding to support the development, implementation and monitoring of plans of safe care for SENs.

Sleep-related Child Fatalities

In 2021 the Child Protective Services/Family Preservation unit started to collect data around the number of fatalities that were previously a SEN case. This data is being used in the Child Maltreatment Fatality Review process to seek system improvement opportunities to prevent maltreatment related child deaths. DHS/SSA has the opportunity to provide safe sleep information to caregivers when there is an open SEN case.

Maryland data shows that while an exact cause of death cannot always be determined in unexpected infant deaths, unsafe sleep factors are present in the majority of cases, indicating that the deaths could have potentially been prevented if safe sleep practices were followed (85% of the 264 Maryland Sudden Unexpected Infant Death cases between 2015 to 2019, Maryland Department of Health 2020 Annual Legislative Report). In 2021 the Child Protective Services/Family Preservation team developed a presentation using data from the Maryland Department of Health with a focus on the number of deaths where unsafe sleep practices were present. This presentation was shared with SSA leadership to provide education with the goal of DHS taking a position on what is considered safe sleep. In 2022 this presentation will be shared with the DHS Secretary's office to discuss ways that all modal administrations (Child Welfare, Child Support, Family Investment) within DHS can partner together to provide education to all families served by DHS with the goal of reducing the overall number of these preventable deaths.

In 2021 DHS/SSA continued to revise SSA Policy Directive #10-5 - Child Fatality/ Serious Physical Injury/ Critical Incident Protocol and the related reporting forms. Feedback was received from numerous stakeholders resulting in a streamlined policy that includes new guidance and definitions to address unsafe sleep-related fatal incidents. In 2021 the Child Maltreatment Fatality Review pilot began. It is anticipated that lessons derived from the CMFR

will align with FFPSA as upstream prevention opportunities come into clearer focus. Benefits have already been evidenced through the Plan-Do-Study-Act (PDSA) process as safe sleep has emerged as an opportunity to enhance workforce preparation through skill building and risk mitigation. Coupled to this is a desire to strengthen family engagement so that child welfare workers are best equipped to provide education to families on the risks associated with unsafe sleep while demonstrating safe sleep options and offering tangible goods as needed. A safe sleep workgroup is planned for 2022 which will include key community partners in an effort to create comprehensive guidance and training recommendations for Local Department staff around safe sleep practices.

Planned Activities for 2022

The SENs TA sessions held with all 24 LDSS' were not only intended to provide policy guidance but to determine needed programmatic changes to ensure effective implementation of the policy including the POSC and inform the agency on areas of needs for targeted SEN trainings and activities for 2022. The information from the TA sessions will be shared with SSA's Substance Use Disorder Workgroup and other program areas to identify SENs activities for 2022.

As mentioned previously, agency program staff continued to work in partnership with DHS/SSA's operations unit to embed the full POSC document into CJAMS. DHS/SSA expects the POSC will be functional in CJAMS during 2022. Once the POSC is functional in CJAMS, a statewide training will be held with LDSS to provide procedural guidance on the completion of the PSOC in CJAMS. Currently, the POSC is completed using a pdf fillable form and uploaded into CJAMS. Spring 2022 the agency will facilitate a statewide POSC training focused on how to understand medical information and interpret SEN assessment information to develop the POSC.

A birthing hospital listening session will be facilitated by the agency early spring 2022. The agency updated the SEN written notification form, Maryland's Family Law Article § 5-704.2 requires an oral and written notification to the LDSS, which was implemented March 2021 with the new SEN policy. The listening session with hospital staff will serve to discuss any barriers and problems with completing the SEN written notification form, gather feedback from birthing hospital staff and community health care providers involved in making SEN notifications in order to improve the SEN intake process, and understand what changes and actions are needed to ensure timely SEN notifications to the LDSS.

The training evaluations from the agency's Fall SEN-MOUD 2021 webinar series revealed the webinar series was well received by internal and external stakeholders. Many participants indicated strong interest to receive ongoing SEN-MOUD trainings. The agency recognizes the need for a collaborative approach to support positive outcomes for this population and a planned activity to support and address SENs will be a SEN-MOUD Fall 2022 webinar series.

Table 39: Activities to Improve Performance

Activities to Improve Performance for SENs	Target Date
Enhance cross-system collaboration to support early intervention/prevention services, implementation of the POSC and build SEN Collaborative Teams to improve services for SENs, pregnant women, postpartum women, fathers, and families impacted by substance use.	June 2024

Activities to Improve Performance for SENs	Target Date
Develop targeted SEN and substance use trainings, and enhance current agency trainings to improve SEN practice, support effective implementation of the POSC, and decrease negative outcomes related to this population e.g., SEN critical incidents; parental overdose or overdose deaths; SEN fatalities.	December 2024
Coordination at the state and local level to serve as a supportive partner with Maryland’s state agencies on developing an effective approach to addressing the needs of parents prenatally such as a Prenatal Plan of Care supporting the needs and services for pregnant women affected by substance.	September 2024

Kinship Navigator Funding

In 2021, Maryland used PSSF Kinship Navigator Funds to continue to develop an enhanced kinship navigation model program, design an evaluation, prepare for implementation by training local department staff in study protocols, and preparing pilot jurisdiction communities for the launch of the program in 2022. During the reporting period, Maryland completed the development of a training program that includes in-service training for local department staff navigators, enhanced Kinship Navigation Model navigators, Family Investment Administration staff, community partners, as well as kinship caregivers. Training has been planned for 2022 that embeds Kinship Navigation in pre-service training for Family Investment Administration staff as well as all Child Welfare staff. Kinship Navigators have been hired by Maryland Coalition for Families to deliver Maryland’s Enhanced Kinship Navigation services which features a peer support model, a comprehensive assessment process, four levels of intensity support, and a single point of access to services through the Family Investment Administration and Child Welfare Services in local departments of social services. The program is scheduled to launch in early 2022 in 7 pilot jurisdictions around the State. A contract with Maryland 211 was procured to assist in promoting access to services for kinship caregivers across the State in late 2021. In the next reporting period, it is expected to have data on the calls and text subscriptions that are connected to Maryland 211 related to kinship inquiries. Through this agreement Kinship Caregivers around the state will have direct access to Kinship Navigation programs across the State and access to a texting subscription that links to resources and promotes workshops, featured speakers, support groups, and other events for kinship caregivers across the State. Maryland spent \$214,307.00 of its PSSF funding for Kinship Navigation program and evaluation development funds in 2021. An additional \$40,500 was spent to provide for various needs of kinship families ranging from paying for camp registrations and daycare to other concrete needs for approximately 65 families across the State.

Monthly Caseworker Visit Formula Grants and Standards for Caseworkers

Caseworker Visitation Summary

DHS/SSA has continued to ensure that children in foster care receive monthly visits from their caseworker as outlined in policy. Although DHS/SSA did experience some impact on caseworker visitation as a result of COVID-19 during CY 2021, 96.3% of children in foster care received a monthly visit from their caseworker. Improving the quality of caseworker visits DHS/SSA continued to allocate funds to the LDSS for the caseworker visitation grant with the

goal based on proposals submitted by watch jurisdiction. LDSS were asked to prioritize activities that support and guide staff in aligning caseworker visitation practice with the new Integrated Practice Model and improving permanency outcomes for youth.

Improving the quality of caseworker visits

In CY2021, LDSS utilized funds to support a number of workforce development activities to include specialized training for their staff, youth consultation to serve on the planning committee for the Resource Fair, clinical supervision support, and trauma-informed training. The LDSS also utilized funds to purchase supplies and support services to ensure quality for caseworkers to include the following activities: supplies needed to facilitate worker/youth visitation, COVID-19 supplies for staff, nursing/educational consultant, educational liaison, clinical supervision, and trauma informed training.

Supporting quality virtual caseworker visits

Maryland, like many states around the country, adjusted its in-person visitation policies in light of the COVID-19 pandemic to meet CDC requirements and the State of Maryland Emergency Plan. Although in person visits resumed in July 2021, virtual visitation options continued on a case-by-case basis to allow for caseworker visitation to occur. To support caseworker staff in successfully conducting virtual visits a number of learning opportunities were provided including forensic interviewing skills, analyzing family crisis calls, time management skills, clinical responses to trauma, and family centered model coaching.

Activities reported to enhance the quality of caseworker visitation included kid friendly items provided during parent visits and technology/equipment such as webcams to facilitate visits between children in foster care and their families.

DHS/SSA will encourage the locals to utilize their caseworker visitation funding for various trainings to enhance the skills of caseworkers to improve decision making on the safety, permanency, and well-being of children and/or to enhance their knowledge on various issues. In addition, the LDSS could also utilize their funding on activities to recruit and retain workers and supervisors, such as assisting LMSW workers to obtain their full LCSW-C licensure.

Adoption and Legal Guardianship Incentive Payments

Analysis of the Data

In SFY21, 26% of the past fiscal year expenditures were spent on providing an array of direct services to children and families including medical, therapeutic, and educational services. For SFY21, the remaining balance (\$63,650) of the 2018 funding was exhausted. The funding was utilized as flex funds to cover foster care special needs (\$58,100) and as adoption incentives (\$5,550). Table 40 below outlines the award year, award amount, and amount expended for Adoption and Legal Guardianship Incentive funding.

Table 40: Adoption and Legal Guardianship Incentive Expenditures SFY2021

Award Year	Award Amount	Amount Expended
FFY 2018 (10/1/2017 - 9/30/2021)	\$619,500	\$619,500

Award Year	Award Amount	Amount Expended
FFY 2019 (10/1/2018 - 9/30/2022)	\$85,000	\$0
FFY 2020 (10/1/2019 - 9/30/2023)	\$20,000	\$0

DHS/SSA continues to issue the LDSS Adoption Incentive Goals on a quarterly basis which is proving to be an effective supervision tool for the LDSS regarding knowledge of the funding. However, the state is still challenged with the LDSS expending the funds. In 2021, the Adoption/Guardianship Quarterly Report data was distributed to the LDSS as a means of providing technical assistance to the local departments. The data was also discussed during the Permanency Workgroup meetings. The data included LDSS adoption/guardianship casework staff adoption incentive goals with status updates regarding adoption finalizations. These funds were used to provide adoption incentive funding to local departments to incentivize adoptions. Services provided were counseling and medical services, sibling visitation, and other specialized services. Over the next reporting period, the state plans to assist the LDSS in increasing funds in the area of Adoption and Guardianship Assistance to pay for the services mentioned above as well as counseling, educational, and visitation services to pre-adoptive families to increase the number of adoption/guardianship finalization. The state plans to re-educate the locals regarding the funding and continue to send out the quarterly adoption goal reports to the locals.

Plan for timely expenditure of the funds within the 36-month expenditure period

During the reporting period, DHS/SSA continued to be challenged with the expenditures of the funding. DHS/SSA has conducted webinars, distributed fact sheets, disseminated adoption permanency data over the last several years; however, the LDSS still appears to be challenged in requesting funding assistance from the state office. DHS/SSA plans to administer a survey to the LDSS to determine if the lack of funding requests is due to barriers to permanency planning. As noted in the Update of Current Performance in Improving Outcomes Permanency Outcome 1: Children have Permanency and Stability in their Living Situations on page 24, Maryland continues to struggle in achieving permanency for youth in foster care. It is suspected that because this area continues to be a challenge, there has been a lack of adoption and legal guardianship incentive funding requests from the LDSS. It is anticipated that the survey will be administered, results analyzed and an implementation plan to improve adoption/guardianship permanency developed by the next reporting period.

Adoption Savings

As outlined in the CFSP, DHS/SSA continues to work on utilizing Adoption Savings funds as delineated in the Adoptions Savings Plan to impact the following outcomes: child welfare case worker adoption competencies, increase adoption/guardianship permanency, increase services offered to adoption/guardianship families post adoption finalization, as well as resource parent education. As of October 2021, DHS/SSA was able to spend the following:

- \$330,000 in Post Adoption
- \$730,000 has been obligated in Post Adoption (open purchase orders)
- **Total: \$1,060,000.00**

The state calculates adoptions savings based on the number of finalized Title IV-E adoptions per

fiscal year. For FFY, DHS/SSA has a cumulative total (2015-2021) of \$2,743,250 unspent funds as of September 2021. Funds will be expended by September 30, 2022, on the activities outlined in the plan below which are targeted at at-risk and post-adoption populations that meet minimum requirements:

- National Adoption Association Membership \$35,000 (2021-2023) executed
- Center for Adoption Support and Education Post Adoption Contract \$700,000 (2021-2022) executed with a 9-month extension (2021-2023) in progress for (\$1,225,000)
- Adoptions Together Post Adoption Contract \$598,174 (2021-2022) executed with a 9-month extension (2022-2023) in progress for (\$1,046,805)
- Maryland Post Adoption and Preservation Services RFP -The state is procuring post adoption and preservation services to offer educational and therapeutic services to youth and families within Maryland’s five regions. The RFP is scheduled to be completed by the end of FY22. The contract is a five-year multi-year contract and will run (2023-2028). Total: \$1.5 annually (\$7,500,000)
- 2022 Resource Parent Training Curriculum – The state is continuing the MD Resource Parent training contract with the Child Welfare League of America. The contract is set to be a multi-year and will run from (2023-2028). Total: \$285,660

DHS/SSA is on track with the proposed adoption savings plan in the area of Post Adoption however there will still be savings leftover for which additional spending plans will need to be developed. The state plans to spend adoptions savings funding in the areas of IV-E and IV-B and at-risk youth which will be reported in the upcoming APSR submissions.

During this reporting period DHS/SSA initiated several activities to procure services to address the desired outcomes, however, a number of challenges were experienced. Between July and October 2021 DHS/SSA began discussions with its state adoption partners regarding the implementation of Post Adoption Support Services throughout the state to adoptive families referred by the LDSS. The procurement of the two State Post Adoption Support Services contracts were initiated in SFY21.

In addition, DHS/SSA believes that the impact of COVID-19 resulted in delays in local spending as many of the recruitment/retention events were canceled due to social distancing requirements and the closure of venues. The state will need to provide more monitoring/oversight on how the funds are to be expended during the next reporting period.

Strengths:

DHS/SSA formed a workgroup focused on improving outcomes for adoptees. The committee was made up of staff from SSA, several Local Departments of Social Service employees, and Resource Parents, in partnership with the Quality Improvement Collaborative-Adoption & Guardianship. The workgroup determined that families would benefit from a simple guide to typical behaviors of children and adolescents, specifically noting how trauma can impact development and behavior. A manual was published “The Continuing Journey of Children and Families”, A Reference Guide for Maryland Families Parenting by Adoption or Guardianship. It contains information about the core issues of adoption, the impact of complex developmental trauma, long term impact of trauma, and how the presence of a safe adult can impact a child. There are brief summaries of the stages of development, tasks related to core issues and strategies to deal with common challenges. In each stage there are lists of behaviors that may

arise, both concerning behaviors and behaviors that require immediate action. There are references throughout for resources to aid in addressing needs, as well as a comprehensive list of local and national providers of services.

