Maryland Department of Human Services
Child and Family Services Plan (CFSP)
2025-2029

June 28, 2024

Wes Moore, Governor
Aruna Miller, Lt. Governor
Rafael López, Secretary

Table of Contents

I. Vision and Collaboration

State Agency Administering the Programs

The Maryland Department of Human Services (DHS) administers the Social Services Block Grant (Title XX), Title IV-E programs within the state's child welfare system, which is structured as a state-supervised, state-administered system covering 24 Local Departments of Social Services (LDSS), comprising 23 counties and Baltimore City. DHS oversees the IV-B, subpart two Promoting Safe and Stable Families plan and supervises services provided by the 24 LDSS, as well as those purchased through community service providers. The DHS Social Services Administration (SSA), led by the Executive Director, primarily handles the social service components of the Title IV-E plan and programs. These include: A) Chafee Foster Care Independence Program; B) the Title IV-B plan and programs for children and their families funded through the Social Services Block Grant; and C) the Child Abuse Prevention and Treatment Act (CAPTA).

Direct services to children and families are provided through Maryland's 24 LDSS. Each LDSS Director reports to the DHS Principal Deputy Secretary and is responsible for ensuring the delivery of services to children and families in accordance with the vision and policies set forth by SSA. SSA provides oversight of and collaborates with the LDSS to identify system strengths, areas for improvement, and to develop and implement new initiatives. We are working to usher in a new era of child welfare in Maryland that improves family and child well-being with family-centered, child-focused, and community-based services.

The offices and units within SSA provide the infrastructure to support the overall child welfare mission. They are responsible for developing policies based on federal and state regulations, overseeing the child welfare pre-service and in-service training system, monitoring local foster and adoptive home recruitment and approval processes, providing consultation and technical assistance to LDSS, managing budgets, utilizing data for compliance monitoring and outcome evaluation, and conducting continuous quality improvement processes.

A synopsis of offices and units within SSA are listed below.

Office of Prevention and Child Safety, led by a Director under the Deputy Executive Director, includes in-home services related units such as Protection, Prevention, Family Preservation Services, and Practice Innovations.

- **Protection Unit** covers the following areas: child fatality, maltreatment of children and youth in care, and serious physical injury; Child Maltreatment Fatality Review (CMFR); human trafficking related concerns for youth in out-of-home and in-home-services; development and monitoring of child protective services (CPS) related policies and programs such as Screening and Intake, Alternative Response, fatality prevention (ie: safe sleep guide), investigations and allegations of child abuse in child care facilities; safe haven; appeals; and CPS expungements. Additionally, this unit responds to constituent complaints regarding CPS practices; responds to Public Information Act regarding requests for CPS records; and oversees CAPTA.

- **Prevention Services Unit** provides oversight of prevention related program areas such as background clearances and the CPS hotline. This unit aims to ensure that children and families have access to effective early intervention strategies and community-based support to keep children safe and families together. This unit also oversees implementation of the Family First Prevention Services Act (FFPSA) and ensures families have access to evidence-based prevention services that strengthen families and keep them safely together.

- **Family Preservation Unit** promotes the safety and well-being of children and their families; preserves family unity where children's safety can be supported; safeguards children who may be at a risk of harm; maintains permanency for children; and promotes partnerships with families to achieve stability. This unit provides guidance and support to LDSS related to In-Home Family Preservation Services.

- **Practice Innovations Unit** is dedicated to enhancing outcomes for families across the entire child welfare spectrum. This team is responsible for execution of special projects, assessing training needs, and managing various key initiatives such as the Integrated Practice Model, Family Team Decision Making, and Maryland's collaborative assessments tools. The unit also oversees Maryland's Kinship Caregiver Navigation Program, constituent/customer concerns, peer support programs; Substance Exposed Newborns (SEN) program areas; substance use disorder; and inclusion of family voice initiatives to ensure program effectiveness.

Office of Out-of-Home Care, led by a Director under a Principal Deputy Executive Director, is responsible for state level administration and oversight of out-of-home service related areas such as Out-of-Home Care, Older Youth and Education, Placement Services, and Interstate Compact for the Placement of Children (ICPC).

- **The Out of Home Care Unit**, also known as the Permanency Unit, provides comprehensive services and planning for youth in care, focusing on ages 0-21. This unit includes specialized staff dedicated to Resource Homes, Adoption, Guardianship, Older Youth/Independent Living, and education.

  The Older Youth/Independent Living team develops individualized transitional and case plans to support successful post-care outcomes for youth. They enhance quality improvement strategies across Maryland's 24 jurisdictions in areas such as independent living, housing, life skills, employment, vocational training, education, financial literacy, and permanent connections. This team also leads initiatives including the Advancing Well-Being and Connections for Youth in Care, Family First Prevention Services for Pregnant and Parenting Youth, and increasing trauma-informed practices in SSA's independent living programs under the FFPSA.

  In addition to supporting older youth, the team aids all 24 jurisdictions in developing quality improvement strategies to ensure timely school enrollment, best interest determinations, specialized educational services, successful academic performance, grade progression, school transportation options, reduced suspensions, tuition waiver services, Education and Training Voucher (ETV) referrals, and compliance with state and federal education laws.

- **Placement Services Unit** oversees activities related to the following practice areas: placement resources for out-of-home care, including congregate care, Qualified Residential Treatment Program (QRTP), treatment foster care, and independent living programs, and other non-family-based settings under FFPSA. Placement Specialists provide technical assistance, training, consultation, guidance and support to LDSS staff, placement providers, and partners with other state agencies to reduce inappropriate placements, ensure appropriate placements for children transitioning from higher levels of care, increase resource accessibility and capacity among placement providers, and increase timely permanence. The Placement Unit leads the implementation of QRTPs in collaboration with the Department of Juvenile Services (DJS) and consults on implementing other non-family-based settings under FFPSA. The Placement Unit also reviews, analyzes and updates policies related to placement, and approves Voluntary Placement Agreements for Children with Disabilities, and one-to-one support for children and youth in care.

- **ICPC and Interstate Compact Adoption Medical Assistance (ICAMA) Unit** manages incoming and outgoing ICPC referrals for reunification, seeking permanency, or residential treatment. This includes private adoptions (i.e., state-licensed adoption child placing agencies), independent adoptions (private attorney sponsored), and residential placements for DJS juvenile delinquency youth. This unit also manages ICAMA medical assistance referrals for subsidy-contracted permanency cases involving medical assistance when Maryland subsidy cases move to other states or provide reciprocal medical assistance to subsidy cases moving into Maryland.

Office of Operations, led by a Deputy Executive Director, oversees several operational units including, Policy and Practice, Title IV-E Compliance and Eligibility, Quality, Policy, and Performance Management, Continuous Quality Improvement (CQI), Systems Transformation, and Data, Research, and Evaluation.

- **Policy and Practice Unit** provides oversight of policy, practice, and policy training. Responsibilities include managing the development, dissemination, and implementation of policies, as well as equipping SSA staff and LDSS involved in administering child welfare and adult services programs to align with relevant laws, regulations, and the mission and vision of SSA. The primary objective is to ensure a responsive policy and regulatory system in Maryland that prioritizes safety, permanence, and well-being for adults, children and families while promoting consistency across jurisdictions.

- **Title IV-E Compliance and Eligibility Unit** oversees and monitors the Title IV-E program for the state, including LDSS and DJS. Responsibilities include overseeing Title IV-E staff statewide, managing claims, ensuring compliance with Title IV-E eligibility requirements, which includes IV-E determinations, data systems, data entry, and documentation. Additionally, this unit participates in audits, identifies unallowable costs, and maintains Maryland's IV-E State Plan for compliance with federal requirements.

- **Quality, Policy, and Performance Management Unit** is responsible for monitoring the 24 LDSS adherence to mandatory requirements found in statute, regulation, and policy. Additionally, the unit is responsible for the interactions with Maryland's State auditing bodies, including coordinating audit responses, corrective action plans, and progress toward audit remediation.

- **Continuous Quality Improvement** conducts reviews with the 24 LDSS to ensure ongoing improvement. The unit coordinates LDSS

preparation and participation in this process. They conduct virtual meetings, provide training, and offer technical assistance to the LDSS. The unit routinely gathers and analyzes data, including Headline Indicators, case reviews, focus groups/interviews, and other data sources. They review and prepare analytical reports, assessing the LDSS child welfare performance and outcomes based on local, state, and national standards for best practice. Child and Family Services Review (CFSR) interviews and focus groups are conducted with children, families, LDSS staff, resource providers, and community stakeholders. Analyzing both quantitative and qualitative data serves to identify trends and causes in child welfare practice, performance, and outcomes at both state and local levels. The unit provides consultation to the LDSS during the development of Continuous Improvement Plans and monitors their implementation and progress. If needed, recommendations for course corrections are offered based on data analysis and other relevant information.

- **Systems Transformation** oversees and ensures that comprehensive training in all aspects of child welfare is offered to staff across Maryland's 24 jurisdictions. It is a collaborative effort by SSA, LDSS, DHS Learning Office, and the University of Maryland. Additionally, this unit is responsible for the development of training materials and resources to support learning, including all training for using the state child welfare system of record, the Child, Juvenile, Adult Management System (CJAMS) as new hires and for recurrent training.

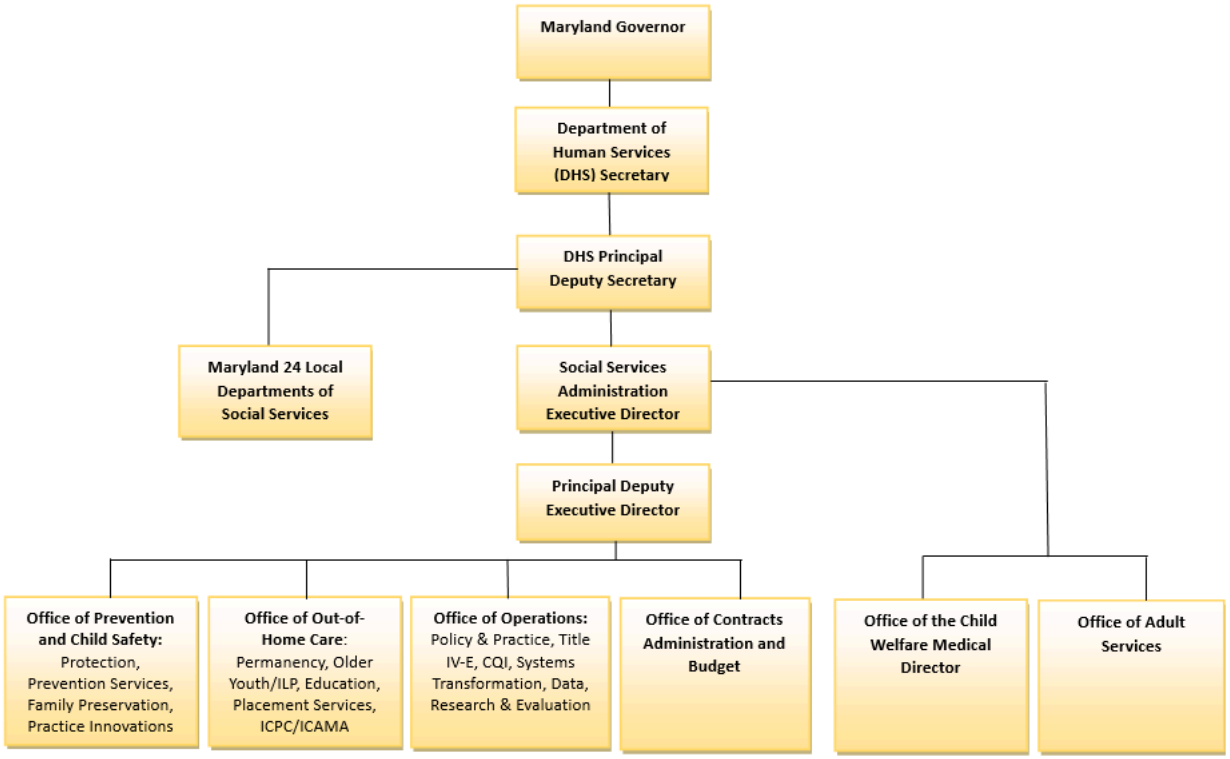
- **Data, Research, and Evaluation Unit** supports all SSA child welfare and Adult Services programs, both internal and those of LDSS, in their reporting, research, and data analysis efforts. They are responsible for providing DHS and SSA leadership with timely and accurate data on child welfare and adult services customers, practices, and outcomes, enabling informed decisions on programmatic needs for the Secretary, Governor and the Governor's Office, the Maryland General Assembly, federal partners, and other external stakeholders.

Office of Contracts Administration and Budget, supports the mission of SSA by overseeing the negotiation, preparation, execution, and ongoing maintenance and monitoring of the agency's Purchase of Care Provider contracts (Residential Child Care, Child Placement Agency, and Out-Of-State), as well as other service contracts. This office manages SSA's finances including budgets and contracts that support child welfare and adult services programs. The office also monitors the utilization and allocation of state and federal funds for child welfare and adult services to ensure that federal and

state funds are available for the delivery of services and processes all invoices for contracted services.

Office of the Child Welfare Medical Director, led by a physician with expertise in child welfare, provides analysis and consultation on the timeliness and effectiveness of the provision or procurement of required health care services for children in the custody of the LDSS. Their goal is to monitor and enhance health outcomes for these children, focusing on somatic, oral and mental health by analyzing current systems and collaborating with partners to develop and implement improved health care for children in both in-home and out-of-home care settings. This unit oversees somatic, oral, and mental health issues for LDSS and the state, supports required health training and quality improvement activities for health care, and analyzes and revises health legislation pertaining to all health issues for children in out-of-home care. Additionally, the office provides consultation on questions regarding patient specific medical, psychiatric, and dental conditions for LDSS that may impact disposition and or placement.

Organizational Structure



In addition to the structures described above, SSA collaborates closely with national experts in child welfare and related practice areas to advance and accelerate our work improving services and outcomes for Maryland children and families. Experts include the Annie E. Casey Foundation, Casey Family

Programs, Chapin Hall, Georgetown University Beeck Center for Social Impact and Implementation, Mosaic, Public Consulting Group, Public Knowledge, the University of Maryland School of Pharmacy, and the University of Maryland School of Social Work Institute for Implementation and Innovation.

Vision Statement

Vision of SSA

The Maryland Department of Human Services /Social Services Administration is building a new era of child welfare that improves family and child well-being with family-centered, child-focused, and community-based services.

Maryland's 24 LDSS employ strategies to prevent child abuse and neglect, protect children, and preserve and strengthen families by collaborating with state and community partners. Maryland is building a system that improves family and child well-being with family-centered, child-focused, community-based services. We are honored to serve the people of Maryland. We are guided in this work by the Moore-Miller Administration values and a commitment to equity and opportunity, leaving no one behind.

As we work to improve services and outcomes for Maryland children and families, we are focusing intensively on five key areas:

- Expanding our array of community supports to meet family needs upstream and prevent unnecessary child welfare involvement, particularly for families with young children (ages 0-5);
- Advancing well-being and connections for youth in foster care;
- Creating a kin first culture in Maryland to improve child and family well-being and permanency outcomes;
- Fully implementing and leveraging federal funding for FFPSA to build a robust prevention continuum and reduce removals; and
- Developing a robust placement provider network designed to provide high quality care and positive outcomes for children and families.

Maryland currently has a very low rate of children entering foster care; however, we are working within DHS and with other state agencies to explore opportunities to

identify and serve families further upstream. We are extremely excited to expand our utilization of FFSPA, increasing access to key Evidence Based Practices (EBPs) and developing and implementing Community Pathways that can meet families' needs and avoid unnecessary reports to the CPS hotline. DHS has specifically been working with the Maryland Department of Health (MDH) to build a stronger continuum of care and an integrated system of care to ensure child well-being. By implementing a systems integration approach, we will work together to reach permanency.

Maryland has work to do to improve its permanency outcomes and particularly its services and outcomes for older youth in foster care. As detailed in this CFSP, we will be implementing targeted strategies to improve permanency outcomes for all children and families, including specific strategies to work towards the goal of ending youth aging out of foster care.

A key strategy for improving well-being and permanency outcomes for children and families is supporting kin. Maryland is implementing a Kinship Action Plan focused on the following major goals:

- Increase support and resources for families and kinship families in the community;
- When children do need to enter foster care, place the majority of children with kin and provide the supports that kinship families need to enable children to thrive; and
- Partner with kin to achieve permanent families for children in foster care through reunification whenever possible or through kinship guardianship or adoption.

Our efforts to create a robust placement provider network include initiatives to significantly reduce the number of children in out-of-home care. Recognizing that youth requiring out-of-home placement often have complex symptoms and clinical needs, DHS is working to establish in-state treatment services. Over the next two years, DHS will implement targeted, data-driven regulatory changes to our placement provider rate structure to increase the number of placement providers across Maryland and provide services to reduce the number of removals. Implementing the new rate structure will help align services with the actual cost of care, provide flexibility for specialized services and leverage federal funding. These reforms will enable children and families to benefit from streamlined and faster placement processes, as well as higher quality services tailored to meet their needs.

Across all of this work, we are focused on reducing disproportionality and improving equity outcomes for Maryland children and families. Maryland will

utilize a multifaceted approach to identify and address disparities in our child welfare system. This includes developing and implementing policies at the state level that explicitly address disproportionality and equity; collecting and analyzing data on outcomes for different demographic groups to identify disparities and inform decision-making; involving community members, including parents, caregivers, and advocacy groups in planning and implementing initiatives; providing training to the workforce; and implementing targeted interventions to address specific areas of disparity that impact the safety, permanency, and well-being of children, youth, and families.

In May 2024, the Office of the Secretary issued a Request for Proposals (RFP) to procure services for outreach to and engagement with American Indian, Alaska Native, Native American residents and indigenous communities in Maryland, including but not limited to those affiliated with state and federally recognized Tribes, for the purpose of updating policy and practice with respect to the Indian Child Welfare Act (ICWA) and Maryland's kin first child welfare statutes and policies. SSA acknowledges that "there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children." It is SSA's policy to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by meeting minimum federal standards when removing Indian children from their families and placing such children in foster or adoptive homes with relatives or which reflect the unique values of the child's culture. SSA seeks to recognize the essential tribal relations of Indian people and the cultural and social standards prevailing in Indian communities and families when exercising the state's jurisdiction over child custody proceedings. The purpose of the procurement is to engage tribal political leaders and indigenous communities in Maryland to facilitate state implementation of the Indian Child Welfare Act and address unmet needs of Native American communities in Maryland related to child and family well-being.

Collaboration

Engaging Partners in CFSP Development
The SSA used a collaborative approach to advance its vision towards a new era of child welfare practice and policy to improve the safety and well-being of children, youth, and families in Maryland.