Challenges:

Although the state was able to execute a contract to spend down Post Adoption funding, the contract did not begin until mid-July 2021. This delay limited the state's ability to maximize expenditures during the reporting period. The state is still working on how to utilize funding from previous years.

Family First Prevention Services Act Transition Grants

DHS/SSA made no changes to the proposed uses of the FFPSA Transition Act Grant funds outlined in the 2022 APSR. While no additional funds were spent in 2021, a number of activities were implemented to ensure spending in upcoming reporting periods. Listed below are the activities implemented in 2021:

Support residential placement providers to improve quality and better meet the needs of child welfare-involved families

During the reporting period DHS/SSA developed and implemented an application process for designating interested placement providers as Qualified Residential Treatment Providers (QRTPs). Included in the application process was the opportunity to request funds to support placement providers in obtaining or maintaining accreditation by an independent, not-for-profit organization. By December 2021 DHS/SSA received thirteen applications and selected seven for a full review. It is anticipated that these funds will begin to be expended as DHS/SSA works with these placement providers and continues to implement the other FFPSA requirements needed for full implementation of QRTPs.

Develop a rigorous evaluation strategy for certain evidence-based programs

This activity was targeted to provide funding to support the development of evaluation plans for Family Centered Treatment (FCT) and START that were included in Maryland's original Prevention Plan submission. To date, DHS/SSA has not added either intervention to its prevention plan although both were approved by the Title IV-E Prevention Clearinghouse and rated as [promising/supported]. DHS/SSA focused its efforts in 2021 on standing up EBPs currently approved in MD's Prevention Plan. As these EBPs are fully implemented in identified jurisdictions, DHS/SS will explore opportunities to revise its Prevention Plan to include FCT and START.

Support building the evidence for certain interventions previously funded under Families Blossom (title IV-E waiver)

During the reporting period DHS/SSA has continued state level funding for several promising programs that were funded under Families Blossom, Maryland's title IV-E Waiver, that may be potentially viable for FFPSA funding with support to build demonstrable evidence required by FFPSA. During 2021 DHS/SSA drafted a scope of work to support the development and implementation of an evaluation plan that aligns with FFPSA requirements for two interventions funded under Families Blossom, Maryland's title IV-E Waiver: Community of Hope (COH) being implemented in Washington County and Partnering for Success (PFS) being implemented in Baltimore County. DHS/SSA expects for an agreement to be in place in 2022.

Support for existing providers implementing EBPs included in Maryland's Prevention Plan and expansion of providers able to implement EBPs in Maryland's Prevention Plan

As noted in the 2021 APSR the EBPs in Maryland's Prevention Plan are programs that are already implemented in several localities across the State and in order to increase the reach of these interventions, either by expanding in the current jurisdictions and with existing providers, or by installing in new sites, new capacity is needed. During 2021 DHS/SSA worked with local jurisdictions to identify which EBPs each jurisdiction would like to expand or install. Using this information DHS/SSA developed an expansion and installation plan that included proposed numbers to be served, start-up and implementation costs for SFY22 and 23, potential vendors to provide services and any needed collaborations between jurisdictions and other state agencies in order to have sufficient capacity to support EBP implementation. It is anticipated that in 2022 DHS/SSA will begin to utilize these funds to support expansion and/or installation in identified jurisdictions.

Support infrastructure for EBP CQI efforts

Family First requires that Maryland monitor the services that families/children are receiving pursuant to child specific prevention plans and collect information and conduct CQI related to fidelity and outcomes. DHS/SSA has worked with the University of Maryland School of Social Work to develop and enhance existing processes to collect needed data. During the reporting period, DHS/SSA integrated these requirements into agreements with the University of Maryland and began shifting existing CQI reports to a web-based dashboard format available to the state and local departments of social services.

Rebrand child welfare services as family support services

DHS/SSA continued to identify opportunities to rebrand messaging related to the services and supports provided by the agency. Efforts have included the initial development of materials providing information related to Maryland's transformation efforts and the implementation of FFPSA. In addition, DHS/SSA began discussions related to the redesigning of portions of the DHS website to align with efforts to shift from a child welfare system to a system focused on child and family wellbeing. DHS/SSA hopes that in future reporting periods these funds will be maximized to support these and other efforts.

Family First Prevention Services Act Certainty Grants

Maryland was not eligible for the FFPSA Funding Certainty Grant during the reporting period.

John H. Chafee

Collaborating and Soliciting Feedback from Youth

During the reporting period the state continued to offer opportunities to collaborate with and solicit feedback from youth on service needs and outcomes. In order to create ongoing opportunities for collaborating with and obtaining feedback from youth DHS/SSA launched a revised website designed specifically for youth and enhanced its Youth Transition Plan. Both of these activities utilized youth voice to identify and make changes.

Maryland Youth Launching Initiatives for Empowerment ([MyLife](#)), an interactive hub of information and resources designed to assist Maryland's youth in foster care, young adults, resource parents, foster care advocates, and other child welfare professionals, was redesigned to

more effectively provide the tools needed to aid our youth in care towards a healthy transition into adulthood. To guide the redesign, DHS/SSA engaged youth to design the look of the website, the resources to be included, the functionality of the website, and strategies to increase accessibility. Through the use of feedback obtained from youth focus groups, MyLife is now a mobile-friendly, colorful website with pictures of youth interacting and an updated logo. In addition, resources for youth in care are organized in five main categories: Resources, Initiatives, Events Calendar, State Youth Advisory Board, and Contact Us with seven subcategories including: Social Awareness & Self Care, Housing & Homelessness Services, Helpful Tips & Support Services, Credit & Money Management, Education & Employment, Important Life Documents, and Alumni Resources. To address youth feedback which stated the previous website was unknown to youth, several strategies were identified to advertise MyLife by including the link in distribution emails, text messages, and as part of DHS/SSA Independent Living webpage. The MyLife website is also designed to provide space for professionals to easily locate resources for a youth, as well as access information about the agency services, and other valuable resources that help address youths' most prevalent obstacles. The revised website was launched in November 2021.

Also, in 2021, DHS/SSA enhanced its Youth Transition Plan (YTP) and Ready By 21 Benchmarks with the goal of emphasizing the role of youth voice in the planning process. DHS/SSA partnered with youth in a variety of ways to ensure that youth voice was present in every stage of development. Collaboration with youth included conducting focus groups led by the University of Maryland and the State Youth Advisory Board. Feedback from youth focus groups indicated transportation issues as a key stressor and barrier, resulting in developing a new transportation section in the YTP which focuses on determining possible transportation issues as well as resources for resolution. Additionally, youth feedback indicated the Education and Employment section of the YTP being inadequate, resulting in the expansion of this section to include additional questions and space for more resources. Other updates included the incorporation of Maryland's Integrated Practice Model (IPM) core values (Collaboration, Advocacy, Respect, and Empowerment), alignment with each of the Ready By 21 Benchmarks (Education and Employment; Financial Empowerment; Permanent and Supportive Connections; Safe and Stable Housing; and Well-Being and Civic Engagement) and updating language to be more conscious of LGBTQIA+ youth by incorporating preferred pronouns as well as fostering safe space for gender affirmation. Youth focus groups reviewed the final edits and played a crucial role in its implementation. In addition, DHS/SSA utilized the monthly Youth Advisory Board meetings as a platform for youth feedback on the updates. Final vetting approval utilized the DHS/SSA implementation structure to include review by the Outcomes Improvement Steering Committee (OISC). Creating and dispersing the training curriculum and implementation of the updated YTP began in 2021 and will continue through 2022.

DHS/SSA continued its partnership with the Capacity Center for States to finalize a Youth Advisory Board (YAB) Toolkit. This YAB toolkit serves as a guide for supporting the State and Local Departments in developing and maintaining their Youth Advisory Boards. It provides specific guidance and instruction on the components of a youth advisory board including Strategies for development, recruitment, and retention; Engaging LGBTQIA+ youth, racial equity, virtual youth engagement, youth-adult partnerships, and community asset mapping. The

compiled information will impact and improve service delivery to transitioning youth through partnership with and an increase in virtual and in-person engagement. Independent Living Coordinators (ILC's), resource providers and Older Youth will use the toolkit to sustain the Youth Advisory Board.

Services Provided

DHS/SSA made no changes or additions to the services provided to transition aged youth in foster care. While significant changes were not made, DHS/SSA supported young adults and youth in receiving transitional services that encompassed cash grants, housing, transportation, technology, education, food insecurity, employment/internship opportunities as peer consultants, physical and mental health services and connections to enhance isolation and wellbeing all of which are aligned with the State's strategic vision and overall service array.

In 2021, DHS/SSA supported 75 youth in State Independent Living Arrangements (SILA) which provides foster youth aged 16-21 the opportunity to learn and practice independent living skills and activities while receiving services from the local department and provider agency. In addition, DHS/SSA disbursed Foster Youth Savings (FYS) to 1,049 youth, ages of 14-20, in foster care for a total of \$1,196,050. A total of 150 of the youth received a HS graduation bonus in the amount of \$500 each. As in previous years, all FYS funds become available to the youth when they exit foster care to aid in their transition to independence.

Finally, in August 2021 DHS/SSA conducted an Emerging Adults Virtual Executive Internship Program, in partnership with The Right Way Foundation, the Center for Excellence, HRDT, and the Citizens Review Board, for a diverse group of foster youth throughout Maryland. Learning competencies included the development of skills in the areas of communication, teamwork, office etiquette, job searching and establishing employment references. During the weeklong internship, approximately fifteen youth were provided with an array of activities which included partnering with an assigned mentor to support the development of specific job skills, learning opportunities on the development of job readiness skills (i.e., resume writing, interviewing techniques, dressing for the workplace), and participation in a group project. In working with an assigned mentor, youth developed work agreements with the long-term goal of this mentorship extending beyond the internship in order to build work experiences and the potential of an employment reference. The group project provided an opportunity to explore teamwork skills to develop pandemic tip sheets to support youth in accessing resources (i.e., transportation, mental health resources).

Division X Additional Funding:

Maryland received \$3.1 million in COVID relief Chafee funds and expended the full allocation by September 30, 2021. DHS/SSA used Maryland's Chafee funds in the following ways to support youth in foster care during the pandemic:

- Housing and related needs
- Medical Expenses
- SILA payments
- Renter's Insurance
- Respite care services and additional support for parenting or pregnant youth
- Up to \$4,000 Transportation

- Education costs
- Job Assistance
- Technology and connectivity needs.

With these funds DHS/SSA was able to support approximately 1,147 current and former foster youth from all jurisdictions within the state. Of all the eligible youth and young adults ages 14-26 years old, the majority (68%) were between the ages of 18-23 years, followed by 23-26 years at 22%- and 14–17-year-olds at 10%. The majority of youth served were female and identified as African American. DHS/SSA utilized a variety of outreach strategies to notify current and former youth in foster care of the availability of these funds including posting information on the MyLife website and sharing the information with Independent Living Programs, State and Local Youth Advisory Boards, and the Emerging Adults Workgroup. While funds were fully expended, DHS/SSA did experience some barriers to spending including challenges with implementing outreach efforts to youth in foster care placed out of state as well as alumni foster youth. To address barriers, DHS/SSA partnered with Think of Us to increase knowledge of the additional Chafee funds on a national level and set up an online system for eligible youth to directly request funds. Additional outreach efforts included soliciting assistance from our partners and stakeholders to distribute digital flyers with a QRcode, providing regular TA assistance to local departments during monthly meetings, and collaborating with The Child Welfare Information Gateway to maintain accurate contact information. DHS/SSA will explore outreach efforts utilized to determine how to best incorporate into ongoing efforts to engage current and former youth in foster care. During the reporting period DHS/SSA did not make any efforts to hire or contract youth with lived expertise to support in outreach and engagement efforts however the state will continue to identify opportunities to do so.

NYTD data

DHS/SSA relies on data derived from NYTD, CQI analysis, CRBC, feedback from stakeholders and youth to address gaps in the quality and quantity of services for youth to enhance programming, increase resources and improve outcomes. There are ongoing efforts to enhance and strengthen the collection of reliable and high-quality data through youth and workforce engagement of the NYTD data collection process. Youth are contacted and surveyed every two years, beginning at age 17, and provided with valuable information about the NYTD survey and its purpose. One of the key factors in the collection of this information is youth voice. Upon contacting Maryland youth for the first outreach, their preferred contact method is recorded to improve accessibility, as well as requesting referrals to other possible youth respondents. DHS/SSA outreach is supported by incentives dispersed to survey respondents, which help to inspire cooperation with this data collection. Opportunities for training and skills building for workforce and stakeholders have been identified to support collaborative data collection efforts. In its efforts to inform youth about NYTD, Maryland continues to have a dedicated page on the MyLife website which provides youth information through three simple questions: *What is NYTD? Why is it important?* and *Why should I complete NYTD?* These themes are revisited with youth to emphasize the importance of receiving feedback and input from youth throughout focus groups and youth engagement projects. Additionally, efforts are being made to provide a user-friendly link to a NYTD outreach form on the MyLife Website to increase accessibility and encourage responses for the inclusion of additional youth voices. In addition, DHS/SSA plans to increase outreach and awareness by providing NYTD guidance and updates during the monthly

Emerging Adults Workgroup and Youth Advisory Board to further engage older youth in completing the process.

DHS/SSA currently shared the NYTD data with local jurisdictions with the goal of using the information to better understand the services needed for the youth and in what life skills areas the youth are doing. NYTD surveys occur for youth at age 17, 19, and 21 for the same cohort of youth. During the NYTD report period 2021 the cohort surveyed were 19-year-olds. For 19-year-olds who responded to the survey the two areas that were most identified were housing and identifying a supportive adult. These youth expressed the need for housing resources and the lack of housing options in the location they currently resided. Some of the youth reported being homeless at some point in the last two years. When the youth were engaged in conversation and asked about an adult they could go to for advice or emotional support this answer didn't come easy to them. They were able to identify an adult but reported they made a lot of their decisions on their own. This is an area of need for the youth to be able to navigate adult life, the challenges of housing, and the numerous other challenges our youth have. DHS/SSA is exploring opportunities to share data with other stakeholders and ways to enhance the utilization of NYTD data and other resources to better inform service delivery for older youth and refine program goals. These efforts include regular analysis of data received from the NYTD surveys to identify state and local trends both positively and negatively impacting our youth. With the availability of regular data reports, DHS/SSA intends to share data at existing meeting/convenings with Independent Living Providers, State and Local Youth Services Advisory Boards, Family Run Organizations (i.e., Maryland Coalition of Families), Foster Care Court Improvement Program, Provider Advocacy Organizations (i.e., Maryland Association of Resources for Family and Youth) and throughout DHS/SSA Implementation Structure. In addition, NYTD data will be uploaded to the MyLife Website, allowing youth to access data throughout the year.

Supporting Wellbeing and Mental Health Needs of Youth and Young Adults in or Formerly in Foster Care

During 2021 DHS/SSA provided a number of opportunities to support and reach out to youth in or formerly in foster care to promote wellness and proactively address mental health needs. For older youth, the placement extension provided in response to COVID-19 enabled Independent Living case workers and placement providers the opportunity to continue to support the mental health needs of older youth in, or formerly in foster care. These coordinated actions included transportation support and virtual check-ins which aided transition aged youth in maintaining access to treatment services, while sustaining a supportive community connection. In addition, LDSS engaged with these youth to review and update goals and transitional youth planning to promote stability and create plans to maintain independence as they began to transition from care as the moratorium ended. These young adults received an array of supportive services to improve their readiness to enter or re-enter the job market, attended classes or apprenticeships to gain employable skills, addressed known financial barriers and learned how to leverage community resources to meet their needs through life skill classes. LDSS also partnered with local Housing Authorities to ensure youth had access to housing vouchers to support long term housing stability. Approximately, 53.9% of the Division X funds were used for housing (Room and Board) and about 15% of the funds were used for Mental Health and Well-Being services for young adults.

To support the ongoing practice of addressing wellness and mental health, DHS/SSA incorporated a wellness benchmark as part of the Youth Transition Plan. In addition, the redesign of the MyLife website included information and resources related to wellness/mental health campaigns and resources designed to raise awareness among foster alumni and the general public. Specifically, the MyLife website incorporated 3 resources for suicide prevention: Maryland Department of Health, MD Crisis Connect, and National Suicide Prevention Hotline. In 2022 DHS/SSA will be looking into adding an additional resource page dedicated solely to additional suicide prevention resources and information. DHS/SSA maintained its partnership with Freestate Justice - a legal advocacy organization for the low-income LGBTQ community. Freestate Justice regularly attended and counseled the Emerging Adults Workgroup by providing a LGBTQ perspective on the wellness needs of foster youth, their connection with homelessness, gender terminology and the importance of affirming spaces and healthcare. DHS/SSA also partnered with Foster Club, The National Network for Foster Care, and hosted a two-day Virtual Emerging Adult Conference. Out of that collaboration, the workshop “Queer in Care” was created. It provided State and Federal connections which specifically addressed the mental health challenges of LGBTQ foster youth.

DHS/SSA has ongoing coordination with the Weinberg Apartments Program and Foster Youth to Independence (FYI). Through these partnerships, presentations and referral materials were provided to our Emerging Adults and Independent Living Coordinators, which in turn, provided additional housing resources for Maryland’s disabled transition aged youth. During the reporting period, 25 FYI housing vouchers were distributed to transitioning youth. DHS/SSA worked collaboratively with the Maryland Multi-Housing Association’s Service Training Apprenticeship, cost free employment program targeted non-college bound high school students and older foster youth.

Information and Resources to Support Enrollment in Medicaid

The state of Maryland offers the Foster Care Verification Letter to youth leaving care, as outlined in SSA/CW 19-04 Youth Transition Plan. This verification is provided to youth at their last youth transition planning meeting, as they age out of care and is designed to be used by youth as verification of their participation in foster care services, as many state and federal programs have [former] foster care participation as a qualifying factor. For any youth who choose to move out of Maryland and into another state, the Foster Care Verification Letter can be used as proof of their previous involvement with Maryland Foster Care so they can receive Medicaid benefits in any new state. Additionally, Maryland is currently reformulating the Youth Transition Plan policy and looking at additional options of inclusion of resources for leaving care. One aspect of DHS/SSA’s efforts which is currently lacking, is tracking for assurance of compliance in this area. DHS/SSA is currently considering areas of exploration for upcoming reporting periods which include the use of CJAMS for form distribution and tracking, as well as the use of a google form on our MyLife website for youth to request replacement Foster Care Verification Letters. Another means of future improvement in this area is Maryland’s emerging adults resource webpage, MyLife. Out-Of-State resource pages will be added to MyLife as a way of connecting our emerging adults to services in other states, including but not limited to Medicaid.

Education and Training Vouchers (ETV)

The services provided through the ETV program in CY2021 remain the same; to support the goal of assisting eligible youth in successfully completing their education, training and services needed to become independent and secure employment. Services included providing direct financial resources to cover post-secondary education related expenses as well as 1:1 coaching, financial literacy and budgeting provided by the ETV coordinator. The individualized 1:1 coaching and support, as well as the education and information provided to each applicant, increased the likelihood that youth will be successful in completing their education goals. Students are making educational and personal strides with the support of ETV funding, despite ongoing difficulties due to COVID-19, students continue to pursue their higher education, and this is evident by the number of returning students each semester. In Spring 2021, there were 84 returning students to the ETV program compared to 17 new students. In Fall 2021 there were 83 returning students to the ETV program compared to 43 new students. The largest percentage of ETV funds support youth living expenses as well as housing and school supplies to support youth while attending school. While much of the service delivery and the administering for the ETV program remained the same since the submission of the state's plan, during this reporting period, services were targeted to mitigate needs and barriers related to the impact of the COVID-19 pandemic.

Standard services provided through the ETV program are:

ETV Awards: Direct payments made to full time students of up to \$5,000.00 for college and vocational training. Part time students may be eligible for up to \$2,500 annually. On average students received \$3,000 during the academic year. All applications were reviewed per the state's ETV program plan, with a goal of fully funding those with the greatest need, students who are progressing, and those soon to graduate.

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 for the semester, each student must meet with their ETV coordinator to discuss financial aid and classes. 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 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.

During this reporting period, Foster Care 2 Success (FC2S) enhanced their youth outreach and engagement through continuing zoom virtual meeting options as well as text messages, emails and phone calls. Foster Care 2 Success also connected with local community colleges to identify contacts and resources for students. If students reported difficulties with accessing information from their Financial Aid Offices, FC2S worked directly with those offices to facilitate completion of the Financial Aid Release Form so that students' ETV awards could be processed. Additionally, FC2S staff continued participating with the Montgomery County Transition Youth Collaborative and provided information regarding the ETV program. Through this group, ETV connected with financial aid and the Educational Opportunity Center/TRIO staff at Montgomery College and have worked with them in an ongoing capacity to support current and prospective students. FC2S also met with staff from the Fostering Employment Program, MD Department of Labor to learn about the program and share information about ETV. This school year FC2S staff collaborated closely with a new student and her social worker to ensure that the student had access to sign language interpreters in her native language as well as ASL, which she was learning.

Unduplicated number of ETVs awarded in 2020-2021 (academic year)

In the academic year 2020-2021 (July 1, 2020, to June 30, 2021), 129 eligible youth attending 39 colleges received ETV funding. Forty (40) were new applicants and 89 were returning ETV recipients. Of the 129 youth, 100 were females and 29 were males. There were a total of 129 youth funded with a total award amount of \$375,850 awarded. In the academic year 2020-2021, 25% of total funding went towards living expenses, 22% went towards housing costs, and 16% went towards school supplies. The rest of the funding covered the costs of tuition, childcare, transportation and reducing loan amounts. A total of 153 applicants were not funded for ETV. The reasons for not being funded included: some students did not provide necessary documentation for enrollment or had an incomplete ETV application, they were determined ineligible by DHS, they had not graduated high school or obtained a GED, and some are over the age of 26. Due to delays processing student information by the National Student Clearinghouse, DHS/SSA was not able to verify graduation information at this time. However, 8 ETV recipients

reported graduating from college or earned a certificate during the 2020-2021 school year; 2 students received a Certificate; 5 students earned a Bachelor's degree and 1 earned their Master's degree.

For the 2021-2022 School Year (July 1, 2021, to June 30, 2022) as of June 2022, there were 145 youth who received ETV awards. There have been 92 returning students funded and 53 new students. A total of \$432,240 has been awarded in ETV funding so far this school year.

COVID-19 Response

In response to the COVID-19 pandemic, the focus of the 2020-21 academic year was helping youth manage their fears and concerns while urging them to stay engaged and productive in their classes. During the academic year classes began to return in person, although some continued virtually which made maintaining motivation difficult. Some students continued to struggle to access in person academic advising, financial aid, or tutoring which made it difficult for youth to maintain their academic careers. As a result, the agency was in close collaboration with Foster Care 2 Success, to ensure outreach was occurring with struggling youth. The goal of regular outreach is to ensure youth that were struggling academically or personally had the opportunity to request help and be connected with resources to prevent course failure and dropout. At a minimum Foster Care 2 Success asks students to commit to monthly phone calls with their ETV coordinator.

Additionally, the federal guidelines to waive the "making satisfactory progress" requirement for students affected by the pandemic ended in October 2021. This waiver allowed youth whose academic progress was hindered and impacted by the pandemic to access ETV funding to cover costs associated with the disruption of education. This waiver was intended for youth who may have moved to virtual classrooms and were unable to maintain success in academics or youth who were unable to complete their learning path due to the pandemic and may have failed or withdrawn from classes. Typically, youth were required to demonstrate "making satisfactory progress" through providing transcripts that proved they passed their classes and/or improved their GPA's. But during this waiver period students did not have to submit transcripts and continued receiving ETV funds for eligible expenses if they were enrolled in school. Foster Care to Success expanded outreach on their online platform, social media and direct contact to inform current and former youth in foster care of the Consolidated Appropriations Act (CAA) funds and changes to the ETV program requirements, especially changes to the increased amount allowed through CAA funding. Foster Care to Success also developed an Economic Needs Assessment and Re-engagement Plan to use with the youth whose academic progress had been disrupted to better reengage and provide additional resources as necessary.

ETV Pandemic Act Funding

DHS/SSA was awarded \$449,718 in Division X additional ETV funding. The agency utilized the Division X ETV funding to assist youth who had been on track to attend or were attending post-secondary institutions or programs but had their education interrupted due to the COVID-19 pandemic and public health emergency and youth who applied for ETV funding with identified needs as a result of the pandemic. The Division X funding was expanded so that it could be utilized for additional expenses not normally allowable such as the ability to pay for items not in the student's cost of attendance. For example, students were able to pay for needed car payments

and repairs, past due rent and utilities, auto insurance and other living expenses. Funding was particularly helpful for those who owed an outstanding balance at a college or wanted to pay down student loan debt. In addition to debt being a stressor, it is also a barrier to enrolling in an education or training program in the future.

The agency provided funding to Foster Care 2 Success (FC2S); the agency that facilitates the Maryland ETV program. During the development of the statement of work the agency collaborated with two youth from the state youth advisory board and had them review the scope of work for the ETV pandemic act funding. They provided input on the priority categories listed (i.e., parenting students) as well as provided input into what type of assistance categories would help youth and how we can reach them. The agency in collaboration with FC2S developed an updated application process and separate tracking process for those individuals who applied for ETV pandemic act funding. The updated application allowed for the verification of eligibility of all applicants under the expanded eligibility criteria. In addition to the standard application procedure, applicants completed an online Economic Needs Assessment to identify their area(s) of need and specific funding request. The Economic Needs Assessment included a section in which the youth can request assistance with coaching and provided with information on how to access academic tutoring on campus and /or financial literacy. For youth disconnected from their education, they were offered the opportunity to develop an Academic Success and Re-engagement Plan.

Applications and funding amounts were prioritized based on specific criteria and priority populations such as

- Those much older youth who are aging out of eligibility for other educational funding supports (21-27).
- Undocumented youth you may not have access to other funding sources
- Applicants who are pregnant or parenting or serving as caregivers
- Applicants experiencing housing instability
- Applicants who have experienced loss of employment during the pandemic
- Applicants experiencing mental health concerns

In 2021 a total of 143 students received Division X ETV funding for a total of \$312,138.29. During 2021 the pandemic act funding was primarily used to pay for housing expenses (25%), transportation expenses (22%), living expenses (17%), school supplies (11%), childcare costs (12%), and student loan repayment and past due school balances (11%). In 2021, there were 9 students aged 26-27, accessed funding provided by the pandemic act that would not have qualified under general ETV funding due to age restrictions. These students utilized the funds to pay for childcare, transportation, housing, school supplies and loans that would have prevented them from returning to school. A total of 67 students in the priority population of older youth (ages 21-27) were able to utilize pandemic act funding to continue their higher education. There were 70 youth who reported a loss of employment due to COVID-19 when completing the Economics Needs Assessment. Additional priority populations that were funded included 33 youth who were pregnant, parenting or caregivers, 46 youth experiencing housing instability, and 17 youth experiencing mental health concerns. There were 26 youth that received CAA assistance who indicated that they were unable to enroll or had to discontinue their studies due to the COVID-19 pandemic during the 2020-21 academic year. These individuals were sent the Success and Re-engagement Plan and were offered the opportunity to work with a CAA advisor

to develop a plan for reconnecting with a postsecondary education and training program. Of those students, 11 returned to school and were funded during the 2021-22 academic year.

Challenges around the implementation of CAA ETV funding included outreach to priority populations to inform them of the expanded eligibility. Specifically targeting older youth ages 21-27 was difficult because they are no longer connected to a caseworker and if they weren't informed by the financial aid office or had ongoing contact with Foster Care 2 Success they didn't know about their potential eligibility. Whereas there were more applications from students 18-21 because they were informed by their caseworkers about the expanded eligibility. Another challenge was coordinating the budgets of youth and helping them understand and use their funding wisely to progress in school. Recipients received a significant influx of funding in a short amount of time regardless of their actual need or ability to manage the money. In addition to CAA, college students received Federal Stimulus checks, financial aid refunds, Higher Education Emergency Relief Funds and other federal and state assistance which may include other Chafee/IL assistance. The rapid timeline for administering the CAA Funding was challenging especially when trying to maximize the benefits to students when there were various timelines for the requirements. For example, the eligibility extended to youth through age 27 ended on September 30, 2021, but the full contract period is through September 30, 2022.

The agency plans to finish spending the Division X ETV funds in 2022 to help support youth in accessing academic related and cost of living expenditures such as expenses that are not part of the cost of attendance. Funding will support FC2S to provide additional education and coaching to students related to online education and how students can succeed in virtual learning, and continue disseminating communication materials to inform foster parents, service providers, schools, colleges, and the broader community of the additional support available.

Chafee Training

No new Chafee Trainings were added to the training plan during the reporting period.

Consultation with Tribes

See Consultation and Coordination with States and Tribes Section, below, for the response to this section.

Consultation and Coordination Between States and Tribes

There are no federally recognized tribes in Maryland; however, DHS/SSA maintains contact with Mr. Keith Colston, Director, Ethnic Commissions, Governor's Office of Community Initiatives, on an annual basis to discuss issues, updates, upcoming trainings and changes in policy related to Native American children in Out-of-Home Placement as well as several key strategies identified in DHS/SSA CFSP and annual reports. Specific discussions include issues related to the recruitment of Native American families as foster parents and feedback on addressing DHS/SSA's IPM in the area of cultural responsiveness and partnering with the Native American population. Mr. Colston participated in the SSA Advisory Council that met quarterly in 2021 and is a standing member. DHS/SSA will continue to collaborate with Mr. Colston to obtain his input on child welfare issues as it pertains to tribes and solicit his input on developing the APSR.