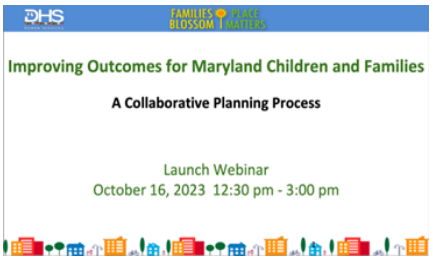
In October 2023, SSA launched a strategic planning process to inform the development of Maryland's 2025-2029 CFSP and Title IV-E Prevention Plan. The planning process was supported by Casey Family Programs, Chapin Hall, and the University of Maryland Institute for Innovation and Implementation (The Institute). The process included multiple strategies to gather input from

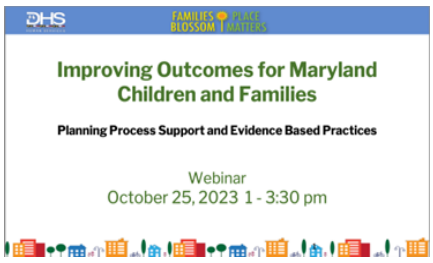
nearly 200 individuals from Maryland's 24 LDSS, individuals and families with lived experience (parents and current and former foster youth) , public and private providers (foster homes, residential treatment centers, independent living programs) and other partners (local government, mental health providers, Court Appointed Special Advocates, Department of Juvenile Services) with a vested interest in improving outcomes and experiences for children and families. The parents and youth who participated in either a regional meeting or focus group respectively were from different racial and ethnic backgrounds. Pregnant and parenting youth as well as those identifying as LGBTQ+ were also included. Continued involvement through review of annual activities and outcomes will also occur.

The planning process included hosting of two kickoff webinars for child welfare staff and external partners; establishing Local Planning teams in all 24 counties that reviewed data and met to identify and document strengths, challenges and relevant strategies; five regional meetings to review and discuss the identified strengths, challenges, and strategies; and additional engagement of external partners at the state level. Additional detail describing the collaborative planning process is provided below.

Communications and Webinars to Launch Planning Process

SSA shared written communications with all 24 LDSS and external partners across Maryland, describing the upcoming planning process and inviting everyone to attend two webinars to learn more. The webinars were held in October 2023. Hundreds of participants from the 24 LDSS and external partners joined and heard about the goals and plan for the strategic planning process. The webinars afforded LDSS and partners an opportunity to ask questions about and provide input on the CFSP and Prevention Plan development process.





Local Planning Teams in Every County

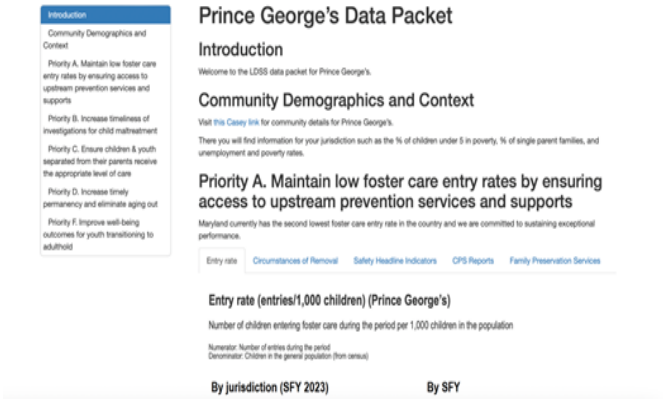
LDSS were asked to engage key local partners through the formation of Local Planning Teams to include LDSS leadership and staff, partner government agency representatives, Local Management Board members, community leaders, individuals with lived experience and other partners. The teams were designed to inform the broader visioning and goal setting for the CFSP and Prevention Plan by:

- Assessing local performance around key child welfare outcomes across the continuum of

care to identify areas of strength and where intentional focus improvement strategies are necessary.
- Identifying services, strategies, and mechanisms to support families and prevent child welfare system involvement, as well as services and strategies for improving outcomes for children and families in out of home care.
- Determining how and where equity and the elevation of lived experience needs to be made stronger and more explicit.

Data Review

SSA's Data Team, in partnership with Chapin Hall and the University of Maryland Institute for Innovation and Implementation, provided each LDSS with a data packet to support the Local Planning Teams' discussion of their county's performance in the following five Priority Performance Areas (PPA):


Introduction
Community Demographics and Context
Priority A. Maintain low foster care entry rates by ensuring access to upstream prevention services and supports
Priority B. Increase timeliness of investigations for child maltreatment
Priority C. Ensure children & youth separated from their parents receive the appropriate level of care
Priority D. Increase timely permanency and eliminate aging out
Priority F. Improve well-being outcomes for youth transitioning to adulthood

Prince George's Data Packet

Introduction

Welcome to the LDSS data packet for Prince George's.

Community Demographics and Context

Visit this Casey link for community details for Prince George's.

There you will find information for your jurisdiction such as the % of children under 5 in poverty, % of single parent families, and unemployment and poverty rates.

Priority A. Maintain low foster care entry rates by ensuring access to upstream prevention services and supports

Maryland currently has the second lowest foster care entry rate in the country and we are committed to sustaining exceptional performance.

Entry rate | Circumstances of Removal | Safety Headline Indicators | CPS Reports | Family Preservation Services

Entry rate (entries/1,000 children) (Prince George's)

Number of children entering foster care during the period per 1,000 children in the population

Numerator: Number of entries during the period
Denominator: Children in the general population (from census)

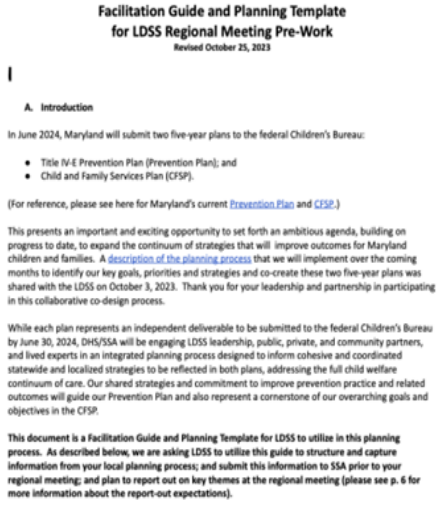
By jurisdiction (SFY 2023) By SFY

- PPA 1: Maintain low foster care entry rates by ensuring access to upstream prevention services and supports
- PPA 2: Increase timeliness of investigations for child maltreatment
- PPA 3: Ensure children and youth separated from their parents receive the most appropriate and least restrictive level of care
- PPA 4: Increase timely permanency and eliminate aging out
- PPA 5: Improve well-being outcomes for youth transitioning to adulthood

The data packets included each county's performance on key indicators such as foster care entry rate and maltreatment after family preservation. The data compared performance to other counties and to the state overall. Data was disaggregated by age, race, and gender, which allowed counties to identify disproportionality in their child and family outcomes. Community well-being data was also provided for every county.

LDSS Pre-work and Presentations

LDSS held Local Planning Team meetings with their staff and external partners and completed planning templates as pre-work to support effective participation in the regional meetings. The Institute provided technical assistance to LDSS to utilize the data packets to help answer questions about performance and identify barriers, strengths, and


Facilitation Guide and Planning Template for LDSS Regional Meeting Pre-Work

Revised October 25, 2023

I

A. Introduction

In June 2024, Maryland will submit two five-year plans to the federal Children's Bureau:

- Title IV-E Prevention Plan (Prevention Plan); and
- Child and Family Services Plan (CFSP).

(For reference, please see here for Maryland's current Prevention Plan and CFSP.)

This presents an important and exciting opportunity to set forth an ambitious agenda, building on progress to date, to expand the continuum of strategies that will improve outcomes for Maryland children and families. A description of the planning process that we will implement over the coming months to identify our key goals, priorities and strategies and co-create these two five-year plans was shared with the LDSS on October 3, 2023. Thank you for your leadership and partnership in participating in this collaborative co-design process.

While each plan represents an independent deliverable to be submitted to the federal Children's Bureau by June 30, 2024, DHS/SSA will be engaging LDSS leadership, public, private, and community partners, and lived experts in an integrated planning process designed to inform cohesive and coordinated statewide and localized strategies to be reflected in both plans, addressing the full child welfare continuum of care. Our shared strategies and commitment to improve prevention practice and related outcomes will guide our Prevention Plan and also represent a cornerstone of our overarching goals and objectives in the CFSP.

This document is a Facilitation Guide and Planning Template for LDSS to utilize in this planning process. As described below, we are asking LDSS to utilize this guide to structure and capture information from your local planning process; and submit this information to SSA prior to your regional meeting; and plan to report out on key themes at the regional meeting (please see p. 6 for more information about the report-out expectations).

opportunities related to each PPA and the strategic vision for the next five years. The Institute also facilitated Local Planning Team meetings. Every LDSS held Local Planning Team meetings during the fall and submitted planning templates to SSA summarizing their findings and recommendations for strategies to improve outcomes for children and families.

Regional Meetings
Five two-day regional meetings were held between December 2023 and January 2024 with representation from all 24 LDSS. The designated regions were Central (Anne Arundel, Carroll, Harford, Howard, Montgomery); Baltimore City/County; Southern (Calvert, Charles, Prince George's, St. Mary's); Western (Allegany, Frederick, Garrett, Washington); and Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Talbot, Somerset, Wicomico, Worcester). Other participants included individuals from DJS, the Maryland Coalition of Families, and the Institute for Innovation and Implementation at the University of Maryland's School of Social Work.

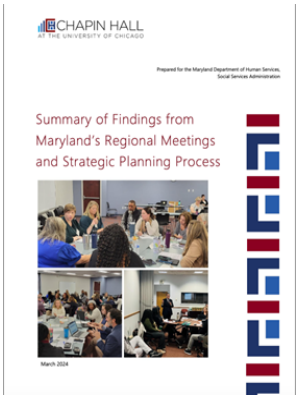
Collectively, 200 SSA, LDSS, and external partners participated in regional strategic planning meetings. Each meeting included presentations from SSA and Chapin Hall on key child welfare performance data, the CFSP and Title IV-E Prevention Plan development process, and opportunities for upstream prevention services. LDSS presented strategic priorities based on discussions from their Local Planning Team meetings. Each meeting also provided cross-county discussions through World Cafés, Tabletop discussions, and large group discussions on topics including Motivational Interviewing and Community Pathways.

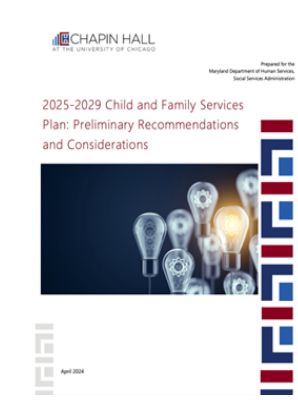
Private Placement Provider Engagement
SSA collected private placement provider feedback through similarly structured prework templates to solicit feedback on performance, barriers, strengths, and opportunities related to Priority Performance Area 3 as well as their strategic vision for the next five years. The residential treatment center (RTC) provider community and the therapeutic foster care (TFC) provider community each collectively completed a response. SSA also had targeted discussions and dialogue with the congregate care providers, the independent living providers, and treatment foster care providers.

Other External Partner Engagement
SSA consulted other partners with a vested interest in the child welfare system through targeted dialogue and discussion. Partners include the Maryland Resource Parent Association (MRPA), Court Appointed Special Advocates, State Council on Child Abuse and Neglect, and youth with lived experience. SSA will be working with key partners including the Maryland Family Network to develop more significant opportunities to meaningfully

engage parents with lived experience in planning and review of services and initiatives at the state level.

Summary Analysis





All of the information gathered through the processes described above was summarized in [this report prepared by Chapin Hall] for Maryland. Based on the findings from this collaborative process and national best practices information, Chapin Hall prepared a report summarizing its recommendations of strategies for inclusion in Maryland's CFSP. SSA shared these reports with the 24 LDSS who provided feedback on and ranked the recommendations that informed the final CFSP now being submitted to the Children's Bureau.

How Partners will be Involved in Implementing and Monitoring the CFSP

As detailed in the Table 1 below, Maryland is and will implement multiple strategies to meaningfully engage partners in the ongoing implementation and monitoring of the CFSP.

Table 1: Strategies for Engagement in Implementing and Monitoring the CFSP

Partner	Strategies for Engagement
LDSS	SSA has multiple touchpoints and constant interaction with the 24 LDSS that deliver child welfare services in Maryland. This includes regular meetings with LDSS leadership as well as multiple meeting series focused on specific areas of practice including but not limited to the Independent Living Coordinators Meeting, Policy Network Meeting, Prevention, Preservation and Protection Implementation Team Meeting, Continuous Quality Improvement Network Meeting, Placement and Permanency Implementation Team Meeting (not all 24 jurisdictions), Substance Exposed Newborns Multidisciplinary Meeting, Adoption Assistance Committee, Emerging Adults Workgroup, the Health Workgroup and more. Through these structured interactions, SSA and LDSS will collaboratively monitor the progress of CFSP goals, evaluate the effectiveness of implemented activities, and make data-informed adjustments as necessary.

Partner	Strategies for Engagement
Placement Providers	SSA facilitates a monthly Provider Advisory Council (PAC) that includes private placement providers (treatment foster care, group home, independent living), LDSS, SSA, the Office of Licensing and Monitoring, Maryland Association of Resources for Families and Youth, Community Behavioral Health Association, and Court Appointed Special Advocate (CASA). The purpose of the meeting is to ensure regular collaboration, information-sharing, and opportunities to share feedback and input. The monthly PAC meetings facilitate ongoing dialogue and collaboration among the various stakeholders from different perspectives and expertise. By reviewing performance data, discussing outcomes, and analyzing the impact of interventions, the PAC will help ensure that the goals of the CFSP are being met.
Parents	SSA coordinates with the Maryland Coalition of Families to ensure authentic partnerships with families by engaging parents/caregivers and incorporating their firsthand experiences and feedback via focus groups, evaluations, and implementation meeting participation to inform SSA's policies and practice. SSA's continuous engagement of parents and caregivers, through this partnership, will help with effective implementation of CFSP goals and will ensure that SSA policies and practices are family-centered and responsive to the unique needs of families.
Youth	SSA supports a State Youth Advisory Board (SYAB) for youth currently or formerly in care between the ages of 14 and 26 years old. Meetings are held monthly in the evening and youth who participate receive a stipend for attendance. SYAB provides feedback on SSA's youth-focused policies and practices and supports youth engagement activities. SSA hosts multiple events per year to engage youth including an Emerging Adult Summit and Emerging Adult Internship. The SYAB provided critical feedback during several focus group sessions during the drafting period of this CFSP and agreed to ongoing discussions as needed. The SYAB will play a crucial role in providing insight and feedback on youth-focused policies and practices, which directly informs the CFSP's direction and effectiveness. This engagement will be structured and ongoing, ensuring that youth perspectives are woven into every aspect of planning, implementation, and evaluation.

Partner	Strategies for Engagement
Resource Parents	SSA works closely with the MRPA for ongoing recruitment and retention of resource parents. MRPA continues to provide support services to all resource families in Maryland and provides various training and webinars to meet the needs of youths and families. SSA and MRPA meet quarterly to review deliverables and to discuss the needs of the resources parents in Maryland. This collaboration supports achievement of CFSP goals by providing training to retain resource parents.
Legal Community	SSA participates in the Foster Care Court Improvement Program (, and we are actively working to expand our collaborative relationships with other legal stakeholders including the judiciary, Office of the Public Defender, children's attorneys, Maryland Legal Aid, and Court Appointed Special Advocates (CASA). There were some lawyers who attended the regional meetings as part of LDSS planning teams. These meetings provided an opportunity for legal professionals to engage in discussions about performance data, identify agency strengths and areas for improvement, and contribute to goal-setting processes. A survey was developed to be shared with other members of the legal community, however no feedback was received. SSA will continue to engage with the FCCIP and reach out to other legal stakeholders to ensure that legal considerations continue to be incorporated into the development and execution of policies and practice. This involvement will include legal professionals sharing their insights, and collaborating on CFSP strategies to improve outcomes. Through the FCCIP activities, legal stakeholders will have opportunities to contribute to discussions on improving court practices, enhancing the quality of legal representation, and ensuring that legal processes align with the CFSP's objectives. The DHS Office of Policy has also hired a new Policy Analyst and their portfolio will include legal stakeholder engagement across the entire Department and ensure alignment of effort with the respective Administrations in the Department.

Partner	Strategies for Engagement
Other government agency partners	SSA works closely with other state agencies to provide comprehensive services to the community. SSA partners closely with our sister agencies within DHS responsible for administering TANF, SNAP, and child support services. We also work closely with other government agencies including the Maryland Department of Health, Behavioral Health Administration, Developmental Disabilities Administration, Maryland Department of Education, Department of Housing and Community Development, Department of Labor and Licensing Regulations, and the Governor's Office of Crime Control and Prevention. Additionally, SSA participates on external committees and councils such as: ● Maryland Committee on Health Equity ● The Child Fatality Review State Team ● State Council on Child Abuse and Neglect ● Governor's Family Violence Council ● Prenatal/Postpartum Behavioral Health Network ● The Morbidity, Mortality, and Quality Review Committee Meeting ● State Interagency Coordinating Council ● Special Education State Advisory Committee ● Opioid Operational Command Center ● Population Health Transformation Advisory Committee ● MD Overdose Response Advisory Council ● Government Office of Community Initiatives ● Child Advocacy Centers SSA will leverage the strengths and expertise of the various partners to create a more effective, responsive and supportive child welfare system. These partnerships will ensure that the CFSP's goals remain aligned with broader state and community initiatives, promoting the health, safety, and well-being of Maryland's children and families.
State Council on Child Abuse and Neglect (SCCAN)	SCCAN is an advisory council that makes recommendations annually to the Governor and General Assembly on matters relating to the preventing, detecting, prosecuting, and treating child abuse and neglect, including policy and training needs. SSA is a member of SCCAN along with other child welfare, law enforcement, health care professionals, educators, and community organizations/stakeholders. SCCAN plays a crucial role in promoting the safety and well-being of children within the state and advocating for policies and practices that support their protection from abuse and neglect. As a member of SCCAN, SSA attends bimonthly meetings which allows the agency to present information related to agency progress and effectiveness of goals and activities. Additionally, a representative of SCCAN is a member of SSA's advisory board. This will serve as a continuous inter-connected feedback loop to discuss progress and effectiveness of CFSP activities.

Partner	Strategies for Engagement
Citizen Review Board for Children (CRBC)	The CRBC reviews cases of children in out-of-home placement and monitors child welfare programs, making recommendations for system improvements. SSA collaborated with CRBC to create a work plan that includes conducting targeted case reviews of children in out-of-home care, making timely individual case and systemic child welfare recommendations, and advocating for legislative and systematic child welfare improvements to promote safety and permanency. A representative of CRBC is a member of SSA's advisory board. This allows CRBC to be engaged and provide feedback on agency performance and progress of CFSP goals and activities.
Maryland Family Network (MFN)	SSA collaborates with MFN on strategies to coordinate services and initiatives through the Community-Based Child Abuse Prevention (CBCAP) grant. The CBCAP work that MFN directly leads, as well as our Family Support Center and Early Head Start Networks, for which MFN provides administrative oversight and funding, play crucial roles in supporting families and preventing child abuse. This collaboration aims to ensure that young children have robust family structures, access to high-quality learning environments, and support systems. MFN is an active member of SSA' stakeholder groups such as Advisory Board and Prevention and Child Safety Implementation team. These groups meet regularly and ensure voices of community organizations are heard in decision-making processes and allow for input on agency's progress and effectiveness of CFSP activities.
Post Secondary Education	SSA has a contract for Child Welfare Fellowship Consortium (Title IV-E BSW/MSW program) with The University of Maryland School of Social Work (UMB-SSW), Salisbury University (Salisbury), Morgan State University (MSU), Bowie State University (Bowie), and the University of Baltimore County (UMBC). UMB also has a contract to provide Family Connections program which is brief but intensive voluntary program designed to prevent children from entering out of home care and this program is currently under review by the FFPSA Clearinghouse. SSA's continued partnership with these academic institutions will play a crucial role in the implementation of CFSP activities through their work with the families and children. In addition, UMB through its contract with SSA will assist with monitoring the progress and effectiveness of CFSP activities by engaging in research, data analysis, training, and program evaluation. The insights gained from these evaluations will support a data-driven approach to implementing CFSP goals.