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 Maryland Commission on Indian Affairs. There are no federally recognized tribes in the State.

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 Foster Care who identified as Native American. To date, there have been no changes to the policy and procedures regarding working with Native American children and their families. DHS/SSA plans to review the SSA-CW 16-5 Policy Directive within the next 6 months to ensure it is in alignment with the Bureau of Indian Affairs, Department of Interior ICWA guidelines and update it as needed.

Analysis of the Data:

In 2021, there were approximately four youth in foster care, who identified as Native American Indian which is a slight decrease from the eight youth in 2020 which was less than one percent (<1%) of the foster care population in Maryland. This could be attributed to the recruitment of resource parents who are now identifying as American Indian which also increased in 2021 (.29%) as compared to 2020 (.10%).

CAPTA State Plan Requirements and Updates

There have been no significant changes to Maryland's previously approved CAPTA plan. The State successfully negotiated and entered into two contracts for child maltreatment prevention services: Family Connections Program (FCP) and prevention services provided by The Family Tree. The first contract, with the University of Maryland's School of Social Work's Ruth Young Center for Family Connections Program (FCP) - Grandparent Family Connections (GFC), continues to work with grandparents who are raising their grandchildren while focusing on preventing child maltreatment and contact with the child welfare system. In the past the Grandparent Family Connections program collaborated with DHS/SSA to provide updates and continued guidance with service delivery of the GFC model to support the enhancement of Kinship Navigator Services offered in local jurisdictions across the state. Grandparent Family Connections remains one of the only grandparent focused in-home family therapy models across Baltimore City. This program also provides a learning experience for graduate level social work students who are employed as family case managers. This contract is awarded annually in the amount of \$200,000.00. In SFY2021, FCP-GFC provided services to a total of 81 families including 199 children. During this time frame, 124 referrals were received, and 60 new cases were opened.

The services offered by FCP-GFC included: assessment, planning, and referrals to services and/or resources; individual, conjoint, family and group counseling; case management; provision of concrete resources; and advocacy to address needs. Service locations included the client's homes, teleconferencing, community agencies and sites (schools, legal services, mental health centers, LDSS offices, parks, stores, and playgrounds), and the Family Connections site. FCP-GFC has made a significant impact on helping families to achieve positive outcomes while contributing to research and the implementation of an effective model to serve families struggling to meet the needs of their grandchildren. Central to the design of the FCP-GFC model

is a “whole family” approach which provides services, either directly from model interventions, or through 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.

The FCP-GFC program creates and maintains community development projects aimed at supporting school communities, connecting with service providers, and advancing Family Connections programming through marketing and communication. Projects include: The Positive Schools Center, FANS-Trauma, Circle of Security, Caregiver Advisory Group, and Family League of Baltimore-Family Stability. Due to the unique needs of Baltimore City residents, FCP-GFC clinicians apply a lens of mental health equity and are conscious of systematic disparities. FCP-GFC’s focus on social and racial justice positively impacts family engagement practices, highlighting the inequitable distribution of resources while serving as a foundation for trust-building. This authentic approach is decidedly reparative and serves to rectify fractures in family stability that may be attributed to the inequitable distribution of power. By placing responsibility for the lack of community power on systems and institutions, rather than on personal failures, this allows FCP-GFC caseworkers to leverage a therapeutic, non-judgmental stance in their work to support caregivers and children at risk of child abuse and neglect. Given community-level needs, FCP-GFC partnered with the University of Maryland’s Positive School Center (PSC) to create a program entitled Community Outreach and Resilience in Schools (CORS). CORS services are developed collaboratively with families, teachers, school staff and community agencies to create a plan of action for educational and behavioral health, as well as social support services.

Despite the challenges presented by COVID-19, FCP-GFC achieved outcomes similar to previous years. The program was able to ensure a continuity of high-quality services by quickly enrolling and training its staff in telehealth practices including weekly therapeutic interventions, as well as, partnering with private organizations to support home drop-offs of household, personal hygiene, food, and other items to families in need. Current support group and COS program evaluation analysis supports the preliminary findings that suggested a significant decline in caregiver trauma and depressive symptomatology. Decreases in average child trauma symptomatology were also observed. Per FCP-GFC data, outcomes in overall safety and caregiver, child, and family well-being improved over time in part by offering services in various locations including the clients’ homes, community agencies and sites (school, legal services, mental health centers, social services offices, parks, stores, and playgrounds), and the FCB office.

The second noted contract with The Family Tree offers a 24-hour parenting hotline, home visits, as well as complete pre- and post-service assessments with caregivers. Supported by CAPTA funds, The Family Tree offers 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. In the spring of 2019, The Family Tree launched a new chat feature on their website (www.familytreemd.org) which allows visitors on the site to interact with the organization in real time by submitting a question or concern online. The award from CAPTA is \$219,256.80 annually and was awarded to the Family Tree, Maryland’s chapter of the Prevent Child Abuse America and Parents Anonymous.

The following data reflects activities and families served October 1, 2020, through September 30, 2021, by The Family Tree. The parenting HelpLine responded to 2,403 calls (this includes 17% or 408 website requests). The Parent Support Groups had a total of 60 participants, while the Parenting Classes served 613 parent participants, and there were 38 families that participated in the Family Connects Maryland Home Visiting program. A total of 221 home visits were also conducted. As a result, 84 children in Baltimore City and Baltimore County received services.

In response to COVID-19, The Family Tree began offering virtual home visits which also allowed families to schedule appointments during times that were most convenient for them. The Parenting Education program surpassed its goal, and a total of 613 parents completed the program. A total of 433 parents and caregivers completed the satisfaction survey, and three hundred sixty-three (363) or 84% of those completers strongly agreed that the program met or exceeded their expectations. The program served Marylanders from Baltimore City, Baltimore County, Prince George's County, and Harford County. The 10-week parent support groups served 60 participants, reaching 100% of its goal to serve 60 participants.

Currently, a portion of CAPTA funding is utilized to support the implementation of the Sobriety Treatment and Recovery Team (START) model to hire the services of START Family Mentors. Key components and goals of the START model are child safety & well-being, helping parents achieve recovery, and preventing foster care entry utilizing a family-centered services approach. START model staffing includes a Family Mentor housed at the Local Department of Social Services (LDSS) that collaborates directly with LDSS staff as a dyad to support the START model and the development, implementation and monitoring of the Plan of Safe Care (POSC).

For more information on the state's continued efforts to support and address the needs of SENs, the development, implementation, and monitoring of the POSC, refer to the Populations at Greatest Risk of Maltreatment, SEN section of the report.

DHS/SSA has not utilized CAPTA funds, alone or in combination with other funds, to improve legal preparation and representation including provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

American Rescue Plan Act of 2021 CAPTA State Grant:

As identified in the 2022 APSR, DHS/SSA identified the following activities to be supported by the American Rescue Plan Act of 2021 CAPTA State Grant:

1. Enhance the current training system for Child Protective Services caseworkers and supervisors by utilizing virtual reality training experiences designed to enhance skills in developing authentic partnerships with families and reducing the impact of implicit bias.
2. Improve the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations.
3. Enhance systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.

4. Develop public education resources relating to utilizing Maryland’s CPS Hotline to reporting suspected incidents of child abuse and neglect, including the use of differential response.

While funds have not been expended, DHS/SSA initiated a number of activities to support the expanding of funds in upcoming reporting periods. Activities implemented include the development of a detailed budget and the issuance of budget codes for each of the identified activities. DHS/SSA, in collaboration with the DHS Learning Office, began the development of a request for proposals to solicit potential vendors to develop and implement virtual training experiences for CPS staff. In addition, DHS/SSA has partnered with MD THINK to procure an enhancement to the current technology systems to support the tracking of reports of child abuse and neglect. It is anticipated that the procurement will be complete during the next reporting period.

State’s response to the annual citizen review panel report(s)
State Council on Child Abuse and Neglect (SCCAN) Annual Report
[2020-2021 SCCAN Report](#)
Citizens Review Board for Children (CRBC) Annual Report
[CRBC Annual Report FY21](#)

See Appendix D (SCCAN) and E (CRBC) for DHS/SSA’s written response to the annual citizen review panel reports.

Supporting the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder

See Populations at Greatest Risk of Maltreatment Section page 164

Maryland’s State Liaison Officer:
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Targeted Plans

Disaster Plan

No updates were made to DHS’s current Emergency Operations Plans and there were no natural disasters since the last submission.

Maryland’s Disaster Plan and COVID-19 Response

The state used the Emergency Operation Plan during COVID-19 response to convene a multi-agency COVID-19 Feeding Task Force committee. This committee is regularly convened in Maryland during larger-scale disasters, per the Emergency Operations Plan. The COVID-19 Feeding Task Force was led by the Maryland Department of Human Services, per the State plan, and coordinated resources between governmental and non-governmental agencies to ensure provisions were made for potential and actual gaps within vulnerable population feeding

systems. These coordinated efforts ensured resources were available to public and non-profit agencies who provide feeding services to vulnerable populations. During 2021, the committee continued to meet regularly to discuss and coordinate the provision of resources to respond to any identified gaps. The committee supported operational feeding needs by providing staff and systems to support feeding requirements and analyzed funding requests by local and non-profit feeding agencies to make funding recommendations to the State COVID-19 spending committee. This structure worked very effectively to share critical information and provide points of contact for non-governmental agencies to make resource requests. This structure also allowed for local governments to have clear points of contact to make requests of the state, via the Maryland Emergency Management Agency. This structure also allowed for local governments to have clear points of contact to make requests of the state, via the Maryland Emergency Management Agency. There were no necessary updates to the disaster plan to maintain contact with families and ensure uninterrupted essential agency operations during a public health emergency.

Health Plan

The agency did not make any changes made the Current Health Care Oversight and Coordination Plan

Progress and Accomplishments:

During this reporting period, the agency with the leadership of the State Child Welfare Medical Director, established the Improving Timely Health Care for Children and Youth in Foster Care Affinity Group. This group is a twelve-month Centers for Medicare and Medicaid (CMS) quality improvement (QI) learning collaborative. The overarching goal of this group focuses on improving collaboration between the Department of Health/Medicaid (MDH) and Department of Human Services/Social Services Administration (DHS) around health care monitoring and oversight (utilization, continuity, outcomes) for the state out of home placement population, establishing data sharing between MDH and DHS for health care provision and monitoring and developing mechanisms to provide expedient communication to primary care providers regarding foster care entry, change of placements and exit, as well as to support the provision of all required services for foster children and youth (initial health screening, comprehensive health dental and behavioral/developmental assessments, follow-up care for identified issues). This group is led by the State Medical Director and the Maryland Department of Health Medicaid Chief Medical Officer and includes an array of medical professionals and health care experts. The group meets routinely to work towards goals including updating foster care health assessment forms, improving characterization of behavioral/developmental assessments, streamlining processes for MCO/Provider designation and integrating use of the Maryland Electronic Health Information Exchange (CRISP) for relevant clinical information such as chronic medical and behavioral/developmental conditions, immunizations, medications, hospitalizations and Emergency Department visits.

The agency improved monitoring and oversight of healthcare services to ensure children receive required medical exams and follow up services and that those services are documented in the electronic record. The Medical Director developed quarterly medical director reports (occurrence and timeliness of initial screens, comprehensive examinations, “annuals”, dental and vision, with measures of central tendency for state and jurisdictions) for LDSS leadership. These reports

support the LDSS in identifying children with missing or delayed required health exams and strategizing to ensure exams are completed and follow ups are provided.

During the reporting period, the agency established the Audit Compliance Quality Improvement (ACQI) The ACQI team supports the agency by monitoring compliance and quality of services provided by the LDSS; this includes health services. During this reporting period, the ACQI team met with each of the 24 LDSS to monitor Medical and dental requirements and current data trends while listening to operational challenges experienced by the LDSSs and their approaches in addressing those challenges. Barriers to compliance have been identified with recommendations from experiences of jurisdictions with optimal outcomes shared with all to develop best practices for foster care health delivery.

As the agency and 24 LDSS get acclimated to usage of CJAMS, DHS/SSA actively evaluated CJAMS operability after a full year of state usage; however, improvements in data entry, case management performance and quality for health services are still needed. While there are challenges around data entry consistency and completeness in the new system, the medical director was able to continue to examine performance related to race and ethnicity, types of out of home placement as well as disabilities and conditions. Reviewing data and performance informs administration policy and workforce efforts on equity. Further work will be done on the quality of health care by reviewing a sample of uploaded medical records.

Additional activities related to health care oversight are described in the Update to the Assessment of Current Performance in Improving Outcomes Wellbeing Outcome 3: Children Receive Adequate Service to Meet their Physical and Mental Health Needs on page 45.

State Regulation and Policies

In CY 2021, the agency reviewed and identified areas of the current health policy that need improvement and further issuance with the goal of improved alignment with the Child Welfare League of America and American Academy of Pediatrics guidelines, in order to improve care planning and health care outcomes. The agency began development of updated health policy and practice guidance that further identifies how children are screened and monitored and how medical information should be updated and appropriately shared and documented in the health record. The agency began the vetting process of the updated health policy by consulting with active physicians and other associated medical professionals, advocates, and stakeholders that are a part of the agency Health Care Workgroup. Feedback provided will support the agency in developing practice guidance for LDSS staff, developing feasible and appropriate forms for use and identification of priority to focus on with healthcare providers across the state who care for children in out of home placement. This work will be done in synergy with efforts of the previously described Affinity Group.

In CY 2021, The agency was able to make some updates to Code of Maryland Regulations (COMAR) 07.02.11.08 Medical Care to improve health care services for children in out-of-home care within the purview of the Department of Human Services relating to medical care, in collaboration with the state's attorney general office. The approved changes require local departments of social services to make reasonable efforts to ensure that the comprehensive health assessment required by the existing regulation is completed within a time frame that allows for

the inclusion of its findings and resulting individualized treatment plan in a written comprehensive assessment report. Additionally, the change requires local departments of social services to make reasonable efforts to schedule an initial oral health evaluation by a dentist within 90 calendar days of initial placement if a child is one year old or older upon entry, or within 90 calendar days after the child's first birthday if the child is less than one year of age when placed.

As previously reported certain desired regulatory changes, such as those related to health screening content and timing, impact COMAR that are under the purview of the state department of health. Therefore, the state's Medical Director continues efforts to partner with appropriate staff from the Maryland Department of Health's (MDH) Health Care Financing to explore possible cooperation. In the meantime, DHS/SSA hosted and facilitated agency cross training targeted at LDSS, Medicaid Managed Care Organizations, Resource Parents, Optum, and MDH aimed at improving assessment and coordination of health care services for children in out of home placement.

Health Information Access

The agency established an MOU between the Child Welfare Medical Director and Chesapeake Regional Information System for our Patients (CRISP), which connects health care providers by allowing medical information to move among electronic health information systems. The agreement in place allows only the child welfare medical director to have access to CRISP data in order to access information about the children in the care of the LDSS for the purpose of identifying health and wellness needs of children in the care of the agency.

It is the agency's hope that this agreement in the first step in identifying current statutory and regulatory data sharing barriers and proposing solutions and will lay the groundwork for possible future LDSS timely access to past and current medical information (diagnoses, medications, immunization, allergy, health care episodes, etc.) and the use of CRISP's encounter notification service for alerts to DHS/SSA of health care service, which will provide real-time notice of health care provision and allow improved caseworker follow-up and care management. CRISP and DHS data sharing rules and regulatory barriers continue to be challenges to progress on electronic health passport adoption. Effort to mitigate these barriers will continue in the upcoming year.

Use and Monitoring of Psychotropic Medications

During CY2021, the University of Maryland School of Pharmacy continued to provide reports to the agency on its monitoring of patterns of psychotropic use of youth in foster care. The latest data report explored the correlation between youth and neighborhood factors with psychotropic medication use within the 1st removal into foster care from 2010-2017. Psychotropic medication use was primarily associated with youth characteristics. Youth level demographic factors: Gender- females had a 47% lower likelihood of psychotropic medication use than males; Race- (27%-35%) lower likelihood of psychotropic medication use for African American than youth from other racial/ethnic groups (i.e., The percentages reported are the odds of receiving medication and so there was a lower odd of use among AA youth). Among youth with a prior removal there was a (29%-31%) higher likelihood of psychotropic medication use than those who did not have a prior removal. The factors that increased the likelihood of psychotropic use

were key disruptive behavior disorders, mood disorders, trauma (i.e., PTSD), psychosis, and more shootings per 1,000 residents.

In addition, data is now being shared of overall prevalence of developmental/behavioral conditions and psychotropic medication use for this population. The agency continues to work with the University of Maryland School of Pharmacy to inform the agency of the potential need to account for community factors in implementing care management interventions and to assess appropriate access to care for medication management.

DHS/SSA's policy directive #15-08 governs the oversight and monitoring of psychotropic medication and includes procedures for obtaining informed consent and local worker monitoring. (See Section 2 Well Being Outcome 3 page 41 for state performance on ensuring that children receive adequate services to meet their physical and mental health needs including the oversight and monitoring of psychotropic medication). In CY 2021, Technical assistance with the LDSS' and stakeholder input from the Health Workgroup identified training and resources on the use of psychotropic medication as an area of need for LDSS frontline staff and resource parents. The University of Maryland School of Pharmacy's SFY2023 contract will support the development of psychotropic medication material for LDSS staff and resource parents to understand their roles in monitoring medication use and what symptoms can appear with various psychiatric diagnoses and medication complications. In addition, the University of Maryland School of Pharmacy will facilitate webinars on psychotropic medication use of children and youth in foster care. The agency will continue to collaborate and engage with the University of Maryland's School of Pharmacy, Health Workgroup members, state agency partners, and medical professionals during CY2022 to inform DHS/SSA policy, procedures, and training related to psychotropic medication use.

Impact of and Response to COVID-19 Public Health Emergency

During 2020 and 2021, COVID-19 restrictions included Maryland's State Health Secretary's order to suspend all elective and non-urgent medical procedures until after the state of emergency. Health care providers had the discretion to determine what care was necessary for the maintenance of health for an individual. To prevent potential COVID-19 exposure to children in foster care and resource parents and due to limited access to health care because of Maryland's state of emergency, DHS issued a memo to all LDSS acknowledging the limited health care access and permitted a grace period for timely exams and documentation of health services in CJAMS. While no time frame for exams were established, LDSS were encouraged to attempt schedule exams and utilize available services such as telehealth. Maryland's state of emergency was lifted July 1, 2021. LDSS local directors reported an increase in resumption of entry assessment and preventive health services in-person and via telehealth; the scheduling of routine dental services was progressing back to normal as well, however timeliness was impacted. Most mental health services were reported to be occurring in person and virtually. While the emergency has been lifted, residual delay in accessing health services still exists.

LDSS were responsible for monitoring health care delays and maintaining lists of those out-of-home children and youth waiting for preventive services. The agency made efforts to provide guidance to LDSS staff and resource parents on post-pandemic procedures to ensure timely completion of health care exams and services.

DHS continued to work with sister governmental agencies and providers to mitigate the risk of infection for COVID-19, among staff, providers and ultimately the children and youth in out-of-home care. The medical director served as the laboratory director under Office of Health Care Quality (OHCQ) regulations for rapid COVID-19 LDSS testing for congregate care placements. LDSS were provided with supplies and were trained on testing for children who needed it. COVID vaccinations protocols were developed and implemented as guidance changed for children eligible for vaccination.

Foster and Adoptive Parent Diligent Recruitment Plan

Data analysis on Maryland's progress on diligent foster and adoptive parent recruitment is described in the Resource Parent licensing, recruitment, and retention Systemic Factor on page 98 while the progress and accomplishments in implementing the state plan can be found in Adoption and Legal Guardianship Incentive Payments section on page 170. See Appendix B for updates to the Foster and Adoptive Parent Diligent Recruitment Plan.

DHS/SSA continues to partner with local adoption agencies to provide supportive services such as post adoption services to resource parents. The updates on the progress of the Adoption Contracts are in Adoption and Legal Guardianship Incentive Payment and Adoption Subsidy sections on page 170 - 173 of this report. The partnership with the Child Welfare Academy has increased resource parent training and retention due to the alteration of training from in-person to virtual. In addition, DHS/SSA's continues to partner with the Maryland Resource Parent Association. The state has focused on resource parent engagement and transparency as well as MRPA was able to assist the largest jurisdiction (Baltimore City) with re-instituting its local foster parent association. The state believes this re-engagement will lend to increased resource parent recruitment and retention.

Training Plan

The Training Plan is inclusive of new CWA and DHS/SSA courses offered in 2021 and is presented in Appendix A.

There were 29 new classes offered by CWA this year consisting of 11 in-service trainings and 18 training sessions for Resource parents. In-service training covered a wide array of topics including Ethical Boundaries, Effectively Coping with Grief and Culturally Responsive Child Welfare Practice. Training for Resource Parents included such topics as Understanding Childhood Trauma, Bridging the Communication Gap between Parents and Children and Self-Care.

Statistical Reports

CAPTA Annual State Data Report

Information on Child Protective Service Workforce

Demographic Information

The tables below outline the number of CPS staff, education level, gender, age range and race and ethnicity by calendar year. In CY2021, the total number of CPS staff decreased by 41.5 FTE positions due to vacancy rather than reduction in force. In terms of education, the majority of caseworkers continue to hold a Master's degree or higher with the remainder holding a

Bachelor's degree. Overall, in CY2021 there continued to be more females (91%) than males (9%) in CPS frontline positions. Finally, when looking at race and ethnicity, the majority of frontline staff continued to be African American (47%) or White (45%). There is a racial disparity when looking at supervisors' positions with 72.5% of those positions being filled by White individuals.

Table 41: Number of CPS Staff

Child Protective Services (CPS) Staff	CY2020	CY2021
Case worker Staff (FTE)	369 (83%)	327.5 (82.6%)
Supervisor Staff (FTE)	74.5 (17%)	69 (17.4%)
TOTAL	443.5	396.5

Table 42: CPS Staff Education Level, Gender, Race and Ethnicity by Calendar Year

Education Levels	CY 2020	CY 2021 Workers	CY 2021 Supervisors
Bachelor's degree	117.5 (32%)	93.5 (29%)	1 (1.45%)
Master's or above degree	251.5 (68%)	231 (71%)	68 (98.55%)
Gender	CY 2020	CY 2021 Workers	CY 2021 Supervisors
Males	105 (28%)	28 (9%)	12 (17%)
Females	264 (72%)	299.5 (91%)	57 (83%)
Race/Ethnicity	CY 2020	CY 2021 Workers	CY 2021 Supervisors
American Indian	0 (0%)	0 (0%)	0 (0%)
Asian	4 (1%)	4 (1%)	0 (0%)
Black/African American	183 (50%)	155 (47%)	18 (26.1%)
Hispanic	18 (5%)	13 (4%)	1 (1.4%)
Native Hawaiian	0 (0%)	0 (0%)	0 (0%)
White	160 (43%)	148.5 (45%)	50 (72.5%)
2 or more Races	4 (1%)	5 (2%)	0 (0%)
Unknown	0 (0%)	2 (1%)	0 (0%)

Table 43: CPS Staff Age Range by calendar year

Age Groups	CY 2021 Workers	CY 2021 Supervisors
Less than 40 years old	168 (51%)	32 (46%)
40 to 59 years old	137 (42%)	27 (39%)

Age Groups	CY 2021 Workers	CY 2021 Supervisors
60 or more years old	22.5 (7%)	10 (14%)

Qualifications, and Training

The qualifications for Child Protective Services (CPS) caseworkers and supervisors remain the same as outlined in the CFSP. CPS caseworkers require a minimum of a Bachelor of Arts or a Bachelor of Science Degree in a human service-related field. No experience is required for entry level case workers other than the possession of a degree in a related human services field. CPS Supervisors, as well as all Child Welfare Supervisors, must have a Master of Social Work degree and possess an advanced license to practice social work in the state of Maryland. Supervisors must have a minimum of three (3) years of experience in child welfare or a related field. CPS employees continue to be 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. Information related to DHS/SSA Pre-service, and Inservice Training is noted in Staff Training System Systemic Factor on pages 62 - 67.

Maryland Caseload Standards

Maryland continues to strive 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 2021, the average CPS caseload per caseworker was 8.8 which represents a decrease of -1.9 from last year. During that same period, the supervisor/worker ratio averaged 1 supervisor to 5.0 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 Foster Care.

ETV Vouchers

Please see Appendix F for the number of youth who were new voucher recipients July 1, 2020 through June 30, 2021 (the 2020-2021 school year) and July 1, 2021 through June 30, 2022 (the 2021-2022 school year).

Inter-Country Adoptions

There were no youth reported that were adopted from other countries or who entered state custody in FY2021 as a result of the disruption of a placement for adoption or the dissolution of an adoption as reported by the LDSS.

Monthly Caseworker Visit Data

Data for FY 2022 will be submitted by December 15, 2022.

Financial Information

Payment Limitations: Title IV-B, Subpart I: The amount Maryland expended for childcare, foster care maintenance and adoption assistance payments for FY 2005 title IV-B, subpart I is \$0. **2020 -- \$0**

Payment Limitation: Title IV-B, Subpart I: The amount of non-federal funds that were expended by the state for foster care maintenance payments used as part of the Title IV-B, subpart I state match for FY 2005 is \$0. **2020 -- \$0**

Payment Limitation: Title IV-B, Subpart I: The estimated expenditures for administrative costs on the CFS-101, Parts 1 and II and actual expenditures for the most recently completed year on the CFS-101, Part III is \$0. **2020 -- \$0**

Payment Limitation: Title IV-B, Subpart II
Maryland approximates 20 percent of the grant with state funds.

Payment Limitations: Title IV-B, Subpart II:
The FY 2020 state and local share expenditure amounts for the purpose of Title IV-B, subpart II is \$37,516,498.65 due to the additional federal funds. The 1992 base year is \$31.7 million.

Maryland Department of Human Services
January 2021-December 2021
Title IV-E and SSA Sponsored New Trainings Matrix
January 2021 – June 2021