II. Assessment of Performance in Improving Outcomes

Statewide Data Indicators

Statewide data indicators provide a snapshot of performance on key child and family outcomes across Maryland's child welfare continuum, as shown in Table 2. We see positive trends in Maryland's performance on recurrence of maltreatment. Maryland's rate of maltreatment recurrence is lower (better) than the national average, as well as a notable significant improvement in this area since our last review period. Rates of re-entry to foster care and maltreatment in care are also trending in the right direction, though not quite in line with the national averages. However, Maryland's permanency rates are below the national average and show regression since the prior reporting period. Similarly, placement stability rates show that foster children in Maryland move more frequently than their peers across the country, and this rate too has been trending higher.

These metrics are essential to understanding the experiences and trajectories of children and families served by Maryland's child welfare system, and to informing our work to improve these outcomes. Indicators of system functioning and case practices are presented in the sections below.

Table 2: Performance on Statewide Data Indicators

Statewide Data Indicator	National Performance	Direction of Desired Performance	Baseline for State Data, Calendar Year 2023	MD Target for 2029
Recurrence of maltreatment	9.7%	Lower	7.2%	6.5%
Maltreatment in foster care (victimizations per 100,000 days in care)	9.07	Lower	9.49	9.07
Permanency in 12 months for children entering foster care	35.2%	Higher	25%	35.2%
Permanency in 12 months for children in foster care 12- 23 months	43.8%	Higher	32%	43.8%
Permanency in 12 months for children in foster care 24 months or more	37.3%	Higher	34%	37.3%
Reentry to foster care in 12 months	5.6%	Lower	8.3%	5.6%
Placement stability (moves per 1,000 days in care)	4.48	Lower	5.44	4.48

Statewide Data Indicator	National Performance	Direction of Desired Performance	Baseline for State Data, Calendar Year 2023	MD Target for 2029
Data Source: State Data Source is CJAMS, End of CY2023				

Child and Family Outcomes

SAFETY OUTCOMES 1 AND 2

Data to Demonstrate Current Performance

Table 3: Ratings for Safety Outcomes 1 and 2

Safety Outcomes	Overall Determination	State Performance	Federal Target
Time Period: April - September 2023			
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect	Not in Substantial Conformity	92.6 % Substantially Achieved	95%
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	Not in Substantial Conformity	88.1 % Substantially Achieved	90%
Data Source: CFSR Case Review April 2023-September 2023			

Assessment of Current Performance

While falling short of the federal target of 95% conformity for Safety Outcome 1, Maryland made significant strides in ensuring that children are first and foremost protected from abuse and neglect, achieving 93% conformity. According to the latest round of CFSR, cases reviewed between April 2023 and September, 92.9% of investigations were initiated timely (within 24 hours for allegations of abuse or 5 days for allegations of neglect), and 88% of initial contacts with alleged victims occurred timely as well. Based on 2023 CJAMS data, statewide performance and data indicators,the recurrence of maltreatment rate within 12 months in the State has fallen (improved) to 7.2%, a 3% decrease since the last CFSP review and well below the national average of 9.5%. Similarly, the rate of recurrence of maltreatment while in foster care has also fallen (improved) to 9.49%, a 2% decrease since last review and slightly better than the national average of 9.67%.

Likewise for Safety Outcome 2, according to the latest round of CFSR conducted between April 2023 and September 2023, Maryland is short of the

90% federal target for conformity, but in achieving 88% conformity the State has shown a 19% improvement since the last CFSP. Various assessment tools, such as the Maryland Family Risk Assessment (MFRA) and the Maryland Safety Assessment for Every Child (SAFE-C), enable the state to make significant strides in this area. According to CJAMS, 2023 SSA Headline Indicators, the State also saw a foster care entry rate of 1 per 1,000 children in CY2023, a 38% reduction from CY2018 and better than Maryland's target of 1.5 per 1,000. Maryland has the second lowest foster care entry rate in the country.

Data analysis conducted in 2023 which includes Maryland's Regional Meetings and strategic planning process and insights from the Maryland Continuous Quality Improvement (CQI) Qualitative Focus Group Report 2023, which is comprised of the following key stakeholder groups: youth, biological parents, resource parents, caseworkers, supervisors, resource home workers, attorneys, judges and magistrates, service providers, directors and assistant directors, and the Office of Licensing and Monitoring (OLM), have collectively highlighted a significant challenge impacting performance. Staff challenges are having a profound impact on the timeliness of Child CPS responses. Although not explicitly measured in the CFSR process, the recurring theme of staff-related issues in focus group summaries and TA sessions underscores their critical influence on the broader child welfare landscape.

One of the key issues identified is the high turnover rates among staff, which has been consistently emphasized by community partners and resource parents. Acknowledging the commendable efforts of staff in meeting mandated responsibilities, participants across the focus groups noted the challenges arising from turnover and the time needed to establish new partnerships between families and community entities. This turnover impedes the ability to provide prompt and effective services. Additionally, with an increase in complex cases being handled by the workforce, staffing challenges become even more problematic.

In addition to grappling with high turnover rates, concerns about worker retention, and staffing issues, there are several other challenges impacting the timeliness of CPS responses. One significant challenge is the difficulty in locating families, which can impede CPS' ability to conduct assessments and provide essential support. Moreover, there exists a prevalent issue of mistrust or negative experiences with the child welfare system, leading parents to resist engagement with CPS. This reluctance by parents can result in delays in intervention and support for children at risk. Language barriers further compound the problem, as communication challenges stemming from linguistic differences hinder effective engagement with families and impede CPS capacity to assess and address child safety concerns.

Furthermore, CPS teams encounter limitations in reaching families located in neighboring jurisdictions. When families reside outside of Maryland, coordination with other jurisdictions becomes necessary, introducing logistical hurdles and potentially delaying CPS responses.

Strengths

Several factors contribute to Maryland's progress on safety metrics. Key elements include workforce capacity, teamwork within LDSS, quality casework practices, availability of services, direct family engagement, and community partnerships. Despite experiencing vacancy challenges, the LDSS cultivates a culture of shared responsibility, enabling staff to meet deadlines effectively. Supervisors manage workloads by redistributing tasks among team members or temporarily taking on tasks themselves to ensure timely completion of essential casework. Additionally, regular and open communication between supervisors and their teams enhances both the timeliness and quality of casework.

Another strength in Maryland is the comprehensive approach to improving family outcomes and preventing unnecessary entry into foster care. Strong partnership with schools, public benefits programs (e.g. TANF cash assistance, Medicaid), Local Care Teams (LCT) and community-based parent-serving agencies are key components of Maryland's approach to achieving safety outcomes. Schools are vital in facilitating contact with families, along with caseworker flexibility in after-hours support. Other community partners playing important roles are faith communities, resource centers, medical providers, and libraries.

Concerns

In addition to Maryland's progress, there are a number of challenges preventing the state from achieving conformity with federal targets. These include Child Juvenile and Adult Management System (CJAMS) functionality, workforce challenges, availability of high-quality services, familial difficulties such as caregiver risk factors and engagement, and difficulties with meeting needs of high-acuity youth.

While CJAMS created significant improvement in many areas of case management, LDSS report that the system often "goes down" and that the casework process is not always intuitive and often requires duplicative work. The State is also managing with significant staff shortages, increasing workloads for the remaining workers and higher degrees of staff burnout and turnover. The LDSS are concerned about how Maryland determines timeliness. In Maryland timeliness is established based on the category of maltreatment, while other states allow for greater flexibility by determining response times based on the specific risk factors reported.

Lack of access to services and support to meet family needs is a challenge that impedes Maryland's ability to maintain a low foster care entry rate, and is a concern cited repeatedly by formal and informal kinship caregivers. Frequently during regional meetings participants expressed the need for housing, childcare, and/or transportation support. A more detailed description and assessment of service needs can be found in Section II Systemic Factor 5: Service Array.

Difficulties meeting the needs of the populations served, including both families and children, present challenges in meeting these safety metrics as well. For CY2023, 58% of entries into foster care identified neglect as the primary factor for removals in Maryland, with caregiver drug abuse at 33% coming in second. Sixty percent of children ages 14-17 entering foster care have the child's mental/behavioral health concerns identified as a factor contributing to entry. Children and youth entering foster care through a Voluntary Placement Agreement (VPA), especially those with behavioral health and developmental disabilities, represent a high-needs population. The LDSS have expressed challenges meeting their behavioral health and placement needs.

Maryland has a number of planned activities to help address the challenges outlined above. Policy review, workforce stabilization and expansion, system enhancements, and improved collaboration with neighboring jurisdictions, and greater community engagement are all being explored to bolster safety outcomes. Planned activities for Safety Outcome 1 and 2 are described in Section III, Goal 1 and Goal 3. Additional activities are described in Table 4 below.

Table 4: Activities to Improve Performance for Safety Outcome 1

Current or Planned Activity to Improve Performance Safety Outcome 1	Target Completion Date
Develop and issue updated investigation policies, best practice guidance and training to child welfare workforce to improve practice of responding to CPS reports of maltreatment.	June 2025
Review risk assessments policy and practices that other states employ during the screening process to determine response time.	June 2025
Build CJAMS enhancements for overall improvements in functioning to reduce duplication of data entry and lags. This includes exploring the feasibility of developing dashboards that can monitor live performance on investigation timelines.	June 2026
Revisit and review Maryland's policies and regulations regarding initial response time to determine if assigning response time based on a risk assessment of reported information rather than the category of maltreatment would respond appropriately to reports of maltreatment while better meeting the needs of the workforce.	December 2026

Current or Planned Activity to Improve Performance Safety Outcome 1	Target Completion Date
Improve partnerships and collaboration with neighboring states (DC, WV, PA, DE, and VA) to collaborate better in meeting timelines. Maryland will seek border agreements with neighboring states to support timely investigations	December 2028

Current or Planned Activity to Improve Performance Safety Outcome 2	Target Completion Date
Design and install one or more Community Pathways within the Family First Prevention context. This activity is aligned with Goal 1, Strategy 1B.	December 2025
Build the knowledge and capacity of the workforce and referring agencies to distinguish between poverty and neglect. This activity is aligned with Goal 1, Strategy 1A.	December 2026
Explore opportunities to provide family-centered, community-based economic and concrete support to families. This activity is aligned with Goal 1, Strategy 1C.	December 2028

PERMANENCY OUTCOMES 1 AND 2

Data to Demonstrate Current Performance

Table 5: Ratings for Permanency Outcomes 1 and 2

Permanency Outcomes	Overall Determination	State Performance	Federal Target
Time Period: April - September 2023			
Permanency Outcome 1: Children have permanency and stability in their living situations	Not in Substantial Conformity	24.4% Substantially Achieved	90%
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children	Not in Substantial Conformity	73.2% Substantially Achieved	90%
Data Source: CFSR Case Review April 2023-September 2023			

Assessment of Current Performance

A review of Permanency Outcome 1 using data from the latest round of CFSR, cases reviewed between April 2023 and September 2023 using data from the latest round of CFSR, cases reviewed between April 2023 and September 2023 showed a decrease from 35% substantially achieved to 24.4% substantially achieved. Review results for Permanency Outcome 2 from the same time

period showed that the relationship between children in foster care and their families and communities of origin have improved significantly. Maryland's shift to a Kin First state and is introducing changes in legislation, regulations and policy. This philosophical change in practice will encompass multiple activities noted in Section III, Goal 2 Kinship. The rate increased from 45% substantially achieved to 73.2% substantially achieved.

The Statewide Data Indicators for Permanency shows a continued decline in permanency for children within 12 months of their entry and a slight increase for those in care 12-23 months for CY2023. Additionally, there has been a five percent increase in permanency for children in care for 24 months or more in CY2023. The SSA continues to examine the trends in this area, including the barriers to achieving permanency within the specified time frames and will be implementing targeted strategies to improve permanency outcomes as described in Section III, Goals 2 and 5.

Another trend in the data is that re-entry into foster care within 12 months has remained the same (8%) in CY2023, the same as the previous calendar year. Although the state did not meet the target goal of 5.6%, this is a significant improvement from CY2018 when the re-entry to foster care in 12 months rate was 14%. This improvement reflects that Maryland has started to address concerns around the lack of services provided to families once a child returns home or exits to guardianship with a relative. The children who are considered most at risk of re-entry present with one or more reentry risk factors. These factors include having siblings in foster care, a length of stay in foster care less than three months, child behavior problems at the time of removal, experiencing a residential placement during the removal period, having prior foster care experience, coming from a single parent household at time of placement into foster care, and being court-ordered to return home against agency recommendation. The efforts and evidence-based practices being implemented continue to show positive results.

The Rate of Placement moves has increased from 5.10 in SFY2018 to 5.44 in SFY2023. The SSA continues to assess the potential reasons for these results, whether they are related to data input, the availability of resources at the time of placement, or the child transitioning from one placement to another due to a higher level of need than what the current placement can provide, or transitioning to a less restrictive placement.

Strengths

The state has demonstrated growth and improvement by decreasing the re-entry rate of children exiting out-of-home placement. As noted above, the rate has decreased by 7.6 percentage points, indicating that the state is providing additional supportive services to families once a child returns home.

Maryland initially focused on implementing evidence-based practices as a part of the Title IV-E waiver to reduce the number of re-entries, several of which continue to be available to local departments. The efforts and evidence-based practices continue to yield positive results.

On May 9, 2024, Governor Moore signed important legislation into law that is the cornerstone of Maryland's shift to a kin first culture. The new law establishes a preference for youth experiencing out-of-home care to live with relatives, including family by choice. The law modernizes Maryland's kinship care system by removing outdated language that excludes contemporary concepts of family and updating the law to reflect how families are formed today. Maryland's kin first approach prioritizes adult-child bonds that are critical to healthy development when considering the best interests of children who require out-of-home care. Additionally, the state has begun developing new regulations, policies and tools to support an increase in kinship placement across the state. Developing kinship preference implementation processes and support will continue into 2025, with the state anticipating a rise in kinship placements. An increase in kinship placements should result in improved permanency outcome metrics. Our proactive and forward-thinking approach to develop new regulations, policies, and tools to support and increase kinship placements exemplifies a strength that the state will continue to build upon.

Concerns

In the past few years, Maryland has been unable to achieve substantial conformity in permanency outcomes 1 and 2, which focus on providing children with stability and preserving family relationships and connections. For some time Maryland has not prioritized a preference for placement with kin as demonstrated by only 26% of youth in care being placed with kin. During the 2024 legislative session, a bill was passed to change this course of direction and require Maryland to shift to a kin culture. With this shift, Maryland believes that by focusing licensing kin and prioritizing placement with kin, we will be able to substantially achieve permanency outcomes. This area of concern will be addressed in the activities listed under Section III, Goal 2 Kinship as well as Goal 5 Permanency, Strategy 5b.

Current or Planned Activities to Improve Performance

Improving Maryland's ability to secure permanency for the children and youth in out-of-home care is a key priority over the next five years. Specifically, the state is in the process of developing regulations and policies related to kinship licensing. The new regulations will provide the framework for licensing kinship caregivers so they are eligible to receive a monthly care stipend for the children in their care. The kin first initiative will not only create additional placement resources but based on the high permanency outcomes for

kinship placements, will also assist the state in achieving permanency through the plans of reunification, custody and guardianship and adoption. Kin first and other planned activities are described in more detail in Section III, Goals 2 and 5.

WELL-BEING OUTCOMES 1, 2 AND 3

Data to Demonstrate Current Performance

Table 6: Ratings for Well-Being Outcomes 1, 2, 3

Well-Being Outcomes	Overall Determination	State Performance	Federal Target
Time Period: April - September 2023			
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	Not in Substantial Conformity	56.7% Substantially Achieved	90%
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs	Not in Substantial Conformity	88.9% Substantially Achieved	90%
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs	Not in Substantial Conformity	69.4% Substantially Achieved	90%
Data Source: CFSR Case Review April - September 2023			

Table 7: Well-Being Outcome 1 Performance Items CY2023

Well-Being Outcome 1 Families have enhanced capacity to provide for their children's needs	***Time Period***	***Performance Item Rating***	
		S	***ANI***
Item 12: Needs and services of Child, parents and Foster parents	April 2023-September 2023	58%	42%
Item 12A: Needs Assessment and Services to Children	April 2023-September 2023	99%	1%
Item 12B: Needs Assessment and Services to Parents	April 2023-September 2023	59%	41%
Item 12C: Needs Assessment and Services to Foster Parents	April 2023-September 2023	91%	9%

Well-Being Outcome 1 Families have enhanced capacity to provide for their children's needs	***Time Period***	***Performance Item Rating***	
		S	***ANI***
Item 13: Child and Family Involvement in Case Planning	April 2023-September 2023	71%	29%
Item 14: Caseworker Visits with Child	April 2023-September 2023	96%	4%
Item 15: Caseworker Visits with Parents	April 2023-September 2023	69%	31%
Data Source: Online Monitoring System (OMS)			

Assessment of Current Performance

As shown in Table 6, the most recent CFSR conducted during April 2023 through September 2023 demonstrates the state's current performance for Well-Being Outcome 1 is not in substantial conformity and has not met the federal target of 90%. As seen in Table 7 the CFSR review identified that while workers generally provide appropriate support and services to foster parents and children, there is a lack of effective engagement and assessment with parents. For item 12B, Needs Assessment and Services to Parents, 41% of cases reviewed identified this as an area needing improvement. For Item 15, Caseworker Visits With Parents, 31% of cases reviewed were identified as an area needing improvement. Despite continued challenges, Maryland has improved; for item 12B, the state rose from 45% in CY2022 to 59%%, and for item 13, Child and Family Involvement in Case Planning, 71.% of cases were rated as a strength, up from 55% in CY2022. While overall data does not show substantial conformity, the Department continues to trend upward in this area, as evidenced by a 16% improvement from the previous CFSP reporting period.

In addition to the, CFSR reviews, Focus groups were held in Fall of 2023 with youth, biological parents, resource parents, caseworkers, supervisors, resource home workers, attorneys, judges and magistrates, service providers, directors and assistant directors, and the Office of Licensing and Monitoring (OLM). The CFSR Qualitative Focus Group Report of October 2023 stakeholder responses focused on ten key topic areas including 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. While youth reported being involved, most biological parents indicated that the caseworker did not team with them to

incorporate their goals, strengths, and self-identified needs in the case plan. This finding supports the CFSR data that indicates the agency is doing slightly better at engaging and teaming with youth than biological parents. This information is consistent with data from the latest CFSR report. Caseworkers and supervisors discussed times in which teaming with families can be challenging, especially when biological parents are homeless and/or whereabouts are unknown. There is difficulty teaming with family members who are actively struggling with substance use and mental illness or don't want to engage with the caseworkers. There was also discussion among caseworkers and supervisors that noted staffing challenges and high caseloads. Families, youth, and biological parents who participated in the focus group expressed mixed experiences of teaming, both positive and negative experiences throughout the life of the case. Teaming experiences also varied among various stakeholders.

The agency does well in assessing the needs and services to children, quality of caseworker visits, and 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 use of the Integrated Practice Model (IPM) in 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. This improvement is supported by qualitative data from Family Team Decision Meeting (FTDM) and stakeholder interviews in 2023, in which parents consistently report that their voices were heard when they attended FTDMs. However, several factors influence the quality of teaming between families and the local departments were identified. For example, participants shared that teaming experiences varied based on the assigned caseworker. Family members expressed that they were able to express themselves and partner with some workers, but not others.