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
Professional Staff Continuing Education NEW	<p>Family Meetings- Utilizing Events to Support Successful Change for Families</p> <p>Family Meetings provide an organic opportunity to build a rapport and engage, assess, and plan with individuals and family. This 2-day training will cover various types of family-focused meetings with an emphasis on tools and skills that enhance engagement, teaming, partnering, and collaboration with youth, families, court, and other community partners. We will explore best practices in conducting virtual family meetings with hands-on practice and peer support.</p> <p><i>Prerequisite - 3-hour SSA- DHS Family Teaming Policy Webinar (live or recorded version)</i></p> <p>Title IV-E Activities: Social Work Practice</p>	11 hours	Child Welfare Academy Virtual Training	Child Welfare Supervisors and Staff	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$2,213.75	Short-Term
Professional Staff Continuing Education NEW	<p>Happiness and the Power of Optimism</p> <p>We all experience stress in our life. But what if there was a way you could eliminate a lot of stress from your work and personal life so that you allow more happiness in? When people aren't content and more pessimistic it impacts the way we feel about both our work and our personal life. There are so many myths about happiness that it's understandable why it's challenging at times to achieve more happiness. It's time for you to live a life of joy, not stress—and the way</p>	3 hours	Child Welfare Academy Virtual Training	Child Welfare Supervisors and Staff	State General Funds	\$603.75	Short-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
	<p>to get there is learning the proven strategies taught in this workshop. In this dynamic and interactive workshop, you will:</p> <ul style="list-style-type: none"> ● Understand how your thinking impacts your level of optimism ● Learn what protective factors will help increase optimism in your life ● Understand the myths related to happiness ● Review the strategies to increase happiness and decrease stress ● Understand how to apply the concepts reviewed with the individuals and families you work with. 						
Professional Staff Continuing Education NEW	<p>Identifying and Maintaining Ethical Boundaries with Families We Serve and Peers</p> <p>This ethics workshop will focus on the development of strategies to address the common, yet complex ethical issues concerning boundaries that social workers face in their practice. Content will cover the following topics: establishing and maintaining ethical boundaries; different types of boundaries; and the impact of boundaries on practice and families' outcomes. Current legal references will be provided concerning relevant statutes and the ethical codes of practice which govern social workers. Risk management strategies will also be identified.</p> <p>Title IV-E Activities: Ethics</p>	3 hours	Child Welfare Academy Virtual Training	Child Welfare Supervisors and Staff	Title IV-E Training at 50% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term
Professional Staff	<p>Infants in the Child Welfare System: A Developmental Framework for Policy and Practice</p>	2 hours	Child Welfare Academy Virtual Training	Child Welfare	State General Funds	\$402.50	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
Continuing Education NEW	Description: Infants and toddlers are overrepresented in the child welfare system at every juncture. Based on a bioecodevelopmental framework, this workshop will examine the child welfare trajectories and related sequelae for very young children. Building on a public health model, policy, and programmatic strategies to optimize experiences and outcomes for very young children in the child welfare system will be presented.			Supervisors and Staff			
Resource Parent Continuing Education NEW	Creative Tools for Coping with Grief There are many interesting links between creativity and experiences like hardship, physical illness, and psychological disorder. Links that psychologists and researchers may not fully understand yet have been aware of for some time. We believe that creative outlets can be incredibly healing for people who are coping with grief. Whether you're a writer, poet, lyricist, or painter, as the song goes, express yourself. In this webinar, we will explore the links between creative expression and adverse life experiences, discuss benefits of creative expression, provide suggestions for working through a grief-related creative block, and look at some easy and accessible creative coping tools and activities.	Between 2-6 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term
Resource Parent Continuing Education NEW	Exploring the Importance of Maintaining Sibling Connections Maintaining sibling relationships is an important way for children to maintain connections with their family of origin, whether siblings are also in care or have remained in the home. Lack of this	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E	\$603.65	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
	connection can often come with grief, loss of family of origin, and loyalty issues. This webinar will explore the emotional and physical importance of staying connected with siblings. We will explore the mixed emotions, for youth and parents, which come with maintaining sibling relationships. Ways to support the youth as they manage these mixed emotions will be discussed.				penetration rate		
Resource Parent Continuing Education NEW	Finding Calm: Tapping for Parents In this training you will learn about Tapping and how it can expand your parenting toolbox. Tapping is a self-care strategy that increases your capacity to regulate your emotions and help you find acceptance and calm during moments of distress for you and the child in your care. You will learn about the origins of tapping, why it works and how to do it. Participants will experience for themselves how easy, powerful, and accessible this coping strategy can be.	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term
Resource Parent Continuing Education NEW	Finding the “I” in the Storm: Practical Tools for Building Parent Resilience Every parent is faced with challenges to their inner calm when their children’s behaviors stretch you beyond your capacity to cope and parent from your best self. In this practical experiential training, you will learn new strategies to help you reconnect with your inner calm to manage your thoughts and emotions during periods of crisis, chaos and upset. You will come away with easy to access strategies to build your parenting resilience through practical tools such as: <u>Tapping</u> - using easy techniques to calm your nervous system	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
	<p><u>Brain Gym</u> - increasing your focus, attention, and brain function to more effectively problem solve</p> <p><u>Mindfulness</u> - learning how to detach from emotional distress in the moment.</p> <p>You will learn how to find and become the “I” in the storm, when parenting challenges are most difficult and calm is most needed to parent effectively.</p>						
Resource Parent Continuing Education NEW	<p>Getting Back to Normalcy: Finding ways to decrease stress for children and families transitioning through COVID life</p> <p>As our communities begin to transition out of COVID and restrictions are lifted, we need to find ways that we can support our families emotionally and physically. The pandemic has created an increase in stress and a decrease in a child's level of tolerance for all the changes they have experienced. This workshop will focus on ways to help caregivers and children respond to stress effectively and explore ways to get back to a sense of normalcy.</p>	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Short-Term
Resource Parent Continuing Education NEW	<p>Grieving Addiction and Overdose Loss</p> <p>Grief is the normal and natural reaction to any significant loss, whether that is a bereavement loss or a non-death loss. This session explores the unique aspects of family grief while experiencing addiction within the family and coping with a substance-related death. It will cover the research in identification of ambiguous grief and disenfranchised grief while introducing basic tools and interventions for coping with the grief of addiction and overdose.</p>	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
Resource Parent Continuing Education NEW	<p>Navigating the In-between: What Will “Getting Back to Normal” Look Like After the Pandemic?</p> <p>This pandemic continues to be incredibly challenging for parents and children. Some families are living with the loss of loved ones and fears about getting sick. Some families have suffered financial losses. We miss in-person interactions with family and friends, going on vacations, and celebrating milestone events. Parents are juggling work while ensuring that their kids are being educated and staying mentally healthy. As our community works its way out of this trauma, we know that everything will change, but we are unsure about what that means. It is likely that the path forward will be unclear as we navigate the in-between of pandemic family-life vs. the “new normal.” There will be uncertainty about the activities that will be safe to resume and when. What will happen with in-person school? And we may even miss slower family life and wonder how we will ever resume a normal pace again. There will be fewer rules; more decisions will be left up to individual families. This training will help parents plan for and effectively navigate this transition. Through lecture, interactive discussion and experiential exercises, parents will have the opportunity to anticipate and put in place strategies that will work for themselves and their kids to reduce stress and increase resiliency.</p>	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Short-Term
Resource Parent	<p>Self-Care as Caregivers: Knowing how to better respond to our past experiences</p>	Between 2-3 hours	Child Welfare Academy	Resource Parent,	Title IV-E Training at	\$603.75	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
Continuing Education NEW	When you get onto an airplane, they tell you to get your oxygen first and then to help somebody else. This is the same way that we as caregivers should use the approach of self-care. As Caregivers if we are not taking the best care of ourselves and responding to our own pain points it can affect how we parent and care for the children in our home. This workshop will allow for participants to explore their past pain points that may be from their childhood but that are still affecting how they parent. Discover ways caregivers can cope and respond more effectively to a child's pain points.		Virtual Training	Adoptive Parents, Kinship Parents In-service	75% FFP after applying Title IV-E penetration rate		
Resource Parent Continuing Education NEW	Self-Reflective Parenting This training will focus on the importance of parents understanding their own behavior and reactions to their children. In healthy parent-child relationships, a child experiences their parents as a source of safety, caring and comfort. The training will encourage parents to be aware of their own internal states and what is behind their child's behavior so that they can understand the situation from their child's point of view as well as their own. Self-reflection is especially important for parenting children in the foster care system who have endured the trauma of abuse and neglect. This interactive, hands-on training will include lecture and a discussion of real-life scenarios.	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term
Resource Parent Continuing Education NEW	Understanding Grief in Children When a loved one or community member dies, adults and caregivers often feel great concern for children impacted by the loss. Though supporting bereaved children is a top	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship	Title IV-E Training at 75% FFP after applying	\$603.75	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
	<p>priority for parents, caregivers, teachers, and clinicians, they often struggle to know what to do or say. In this webinar, we will provide participants with the tools, resources, and foundational knowledge necessary for supporting bereaved children and adolescents. Specifically, in this webinar you will learn about Grief and developmental age, Guidelines for talking to children about death and grief, Creating a community of support, Recommended tools and resources, and Creative remembrance activities.</p>			Parents In-service	Title IV-E penetration rate		
Resource Parent Continuing Education NEW	<p>Understanding Non-Death Loss during COVID The COVID-19 pandemic has fundamentally changed the way we operate in the world, leaving many people feeling a loss of safety, identity, confidence, balance, and community. It is not uncommon to have experienced a change in priorities and values that can be both liberating and destabilizing. This session seeks to help people assess the impact COVID-19 has had on their lives, personally and professionally, in ways obvious and less obvious. It then introduces the evidence-based approach of values-work in creating personal and professional stability in a world that continues to evolve and requires psychological flexibility.</p>	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Short-Term
Resource Parent Continuing Education NEW	<p>You Cannot Pour from an Empty Cup: The Impact of Trauma and the Benefits of Self Care for Foster Parents Parenting a traumatized child can be a traumatizing experience. Add in the other components of being a resource parent, working with a traumatized birth family and</p>	Between 2-3 hours	Child Welfare Academy Virtual Training	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E	\$603.75	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
	navigating an agency and court system, and the need to reflect on self-care becomes a matter of self-preservation! This workshop will identify the primary and secondary traumas of foster parenting and normalize the range of symptoms they can produce. We will not only identify the hazards of the job, but will look closely at how those challenges, if left unaddressed, can undermine the good work you've set out to do on behalf of your child. We will explore strategies for self-awareness, self-correction, and most importantly, self-care that are tailored for the unique dynamics of foster parenting.				penetration rate		

**July 2021 –September 2021
Title IV-E New Workshop Matrix**

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation		
In-Service Course	Ethical Guidelines for Working with Families in this “New World” As we continue navigating through these extremely challenging and unprecedented times, it is important to consider how the world is affecting us as professionals as well as the vulnerable children, adults, and families we serve. As the world opens again, the children, adults, and families we work with will need guidance about how to protect themselves and their families, as they make decisions about what is part of their “new normal” physically and emotionally. During this interactive and supportive Zoom training, participants will learn strategies for following ethical guidelines as we navigate	3 hours	Child Welfare Academy/Virtual	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation		
	<p>the challenging issues confronting all of us through this “new normal.”</p> <p>Title IV-E Activities- Ethics</p>						
In-Service Course	<p>Maryland Transformative Supervision This half-day workshop provides a framework for supervisors to support skill development in the core practices of the Maryland Integrated Practice Model (IPM): Engagement, Teaming, Assessment, Planning, Intervening, Monitoring, Adapting and Transitioning. Skill development within the areas of the core practices of the IPM will be linked to the TCOM philosophy of change management. Participants will learn approaches for supporting and measuring change through the use of the Maryland Skills Tracker tool. Hands-on activities will be used to illustrate supervision strategies along the phases of practice, teaming and coordinating care. Time will be provided for peer consultation and small group discussion of relevant issues that arise in supervising. Title IV-E Activities: General supervisory skills</p>	3 hours	Department of Human Services/Virtual	Child Welfare Supervisors	Title IV-E Training at 50% FFP after applying Title IV-E penetration rate	\$603.75	Short-Term
In-Service Course	<p>Prevention Services Training (FFPSA) This 3-hour webinar will provide a foundation for ensuring that child welfare workers have the requisite knowledge and skills to authentically partner and engage with children, youth, and families, collaboratively assess family strengths, and needs, develop appropriate prevention focused, trauma-responsive service plans, and connect families to evidence-based programs and services.</p>	3 hours	Child Welfare Academy/Virtual	Child Welfare Workers and Supervisors	50% FFPSA	\$603.75	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation		
	Title IV-E Activities: FFPSA Social work practice and Referral to Services						
In-Service Course	<p>Use of Self: The Ethical Foundation for Culturally Responsive Child Welfare Practice</p> <p>This three-hour workshop is focused on the development of strategies to address the common, yet complex ethical issues concerning implicit bias that child welfare workers and administrators face in their practice. Content will cover the following: identification of microaggressions, strategies for addressing microaggressions, establishing and maintaining a practice of self-awareness, the impact of boundaries on practice and client outcomes and examine the difference between cultural humility, cultural competence, and culturally responsive practice. Current legal references will be provided concerning relevant statutes and the ethical codes of practice for social workers.</p> <p>Title IV-E Activities: Ethics and cultural competency related to children and families</p>	3 hours	Child Welfare Academy/Virtual	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term
Resource Parent Training							
Resource Parent In-Service Training	<p>Child Passenger Safety Building Blocks: Parents of children 0-10 years old will learn the Building Blocks of Child Passenger Safety. Participants will learn general information about car seats and booster seats, including selection, direction, location, installation, and harnessing, with time for Q&A and additional resources.</p>	3 hours	Child Welfare Academy/Virtual	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation		
Resource Parent In-Service Training	Effective Mental Health Treatment Through a Trauma-informed Lens** This training seeks to provide tips on how to be effective consumers of child psychiatry services. Incl. a general review of diagnostic evaluations, outcomes, evidence-based care, informed consent/assent, treatment adherence, medication side effects and safety issues, and tips when treatment is not working. This training will center around Trauma-informed treatment, recognizing trauma and its impact on children and families.	3 hours	Child Welfare Academy/Virtual	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term
Resource Parent In-Service Training	Finding the “I” in the Storm: Practical Tools for Building Parent Resilience Every parent is faced with challenges to their inner calm when their children’s behaviors stretch you beyond your capacity to cope and parent from your best self. In this practical experiential training, you will learn new strategies to help you reconnect with your inner calm to manage your thoughts and emotions during periods of crisis, chaos and upset.	3 hours	Child Welfare Academy/Virtual	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term
Resource Parent In-Service Training	Top Car Seats Mistakes and How to Fix Them: More than 80% of people in Maryland who participate in a car seat check-up event or video car seat assistance make a mistake! Caregivers will learn about the most common errors related to child passenger safety and how to prevent or correct them.	3 hours	Child Welfare Academy/Virtual	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term

**October 2021 –December 2021
Title IV-E New Workshop Matrix**

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
In-Service Course	<p>Closing the Communication Gap Between Individuals and Groups of Different Ages Multiple times a day, we will read or hear about different generations in popular media and in conversation. In this workshop, participants will learn about the latest research on the concept of “generations” and why people in different age groups may have different perspectives. We will also learn about how the popular media portrays different age groups and how those portrayals change over time. Finally, building from the principles of authentic partnership and engagement participants will learn techniques to resolve conflict in the workplace, including conflict between individuals and groups of different ages to support the case planning process.</p> <p>Title IV-E Activities: Communication skills required to work with children and families.</p>	3 hours	Department of Human Services/Virtual	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$603.75	Long-Term
In-Service Course	<p>Moving Beyond Trauma: From Post-Traumatic Stress Disorder to Post Traumatic Growth Trauma is a universal concept that every human being endures at some point in their lives. Often time’s individuals sustain multiple traumas, and some become so pervasive and acute that they develop into Big “T” traumas and eventually manifest in the form of Post-Traumatic Stress Disorder. This workshop will focus on the theory and understanding the concept of what trauma is and how individuals can grow and thrive despite their trauma narrative. Different</p>	4 hours	Child Welfare Academy/Virtual	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$805.00	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
	<p>theories will be explored but strength-based theories to help consumers build on or acquire resiliency concepts, to help them reshape and reform the trauma narrative from that of victim to that of survivor. Participants will increase their understanding on how to support youth and families experiencing complex trauma and partner with the family to find the appropriate strength-based services to meet their needs.</p> <p>Title IV-E Activities: Trauma responsive care and referral to services</p>						
In-Service Course	<p>Youth and Addiction: Exploring Trends, Human Development, Co-Morbidity, and Treatment Modalities</p> <p>According to the Center for Disease Control addiction use among children and adolescents has increased over the years. In 2019 the CDC reported that 1 in 5 teens used prescription drugs, while marijuana was still regularly used. NIH reports that nearly 1 in 10 adolescents (13-14-year-olds) reported regular alcohol use, for adolescents 5 in 10 reported regular alcohol use. Various issues will be discussed including but not limited to referral to services and treatment that is family centered, identifying trauma response approaches, and outcome-driven results. Current research will be explored, and participants will be able to articulate the importance of understanding usage trends, co-morbidity, interventions, and treatment modalities. This is an interactive workshop</p>	4 hours	Child Welfare Academy/Virtual	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$805.00	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
	where case vignettes will be presented and discussed to enhance the learning experience. Title IV-E Activities- Substance Abuse						
Resource Parent Workshop	<p>De-Mystifying Teens and Transitioning Youth</p> <p>This workshop will address the how-to's of engaging, partnering, collaborating, and empowering transitioning youth and emerging adults within the Child Welfare system. Attendees will be afforded the opportunity to hear from those who have experienced the foster care system firsthand as they share their lived experiences. We will share insightful dialogue while adding to existing knowledge & skills of participants as we work together to develop partnerships with transitioning youth & emerging adults who seek to identify and mitigate the challenges of everyday life after life in care.</p>	1-2 hours	Child Welfare Academy/Virtual	Child Welfare Resource Parents	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$402.50	Long-Term
Resource Parent Workshop	<p>Sibling Separation and Healing Connections</p> <p>According to the Casey Organization, “approximately two-thirds of children in foster care have a sibling in care, and yet despite the benefits of joint sibling placements, it is estimated that more than 70% of children with siblings are separated from one or more of their siblings.” When children enter the foster care system, they are often afraid, anxious, and experiencing complex trauma and loss. These emotions are often further intensified when children are separated from everything they know</p>	1-2 hours	Child Welfare Academy/Virtual	Child Welfare Resource Parents	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate	\$402.50	Long-Term