Well-Being Outcome 2, Item 16, Educational Services, was 88.9% substantially achieved. Although not in substantial conformity, this marks an increase from 79% in the prior CFSP. Maryland's principal difficulties in this metric include ensuring that a child's IEP was revised to support their current needs, providing services to increase attendance for children with school refusal or chronic truancy, and enrolling a child in tutoring, night school, and summer school. Maryland improved performance in enrolling youth in school within 5 days of entering care or a change in placement with 90.6% of children in foster care enrolling in school within 5 days, beating the goal of 85%. Increased school enrollment is attributed to the Quality, Policy, and Performance Management team improving document monitoring, oversight of the LDSS, and conducting quality improvement sessions that included providing technical assistance to LDSS, presentations to out-of-home units

and individual sessions with staff who reached out needing assistance. In addition, MSDE conducted an annual survey with all the local school system's foster care liaisons to gather feedback on services to youth in foster care. The 2023 survey feedback highlighted that 71% identified there were no barriers to data-sharing and a majority of jurisdictions have regular collaborative meetings to discuss needs of youth in foster care. Identified barriers in the survey included needing staff for data support and clarifying processes when youth are transferring from a different county.

For Well-Being Outcome 3, physical and mental health needs,Maryland provided adequate services to meet 69.4% of children's mental and physical health needs , falling short of the 90% achievement required for substantial conformity. The State showed a slight decline for item 17, Physical Health of the Child. Maryland is working to increase conformity with physical health of the child by improving timely scheduling of medical appointments and enrollment in medical assistance foster care coverage groups. This will ensure that children are assigned to the appropriate coverage group and that healthcare providers receive reimbursement for necessary health exams. SSA's ongoing technical assistance sessions with the LDSS and resource providers highlighted that health providers, including dental professionals across the state, are hesitant to schedule required exams for children placed in foster care. Their primary concern is the potential non-payment for the services rendered, which remains a significant barrier.

Item 18, which evaluates the mental and behavioral health of the child, was rated as a strength at 80.6%. However, difficulties in promptly providing children with mental and behavioral health services accounted for the cases needing improvement. Maryland is trending in the right direction in achieving the health performance measure trends (shown below in Table 8), following a significant decrease during the COVID-19 pandemic. These health measures have shown a steady increase in compliance and are monitored regularly through audit monitoring and statewide indicators shared with the LDSS. Racial and ethnic disparity for compliance in medical and dental exams has also been examined. In CY2023 per CJAMS data, there were no significant differences between African American or Black youth and White youth for compliance with the initial exam (83% v 85%) respectively. Similarly there were no significant differences between Hispanic and Non- Hispanic youth for this exam (80% v 83%) respectively. Likewise, there were no significant differences in the 60 days comprehensive exam between African American or Black youth and White youth (88% v 95%) respectively. This was also seen for ethnicity with 93% Hispanic youth versus 90% Non- Hispanic youth being compliant with this exam. In areas of the annual and semi- annual exam, areas of potential disparity are seen but because of other factors such as the date of the annual exam being within the window of 395 days post the

comprehensive exam and the local availability of dental providers, this data will be more definitively analyzed in the future. In CY2023 for the entire state, 71% of African American or Black youth were compliant with timely annual health exams versus 84% for white youth. There was no significant difference in disparity with 80% of Hispanic youth having timely annual exams compared to 75% of Non-Hispanic youth. Finally, 49% of African American or Black youth compared to 71% of White youth were compliant with any semi-annual dental exam while 69% of Hispanic youth versus 56% of Non-Hispanic youth received these evaluations in the expected time frame. Differences in receipt of timely health services based on race and ethnicity will continue to be analyzed for trends and strategies to eliminate any disparities.

Although Maryland has not yet achieved 90% compliance with well-being outcomes, the state is making progress through ongoing monitoring and support for local departments of social services (LDSS). SSA strengthened its collaborative partnership with Maryland's Public Behavioral Health service providers to ensure timely access to mental and behavioral health services and to enhance support for children and youth in foster care. The agency faced challenges in accurately capturing CJAMS data to reflect the comprehensive mental health needs of children and youth in care, as well as in ensuring timely delivery of services. The agency will continue to build on leveraging resources and working with collaborative state and local teams to determine how the agency's electronic system can best collect accurate data and gather additional data on mental health diagnosis and services.

Table 8: Health Performance Measures for CY2020 Compared to CY2023

Health Performance Measures	CY2020	CY2023
Health Assessment Exams	66%	77%
Annual Dental Health Exam	45%	66%
Annual Health Exam	51%	72%
Data Source: State Data Source is CJAMS		

Strengths

The agency has done a better job engaging external stakeholders and LDSS staff as part of a continuous feedback loop and planning around well-being outcomes. Weekly data reports were sent to the LDSS by the Quality, Policy, and Performance Management unit for monitoring, with a compliance goal of 90%. More guidance and quality improvement sessions have been

provided to these offices, targeting engagement, education, and health outcomes.

The state has strong collaboration with stakeholders and community partners who provide guidance and technical assistance on enhanced caseworker practice, leading to strong performance in assessing the needs of and services for children and foster parents, as well as the quality of caseworker visits. Maryland has also made significant progress in ensuring children's educational needs are appropriately assessed and served, with no evidence of disparity or disproportionality in timely enrollment based on gender, race, or ethnicity per CJAMS data. The data shows for school-age youth (age 5 to 18 years old) who identified as Black or African American youth, 395 of 446 (92.1%) were enrolled within 5 days of placement, and for White youth, 203 of 230 (89.4%) were enrolled within 5 days of placement. While 54 of 72 (83.1%) youth identified as Hispanic were enrolled within 5 days of placement, and 37 of 44 (92.5%) identified other youth were enrolled within 5 days. In addition, the data by gender shows that 92% of female youth were enrolled within 5 days while 88.2% of male youth were enrolled within 5 days. While there is variation in timely enrollment for youth who identify as Hispanic it is not a significant difference. However, data from the 2023 MSDE Legislative Report on Students in the Child Welfare System (2021-2022 academic year) reports that 683 of the identified 1820 youth in foster care are students with disabilities (has an IEP), which is a rate of 37%. Comparatively, MSDE reports that statewide 12% of students are identified as a student with a disability. The legislative report identifies that the suspension rate for students in foster care for all grades is 14.8%, compared to the state average for in-school, out-of-school suspensions, and expulsions percentage of 4.5%. This means that students in foster care are 3 times more likely to be identified as a student with a disability and 3 times more likely to experience disciplinary action compared to their non-foster care peers.

SSA's Health Team, led by the Medical Director, enhanced internal collaboration with the DHS Family Investment Administration and MDH's Medicaid Eligibility and Enrollment to address and improve systematic procedures for timely Medicaid coverage enrollment. SSA's Health Team conducted a survey of all LDSS child welfare managers, assistant directors, and directors to review current procedures and processes, including which staff have access to the Medicaid Management Information System (MMIS). The findings from the survey helped guide SSA's discussions with DHS's Family Investment Administration (FIA) and MDH Eligibility and Enrollment, facilitating the identification of potential solutions and strategies. These strategies including early identification of the foster youth's Medicaid classification and number are critical to entry into MCOS and time sensitive

required medical services. Several actions were taken, including MDH issuing a directive to Medicaid healthcare providers statewide to ensure reimbursement for health exams performed for children in foster care which was perceived as a barrier for pediatricians providing services outside of usually scheduled preventive health visits.. Additionally, DHS's Family Investment Administration (FIA), SSA, and MDH established a foster care workgroup to collaboratively improve the Foster Care Medical Assistance (MA) process. The work group's purpose is to standardize foster care coverage enrollment procedures across all LDSS jurisdictions, including updates to CJAMS and Eligibility & Enrollment (E&E), in order to automate the Foster Care Medical Assistance (MA) process

Ongoing assessments of mental and behavioral needs of children have also ensured that their needs have been identified and suitable services offered. Improved collaboration with external agencies including the Behavioral Health Administration of MDH, Developmental Disabilities Administration, University Medical Centers and local mental health providers has also contributed to this success.

Concerns

Caseworkers have identified incarceration, previous negative experiences with the agency, the negative perception of CPS, severe substance abuse, mental illness, absent parenting, and high turnover of caseworker staff as factors contributing to poor parent engagement.

While timely school enrollment is a strength, the data is showing an increase in the number of youth (50%) changing schools after a placement change in the 2023 school year. This is a concern in regards to school stability and permanent connections for youth in care. Coaching and collaboration with LDSS and Lead Education Agencies (LEAs) will be necessary to address this concern. Additionally, further data analysis and collaboration with MSDE is necessary to understand the disparities found in their education data around students in foster care being 3 times more likely to be identified as a student with a disability and 3 times more likely to experience disciplinary action compared to their non-foster care peers. This disparity may also have an impact on educational outcomes such as graduation rates, which have declined for foster youth from 57% in 2021 to 42% in 2022, per MSDE state report card data.

Department staff not receiving timely child's health exam information from resource providers is also a barrier to achieving compliance in facilitating required health exams. SSA continues to address challenges with private placement providers to ensure that the LDSS receive the health information necessary to record health exams in CJAMS and inform the case plans. Limited-service arrays, lack of available quality critical services, and long

provider waitlists for youth in need of specific services (e.g. grief and trauma therapy) also impact these well-being outcomes.

Current or Planned Activities to Improve Performance

Planned activities targeted at improving performance and addressing concerns for Well-Being Outcome 1 are described in more detail in Section III, Goals 1, 3, 4, and 6. Planned activities for Well-Being Outcomes 2 and 3 can be found in Tables 9 and 10 below.

Table 9: Activities to Improve Performance for Well-Being Outcome 2

Current or Planned Activities to Improve Performance Well-Being Outcome 2	Target Completion Date
Partner with UMSSW and Maryland Longitudinal Data System Center to conduct a state-wide review and analysis of education data related to children's academic performance in out-of-home care. Desegregate data to identify barriers (Demographics, School Attendance, Student Performance), especially for rates of students with disabilities and suspensions and expulsions.	December 2024
Improve data sharing between MSDE and SSA to ensure SSA and LDSS have access to up-to-date education data for children in care.	June 2025
Provide coaching for LDSS around the completion of Best-Interest Determination (BID) meetings and timely documentation.	December 2025
Disseminate an education survey to assess the access and use of educational services by LDSS staff, resource parents, and private providers and identify gaps and barriers in these services.	June 2026
Collaborate with MSDE and Lead Education Agencies (LEAs) to ensure timely communication, documentation sharing, and identification of barriers.	December 2026
Explore training options for caseworkers and resource families on identifying developmental disabilities versus trauma behavior.	December 2026
Increase assessments and referrals of students to services to meet their identified needs (Item 16 from 88.9% to 96%).	June 2027
Coordinate with MSDE to address identified barriers that are affecting youth's ability to make academic progress.	June 2027
Assess current transportation needs and funding regarding youth being able to remain in their school of origin.	December 2027

Current or Planned Activities to Improve Performance Well-Being Outcome 2	Target Completion Date
Identify and partner with local education organizations. Collaborate with external stakeholders to improve student services and community resources, supporting educational needs and challenges to learning.	June 2028
Utilize school mobility data in conversations with LEA and LDSS. Develop communication and guidance (tipsheet) around best practices for remaining in the school of origin and transportation.	December 2028
Identify and support CJAMS enhancements to track supporting documentation (enrollment paperwork, BID form, report cards, IEPs, etc.).	December 2028
Provide guidance on using supervision to support educational documentation practices.	June 2029

Table 10: Activities to Improve Performance for Well-Being Outcome 3

Current or Planned Activity to Improve Performance Activities for Well-Being Outcome 3	Target Completion Date
Coordinate with MDH's HealthySmilies to explore strategies to improve access to dental providers who accept Medicaid. Partner with local dental organizations to explore alternative service delivery options such as mobile vans to reach areas with limited dental options.	June 2025
Through collaboration with DHS' FIA and MDH streamline procedures for foster care Medicaid to ensure timely enrollment. MDH, MCO, and health care providers, establish health care measures and shared outcomes for children involved in child welfare.	December 2025
Partner with MDH and Maryland's Managed Care Organizations (MCO) to enhance the coordination of healthcare services, addressing barriers related to transitioning youth, particularly in accessing behavioral health services and overcoming healthcare services barriers.	December 2025
Continue to refine existing health data sharing agreements and linkages between SSA and CRISP. to link medical data such as hospitalizations, Emergency Department visits, medications, allergies and diagnosed with CJAMS so information can be transmitted electronically and provide the state and local child welfare workforce with the opportunity to have readily available data that will inform practice and improve health monitoring of children including those with mental health conditions.	June 2026

Current or Planned Activity to Improve Performance Activities for Well-Being Outcome 3	Target Completion Date
Conduct monthly monitoring of timely health assessment data and provide targeted technical assistance to the LDSS to address barriers and areas of concern and ensure compliance with medical and dental exam requirements. Continue to requireLDSS Plan of Action to LDSS leadership when compliance is not met per ACQI requirements .	December 2026
Utilize Immunization data (ImmuNet) from MDH via The Chesapeake Regional Information System for Our Patients (CRISP) to assist child welfare staff with accurate and complete entry of immunization records into CJAMS.	December 2028

Systemic Factors

STATEWIDE INFORMATION SYSTEM

Data to Demonstrate Current Performance

CJAMS is the State of Maryland's Comprehensive Child Welfare Information System (CCWIS) and is a cloud-based application that collects, stores, and tracks information about children and families receiving services in the child welfare system. The system allows the over 4,000 staff from Child Welfare, Adult Services, Title IV-E, Contracts, Finance, and Providers to conduct their work in office, remotely, and in the field. Continual work occurs for enhancements, defect management, and development of the system based on legislative requirements, audits, and local feedback, with the goal of improving CJAMS for better input and data output.

Assessment of Current Performance

CJAMS can readily identify the status, demographic characteristics, location, and goals for the placement of every child in foster care, as outlined in Table 11 below, Child welfare caseworkers are responsible for updating the child/case record and documents are housed in the CJAMS system. Each data entry uses a date stamp to record the work completed within the system, and the system incorporates ticklers and reminders for staff to complete certain required activities. Demographic and statewide indicator data is shared during meetings with the LDSS prior to their on-site CQI case reviews as well as quarterly updates. These meetings include a variety of community partners and legal representation. This data is also reviewed by SSA team members who monitor the various case level reports and new reports and

dashboards have been developed to provide more current, timely data. These reports and dashboards also allow for the identification of missing data so that it can be resolved. As part of audit monitoring, locals also have an opportunity to review other areas of data to improve documentation. Data is shared on the public website and plans are in motion for additional information sharing with the public. Data sharing with individuals with lived experiences is an area that needs to be explored to get their feedback.

The State of Maryland utilizes an application interfaced within CJAMS called QLIK (Quality-Learning-Interactions and Knowledge) to report the data points from the CJAMS application. Within CJAMS, the State has put into place alerts and instructional pop-ups to ensure timeliness and accuracy of its data for reporting outcomes for children and families served. Moreover, these alerts support timely placements upon removal to ensure safety, permanency and well-being of those served. Additional features to ensure timely, comprehensive documentation include ability to allow for off-line work and revisions of areas where confusion or challenges exist that impede documentation are in the process of being developed for future implementation. A CJAMS supervisor training is being developed around timeliness of documentation and data quality as well as understanding of how to use the reports to identify areas to focus on.. The specific supervisor training will help reduce missing data in the Qlik reports to improve data quality across all program areas. This training is anticipated to be piloted early 2025.

Table 11: Demographics, Location and Goal Documented in CJAMS for Children in Foster Care

Child Welfare Demographics and Location in CJAMS December 30, 2023	
Legal Custody Status	
Legal Custody Type	**% of Children**
Committed to DSS	70%
Guardianship to DSS	8%
Shelter Care Order to DSS	18%
Voluntary Placement Agreement - Child Disability	2%
Missing	1%
Other types	1%
Permanency Plan Goal	**% of Children**

Reunification	54%
Adoption	12%
Guardianship	13%
Another Planned Living Arrangement	16%
Not Yet Established	5%
those with a plan who are 14+	42%
Gender	**% of Children**
Female	49.9%
Male	49.6%
Other	0.5%
Race	**% of Children**
Black	57.9%
White	30.0%
Multiracial	7.4%
Other (all other races)	0.7%
Unknown	3.8%
Ethnicity	**% of Children**
Hispanic	9%
Not Hispanic	86%
Unknown	5%
Physical location of Children	**% of Children**
*Family Homes	72%
*Missing CPA Homes	4%
Group Homes	13%
Residential Treatment Centers	2%
Independent Living	6%

Other living situations	4%
**No placement identified	3%
**Runaway	2%
*Missing CPA homes is a subset of Family Homes percentage **Runaway is a subset of no placement identified percentage	

Strengths

SSA works closely with the LDSS CJAMS coordinators to provide assistance and identify solutions to both long- and short-term issues, including the development of several how-to guides.

SSA has an established training program to assist workers in understanding data entry within the application and the purpose of the data point. There are systematic checks within the CJAMS application to alert users to not proceed until certain items are entered**.**

Data reports are available in the Quality-Learning-Interaction and Knowledge (QLIK) module across the various CJAMS systems and are available through ad-hoc requests when necessary. CJAMS has data quality standards designed to reduce errors and improve security, protection, and privacy of data. This is achieved by establishing, maintaining, and monitoring the standardizing usage of its data elements received through the system. SSA works closely with its technical partners such as Maryland Total Human-services Integrated NetworK (MD THINK). Through the creation of a DHS Data Office, and the implementation of a Data Policy Advisory Group there are additional resources to review data quality and ensure additional reports available for ongoing monitoring of additional data points l. Through collaboration with both business and technical stewards at DHS, its LDSS, and partners, the State of Maryland can continue its efforts in improving data quality while ensuring CJAMS functions for the ultimate goal of protecting its youth, adults, and families being served.

To ensure data quality, MDTHINK collaboratively continues to work with SSA and other DHS administrations and departments to delineate data elements across platforms to be used to determine a single record for one child, such as the MDM golden record. This data quality process will continue to be paramount to ensure one single record across Maryland is accurate to identify the vulnerable populations served.

Concerns

Missing data, which impedes our ability to make informed decisions, continues to be a concern. SSA will continue to work with LDSS and establish mandatory data fields where necessary to ensure caseworkers successfully enter necessary information. SSA is also working to strengthen the end-user interface with CJAMS to remove duplication, reduce the number of 'clicks' needed to perform tasks, and add data elements to support the caseworker achieve positive outcomes. SSA is committed to ensuring CJAMS reduces documentation errors, improves accuracy, and advances the potential for usable data to improve service provision to Maryland children and families.

During the strategic planning process, LDSS and partners expressed interest in securing more timely CJAMS enhancements, improved functionality of alerts, and the addition of fields to improve family engagement. SSA is committed to addressing these concerns.

Current or Planned Activities to Improve Performance

Strengthening Maryland's data infrastructure is a key priority area over the next five years. Planned activities are described in Section II, Safety and Well-Being and in Section III, Goal 6. Additional current or planned activities to improve performance in the state's information system are identified in Table 12 below.

Table 12: Activities to Improve Performance for Statewide Information System

Current or Planned Activity to Improve Performance	Target Completion Date
Organizing for Data Success	
Implement Data Policy Advisory Group decisions concerning data security, data standards, and data sharing.	Monitored Quarterly
Selected data elements will be reviewed as part of the CQI and CFSR reviews that will be conducted on an ongoing basis, for data accuracy, reliability, and timeliness.	Monitored Monthly
Develop data sharing master agreements that are coordinated through the Data Policy Advisory Group to build trust among participating member agencies.	Monitored Quarterly
Use of CCWIS Data Quality plan for areas for specified focus and review with MD THINK	Monitored Quarterly
Standards for Data Clarity	
Establish clear definitions of data elements and picklist values; and distribute data definitions throughout the interagency structure.	Monitored Quarterly
Provide training and support on an ongoing basis in order to reinforce the reliable use of data elements.	Provided and Monitored Quarterly

Data Review by Individuals with Lived Experience	
Identification of opportunities and avenues for data sharing and review by individuals with lived experiences	March 2025
Implementation of 2 opportunities and incorporation of feedback where appropriate	December 2025
Ongoing data sharing with individuals with lived experiences and feedback incorporated where possible	Monitored quarterly 2026 - 2029
Technical Tools to Improve Data Quality	
Implement a Data Quality Scorecard application	December 2025
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.	Monitored Quarterly
Employ Master Data Management tools across the interagency structure to avoid duplicated clients and services.	Monitored Monthly

CASE REVIEW SYSTEM

Written Case Plan

Data to Demonstrate Current Performance

Parent involvement in case planning is tracked three (3) ways in Maryland: CFSR, Family Team Decision Meeting (FTDMs) feedback surveys, and Stakeholder Focus Groups. According to CFSR data from CY2023, FTDMs were used to support positive case planning practices with at least one caregiver in 18.8% of all foster care cases reviewed in 2023. The CJAMS system currently is challenged with the ability to extrapolate accurate data for parent's participation in case planning for FTDMs. The stakeholder focus groups do not currently separate data of parents and caregivers, versus others.

Assessment of Current Performance

FTDM feedback surveys are administered twice each fiscal year, in March and October, to gather feedback from participants on their experience at FTDMs. In March 2023, the response rate for biological parents was 26.7%. In October 2023, the response rate decreased to 21.8%. During the calendar year 2023, SSA continued to partner with the UMSSW to analyze trends in response rates across jurisdictions, explore barriers to survey completion, and revise methodology. SSA and UMSSW determined that incentives should continue to be provided to youth/family participants in an effort to increase response rates and better capture youth/family voice. Parents that completed the survey in March 2023 and October 2023 received monetary incentives, such as an electronic gift card of their choice, for their participation.

SSA partnered with the UMSSW to analyze trends in responses. Enhancements to CJAMS were started to assist in data collection. The enhancements will continue into 2024, as CJAMS updates were put on hold in 2023. In 2024, FTDM surveys will be revamped to shorten the length and focus on the top five questions that SSA needs to analyze performance.

In CY2023 Maryland had 4,053 children in foster care, of which 1,950 or 48% had written case plans. Out of 80 CFSRs done for foster care children in 2023, 15 (18.8%) identified both mother and father as caregivers and being involved in case planning, 16 (20.0%) reviews identified only the mother as a caregiver and identified her as involved in case planning, 3 (3.8%) reviews identified only the father as a caregiver and identified him as involved in case planning, and 9 (11.3%) reviews identified that both parents were caregivers, but only the mother was involved in case planning.

FTDMs are a primary strategy for collaborating and jointly developing goals and tasks that become a part of written case plans with families. FTDMs are scheduled to address specific concerns: when separation is considered, during youth transitional planning, when a change in placement is being considered, and when there is a potential change in permanency plan.

Facilitated family meetings and other visits with parents may also be used for incorporating family voice in written case plans; unfortunately, there is not a way to adequately capture this data yet. Facilitated family meetings are the meetings with families that are facilitated but occur at times other than specified in the new FTDM policy (as indicated above).

Strengths

FTDMs are the primary strategy for collaborating and jointly developing goals and tasks that become a part of written case plans with families. In March and October of 2023, 75.5% of biological parents surveyed felt comfortable sharing their thoughts in an FTDM meeting; 69% of parents felt that they worked well as a team during the meeting, and 74% felt that their strengths were recognized. However, the sample size was small compared to the general population served, underscoring the need for ongoing efforts to gather more comprehensive feedback from parents. Maryland will continue to solicit feedback from parents to better understand their involvement in their plan.

In CY2023, the UMSSW revised questions related to case planning to ensure clarity among parents/caregivers and youth. The focus groups were held one time in CY2023 compared to biannually in CY2022. Having the focus groups one time a year assisted with a greater pull of participants so they could focus on the strengths of youth and families' voices.

In CY2023, a facilitated meeting referral form was developed and added to

CJAMS. The facilitated meeting referral must be sent to a supervisor for approval upon completion. The supervisor can approve, reject, or return to the worker.

To increase the participation of parents in the FTDM process, SSA designed a statewide FTDM brochure to educate parents about the importance of their involvement. Case workers have been instructed to provide families with the brochure before an FTDM meeting. A consent form was also rewritten, so that it is more family friendly to promote participation in FTDM meetings and case planning. The consent was not launched in CY2023 but will be an attachment to the new policy in CY2024.

For quality assurance purposes, all participants are given several options to complete a survey via: a link through text or email, or they are given a paper copy at the end of the meeting. Additionally, SSA will continue to explore better ways to encourage participation in the survey.

Concerns

Survey responses from families and youth regarding FTDM success and case planning showed decreases from March to October 2022. Specifically, understanding what the meeting was about decreased from 95.3% to 89.7%, understanding the next steps dropped from 92.1% to 87.5%, and feeling that the family's needs were discussed fell from 78% to 76.2%. Additionally, only 67.4% of families in March and October 2023 were overall satisfied with the FTDM process.

There remains a significant gap between staff perceptions of success and families' perceptions of success surrounding the FTDMs and involving families in case planning. This disparity is not unexpected, as both groups come with different expectations of outcomes.

To address these issues, this data is shared with FTDM facilitators at quarterly meetings to explore barriers and develop strategies to promote family-driven case planning in FTDMs.

Current or Planned Activities to Improve Performance

During CY2023, work groups convened to plan more effective regulations, training and system needs around case plans and service plans for functionality around input and extraction of data. In CY2023, the enhancements did not go into the system as intended. The work groups continue to convene to ensure the proper enhancement stories are written and designed for end user functionality and proper reports to be designed to pull the information to guide practice.

In CY2024, FTDM facilitators will be trained on how to use the new facilitated

meeting referral form. SSA will also have the statewide FTDM brochure translated to Spanish in the same year. Additionally, the FTDM survey will be enhanced for better data collection and end user engagement. These improvements aim to yield more accurate, high-quality data, fostering overall quality improvement within FTDM and aligning with its core purpose. (See Section III, Goal 5, Strategy 5C).

Maryland will be transitioning to a new reporting platform over the next year, from Qlik to AWS Quick Sight and this will provide opportunities to enhance current reports and develop additional ones, allowing for identification of participants in FTDMs so as be able to know if parents or other family members are participating in developing activities that are then incorporated into case plans.

Periodic Reviews

Data to Demonstrate Current Performance

In CY2023, there were a total of 3,959 children in care for six months or more, with 58.9% having a periodic review hearing. There were 3,870 children in care on the last day of the reporting period who had been in care for at least 1 year. Of this group of children, 36.7% had a permanency plan hearing, and 28.8% had an additional hearing. See Table 13 in Item 22: Permanency Hearings. For children and youth in care a year during the last reporting period, the number with permanency review hearings decreased from 49.2% to 36.2%.

Assessment of Current Performance

Periodic Review Court Hearings are conducted by the courts every 3-6 months in Maryland depending on the jurisdiction. Periodic Review Hearings are held to review progress in the case at a minimum of 6 months. Several challenges continue to affect the timeliness of periodic reviews occurring every 6 months. These include attorney scheduling, contested hearings, delays in attorney assignments for parents, and court findings, as highlighted in stakeholder discussions during the Placement and Permanency Implementation meeting.

Strengths

There are some jurisdictions whose courts review cases before the 6-month requirement in Maryland and some that require scheduling before the 6-month mark in order to manage the scheduling and contested hearing issues that get in the way of timely reviews.

Concerns

Participants in the CQI focus group expressed several concerns, including

scheduling issues, contested hearings, and confusion over concurrent planning. Some LDSS and attorney focus group participants reported that concurrent plans are not always worked on simultaneously which hinders the periodic review process. Therefore, the effectiveness of the reviews in achieving timely permanency is impacted by the timeliness of the reviews, as well as the content of what is being reviewed in the hearings.

Current or Planned Activities to Improve Performance

Through ongoing engagement, FCCIP and SSA continued to enhance opportunities to review, discuss, and consult on child welfare data. SSA reappointed a designee to participate on the Research, Analysis, and Data Team (RAD). The RAD Workgroup is composed of judges, magistrates, court representatives, court researchers, Judicial Information System staff, permanency planning liaisons, and agency CQI representatives. RAD reviews court practices and performance data on timeliness and court performance. The RAD Workgroup reviews court timeliness and court performance data quarterly. In 2023, the RAD Workgroup revised its data reports to incorporate the initial 6-month review measures to obtain a baseline for compliance.

Permanency Hearings

Data to Demonstrate Current Functioning

CFSR case reviews from 2023 revealed Permanency Outcome 1 and Permanency 2 were not found in substantial conformity, with only 25% and 69% respectively, being substantially achieved. This falls significantly below the national goal of 90%. Maryland's inability to achieve the permanency goal identified in the PIP following round 3 CFSR is evident in the low data surrounding permanency hearings as consistent, timely hearings improve the achievement of permanency.

Table 13: Permanency Hearings

Permanency Hearing Within 12 Months of Entry N = 1,398	
Number of Children	**Permanency Plan Hearing**
1,398	380/36.7%
Data Source: CJAMS - Children entering care between 1/1/2023 and 12/31/2023 and stayed in care for at least 12 months	

Assessment of Current Performance

Permanency plan hearings are required to be held within 12 months of a child entering care. The Qlik milestone report captures when these hearings occur

and indicates if a hearing is missing or completed, as well as when the next hearing should be scheduled.

A key concern is the low percentage of youth in care who had a permanency plan hearing within the 12 months time frame. The data in Table 13 above show that only 36.7% of youth requiring a permanency plan hearing had one within 12 months of entering care. SSA and the FCCIP plan to take a deeper dive into the data and identify any inaccuracies that may be contributing to the low percentage of timely hearings. This has been a long standing challenge for Maryland, exacerbated by the transition from SACWIS to CCWIS and court delays during the COVID 19 pandemic, making it difficult to compare data accurately over time.

In 2023, the state court continued its migration to a single judiciary-wide integrated case management system, the Maryland Electronic Courts (MDEC). MDEC's final implementation will be in May 2024 with the scheduled launch in Baltimore City. This single system will improve case flow management of court cases from filing to final case closures. MDEC is the primary source of court data, in 2023, the case management system did not include all 24 jurisdictions.

The court data was not used as a comparison in CY2023, as the state court was still implementing MDEC, the statewide case management system.

To successfully impact Maryland's permanency outcomes, establishing productive collaborations with legal and judicial partners is elevated as one of the most important facilitators and most common barriers to achieving permanency. Partners also emphasized that permanency is more easily obtained when youth are in safe and stable placements with active connections to family, community, and important adults. Moreover, the impact of delayed permanency has had a negative impact on Maryland's older youth population (ages 14 to 17 years), as these youth are currently the second-largest population entering care (23% at the end of December 2023) with the longest time in care.

Strengths

SSA met with each local department to review their individual permanency data and offered technical assistance during CY2023. The purpose of these meetings was to address permanency, specifically looking into any issues that may be causing delays in permanency hearings. This process helped ensure that the local departments are equipped to address permanency effectively in the upcoming year.

SSA is collaborating with representatives from LDSS and key partners to refine the Concurrent Planning Policy and supportive practice tools. SSA also updated and provided Concurrent Planning Refresher training for LDSS staff, and the Child Welfare Academy is now offering Concurrent Planning for Supervisors training.

Concerns

The local jurisdictions report that one concern is the postponements of court hearings (shelter, adjudication and disposition hearings) and how this impacts the future trajectory of hearings. Another concern is the data entry error of the type of hearing that is being entered in CJAMS. During case reviews, it was noted that some types of hearings selected did not match the court order or the type of hearing that was held. SSA plans to improve the partnership with court and legal communities to ensure there is ongoing collaborative, strategic planning and relationship building between the court and legal communities and SSA/LDSS (See Section III, Goal 5, Strategy 5A).

Permanency outcomes and feedback from LDSS and key partners indicate that best practices are not consistently known and used across the state. Focus group participants, consisting of LDSS staff and attorneys, reported that concurrent plans are not always worked on simultaneously. This practice delays the effectiveness of the review hearings and impacts the ability to achieve timely permanency. LDSS staff report experiencing longer than preferred wait times to file for Termination of Parental Rights (TPR) due to court hearings being postponed or continued, disruptions in placements, lack of resources in the communities, and the lack of treatment options for parents

Current or Planned Activities to Improve Performance

During the round three CFSR process, SSA and FCCIP collaborated on a plan to regularly share specific data reports and provide opportunities for review and discussion of the data. The data included CFSR item measures and permanency outcomes data for children and families. The APSR data needs were also identified for ongoing data sharing, review, and discussion.

Throughout the past year, FCCIP and SSA exchanged related court, CFSR, AFCARS and CJAMS data. FCCIP and SSA continue to review court practice and data as it relates to the CFSR, the Title IV-E foster care eligibility reviews, CFSP, and Annual Progress and Services Report (APSR). Additionally, ongoing data sharing, review, and discussion for APSR were identified as areas requiring attention.

FCCIP and SSA planned a training on data awareness and permanency performance for stakeholders in 2023. At the Annual Child Abuse, Neglect,

and Dependency Options (CANDO) Conference in October 2023, a statewide multidisciplinary training opportunity, SSA and FCCIP collaborated on a session entitled *CANDO Data Talks: Maryland Report Card* to discuss state and national child welfare data metrics and performance measures. The session participants included judges, magistrates, attorneys, case workers, SSA representatives, and justice partners. The session included a collective agreement on the importance of data to assist in improving permanency outcomes for children and families. Another outcome was to increase opportunities for cross training to improve data reporting and performance. (See Section III, Goal 5, Strategy 5A)

Strengthening Maryland's collaboration with the court and legal community is a key factor to ensure we can achieve substantial conformity for this systemic factor. Planned activities are outlined in Section III, Goal 5.

The Permanency Planning Liaisons will attend the monthly Permanency Enhancement meetings, where they will share relevant information from the courts and relay key updates from the meetings back to the courts.

Termination of Parental Rights (TPR)

Data to Demonstrate Current Performance

During CY2023, the data outlined in Table 14 below shows that out of the 3,742 youth in care on December 31, 2023, 2,484 (66.4%) youth were in care for 15 of the past 22 months. Of that number, 187 had TPRs filed.

Table 14: TPR Cases CY2023 for the youth who had been in care 15 of 22 months

	In Care as of 12/31/2023	In Care 15 of 22 Months	Total TPRs Filed During 2023
Children in Care	3,742	2,484	187 (7.5%)

Assessment of Current Performance

In CY2023 there was a slight increase from 4% to 7.5% of TPRs that were completed. Most LDSS have a formal procedure in place for tracking their own TPR timelines. LDSS staff indicate that it is a shared responsibility between the agency, DSS attorneys, and the courts but it can vary from jurisdiction to jurisdiction.

SSA policy directs the LDSS to petition to terminate parental rights for youth who have been in care for 15 out of the past 22 months. However, there are instances where it is not appropriate to file for TPR. These exceptions would be documented in the court order and discussed in FTDM meetings when

planning for permanency plan change.

Strengths
The CJAMS How-to Guide: Termination of Parental Rights was completed in October 2021 and continues to be updated. In 2023, LDSS staff continued to report improvements with documentation in CJAMS as a result of the How to Guide and additional information and support provided through TA offerings.

Concerns
During TA sessions LDSS staff report experiencing longer than preferred wait times to file for TPR due to court hearings being postponed or continued, disruptions in placements, lack of resources in the communities and the lack of treatment options for the parents. The postponement of hearings can prolong the life of a case especially if it is determined that a parent is making progress.

There continue to be delays in filing for TPR and there can be case specific issues for the delay. Some courts and DSS' request more time for parents to work on the case plans if they are showing progress as this could be a compelling reason to delay filing TPR. An example of this is if parents are struggling with substance use or mental health concerns but start to engage in services outlined in their case plan. Limited availability of resources can delay a parent receiving treatment which can prolong the case. For any delay in the TPR filing, the caseworkers are responsible for documenting these reasons in CJAMS as reasonable efforts that have been completed and must document compelling reasons not to file for TPR. However, this information is not entered in a field that can be pulled to a report at this time.

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. 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 TPRs being filed timely, the state does not have the data currently within 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 and this has not occurred. These areas of concern are addressed in Section III, Goal 5, Strategy 5A.

Current or Planned Activities to Improve Performance
CJAMS does not currently track when TPR's are filed, instead tracks when the TPR occurs in court. CJAMS enhancements will be made to track the filing of the TPR. Plans are underway to develop CJAMS capacity to integrate court data related to permanency achievement (See Section III, Goal 6, Strategy 6D).

Notification of Hearings

Data To Demonstrate Current Performance

This continues to be a challenge, as updates to CJAMS have not been possible due to other competing priorities. However, discussions are ongoing as electronic notifications from CJAMS are being developed, and this is one of the more consistent notifications that can be implemented. Local departments were given the opportunity to identify how they would document notifications, as this was an area of concern from the SSA audit. This process has not worked consistently, so a statewide process will need to be implemented. Several jurisdictions reported that staff email resource parents, but identifying the uploaded copies of these emails has not been possible, as there isn't a clear label identifying these as notifications. Clearer documentation labels have not yet been implemented in CJAMS, although the enhancement was written as a result of the audit.

Assessment of Current Performance

During the Permanency and Placement Implementation Team meetings, concerns regarding notifications of hearings have been discussed. CJAMS enhancements are being developed to ensure timely notifications of hearings, including the right to be heard in any review hearing with respect to the child.

The Resource Parent Ombudsman continues to address concerns of resource parents attending hearings, but not being provided the opportunity to be heard. SSA will be following up to address the concerns that may be case specific and with good cause. The Resource Parent Ombuds and LDSS staff continue to share information with foster parents regarding their right to be notified of court hearings as well as any opportunity to be heard at each hearing. The Resource Parent Ombuds responds to and addresses calls from foster families who have not been notified of court hearings.

Each LDSS is required to notify resource parents, pre-adoptive parents, and relative caregivers for any child in the care of the LDSS. Notifications must be documented and placed in the child's record.

Strengths

The Resource Ombudsman is working with the local departments to ensure resource families are not only being notified but also have the chance to be heard. This can include writing letters, testifying and meeting with attorneys.

Concerns

CJAMS continues to lack the ability to track notifications of hearings unless the letters are entered in the document sections of CJAMS and even if

entered in the document section, there is no consistent labeling process that would allow for data that could demonstrate prior or current level of notification.