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation	Estimated Cost to Provide Training	Duration Category
	<p>including their siblings. Children will often look for and rely on the comfort and proximity of their siblings. Being placed with a sibling during a time of the unknown creates a small sense of normality. However, despite the benefits most siblings are often separated when they enter the foster care system. This webinar will explore how to help children process, grieve, and thrive despite sibling separation so that they are able to have healing connections. This training will provide tools, caregiver recommendations and strategies to help siblings stay connected and heal during the separation process.</p>						

Maryland’s Statewide Recruitment and Retention Goals

<p>Goal 1: Increase the number of resource parents in Maryland to meet the needs of the state. (See Item #33 for data update) Target by 2024: 85% of Maryland’s resource parents will be identified by their racial composition. Target by 2024: Ensure the percentage of racial composition of resource parents to foster care youth will be 85%.</p>		<p>Objective 1: Recruit and retain resource families appropriate for local department children in care.</p>		
<p>Strategy 1: DHS will provide technical assistance to local departments to assist with recruitment and retention efforts. (Strategy 1,4)</p>				
#	Action step	Person or people responsible	Start date	Complete date
1	<p>Reach out to Prince George’s County, Montgomery County and Baltimore City who have the highest number of children in care and highest number of African American children to provide technical assistance as needed around the recruitment/retention of resource parents. (See item #33 for data update)</p>	<p>SSA Resource Home Team, LDSS Resource Home Recruiters</p>	<p>August 2019</p>	<p>June 2024</p>

2	Reach out to all local departments to ensure their racial demographic data is correct and their recruitment efforts for their population are appropriate. Specifically looking at those jurisdictions that have Hispanic and Native American youth. (See item #33 for data update)	LDSS Resource Home Recruiters, SSA Resource Home Supervisor, National Center for Indian Affairs,	August 2019	Continuous
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<p>Goal 2: Increase certification pre-service rate of eligible applicants to 95% statewide.</p> <p>Target by 2024: Maryland will increase the percentage of resource home pre-service training to 95% (Current rate CY2018, 90%, data source: MDCHESSIE).</p>	<p>Objective 1: Promote timely and diligent recruitment efforts in order to meet the needs of youth in Maryland’s foster care system.</p>
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#	Action step	Person or people responsible	Start date	Complete date
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1	Revise the annual statewide recruitment and retention plan reporting form and quarterly analysis tool in order to trend data and give appropriate feedback to LDSS regarding recruitment and retention efforts.	SSA Resource Home Supervisor/Analyst, Chapin Hall Technical Assistance Partner	May 2019	June 2019 Update: June 2023, this activity has been delayed due to lack of resource home staff.
2	Utilizing the statewide recruitment and retention data, track the LDSS home study rate and provide technical assistance to eliminate barriers to home study approval.	LDSS Resource Home Caseworker, SSA Resource Home Supervisor/Analyst,	July 2019	June 2024
Strategy 2: Engage current/experienced Resource Parents and previous foster care youth in assisting with LDSS recruitment and retention efforts. (Strategy 1, 4)				
#	Action step	Person or people responsible	Start date	Complete date
1	Invite LDSS resource parents, previous foster youth to statewide resource parent engagement workgroups.	LDSS Resource Home Caseworkers, SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, Capacity Center for States, State Youth Advisory Board	October 2020	Continuous 2021 Progress: Resource Parents are currently active in the Placement and Permanency Implementation Workgroup as the Resource Parent

				Engagement Workgroup ended.
2	Identify experienced resource parents and connect them to prospective parents for support groups and peer to peer support options.	LDSS Resource Home Caseworker SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association	July 2019	June 2024
2	Identify previous foster youth to assist LDSS with recruitment and retention efforts.	LDSS Resource Home Caseworkers, SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, Capacity Center for States, State Youth Advisory Board	July 2019	June 2024
Strategy 3: Facilitate focus groups with prospective parents to discuss barriers to completing certification.(Strategy 1, 2, 3)				
#	Action step	Person or people responsible	Start date	Complete date
1	Survey LDSS applicants who have not completed the home study process to determine barriers to completion.	LDSS Resource Home Caseworker, SSA Resource Home Analyst, MRPA, State foster parent ombudsman	July 2019	June 2024
Strategy 4: Increase the pre-service training at times and locations that are convenient to prospective families. (Strategy 3)				

#	Action step	Person or people responsible	Start date	Complete date
1	Ensure LDSS compliance with on-line foster parent training and the offering of in-person training if applicable for the pre-service training modules.	LDSS Resource Home Caseworker SSA Resource Home Supervisor/Analyst	July 2019	December 2019 Completed
2	Assess the current on-line hybrid foster parent training and evaluate its effectiveness since statewide implementation.	LDSS Resource Home Caseworker SSA Resource Home Supervisor/Analyst	July 2019	December 2019 Completed

Strategy 5: Provide timely responses to resource home inquiries within the LDSS. (Strategy 2, 3)

#	Action step	Person or people responsible	Start date	Complete date
1	Cross train foster and adoption staff with talking points on how to respond to inquiries.	LDSS Resource Home/Permanency Caseworker, SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, State Foster Parent Ombudsman, Capacity Center for States, Current Resource Parents	July 2019	June 2024

2	Establish procedures for immediate response to inquiries. This will include providing information to work with diverse communities including cultural, racial, and socio-economic variations. This will also address linguistic barriers in those jurisdictions in which this is identified as a need.	LDSS Resource Home/Permanency Caseworker SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, State Foster Parent Ombudsman, Capacity Center for States, Current Resource Parents	July 2019	June 2024
<p>Goal # 3: Public resource home placement stability will improve to 4.2 or less.</p> <p>Placement Stability - current CY2018 rate is 4.38, data source: MD CHESSIE)</p>		<p>Objective: Preserve willingness and strengthen the abilities of current foster parents.</p>		
<p>Strategy 1: Enhance visibility of resources and accessibility of training and support services to foster parents. (Strategy 1, 3)</p>				
#	Action step	Person or people responsible	Start date	Complete date

1	Provide resource parents with ongoing access to on-site and on-line training calendars. This will allow for information to be disseminated in regards to both general and child-specific information.	LDSS Resource Home Caseworker, SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, State Foster Parent Ombudsman, University of Maryland Child Welfare Academy	July 2019	June 2024
2	Provide Maryland Resource Parent Association with access to all current resource parents across the state.	LDSS Resource Home Caseworker, SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association.	June 2019	June 2024
3	Arrange for panel presentations by the State Youth Advisory Board of trainings and events	LDSS Resource Home Caseworker, State Independent Living Coordinator, SSA Resource Home and Older Youth Supervisor/Analyst	June 2019	June 2024
Strategy 2: Ensure resource parents are present at Family Involvement meetings whenever possible to discuss placement options of youth and be included in the conversation.(Strategy 6)				
#	Action step	Person or people responsible	Start date	Complete date

1	Upon revision of the FIM policy, SSA will monitor resource parent presence at FIM meetings by looking at the statewide CFSR, FIM data and LDSS resource parent surveys to assess whether they are at the table during the FIM meeting.	SSA Resource Home Supervisor/Analyst, SSA CQI Analyst, LDSS FIM facilitators and staff.	July 2019	January 2021 Update: Completed
2	Ensure resource parent, LDSS casework staff, and biological parents are knowledgeable about FIM meetings and have access to participate.	SSA Resource Home, Outcomes Improvement Supervisor/Analyst, LDSS FIM casework staff, State Court Improvement Project	July 2019	June 2024
Strategy 4: Increase the availability of resource homes that are able to provide care for sibling groups. (Strategy5)				
#	Action step	Person or people responsible	Start date	Complete date
1	Assess the current resource parent pool for potential kinship providers and/or prospective adoptive homes to potential homes.	LDSS Resource Home Caseworker SSA Resource Home Supervisor/Analyst	July 2019	June 2024

2	Track/Trend state level sibling visitation data and monitor placement stability and provide technical assistance to the LDSS casework staff.	LDSS Resource Home/Permanency Worker, SSA Resource Home Supervisor/Analysts	July 2019	June 2024
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<p>Goal # 4: Increase the number of youth placed in a pre-adoptive home.</p> <p>Target: Maryland will increase the number of children placed by 20% by 2024. CY2018 data, monthly average: 26 children are in pre-adoptive homes.</p>	<p>Objective: Increase the number of homes for legally free children.</p>
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Strategy 1: Public Awareness Campaign (Strategy 1,6)

#	Action step	Person or people responsible	Start date	Complete date
1	Assess LDSS adoption data and contact the LDSs to inquire about barriers to placement.	LDSS Resource Home Caseworker/Permanency Worker SSA Resource Home Supervisor/ Analyst	July 2019	June 2024 2021 Progress: SSA has issued the quarterly LDSS Adoption Incentive Goals to begin discussion regarding barriers. Discussions regarding Permanency Staffings have begun

2	Increase the profiling of youth on Adopt-us-Kids website.	LDSS Resource Home Caseworker/Permanency Worker, SSA Resource Home Supervisor/Analyst, AUK SSA Resource Home Supervisor/Analyst	July 2019	June 2024
3	Increase the practice of inter-jurisdictional adoptive placement.	LDSS Resource Home Caseworker/Permanency Worker, SSA Resource Home Supervisor/Analyst	October 2019	September 2020 Update: September 2021 2021 Progress: Completed
5				
Strategy 2: Develop public-private partnerships with adoption agencies and other partners in order to increase adoption/guardianship placements within the state.(Strategy 6)				
#	Action step	Person or people responsible	Start date	Complete date
1	Partner with state adoption agencies such as the Center for Adoption Support and Education, Adoptions Together, Contracted CPA providers around adoption	LDSS Resource Home/Adoption Caseworkers, SSA Resource Home Supervisor/Analyst, CASE, Adoptions Together	September 2019	July 2020 Completed

	education and recruitment.			
2	Increase LDSS caseworker adoption competency.	LDSS Resource Home/Permanency worker, SSA Resource Home Supervisor/Analyst	January 2020	<i>December 2020</i> 2021 Progress: Completed.
5	Utilize Adoptions Together and AUK technical assistance for locating placements through inter-jurisdictional matching	LDSS Resource Home/Adoption Staff, SSA Resource Home Analyst/Supervisor, Adoptions Together and AUK liaison.	September 2019	Annual Reviews 2021 Completed Progress: SSA has begun work with Adoptions Together regarding work to increase permanency barriers. SSA has procured a contract with Adoptions Together and initiated discussions within the Permanency Workgroup regarding technical assistance via the mentioned partners.

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2023: October 1, 2022 through September 30, 2023

1. Name of State or Indian Tribal Organization and Department/Division:		3. EIN: 1-	52-6002033 -A8
Maryland Department of Human Services (DHS)		4. UEI:	GM1WZ4NRTM51
2. Address: (insert mailing address for grant award notices in the two rows below)		5. Submission Type: (select one)	
311 W. Saratoga St.		X New Reallotment	
Baltimore, Maryland 21201			
a) Contact Name and Phone for Questions: Romaine Young: 410-767-7753			
b) Email address for grant award notices: stafford.chipunqu@maryland.gov			
REQUEST FOR FUNDING for FY 2023:			
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.			
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$3,983,406
a) Total administrative costs (not to exceed 10% of the CWS request)			\$398,340
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total	\$0
a) Family Preservation Services		20.0%	\$909,361
b) Family Support Services		20.0%	\$909,361
c) Family Reunification Services		20.0%	\$909,361
d) Adoption Promotion and Support Services		20.0%	\$909,361
e) Other Service Related Activities (e.g. planning)		10.0%	\$454,681
f) Administrative costs		10.0%	\$454,681
<i>(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)</i>			
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 7a-f.</i>		100.0%	\$4,546,806
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$287,408
a) Total administrative costs (not to exceed 10% of MCV request)			\$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$1,609,769
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			\$1,263,223
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$378,966
11. Requested Education and Training Voucher (ETV) funds:			\$383,233
REALLOTMENT REQUEST(S) for FY 2022:			
<i>Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.</i>			
12. Identification of Surplus for Reallotment:			
a) Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:			
CWS	PSSF	MCV (States only)	Chafee Program
\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (should they become available for re-allotment):			
CWS	PSSF	MCV (States only)	Chafee Program
\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:			
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.			
<i>Signature of State/Tribal Agency Official</i>		<i>Signature of Federal Children's Bureau Official</i>	
<i>Juanes R Padilla</i>		<i>Joseph Bock for Ayscha E. Schomburg</i>	
Secretary, Department of Human Services		Title	
6/28/2022		Date 11/23/2022	

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: Maryland Department of Human Services (DHS)

For FY 2023: OCTOBER 1, 2022 TO SEPTEMBER 30, 2023

SERVICES/ACTIVITIES	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	
1.) PROTECTIVE SERVICES	\$ 1,434,027			\$ 611,712				\$ 75,390,284	17,846	-	Children	Statewide	
2.) CRISIS INTERVENTION	\$ -	\$ 909,361		\$ -				\$ 22,286,066	-	1,901	Families	Statewide	
3.) PREVENTION & SUPPORT	\$ -	\$ 909,361		\$ 595,615				\$ 300,788	-	1,901	Families	Statewide	
4.) FAMILY REUNIFICATION	\$ 2,151,039	\$ 909,361		\$ -				\$ 1,144,029	-	847	Families	Statewide	
5.) ADOPTION PROMOTION AND	\$ -	\$ 909,361						\$ 443,943	-	426	Families	Statewide	
6.) OTHER SERVICE RELATED	\$ -	\$ 454,681						\$ 630,590	-	-	-	-	
7.) FOSTER CARE MAINTENANCE:	\$ -						\$ 40,183,516	\$ 24,536,744	4,665	-	Children	Statewide	
(b) GROUP/INST CARE	\$ -							\$ 16,750,046	\$ 150,282,555	614	-	Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 29,979,686	\$ 18,011,576	4,563	-	Children	Statewide	
9.) GUARDIANSHIP ASSISTANCE	\$ -						\$ 391,370	\$ 30,637,191	3,155	-	Children	Statewide	
10.) INDEPENDENT LIVING	\$ -				\$ 1,263,223			\$ 234,912	208	-	Children	Statewide	
11.) EDUCATION AND TRAINING	\$ -					\$ 383,233		\$ 74,678	175	-	Former foster care	Statewide	
12.) ADMINISTRATIVE COSTS	\$ 398,340	\$ 454,681	\$ -				\$ 6,100,708	\$ 72,714,521					
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ 402,442			\$ -	\$ 731,211					
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ 731,211					
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-	
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 1,027,303	\$ 4,087,816					
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 287,408				\$ -	\$ 62,699					
18.) TOTAL	\$ 3,983,406	\$ 4,546,806	\$ 287,408	\$ 1,609,769	\$ 1,263,223	\$ 383,233	\$ 94,432,629	\$ 402,300,814					