Current or Planned Activities to Improve performance

SSA is actively exploring methods to track the notification for court hearings in the electronic system of record. SSA will further develop a process to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have the opportunity to be heard in any review hearing held with respect to the child. Each LDSS will be advised that being heard can be in the form of letters, through attorneys, and other means. (See Section III, Goal 5)

Table 15: Activities to Improve Performance for Notification of Hearings

Current or Planned Activity to Improve Performance	Target Completion Date
Determine a unified process in CJAMS for hearing notifications either via an electronic notification process, emails sent to resource parents, or by having a clear documentation label for uploaded notifications	March 2025
Develop and implement the identified unified process in CJAMS	December 2025
Develop a monitoring report for hearing notifications	December 2025

QUALITY ASSURANCE SYSTEM

Data to Demonstrate Current Performance

Maryland's Quality Assurance/Continuous Quality Improvement (QA/CQI) system has focused its efforts in the last two years on improving state performance for Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement. In 2023, 36.25% of foster cases were rated a Strength for Item 6. Headline Indicator data for CY2023 showed that even less children were exiting care timely, with 25% of children exiting to permanency within 12 months of entry and 15% of children exiting to permanency in 12 months after being in care for 12 to 23 months. Focus group data collected in September 2023 highlighted that the lack of quality services available in the community, the ongoing placement crisis, challenges engaging biological parents, and poor court partnerships were key factors delaying the achievement of permanency. While many of these challenges are systemic, SSA was able to leverage the CQI Network Meeting's learning collaborative function to share and promote practices to further improvement in the timely achievement of permanency, such as utilizing permanency liaisons and FTDMs to promote family engagement and collaborative case

planning around permanency. The stakeholder focus groups were designed in part to evaluate child welfare staff and court personnel's understanding of state and local level QA and CQI efforts as well as assess the functioning and impact of the QA/CQI system. The stakeholder focus group results over the past four years have consistently demonstrated that stakeholders' knowledge of these efforts is dependent upon their level of involvement in the statewide CFSR process or local-level QA/CQI efforts. Additionally, dissemination of information from agency directors to frontline staff has been inconsistent. In light of these findings, and with the dual purpose of preparing for Maryland's CFSR Round 4 implementation in 2025, SSA has updated the meeting agendas for all CFSR-related meetings (i.e., Orientation and Practice Data Meeting, CIP Meeting, CIP Monitoring Meeting).

The meeting agendas were updated to better integrate the CFSR and Headline Indicator data and support more effective collaboration between the LDSS and SSA in developing and executing quality improvement strategies derived from CFSR and Headline Indicator data. These changes were implemented at the start of calendar year 2024.

Assessment of Current Performance

Maryland's Quality Assurance/Continuous Quality Improvement (QA/CQI) system is embedded in the foundation of the SSA strategic vision. Maryland's QA/CQI system utilizes four data sources to evaluate the strengths and needs of the state's service delivery system.

- **Headline Indicators:** The Headline Indicator dashboards are provided to the LDSS on at least a quarterly basis. These dashboards provide quantitative data that outline trends in both local and state performance, as well as efforts to meet targeted, long-term performance outcomes related to safety, permanency, and well-being. Additionally, the Headline Indicator data contain storylines that depict racial disparities and other child-level factors (e.g., age, circumstance of removal) associated with performance outcomes.

- **Child and Family Services Review (CFSR):** Maryland has been state-led in its CFSR process since 2015. Maryland conducts monthly qualitative case reviews using the federal Onsite Review Instrument (OSRI) over six-month review periods, each consisting of four small, two medium, and three large jurisdictions, with the state's metropolitan region (i.e., Baltimore City) being reviewed biannually, resulting in all 24 jurisdictions in Maryland being reviewed on at least a 3-year cycle. These reviews use a random sampling methodology to ensure comparability between each six-month review period. A total of 65 cases, comprising 40 foster care cases and 25 in-home cases, are

reviewed each period. Comprehensive CFSR Results Reports are generated by combining CFSR performance data extracted from the federal Online Monitoring System (OMS) with Headline Indicator data and anecdotal feedback shared during Orientation and Practical Data meetings. The CFSR Results Reports, which summarize the identified strengths in practice, area needing improvement, and recommendations to bolster the LDSS's work with children and families, are disseminated to the LDSS and external and internal stakeholders following each onsite review to inform the development of continuous improvement plans (CIPs). The onsite review process is guided by a review of the case record and individual interviews with key case participants, including youth and family, to identify relationships between local practice efforts and performance outcomes.

- **Stakeholder Focus Groups:** The stakeholder focus groups are held annually with jurisdictions that completed an onsite review in the year prior to implementation. These focus groups aim to contextualize Maryland's understanding of Headline Indicator and CFSR performance by evaluating the systemic factors impacting the state's child welfare system through the perspectives of LDSS staff (i.e., directors and assistant directors, supervisors, caseworkers), service providers, resource parents, court personnel (i.e., attorneys, judges and magistrates), biological parents, and youth. The stakeholder focus groups also seek to understand how engagement and teaming with families and across systems impacts the quality of service provision. A report identifying the main themes of the focus group data is generated and disseminated annually to SSA leadership and the CQI Network.

- **Local Quality Assurance (QA) Reviews:** The local QA reviews are designed to assess compliance with key child welfare activities, using a standardized tool. The LDSS are asked to critically assess the quality of practice and local level processes for both in-home and out-of-home services. The local QA reviews occur in parallel with the statewide CFSR reviews, with CPS cases being reviewed quarterly and all other program areas (i.e., foster care, family preservation, and resource homes) being reviewed bi-annually. The local QA reviews aid the state in understanding which additional resources, training, quality improvement sessions, and other supports are needed to address gaps and areas needing improvement. Insights and trends noted through local QA reviews are leveraged for statewide policy and program decision-making while also enabling the LDSS to monitor their own performance to guide locally driven improvement efforts.

These data sources, when used in tandem, paint a robust picture of state and local performance across measures of safety, permanency, and well-being. As such, Maryland's QA/CQI system has defined multiple feedback loops to facilitate rich discussions around Maryland's performance, allowing for deeper analyses that can be leveraged to develop targeted strategies to address challenges and barriers, learn from successes, and monitor ongoing practice and policy improvement efforts.

For instance, SSA shares local CFSR results and Headline Indicator dashboards with each LDSS at Orientation and Practical Data Meetings as well as CIP Meetings that are held throughout the CFSR cycle. During these meetings, SSA encourages the LDSS to reflect upon the data, provide additional context around the quality of their service provision by discussing challenges and effective practice strategies, employ measurable strategies for program improvement, and share their experiences with receiving and integrating feedback from SSA in their local CQI/QA efforts. SSA also supports the LDSS's development of a data-driven CIP by reviewing the plan and collaborating with the LDSS to make necessary adjustments prior to finalization. Biannual CIP Monitoring meetings and periodic email correspondence allow for SSA to evaluate the implementation of program improvement measures identified in the CIP and support the LDSS in adjusting the plan as needed in response to lessons learned. Through this ongoing collaboration with each of the 24 jurisdictions in Maryland, SSA is able to discern trends in regional and statewide challenges that require further coaching or systemic support. Identified trends are shared with SSA program teams to provide more targeted policy and practice support and guidance to individual LDSSs. Similarly, SSA is able to monitor the success of innovative strategies trialed in the CIPs and share efficacious practices across jurisdictions to bolster the state's performance as a whole.

SSA engages the LDSS directly, in addition to system partners and technical assistance providers committed to building a comprehensive child welfare system, through the CQI Network. CQI Network members share their experiences and expertise to align state and local improvement processes, increase the capacity of LDSS to sustain ongoing CQI processes, improve SSA's provision of coordinated quality improvement sessions to achieve PIP targets, and integrate CQI efforts with national best practice. The CQI Network has been expanded to intentionally include a learning collaborative function for the LDSS to engage and learn from their peers on key areas of practice and program improvement. The CQI Network initiative has been imperative in addressing Maryland's state-wide challenge in securing positive permanency outcomes for children and youth in foster care. The learning collaborative function will continue to be incorporated into the CQI Network

meeting structure moving forward, so that its impact on CFSR results can continue to be monitored.

Strengths

The existing QA/CQI system aligns with the federal standards and CQI framework described in IM-12-07. The state's CQI cycle allows for regular intervals of problem identification, root cause analysis, and strategy development to improve outcomes for youth and families across the state. A primary strength of Maryland's QA/CQI system is its capacity to refine its process through a series of assessment sources that are embedded into the current QA/CQI structure. For example, the stakeholder focus groups were designed in part to evaluate child welfare staff and court personnel's understanding of state and local level QA and CQI efforts as well as assess the functioning and impact of the QA/CQI system. With this feedback, SSA has focused QA/CQI efforts to support comprehensive data integration and more effective collaboration with the LDSS.

In addition, SSA elicits feedback about the qualitative and quantitative measures used to evaluate and monitor long-term outcome performance. This is done to ensure validity, fidelity, diversity of represented voices, and accessibility, both in data collection and interpretation. The data compiled through the OSRI is monitored for consistency and fidelity to the tool by conducting internal quality assurance check-ins and by seeking guidance and support from the Children's Bureau. Additionally, the LDSS and first-time volunteers are able to reflect on their onsite review experience in the exit debrief and peer review survey, respectively. Collectively, these feedback loops offer insight into adjustments needed to streamline the onsite review process, especially in the communication and collaboration between the LDSS and SSA. These feedback loops also highlight the need for additional training. Peer reviewer trainings are held twice a year for new volunteers, quality assurance (QA) training is held annually for experienced reviewers, and supplemental trainings are held for the CQI unit and volunteers, focusing on specific items or procedures that need to be fine-tuned. Supplemental trainings may also include how to develop analytic questions, generate appropriate measures, understand how to evaluate outcomes during the phases of implementation, and how to account for variation in populations that impact the ability to observe improvements over time (e.g. LDSS engagement with parents).

The Headline Indicator dashboards undergo review for fidelity to actual practice efforts, with feedback provided in Orientation and Practical Data Meetings and CIP Meetings. Support around data interpretation is provided in these meetings as needed. Over the past four years, the most notable change to the Headline Indicator reports has been the addition of storylines

for entry rate, placement stability, and all permanency measures regarding race/ethnicity, age, and circumstances of removal. This addition allows for the analysis of disparities in the foster youth population and their achievement of permanency. Ongoing enhancements to CJAMS have been vital over the past four years, enabling revisions to the Headline Indicator dashboards. For example, the Storyline Indicator dashboard was able to be added to the Safety, Permanency, and Well-Being Indicator dashboards as a result of enhancements to the documentation of race in CJAMS, an improvement that was made as a part of AFCARS. Through this improved documentation, the Headline Indicator data was able to be expanded to depict racial disparities associated with permanency outcomes, such as entries into care and timely achievement of permanency. Additionally, enhancements to the documentation of health information in CJAMS have resulted in improved performance over the past five years for the following well-being indicators: Initial health assessment within 5 days of entry and comprehensive health assessment within 60 days of entry.

In addition to the above, the agency engages the MD THINK team weekly to address Data Quality Priorities and the Solutions Roadmap related to the CCWIS Data Quality Plan. During Calendar Year 2023 the Agency improved understanding of documenting efforts in CJAMS (where, how frequently, and multiple places to enter the same information) and identified issues. Having more than one place to document information leads to inconsistencies in documentation across the local departments. Enhancement stories have been written to address key focus areas such as contact notes, court documents, medical appointments, and service plans that affect all programs and data quality. These enhancement stories directly impact and increase quality assurance.

During every CQI review, a preliminary debrief is held to allow the reviewers to communicate any challenges they have noted in CJAMS. This information is then discussed with MD THINK to determine what enhancements or training needs to occur to resolve the challenge brought forward. Child welfare caseworkers across all Maryland counties and jurisdictions are responsible for updating the child/case record. CJAMS is the system of record, and all data entry and documents are housed in this system. Each entry uses a date stamp to record the trail of work completed within the system. The system incorporates ticklers and reminders for staff to complete certain required activities.

In understanding the importance of elevating youth and family voice, the stakeholder focus group methodology was revised this past year to improve youth and biological parent participation. As a result, SSA partnered with individuals with lived experience in the child welfare system to revitalize focus

group recruitment efforts through targeted strategies aimed at reaching youth/families and increasing the accessibility of their participation. Additionally, SSA enlarged the pool of jurisdictions included by holding focus groups annually instead of biannually.

As the state's QA/CQI system expands, SSA continues to rely upon its partnerships with Chapin Hall and UMSSW. These partnerships are an asset that allows Maryland to maintain a highly functional QA/CQI system that adheres to CQI policies and procedures and conducts quality case reviews even amid periods of staff attrition. On a yearly basis, the QA/CQI team works closely with Chapin Hall to build additional capacity in understanding performance by implementing a more rigorous root cause analysis approach to enhance Maryland's performance in achieving improved outcomes for children and families. UMSSW participates monthly in the onsite reviews, facilitates stakeholder focus groups, and supports a variety of CQI activities, as needed.

Additionally, UMSSW has been a particular asset in preparing for Round 4 of the CFSR. Maryland was approved for a state-led, 6-month long review, starting in October 2025. Stakeholder interviews will be held in January 2026. SSA has been working with UMSSW to update training curriculums, manuals, and onsite review documents (e.g., interview guides, case prep sheets), as well as develop educational materials for LDSS staff that can be disseminated on a monthly to bimonthly basis prior to the start of the state-led review. Updated onsite review documents were shared across multiple internal meetings, and monthly onsite reviews have been completed in the Round 4 tool since January 2024 in order to gain familiarity with the updated expectations and procedures. In April 2024, the Children's Bureau began providing secondary oversight for half of all cases reviewed, a necessary measure to ensure readiness for a seamless state-led review. SSA is on track to complete all required tasks and activities outlined in the CFSR Prep Timeline by October 2025.

Concerns

Maryland's CFSR Round 3 Final Report in 2018 found that the state was not in substantial conformity with the Systemic Factors Statewide Information System, Quality Assurance System, and with Item 31 - State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR. With this in mind, Maryland has made significant progress in addressing these challenges by building strong partnerships and structural capacity for ongoing communication with stakeholders at all levels. Maryland is committed to developing a stronger performance management and accountability framework for high-quality case practice, and to strengthening CQI and QA activities. The state is eager to continue building and enhancing its QA/CQI

system to ensure successful outcomes across safety, permanency, and well-being for all children and families served. This includes intentional focus on refining the state's infrastructure and process for gathering and integrating feedback from all stakeholders, including those with lived expertise, into child welfare decision-making; enhancing the state's approach to measuring and monitoring quality casework practice; strengthening state and local capacity to use data and CQI tools for improvement planning, with a particular focus to advance equity across priority outcomes; and building the state's data infrastructure and outcome metrics to better support improvement priorities.

Current or Planned Activities to Improve Performance

Maryland is committed to ensuring it has a well-functioning QA/CQI system that has the structures, processes, and activities grounded in sound and appropriate measurement principles. To continue to strengthen those efforts, see detailed activities outlined in Section III, Goal 6.

STAFF AND PROVIDER TRAINING SYSTEM

Data to Demonstrate Current Performance

SSA continues to provide pre-service and in-service training to child welfare staff across the state through a longstanding partnership with the Child Welfare Academy (CWA) at the University of Maryland, Baltimore School of Social Work. Data related to the statewide functioning of this item is included in both SSA's 2023 Final Report and the Maryland CFSR 2023 Final Report. Both data sources show that this is an area needing improvement related to implementing a staff training system that supports a strong and healthy workforce.

Baseline data that will be used to evaluate progress shows that most staff who participated in the pre-service training as shown in Table 16, had a satisfaction rating range of 9.2 to 9.6 out of 10. The trends for this data has shown a decrease in the first item relating to quality and content of the training. It is anticipated that this will improve with the anticipated changes to the pre-service that is planned to begin in CY2025.

Table 16: **Staff Satisfaction with Pre-service Training FY2023**

*FY	Number Participating in Pre-service	Staff satisfaction with quality and content of training	Staff satisfaction with trainer knowledge and expertise	Staff belief that training is relevant to their work	Staff belief that they will consistently apply knowledge and skills learned

2023	108	9.3/10	9.6/10	9.4/10	9.2/10

Data Source: FY23 Annual Preservice and Inservice IOTTA Report

*****The CWA reports data out on a FY and not a calendar year. All items were rated on a scale of 1 to 10, with higher scores indicating more positive ratings. There is a standard deviation ranging between 1 and 1.6 for these measurements.

With regards to those staff who take the pre-service competency exam, there has been continued improvement with the best results yet from 2023 which will be the baseline data. With the implementation of the revised pre-service, this will be a good reference point.

Table 17: Pre-Service Competency Exam Passing Results

Year	N	First Attempt	Second Attempt	Did not pass
2023	108	99% (107)	1% (1)	0

Satisfaction for current staff participating in the in-service trainings continues to remain high with regards to training content, including trainer knowledge and comprehensive scope but less so with respect to relevancy and belief about application of skills and knowledge. With continual updates to offered trainings and evaluation of currently available trainings, there is an expectation that these two areas will also improve. There will also be different options as to how staff will access their training.

Table 18: **Staff Satisfaction with In-service Training FY2023**

FY	Number Participating in In-service	Staff satisfaction with quality and content of training	Staff satisfaction with trainer knowledge and expertise	Staff belief comprehensive scope conducive to diverse training needs	Staff belief that training is relevant to their work	Staff belief that they will consistently apply knowledge and skills learned
2023	3,125	95%	91%	90%	88%	89%

Data Source: FY23 Annual Preservice and Inservice IOTTA Report

Resource parent participation has declined in the past year with regards to pre-service participation from previous years but those who have completed the required number of hours is the highest percentage since the first year of the last CFSP period. The percentage completing the required 10 hours or more annually for in-service is the greatest percentage and second highest number since the last CFSP. This is good progress to build upon. With the

implementation of the new pre-service training for resource parents and the elimination of the training requirement for kinship providers these numbers are anticipated to change but the percentages should remain the same or improve.

Table 19: **Resource Parent Training Participation CY2023**

Resource Parent Training					
Reporting Period	**Total Providers**	**In-Service**		**Pre-Service**	
		Total No. of Providers	**10 or more training hours**	**Total No. of Providers**	**27 or more training hours**
January - December 2023	892	722	673 (93%)	170	169 (99%)
Data Source-Provider Training 2023 CJAMS					

Assessment of Current Performance

Efforts were made to increase continuous feedback from staff during training to better assess readiness and need for additional training. This included additional meetings with the University of Maryland, SSA, and the LDSS. As a result, some training, such as Adoption Training, and Licensure Prep will now be conducted by the DHS Learning Office to ensure a more comprehensive training catalog; ongoing exploration of other topics that can be delivered internally will continue. The Child Welfare Academy continued to use the Impact of Training and Technical Assistance (IOTTA) surveys, which were provided both quarterly and annually.

Pre-Service and In-Service Training

Participants indicated that the training received will have a significant impact on their work in the coming months. Staff did indicate a request for more Diversity, Equity, Inclusion, and Belonging (DEIB) infusion in training modules, where applicable. Pre-Service training is being revamped for a shorter track of 4 weeks, with the focus being around Program Specific tracks - Intake/CPS, Family Preservation, and Placement and Permanency. Then there would be a six-month Foundation training as part two. In-Service training continues to be developed based on requests from SSA, and the LDSS.

Title IV-E

The SSA engages with the University of Maryland School of Social Work, to employ students participating in their Child Welfare Fellowship Program (also known as Title IV-E). The SSA currently has 79 students who participate in the

Title IV-E program. This is a paid internship opportunity that also provides specialized training, course work, and support to MSW students interested in pursuing a career helping families and children across the state of Maryland. They are provided with advanced course work and training, which includes, Children and Social Services Policy, Clinical Practice with Children and Families in Child Welfare, and Motivational Interviewing for Clinical Concentrators or Supervision in Social Work for Macro Concentrators.

Additionally, the Title IV-E Eligibility and Compliance unit provides monthly workshops to support the Title IV-E specialist to build knowledge, skills, and effective practices. The training addresses federal and state regulations that govern IV-E and to ensure staff are understanding how to address complex case issues according to policies. Training is focused on trending topics that impact determination outcomes such as Aid to Families with Dependent Children/AFDC standards, deciphering court language, cross jurisdiction with the Department of Juvenile Services, interstate compact processes, Applicable Child Assessments, and Adoption and Guardianship subsidy requirements.

The Resource Parent Training (RPT) Program is designed to equip resource parents and kinship caregivers with the knowledge and skills needed to provide loving and appropriate care to the children served by Maryland's LDSS. With a strong focus on supporting permanency and timely reunification, the RPT program provides resource parents and kinship care providers with in-service training on a wide variety of relevant topics including but not limited to medication management, mental health, behavior management, trauma-responsive care, educational advocacy, and cultural responsiveness. Additionally, there are two large-scale regional conferences each year with key-note speakers and targeted workshops. All RPT program offerings support learning acquisition and transfer of learning through targeted training that appeals to different learning preferences, incorporates practical application and best practices, aligns with state policies and priorities, and is grounded in the principles of adult learning theory. Resource Parent Training continued to ensure that Resource Parents received continued training on: Early Childhood Challenging Behaviors; Working with African American Children and their Trauma: "Where does it come from?"; Unpacking the "No" Understanding Children's Resistance to Permanency; Healing Childhood Trauma in Foster Care, and Improving Communications with your Teens. The following training will also be added: Medication Management for licensed resource parents a minimum of 3 times per year and two virtual resource parent conferences.

Strengths

Data related to the statewide functioning of SSA's staff training system shows that newly hired staff are completing pre-service training, successfully passing the required competency exam, and feeling at the end of pre-service they have learned skills applicable for their job and have been provided tools to help them be successful. During this period, it was determined that a revamp of the current iteration of the pre-service was required in order to more adequately prepare students to fulfill their assigned program area position. The Workforce Development Network was transformed into a pre-service revamp group (including SSA, LDSS, the Child Welfare Academy and those with lived experience) to redesign the pre-service training. Phase one of this approach reduced the training duration from 8 weeks to 4 weeks, with a proposed track for different program areas to enhance understanding of the required work.

The majority of workers and supervisors who participated in ongoing training rate the training as excellent or good. Many felt the content was applicable to their job and expressed confidence in their ability to apply the skills learned in their day-to-day practice. However, there was a strong need to revise and re-evaluate the current iteration of the pre-service training, including CJAMS, to which more hands-on practice exercises were added.

Maryland's engagement in the Title IV-E program provides opportunities for enhancing skills of social work students and for increasing the workforce, as Title IV-E interns are offered employment at one of the LDSS, following graduation.

Concerns

Maryland's CFSR 2023 Final Report evaluated SSA's overall training system as needing improvement. Stakeholders indicated that pre-service and in-service training did not adequately prepare the workforce. To address this, additional training programs were introduced, including Licensure Prep, Supervision Matters, Coach Approach, and Family Support Worker training. Qualitative data from discussion groups during SSA's 2023 statewide Regional Meetings revealed that supervisors and managers felt additional training was necessary for both pre-service and in-service to better prepare workers. They also highlighted the need for educational sessions to ensure incumbent staff were well-prepared for their program areas' required work. SSA took a more active leadership role in in-service training sessions, incorporating monthly input from the LDSS Assistant Director Service Affiliates group. Additionally, the data showed that 83% of Public Foster Resource Parents completed 10 or more hours of in-service training.

Current or Planned Activities to Improve Performance

Table 20: Activities to Improve Performance

Current or Planned Activity to Improve Performance	Target Completion Date
Pilot revised Pre-Service Training (curriculum, timeframe, and delivery) by Child Welfare Academy, SSA, the Learning Office, and LDSS.	February 2025
Develop a monthly resource home milestone report to track all resource home compliance which will include training (pre- and in-service) training data.	May 2025
Partner with the Child Welfare Academy (CWA) to develop and implement a revised Supervision Matters, a training curriculum for Supervisors who have been in his or her role for six months or more and allows participants to learn more effective supervision.	June 2025
Partner with CWA and LDSS 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.	June 2025
Develop a DHS CEU committee to review CEU qualifications and standards for all training offered	January 2026
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	June 2026
Partner with the DHS Learning Office to work with an outside vendor around Motivational Interviewing as a pilot in Baltimore City and then based on feedback extend to other LDSS. This training would also enable the State to claim for Title IV-E funding from this training. This activity is aligned with Goal 4, Strategy 4C.	December 2026
Establish ongoing training standards and requirements for all child welfare staff to maintain a well-prepared workforce o determine required number of training hours o determine required training modules for workers and supervisors o require trainings for both licensed and unlicensed staff	December 2026
Partner with the CWA and an outside vendor- to offer the Coach Approach series training, to include Coach Approach, Coach Mentors, Adaptive Leadership, and continued work with those participating. This activity is aligned with Goal 3, Strategy 3C.	December 2028
Consult with CWA to discuss in-service trainings that receive unsatisfactory ratings, discuss needed modifications and need for continuation of training	Monthly
Review training reports and data analyses monthly with CWA to: 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 and yearly
Consult with SSA Workforce, and the DHS Learning Office to further analyze program and evaluation data to identify and support training needs of staff.	Monthly

Childcare Institutions

Residential Child Care Programs (Group Homes) Training Requirements

Data to Demonstrate Current Performance

Table 21: Training Compliance for Group Homes/Residential Child Care Centers (RCC) CY2023

# of RCC Employee Records Reviewed*	Compliant for Training	Non-Compliant for Training
575	515 (90%)	60 (10%)
**OLM meets the requirement of sampling 10%+10 (Max 20) per year.*		

Assessment of Current Performance

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

Documentation of training is maintained in the employee record and reviewed by the OLM Licensing Specialist quarterly. Training documentation is also submitted as part of the recertification application to the RCCPP Board. Licensing Specialists also interview a random sample of staff on various subjects, including training. Interviews of RCC staff are completed by OLM on a quarterly basis based on a random sample. Interviews include questions related to whether they have received the necessary training to perform their job duties and whether they felt that the training was useful. Results of the calendar year 2023 review are listed below:

Child Placement Agencies (Private Homes) Training Requirements

Data to Demonstrate Current Performance

Table 22: Training Compliance for Child Placement Agencies (CPA) CY2023

# of CPA home records reviewed*	Compliant for Training	Non-Compliant for Training
555	531 (95%)	24 (5%)

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

Data from the 2023 calendar year shows that 95% of CPA homes are in compliance with training requirements.

Assessment of Current Performance

Supervisors and child placement workers employed by Child Placement Agencies (CPAs) are required to receive at least 20 hours of training activities during each employment year and the Chief Administrator annually receives at least 10 hours of training per COMAR 07.05.01.16 B(3). (3). The required training topics are listed in COMAR 07.05.01.16 B (1). OLM provided technical assistance as needed and during a quarterly meeting with providers and reviewed COMAR 07.05.01.16 B (3). During that meeting the regulation was reviewed and a guidance distributed to all child placement agencies with information on how to ensure compliance.

CPAs must provide 24 hours of pre-service training to prospective foster parents per, COMAR 07.05.02.12. In addition, foster parents must receive an additional 20 hours of training every year prior to being recertified as a treatment foster parent as outlined in COMAR 07.02.21.10B. The pre-service training provided to CPA homes is the PRIDE training.

Failure by the foster parent to complete the annual training hours will cause their certification to be suspended or denied. OLM completes random sample interviews of foster parents quarterly utilizing an interview tool that includes questions related to training and whether they have the adequate training knowledge to parent the children placed in their home.

To monitor compliance with training requirements, OLM Licensing Specialists complete regular reviews of provider agency records. As of December 2023, there are approximately 1977 certified CPA homes by child placement agencies. The following data was based on the OLM monitoring visits for the year.

Strengths
COMAR does not require quarterly monitoring of private providers; however, the data shows that increased and consistent monitoring results in a higher percentage of compliance. Program Managers and Licensing Specialists schedule meetings to review private provider corrective action plans. Program managers ensure CAPs are detailed and in compliance with COMAR. Licensing Specialists are required to monitor compliance by completing a periodic visit with the provider before the CAP can be considered resolved. In addition, a new process of identifying COMAR deficiencies that are safety related has been implemented. *Providers are not able to renew their agency's license if any safety related deficiencies are outstanding*.

Concerns
The OLM has no concerns with applying COMAR standards equitably across the private providers community.

Current or Planned Activities to Improve Performance

Table 23: Activities to Improve Performance

Current or Planned Activity to Improve Performance	Target Completion Date
Monthly management level review of CAP responses to improve the quality of the responses and increase effectiveness. (OLM)	Ongoing
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)	Ongoing
Quarterly follow-up to CAP responses and repeat findings. (OLM)	Ongoing

SERVICE ARRAY

Data to Demonstrate Current Performance

Based on the 2023 data analysis conducted by the agency on Service Array functioning, Maryland has identified several items as areas needing improvement. Additionally, the latest round of CFSR review period April 2023 through September 2023 reveals that 42% of cases reviewed were rated as an area needing improvement for *Item 12 Needs and Services of Child, Parents, and Foster Parents*.

Assessment of Current Performance

Through various feedback mechanisms like 2022 Community Partnership and Services Survey, CFSR, stakeholder feedback, implementation teams and yearly focus groups, Maryland has been able to assess gaps and the functioning of the service array available to children and families. While individualized services exist and are available for some, qualitative data from 2022 Community Partnership and Services Summary (CPSS), CFRS Focus Groups, and other caregiver focus groups indicate that when individualized services exist, there is not enough of the services to meet the need. There is a need for more certain individualized services that can be accessible throughout the state.

The latest Community Partnership and Services Summary (CPSS) Report[1], pointed to the top 5 critical unmet service needs across Maryland jurisdictions based on LDSS respondents. They are mental health services, housing, specialized placement providers, transportation and substance use disorder treatment. Examples of each category are noted in Table 24 below.

[1] *2021 Community Partnerships and Services Survey Child Welfare Services Summary Report*, Prepared by The Institute for Innovation & Implementation, University of Maryland School of Social Work for Department of Human Services, Social Services Administration, March 17, 2022.

Table 24: Critical Unmet Needs

Category	No. of Jurisdictions Responding	Examples
Mental health/ psychiatric services	22	• 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	• 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	• 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

Category	No. of Jurisdictions Responding	Examples
		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 the current statewide placement crisis makes it very difficult to access appropriate levels of care for youth who need it.
Transportation	8	● An individual transportation service to assist customers in accessing transportation. ● Transportation in the most rural areas.
Substance use disorder treatment	7	● 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.

Each year, ,the agency solicits feedback from caseworkers, biological parents, foster parents, attorneys, service providers, youth, judges/magistrates, and parents about the accessibility and quality of services through CFSR Focus Groups. The 2023 focus groups and interviews identified a theme of a lack of available, quality services. These gaps in services have been a persistent theme over the last five years. These services include:

- Parenting classes that are specialized and tailored to family's needs
- Parenting mentors for parents with intellectual disabilities and substance abuse disorders
  Substance use services
- Mental Health services, including trauma-informed services, intensive in-home services and services for youth with aggressive behaviors
- In-person over virtual therapeutic services
- Consistently detailed psychological evaluations

Housing and housing programs/assistance
Public transportation and transportation assistance
- Supports for youth transitioning out of care and preparing for adulthood
- Placements for youth with behavioral/mental health needs

Partnering agency, Maryland Coalition of Families, also conducted focus groups of parents and caregivers. Parents that participated in the focus groups conducted with MCF indicated that overall, they were satisfied with the individualized services they were able to access though LDSS. Financial aid, childcare, mental health, counseling, parenting classes and medical support were found to be helpful to themselves and their families. The participants had positive things to say and were thankful for the interventions. Some of the parents noted developmental and/or learning disabilities that children had and specific resources/services that were given to them to help. One single father who was struggling indicated the comfort in the comprehensive support offered by child protective services, including counseling and parenting classes. Another parent shared that their child suffered from a mental illness and expressed how the caseworkers aided them in accessing needed services. Parents had specific suggestions for areas that need improvement to include better communication, increased staffing, additional platforms for communicating, and expanded mental health services. Several families also highlighted the necessity for workers to enhance their competency of diversity and ethnic backgrounds, improve cultural awareness, and increased translation resources.

A statewide needs assessment survey regarding the evidence-based programs in the Maryland Title IV-E Prevention Plan was conducted in 2023 to help determine expansion needs of these programs. After this was completed, the State held regional strategic planning meetings with LDSS about expanding our array of services and assessing service array needs to begin planning for the new Title IV-E Prevention Plan.

Strengths

According to CJAMS, since 2018, on average, 96.4% of the children served through Family Preservation Services were able to remain with their families throughout their service period. Within the same timeframe, an average of 98.3% of children remained in their homes and avoided out-of-home placement and 95.3% of children remained free from indicated maltreatment findings for up to 12-months after completing In-Home services. With the continued Implementation of the FFPSA, SSA looks forward to maintaining this trend.

As noted, regional strategic planning meetings were held to discuss service arrays and needs. One of Maryland's biggest strengths is low entry rate into formal foster care. Four main themes were highlighted regarding the low entry rates in Maryland and strategies to sustain them. These themes included community partnerships, quality casework practice, family engagement, and ensuring an adequate service array is available and accessible to families. While LDSS vary in how well they are performing in these areas.

SSA has continued to partner with Maryland Coalition of Families (MCF) to have caregiver advisors join team and policy meetings to provide lived-experience voices to inform writing and reviewing policies. In 2023, a policy update aimed to improve services was the LGBTQIA2S+ policy. This policy update provided guidance to LDSS regarding placement and case management services (safety, permanency, and well-being) for youth in care who identify as LGBTQIA2S+. The policy includes affirming sexual orientation, pronouns/placement, dress, and confidentiality.

Concerns

The Service Array and Individualization of Services Systemic Factor is an area needing improvement for Maryland. One challenge currently impacting the agency in making progress to substantial conformity include accurate child-specific data to inform decisions. This includes information to understand the number of children with disabilities, the types of disabilities, special needs, and the ability to determine which needs were met once services have been identified and provided. Additionally, language preference is an item that is not consistently captured and added to CJAMS record prior to meeting.

As mentioned previously, the agency has been utilizing the CANS and CANS-F assessment tools to identify strengths and service needs. However, caseworkers struggle with accurate use of this assessment tool. The department has started work with coaching and quality improvement partners on the utilization of the assessment tools for youth needs and services in 2023. The plan for CFSP 2025-2029 is to target supervisors with training focused on the use of collaborative assessments in supervision. Training for caseworkers on the development and monitoring of service plans is also a need. These training efforts would support the agency with the data collected from the Service Plan. The state recognizes the importance of planning strategically with a diversity, equity, and inclusion lens to ensure that services are culturally appropriate. In order to accomplish this task, improved practices around capturing race data consistently as it relates to service delivery is crucial.

A review of the data collected through regional strategic planning meetings revealed several areas of concern from LDSS and community providers. Access to services, kinship placements, housing, childcare, and transportation were consistent themes. LDSS and community partners also noted that there is a mismatch between the families' identified needs and the services being offered. Additionally, there were concerns around program wait lists and capacity. LDSS and external partners expressed a need for additional trauma-informed providers and support to cover the cost of program implementation. Other barriers identified were around culturally responsive EBPs and cultural representation amongst service providers not reflecting the population served.

Current or Planned Activities to Improve Performance

Maryland is committed to expanding the service array with a focus on availability, accessibility, and intensity as a result of the surveys performed, assessments conducted, and strategic planning meetings. Planned activities targeted at improving performance and addressing concerns for Service Array are outlined in more detail in Section III, Goals 1 and 4.

AGENCY RESPONSIVENESS TO THE COMMUNITY

Data to Demonstrate Current Performance

CQI focus groups with key stakeholders were held during the CY2023. The focus groups received input from youth, biological parents, resource parents, caseworkers, supervisors, resource home workers, attorneys, judges and magistrates, service providers, directors, assistant directors, and community partners. These focus groups are a part of the Department's continuous efforts to engage with the community intentionally and consistently.

As it relates to Item 32: Coordination of CFSP Services with other Federal Programs, SSA has demonstrated strong collaboration and coordination with several federal programs benefiting families and children provided by state, local and community-based agencies to support alignment of services serving the same population. This includes the Maryland State Department of Education (MSDE), Department of Juvenile Justice, Family Investment Administration (FIA), Maryland Department of Health (MDH)/Behavioral Health Administration (BHA), Family Unification Program (FUP)/Public Housing Authority, Maryland Family Network; the states community-based child abuse prevention programs (CBCAP)grantee, Maryland Coalition of Families (MCF) and Women, Infants, and Children Program (WIC). These partnerships facilitated the implementation of strategic initiatives aimed at addressing the specific needs of Maryland’s children and families. Each of these agencies that provide federal assistance programs, are engaged and

partnered with through cross-agency workgroups, committees, councils and Interagency agreements. This allows for continuous feedback and helps identify service gaps and barriers and coordination of services.

As described in the collaboration section of this report, SSA partners closely with our sister agencies within DHS responsible for administering TANF, SNAP, and child support services. In each LDSS, TANF and SNAP are housed in the same building. This allows for close coordination of services, real-time coordination, making it easier for families to access multiple benefits and support services.

SSA partners with and is an active member of the state's Special Education State Advisory Committee and MSDE Infants and Toddlers program. The SSA health policy ensures that children meeting criteria are referred to Infants and Toddler programs. SSA has an inter-agency agreement with Maryland Behavioral Health Administration to support the implementation of recovery support services, particularly for families affected by substance abuse. This partnership leverages Substance Abuse Mental Health Administration grant to enhance service delivery, ensuring that families have access to the necessary mental health and substance abuse treatment.

SSA partners with Maryland Family network (MFN) in the process of selecting community-based agencies for CBCAP grant awards. MFN is an active member of SSA' stakeholder groups which ensures voices of community organizations are heard in decision-making processes.

SSA also collaborates with the Maternal, Infant and Early Childhood Home Visiting Program by attending cross agency committee meetings and workgroups. DHS currently has a Letter of Agreement with, MDH, Maternal and Child Health Bureau for reporting of the incidence of child maltreatment in homes visited by federally funded home visiting programs. The agency partners with the Department of Juvenile Services in various ways such as the Crossover Youth Practice Model and through Family First Prevention Services Act Implementation. SSA also works collaboratively with the 24 jurisdictions around Family Unification Program (FUP) vouchers and the utilization rates in Maryland.

Overall, the agency is performing well in ensuring that services under the CFSP are coordinated with other federal and federally assisted programs. This is evident by the strong partnership and collaboration. Moving forward, ongoing attention is needed to address regional disparities and ensure that coordination efforts are uniformly effective across the state.

Assessment of Current Performance

The CQI focus group report underscored several strong points, particularly the

favorable perceptions of community relationships by LDSS. Additionally, the diverse array of team meetings involving community providers emerged as a notable strength. Furthermore, the latest Community Partnership Survey highlighted the Department's commendable efforts in leveraging networking and partnerships to uncover resources. The utilization of interagency meetings for exchanging information was also recognized as an effective strategy.

Strengths

Maryland continues to coordinate with local, state, and federal stakeholders and community-based prevention and other service providers to collaboratively support, intervene, and engage with families sooner to meet their needs. Maryland has shown improved prevention outcomes. Specifically, CFSR Item 2: Services to Families to Protect Children in the Home and Prevent Removal or Re-entry into Foster Care is rated as an area of strength at 88.24%. This high percentage demonstrates the connection between cross cutting agency collaborative efforts and connection to services.