19.) TOTALS FROM PART I \$3,983,406 \$4,546,806 \$287,408 \$1,609,769 \$1,263,223 \$383,233

20.) Difference (Part I - Part II) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds request)

21.) Population data required in columns I - L can be found:
 On this Form
 In the APSR Narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher Reporting on Expenditure Period For Federal Fiscal Year 2020 Grants: October 1, 2019 through September 30, 2021

1. Name of State or Indian Tribal Organization:		2. Address:			3. EIN: 52-6002033	
Maryland Department of Human Services (DHS)		311 W. Saratoga St.			4. UEI: GM1WZ4NRTM51	
5. Submission Type: (select one) X New Revision		Baltimore, Maryland 21201				
Description of Funds		(A)	(B)	(C)	(D)	(E)
6. Total title IV-B, subpart 1 (CWS) funds:		\$ 3,981,262	6,138	-	Children	Statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)		\$ -				
7. Total title IV-B, subpart 2 (PSSF) funds:			-	7,081	Families	Statewide
a) Family Preservation Services		\$ 1,568,365				
b) Family Support Services		\$ 923,534				
c) Family Reunification Services		\$ 923,534				
d) Adoption Promotion and Support Services		\$ 923,534				
e) Other Service Related Activities (e.g. planning)		\$ 32,949				
f) Administrative Costs						
(FOR STATES: not to exceed 10% of PSSF spending)		\$ 245,756				
g) Total title IV-B, subpart 2 funds:						
NO ENTRY: This line displays the sum of lines a-f.		\$ 4,617,672				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)		\$ 291,386				
a) Administrative Costs (not to exceed 10% of MCV allotment)		\$ -				
9. Total Chafee Program for Successful Transition to Adulthood		\$ 1,274,363	-	-	-	-
a) Indicate the amount of allotment spent on room and board for		\$ -	-	356	Children	Statewide
10. Total Education and Training Voucher (ETV) funds: (Optional)		\$ 386,999	275	-	Current and Former foster care youth age 14-26 who attend post secondary education programs	Statewide
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.						
<i>Signature of State/Tribal Agency Official</i> 			<i>Signature of Federal Children's Bureau Official</i> 			
Title	Date	Title			Date	
Secretary, Department of Human Services	6/28/2022				11/23/2022	

April 22, 2022

Dr. Wendy Lane, Chair
State Council on Child Abuse and Neglect
Department of Epidemiology and Public Health
University of Maryland School of Medicine
Baltimore, MD 21201

Dear Dr. Lane and Council Members:

The Department of Human Services, Social Service Administration (DHS/SSA) appreciates the work and advocacy of the State Council on Child Abuse and Neglect (SCCAN) as evidenced in a very thorough report on behalf of Maryland's children and families. The report title, "The Power of Community " connotes the essence of systems change that we are collectively moving toward to transform Maryland's child welfare system. It is the partnership and advocacy of not only SCCAN and DHS/SSA, but all community stakeholders (providers, court partners, advocates, and mandated reporters) as well as the families, children, and youth who have been involved in our system that will keep moving us toward a more trauma-responsive, family-centered, outcomes driven, community focused, and individualized strengths-based system. DHS/SSA remains committed to serving and supporting Maryland's children, youth, and families so that they are:

1. Safe and free from maltreatment;
2. Living with safe, supportive, and stable families where they can grow and thrive;
3. Healthy and resilient with lasting family connections;
4. Able to access a full array of high-quality services and supports that are designed to meet their needs; and
5. Partnered with safe, engaged, and well-prepared professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

The following highlights of Maryland DHS/SSA's work over the last year is aligned with many of the recommendations SCCAN has outlined in its report:

Improving Data Collection

Maryland continued to work toward improving its data collection capabilities in 2021 by refining, improving, and expanding the new Child, Juvenile, and Adult Management System (CJAMS). Consequently, Maryland is now able to utilize more data for policy and practice decision-making than it has in years past. Enhancements and system builds continue to improve CJAMS' functionality. For example, in the latter part of 2021 and early 2022 our efforts concentrated on the Adoption Foster Care Analysis Reporting System (AFCARS 2.0) updates for an October 2022 implementation date. CJAMS will include identifiers, such as whereabouts unknown, psychological or medical neglect, domestic violence, sex trafficking, and longitudinal placement information. We are also continuing the work to build specific data collection mechanisms to capture race equity information in order to ensure systemic biases are addressed in our system.



Family First Implementation

Maryland's Family First Prevention Services workgroup has continued to work toward connecting families to evidence-based prevention services. The State has implemented a phased roll-out to expand its capacity to serve families, children, and youth with prevention focused evidence-based practices (EBPs) across Maryland in 18 jurisdictions. Families First Prevention Services Act made it possible to expand offering Healthy Families America, Parent Child Interaction Therapy, Multisystemic Therapy, and Functional Family Therapy in Maryland in order to build upon the success we have already seen serving families with these EBPs in some jurisdictions. Efforts were made to train staff and court partners to promote expansion of delivering these services. Maryland is also piloting a peer support Kinship Navigation model to link families with resources and peer support in order to promote kinship connections with families to prevent further system involvement.

Addressing Adverse Childhood Experiences (ACEs), Trauma, Resiliency, and Brain Science

Implementation of an Integrated Practice Model (IPM) in Maryland

For many years, Maryland has incorporated foundations of trauma, resiliency, and current brain science research in its training of the child welfare workforce. Maryland has implemented an Integrated Practice Model (IPM) across the State throughout 2021 in order to promote consistent practice that encompasses a customized approach to serving families. Workers and supervisors have been trained in strategies and skills of authentic partnership and engagement, teaming, and collaborative assessment and planning. These foundational trainings were designed to assist workers in navigating trauma, minimizing and preventing further trauma and ACEs and honoring the resiliency and strengths of individuals and families. The IPM focuses on using strengths and a family's natural support to build resilience and protective factors. Supervisors also participated in learning collaboratives in order to implement the IPM. Individual supervisory teams in each jurisdiction began participating in "coaching intensives" over the past year to build consistent practice. The IPM is also based on the tenets of Safety Culture, a safety science approach that promotes psychological safety in order to navigate the secondary trauma needs of the workforce.

Collaborative Assessment

Maryland's use of a collaborative assessment process with families features communimetric assessment tools including the CANS (for youth in foster care) and CANS-F (for families engaged in family preservation services) to identify ACEs as well as individual strengths, resilience and protective factors that can be built upon in service planning. These specific tools are designed to build collaborative service plans that maximize use of strengths and protective factors in an effort to mitigate trauma and further ACEs.

Safety Culture and Maryland's New Child Maltreatment Fatality Review Implementation

Maryland has embarked on a new Child Maltreatment Fatality Review process based on the Safety Culture model. This process is based on safety science principles which acknowledge the high-risk nature of the child welfare system's activities and determination to achieve consistently safe operations. The model promotes collaboration across disciplines, a culture of organizational learning in order to consistently improve and uses data to inform adopted organizational culture practices to promote safety. Maryland piloted this model in four jurisdictions in 2021 and plans to expand Statewide in 2022.

Systems Collaboration and Community Partnerships

DHS/SSA continues to partner and collaborate with community providers and other agencies to improve service delivery in a trauma-responsive manner. DHS continues to partner with the Maryland Department of Health to implement the Sobriety Treatment and Recovery Team (START) Program throughout the State. This program incorporates peer mentors with lived experience who work collaboratively with child welfare staff to support parents with substance use disorders to prevent further system involvement and promote reunification when children require placement outside the home to keep them safe. Maryland's Integrated Practice Model Implementation Team also created a specific Court Outreach Workgroup in order to identify ways to promote cross-systems education and communication among our court partners to better understand DHS practices and policies and work toward a collective trauma informed and trauma responsive means of working with the children, youth, and families in our system. We continue to work closely with the Department of Juvenile Services to implement use of qualified residential treatment providers who specifically use evidence-based trauma informed services as part of Family First Prevention Services Act.

Maryland has been committed for many years to family centered service delivery. We believe that families are the experts on themselves and that they should be empowered to make decisions that impact their families in partnership with DHS. Maryland has also continued its partnership with the Maryland Coalition of Families, which helps to support and ensure family voice in DHS/SSA's implementation structure. In 2021, DHS hired two staff members who have lived experience to represent the family voice in our policy development and practice decisions.

Race Equity

Maryland has engaged in an intentional focus on race equity in its child welfare system. We are actively examining data specific to racial disparities of children and families served in child welfare. We are also examining the roots of institutional racism in our system and are actively working to identify strategies to address disparities and ensure racial equity moving forward by dismantling policies and structures that have historically perpetuated disparities.

As we continue these efforts to transform our child welfare system, DHS/SSA invites SCCAN members to partner with us in our implementation teams to work collectively on improving the lives of children, youth, and families around the State.

Sincerely,

A handwritten signature in blue ink, appearing to read "Denise Conway".

Denise Conway, LCSW-C
Executive Director
Social Services Administration
Maryland Department of Human Services

April 26, 2022

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

Dear Ms. Anderson-Burrs and Review Board Members:

The Department of Human Services, Social Services Administration (DHS/SSA) extends its appreciation for the work of the Citizens Review Board for Children (CRBC). The CRBC annual report provides information that is essential for DHS/SSA to improve its services to Maryland's families, children, and youth who are involved with the child welfare system. The constructive feedback contained in the report, as well as the information received during meetings with CRBC leadership, contribute a great deal to our Continuous Quality Improvement (CQI) efforts.

DHS/SSA recognizes the need for consistent availability of critical services to meet the complex and individual needs of the families, children, and youth we serve. Across Maryland, we continue to strengthen partnerships with key service providers, stakeholders, sister agencies, and community partners to better coordinate services, communicate the needs of children and families, and raise awareness regarding needed services. The Department has implemented a phased roll-out to expand its capacity to serve families, children, and youth with prevention focused evidence-based practices (EBPs) across Maryland in 18 jurisdictions. Families First Prevention Services Act made it possible to expand offering Healthy Families America, Parent Child Interaction Therapy, Multisystemic Therapy, and Functional Family Therapy in Maryland in order to build upon the success we have already seen serving families with these EBPs in some jurisdictions.

In addition, DHS/SSA recognizes the importance of developing consistent and trauma-responsive services for Maryland's children, youth, families, and vulnerable adults. Maryland implemented its Integrated Practice Model (IPM) in 2020 and has continued to provide coaching to supervisory teams across the State in order to support consistent service delivery. The IPM espouses principles of practice to ensure our services are family-centered, individualized and strengths-based, trauma-responsive, outcomes driven, community-focused, and culturally and linguistically responsive. The IPM also highlights the need for a safe, engaged, and well-prepared professional workforce and aligns with CRBC's recommendations.

Of particular note, the CRBC report recommends that the Department develop a system to track and monitor health including mental health of children and youth in out-of-home placement. Under the leadership of the DHS Child Welfare Medical Director, the Department entered into an agreement with the Chesapeake Regional Information System for our Patients (CRISP). This agreement allows the DHS Child Welfare Medical Director to access CRISP data in order to identify the health and wellness needs of children in the Department's care.

DHS/SSA has also partnered with the Governor's Office for Crime Prevention Youth and Victim Services and the Maryland Department of Health (MDH) to engage our private placement providers in discussions regarding access to higher levels of care. Through coordination with MDH, Maryland continues to offer Voluntary Placement Agreements to those families whose youth are eligible for a higher level of care



reducing the number of youth in the State's care and custody.

In support of creating lasting permanency for children and youth in care, DHS/SSA has also entered into two contracts - Family Connections Program and Child Maltreatment Prevention Services striving to increase kinship placements and permanency resources. Additionally, DHA/SSA has developed contracts to provide adoption counseling and pre- and post-adoption support services to children, youth, and families. In regards to adoption counseling for youth who did not consent to adoption, DHS/SSA plans to explore the services offered to youth and what, if any, additional pre-adoption supports are needed. The Department remains committed to working diligently to address barriers to permanency for Maryland's children.

The CRBC recommendations around older youth transition planning, including planning for housing and other independent living skills are currently being explored by our Placement and Permanency Implementation Team. This team continues to provide support and guidance on SSA's broader goals of ensuring children, youth and vulnerable adults are:

1. Safe and free from maltreatment;
2. Living with safe, supportive, and stable families and in least restrictive environments where they can grow and thrive;
3. Able to achieve timely and lasting permanency; and
4. Connected with professionals, family members, and other supportive resources to enable them to sustain success upon exiting our child welfare system.

Through our Implementation Team work, DHS/SSA has updated the Youth Transition Plan (YTP) and process. This includes the integration of youth voice and allows space for growth and change over time. Transitional planning should begin for youth at age 14 to include housing, education, employment, and mentoring. Our goal is that all child welfare professionals who work with youth will view transitional planning as a process that unfolds over time and requires close youth involvement and ongoing engagement. As such, the YTP is a youth driven document that is designed to be utilized statewide by all transition-age youth. To ensure services meet the needs of Maryland's youth in care, the YTP process includes an instructional video specifically tailored to our older youth. The YTP is also available online via Maryland's [MyLife](#) website. In addition, to address the housing needs of youth emerging from foster care, DHS/SSA maintains its partnership with the U.S. Department of Housing and Urban Development (HUD) to support maintenance of the Family Unification Program (FUP). DHS/SSA has also collaborated with the Maryland Developmental Disabilities Administration (DDA) to locate sustainable housing for youth who have disabilities.

The CRBC's careful assessment of our practices is very much appreciated. We are committed to continuing to identify and strategically implement best practices to effectively serve children, youth, families, and vulnerable adults across Maryland. We look forward to our ongoing partnership with the CRBC in this regard.

Sincerely,



Denise Conway, LCSW-C
Executive Director
Social Services Administration
Maryland Department of Human Services

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Maryland

	Total ETVs Awarded	Number of New ETVs	Number of Returning ETVs
Number: 2019-2020 School Year (July 1, 2019 to June 30, 2020)	155	60	95
Final: 2020-2021 School Year* (July 1, 2020 to June 30, 2021)	129	40	89

*In some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year