Section 1: Collaborations in the CFSP 2025-2029 describes the teaming and implementation structure used to collaborate on the CFSP, APSR, and Title IV-E prevention plan. This section also describes the extensive strategic planning process Maryland implemented in 2023 and 2024. The State's continuous assessment of implementation, development, and evaluation done with the support of stakeholders has increased customer and community satisfaction and engagement. The state has also increased client and community surveys and focus groups to gain internal and external partner input and feedback. Our partnerships have increased since the last reporting period as a result of thoughtful engagement. Also, there has been an increased effectiveness of service delivery through youth and advisory councils, sharing data with stakeholders, and developing memorandums of understanding and other agreements to improve services for children, youth, and families.

Concerns

Section IV: Services Coordination states Maryland's intention to continue improving cross-agency coordination and engagement. In the most recent Community Partnership Survey, the responses emphasize the need for a clearer and more responsive approach to collaboration and coordination with stakeholders and partners across the 24 jurisdictions. The State has worked with other state agencies and existing partners to identify and broaden collaboration to new external partnerships and team with local agencies to integrate national best practices and ensure a shared vision across child welfare systems and partnerships. These efforts will put Maryland in a better position to be responsive to community needs.

Current or Planned Activities to Improve Performance

Planned activities targeted at improving performance and addressing concerns for Systemic Factor 6: Agency Responsiveness to Community can be found in Section III, Goals 1, 4, and 6.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Standards Applied Equally

Public Resource Homes

According to data in CJAMS, SSA had 2,993 active public resource homes in CY2023 compared to 1,672 in CY2022. 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.

Child Placement Agencies and Childcare Institutions

The Department of Human Services, Office of Licensing and Monitoring(OLM) monitors Maryland's licensed Child Placement Agency (CPA) license, for the recruitment and retention of treatment foster homes. COMAR section 07.05.02, 14.31.06 outlines the requirements for the approval and licensure of foster family homes and childcare institutions. These regulations ensure that standards are applied equally across the State.

Data to Demonstrate Current Performance

Tables 25 and 26 provide CY2023 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 a thorough and consistent monitoring is occurring in the private provider community.

Table 25: Residential Child Care (RCC) Programs CY2023

# of RCC Providers	# of Site Visits	# of Site Visits that Met Requirements	# of Site Visits that Resulted in a CAP
26	101	32 (32%)	69 (68%)

There is a high amount of non-compliance for RCC's because every type of COMAR deficiency is included in this review. Most of these deficiencies are

related to the physical plant. In the future, with the development of CJAMS SSA will be able to determine the breakdown of deficiencies by type.

Non-compliant RCC programs are required to submit a Corrective Action Plan (CAP) to OLM to correct the areas of non-compliance. The Licensing Specialist reviews the CAP response and confirms the CAP implementation through documentation assessment and follow up visits. As of 2022, a new process of identifying COMAR deficiencies that are safety related has been implemented. The most common safety deficiencies that OLM has assessed centered around physical exam, training, and Residential Child and Youth Care Practitioner certifications. Providers are not able to renew their agency's license if any safety related deficiencies are outstanding. If the non-compliant items are not corrected and require further action, then a sanction is imposed. During the calendar year 2023 in continuation of the practice that was established in 2022, OLM intensified the monitoring practices to a 100 % review of staff records.

Table 26: Child Placement Agencies (CPA) Homes CY2023

# of CPA Home Records Reviewed	# Met Requirements	# Needed CAP
555	539 (97%)	16 (3%)

Assessment of Current Performance

DHS's OLM is responsible for ensuring that group homes and child placement agencies are in compliance with licensure of their program and certification of foster parents. There are strict guidelines in place to ensure compliance, and sanctions if the agencies are found to be out of compliance. Regarding OLM monitoring, these requirements are applied equally and there are no instances of exemptions or waivers to the RCC licenses or the CPA home certifications. To ensure uniformity in private resource (CPA) homes, OLM is currently reviewing provider cases on a quarterly basis to ensure that standards are equally applied. As of December 2023, there are approximately 1,977 certified CPA homes by child placement agencies. All programs are monitored quarterly by OLM. Private providers must enter required data elements related to RCC staff and CPA home certifications into the CJAMS portal. Quarterly, a random sample (10+10% with max 20) of CPA home records is reviewed by licensing specialists. Calendar year 2023 compliance rates are listed below for RCC programs and CPA homes.

Strengths

Quarterly monitoring of providers continues to allow OLM to inspect private provider facilities. OLM also performs periodic site visits to ensure corrective action plans are implemented prior to correction action plan approval.

Additionally, quarterly technical assistance meetings allow private providers to ask questions and receive guidance on the interpretation of regulations.

Concerns

Last year, only 32% of RCC providers achieved full compliance. OLM conducts comprehensive assessments of compliance with COMAR regulations, and deficiencies related to physical plant conditions—such as dirty vents or broken furniture—are frequently identified. OLM is in the early stages of developing data to identify trends and patterns in COMAR violations among providers. This data report is being created within the CJAMS system, as outlined in the Plans for Improvement. The completion timeline for this report depends on the priorities and progress of the MD THINK team in system development.

Current or Planned Activities to Improve Performance

OLM continues to work on development and enhancements to CJAMS. Private providers are required to enter employee and foster parent records in CJAMS. In addition, at the time of re-licensure, DHS-licensed private providers must upload all documents required for re-licensure for review. CJAMS Private Provider Portal training occurs monthly. It is designed to assist providers with navigating CJAMS and resolving any user issues. While there are many aspects of CJAMS functionality that continue to be addressed, the goal is to utilize the system to gather data that will support the work of OLM.

Table 27: Activities to Improve Performance

Current or Planned Activity to Improve Performance	Target Completion Date
Develop Corrective Action Plan (CAP) Tracking Report in CJAMS for use by OLM to determine the prevalent violations for more specific tracking and monitoring.	December 2024

Criminal Background Checks

Data to Demonstrate Current Performance

Listed in Tables 28 and 29 below is the CY2023 federal clearance compliance data for Residential Child Care Programs and CPA Homes.

Table 28: Residential Child Care Programs CY2023

# of RCC employee Records Reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
575	572 (99%)	3 (1%)

Based on the calendar year data Residential Child Care Programs are

compliant with criminal background clearances at a rate of 99%.

Table 29: Child Placement Agencies (CPA) Homes CY2023

# of CPA home records reviewed*	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
555	526 (94%)	29 (6%)
**As of December 2023, there are 1,977 CPA homes.*		

Based on the CY2023 data, CPA homes show compliance with criminal background clearances at a rate of 94%.

Assessment of Current Performance

All Residential Child Cares (RCCs) and Child Placing Agencies (CPAs) are required to receive and review state and federal criminal background checks according to COMAR. Maryland is in compliance with the federal requirements for receiving criminal background checks. RCC providers must be in compliance with COMAR. 14.31.06.05 D (7) and COMAR 14.31.06.05 E (1)(e). CPA providers are required to be in compliance with COMAR 07.05.02.11 B (7)(a) . 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 FFPSA, all adults working in the RCC facility must have criminal background checks. CPAs 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. When a resource home provider transfers to another CPA provider, the following are immediately required: schedule a meeting with the foster parent and have them complete all required forms to begin the certification process, including the home study, CPS clearances on everyone in the household over 18 and State and Federal clearances on everyone in the household over 18. OLM has developed a process in CJAMS to assist with maintaining compliance on criminal background checks of household members turning 18. A notification is sent to the CPA provider 30 days prior to the youth turning 18, stating that the criminal background check must be completed. OLM monitors compliance with this COMAR requirement by completing a review of the CPA home.

Quarterly monitoring of providers allows OLM to inspect staff and foster parent records for compliance with this standard four times a year. Quarterly Provider Meetings allows private providers to ask questions and inform OLM

of issues with completing criminal background checks and the home study elements. OLM staff provides technical assistance with any issues that may arise and interpretation of COMAR.

Incidents of alleged maltreatment occurring in a CPA placement or group home are required to report to the LDSS/CPS unit, OLM, and private provider agency. CPA homes are placed on hold pending the investigation and youth are removed, if warranted. The decision to remove the youth from the home is made in conjunction with the local department placement worker, the investigation worker and the CPA provider. OLM receives the reports when there is an indicated maltreatment finding to ensure that the CPA provider has taken appropriate action, if necessary, with the CPA home. Regarding group homes, the private provider agency provides an initial and final written plan to 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.

CPAs and RCC 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.

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 quarterly licensure period. A random sample of interviews with youth, foster parents and staff are also required quarterly.

Strengths

The OLM has been consistently verifying compliance with federal requirements for completing federal background checks in RCCs as reflected in the 99% compliance rate. During the calendar year 2023 in continuation of the practice that was established in 2022, OLM intensified the monitoring practices to a 100 % review of CPA home records.

Concerns

The CPA providers had a 6% non-compliance rate which will need to be addressed with the CPA providers through technical assistance and provider meetings that address the plan for developing comprehensive written procedures for monitoring and ensuring compliance with regulatory requirements.

Current of Planned Activities to Improve Performance

Currently Licensing Specialists are able to determine which monitoring activity is completed at each review. However, in FY2023, Licensing Specialists were required to complete minimum monitoring activities at each quarterly review. This process includes reviews of employee records, youth records, foster home records, and interviews of youth, staff, and foster parents. This practice allows the Licensing Specialist to better determine compliance over time and promote improved consistency among providers. In 2023, OLM revamped the quarterly provider meeting format to focus on provider support. Following the meeting, As a result of the meetings, OLM issues regulatory guidance to the providers with information and expectations to ensure compliance with COMAR regulation.

Table 30: Activities to Improve Performance

Current or Planned Activity to Improve Performance	Target Completion Date
Continue to conduct quarterly provider meetings to review COMAR interpretation and provider support.	Quarterly

Diligent Recruitment

Public Homes

Data to Demonstrate Current Performance

This data can be found in Appendix A: Foster and Adoptive Parent Diligent Recruitment Plan.

Assessment of Current Performance

Resource family recruitment is vital to ensuring a wide pool of placement options for youth in care. Innovative programs are finding a variety of creative ways to successfully recruit new resource families that meet the needs of children in care. The 24 LDSS continue to be responsible for diligent recruitment. The resource parent cash award incentive continues to be awarded to utilize existing resource parents as part of the ResourceParent Recruitment and Retention Team. The current resource parent/families receive $500.00 for referring others who become resource parents.

Additional assessment information can be found in Appendix A: Resource and Adoptive Parent Diligent Recruitment Plan.

Strengths

Maryland is committed to recruiting and supporting foster parents that reflects the diversity of youth in care. Currently, 49 percent of resource parents are African American, compared to 58% of youth in foster care; 26% of Resourceparents are White compared to 37% of youth in care. Asian youth and Hispanic youth each comprise 1 percent of youth in care. Among resource parents, less than 1% are Asian and 1.2% are Hispanic.

SSA is working on new regulations and policies related to resource home licensure requirements. The new regulations will remove unnecessary barriers to licensure and potentially increase the number of licensed resource homes across the state.

SSA's work to increase kinship care will also reduce the need to recruit resource parents. Governor Moore recently signed important legislation into law that is the cornerstone of Maryland's shift to a kin first culture. The new law establishes a preference for youth experiencing out-of-home care to live with relatives, including family by choice. The law modernizes Maryland's kinship care system by removing outdated language that excludes contemporary concepts of family and updating the law to reflect how families are formed today. As part of this work, SSA is currently working on new regulations for Kinship care. The new Kin regulations will increase the number of youth that can be placed with Kin while they are receiving the monthly care stipend.

The SSA has partnered with Spaulding for Children and has offered the Train the Trainer (TTT) for the National Training Development Curriculum (NTDC). The state is supporting five LDSS and three private TFC programs to pilot the NTDC for Resource Parent training in 2024. SSA has gained the support from Spaulding for Children and will be able to lean on Spaulding for Children until September 2025. The State will transition to the NTDC curriculum in February 2025.

Concerns

Most LDSS report that the lack of recruitment and retention funds continue to be an issue that prohibits them from doing more diligent recruitment.

In 2021, there were 78 (2.3%) providers with missing or unknown race. In 2022, there were zero providers whose race was missing or unknown. In CY2023, there were 2,983 providers whose race was missing or unknown. During a future provider call with the 24 LDSS staff will be reminded that providers'

race should be entered into the electronic system of record when new applications are started and to update existing case records.

Current or Planned Activities to Improve Performance
Maryland is committed to maintaining a well-supported pool of out-of-home caregivers, relative caregivers, and adoptive families who provide safe environments to meet children's unique and diverse needs. Detailed activities to strengthen this systemic factor can be found in Section III, Goals 2 and 5 and in Appendix A: Foster and Adoptive Parent Diligent Recruitment Plan.

Maryland will enhance its approach to foster and adoptive parent recruitment utilizing feedback from stakeholders (i.e., LDSS, providers, lived experts, advocates, etc.) who participated in SSA's CFSP collaborative planning process, by focusing on implementing key practices such as:

- conducting a data analysis to understand the characteristics of children in our care, at the county level, so recruitment strategies are specifically targeted to actual needs rather than generic.
- Conducting an assessment of current resource families to understand placement preferences and capacities, identify gaps, and develop targeted strategies to address those gaps.
- Assessing and streamlining the process to become a resource parent. This includes identifying the processes in which prospective resource parents participate and addressing any noted activities that support or hinder the process.

SSA will continue to utilize AUK to educate families about foster care and adoption and give child welfare professionals information and support to help them improve their services. AUK also maintains the nation's only federally funded photo listing service that connects waiting children with families. The local 24 jurisdiction can add a youth to the photo listing for child specific recruitment. This practice will continue for the next reporting period. AUK will continue to send weekly requests to SSA for families interested in becoming a foster parent or adopting. SSA received 87 referrals from AUK from January 1 – June 30, 2023. This information is forwarded to LDSS recruiters on a weekly basis for follow-up. SSA received 72 referrals from AUK from July 1 – December 31, 2023. SSA designated staff sends the interested party information to the local jurisdiction for follow up.

Maryland will transition to the NTDC training curriculum for resource parents by December 2025 as indicated in Section III, Goal 5, Strategy 5C . This training is trauma informed and supportive of the resource parents.

Maryland will develop new posters and palm cards to be displayed at the LDSS as a recruitment tool. The posters will show diverse families that will focus on Kinship.

Jurisdictional Resources

Data to Demonstrate Current Performance

As seen below in Table 31, the percentage of Interstate Compact on the Placement of Children (ICPC) home studies used in cross jurisdictional cases and completed within or under 60 days in 2023 for incoming cases was 70% (155 out of 221), an improvement from the prior year of 17%; 66 cases took more than 60 days to complete. Maryland also processed and sent out 202 referrals to states/jurisdictions beyond Maryland: 174 (86%) were completed within the 60-day deadline, 28 (14%) were not. This information is from National Electronic Interstate Compact Enterprise (NEICE).

Table 31: Home Studies Completed within 60 Days in CY2022 and CY2023

	Home Study Not Completed Within 60 Days		**Home Study Completed Within 60 Days**	
	CY2022	**CY2023**	**CY2022**	**CY2023**
Number of Children	134	**66 out of 221**	181	**155 out of 221**
Percent	43%	**30%**	57%	**70%**
Data Source: ICPS Compact - NEICE				

When Maryland receives an incoming NEICE request or is e-mailed a home study referral request by states not yet using the NEICE, the MD-ICPC State Central Office sends the request to the LDSS through NEICE within 1-3 business days. The LDSS is informed of the required 60-day response timeframe, consistent with Public Law 109-239. MD-ICPC also provides the LDSS with a monthly report of pending or overdue home studies. The factors for the improved completion percentage for CY2023 are not clear but appear to be due to more consistent efforts by LDSS to complete the home-studies timely and clarification regarding ability to provide notification of expected date of completion for the Resource Parent training (when applicable) rather than waiting for the prospective caregivers to do finish the training to complete the home study and send back to the sending state.

Maryland utilizes concurrent permanency planning, which at times means a placement resource (most usually a family member or person familiar with the child and interested in caring for the child) may be located outside of

Maryland. When this occurs, the ICPC Compact is utilized to assess the prospective placement resource and obtain approval for placement. However, several states adjacent to Maryland (Pennsylvania, New Jersey, Virginia) do not expedite relative home studies, requiring Maryland to submit comprehensive foster home studies that take longer to complete and involve licensure of the relative home. If the child is placed, and continued placement is needed, the receiving state provides post-placement services until the child is reunified (with the out-of-state parent) or permanency is achieved with the out-of-state resource by custody and guardianship or adoption decree.

Typically, other states, just like Maryland, are not able to respond within 60 days unless it is a parent or relative placement resource (not requiring resource home licensure including pre-service foster parent training as well as health and safety inspections). Foster or adoption home study referrals can take much longer as they require the time for the licensure process to occur. While the data exists to discern the placement rate and outcomes of the 221 incoming and 202 outgoing referrals, it is not data readily available for analysis by either SSA or the LDSS. This is something that is planned along with the integration of NEICE into CJAMS which is planned to occur during CY2025. A more in-depth analysis will be possible once this occurs and different reports are developed.

State Use of Cross-Jurisdictional Resources for Permanency Placements

SSA continues to support youth being placed outside of Maryland, and within Maryland by other states, working collaboratively with the local departments and private parties to ensure home studies are completed timely. Each of the 24 LDSS designated ICPC Liaisons were notified by email with NEICE reports of "pending/overdue home studies and the safe and timely due date" on a monthly basis. Support is provided to clarify and resolve technical questions related to referrals and next steps to ensure cases could be completed.

The existing Memorandum of Understanding (MOU) between Washington, D.C. and Maryland was updated and renewed during 2023 for five more years. It continues to primarily be utilized by Washington D.C. to place, visit, monitor and allow a decree of supervision for the approximately 260 (during CY2023) children in Maryland jurisdictions bordering Washington, D.C. on any given day. Maryland does not need or require the MOU agreement to place in DC; instead, it utilizes the typical ICPC process for placing children in private or public agency placements in Washington D.C. Meetings will be conducted with the pertinent individuals as needed to ensure that it continues to meet the needs of both jurisdictions.

AdoptUSKids (AUK)

In conjunction with cross-jurisdictional resources aimed at supporting timely permanency, Maryland has sustained the utilization of AUK. This resource helps families throughout the foster or adoption process, aiding them from the initial stages of receiving a child to accessing supportive services. If appropriate, these children are profiled on the AUK website. SSA, collaborating with AUK liaison, ensures that youth profiles are available on the AUK website.

Strengths
As noted above, SSA has made improvements with regards to the completion of home studies within the 60-day period. Communication with the local departments has ensured that those home studies approaching the deadline are identified (by MD-ICPC e-mailed lists to the ICPC Liaison at each of the 24 LDSS) along with reminders that they are able to note expected dates for resource parent licensure (where applicable) rather than wait for completion of the licensure process before completing the home study have contributed to this. Currently, all 24 MD counties have ICPC Compact Liaisons that utilize the NEICE for ICPC Compact cross jurisdictional work and 500+ MD LDSS staff have been trained in NEICE since 2017.

Concerns
There are still difficulties in meeting the 60-day mandated time frame for the completion of home studies for cross jurisdictional purposes. The greatest challenge, as reported by local departments, is the ability to have prospective resource parents complete the initial resource parent training in the initial 60-day period. Although it is allowable for this training (i.e., initial pre-service foster parent training) to occur after the initial 60 days, it should not be delayed any longer than another 60 days maximum, as per the 2008 IV-E Plan memo. Ensuring that the date for initiation and expected completion is communicated along with the rest of the home assessment is crucial, as most jurisdictions do not understand this. Placements made without the completion of pre-service foster parent training cannot utilize federal monies for foster care board rate payments. This restriction applies nationwide, not just in Maryland. Inspections conducted by other agencies for fire, home health, and other factors outside of the control of the local department can take time to schedule. This scheduling delay might extend beyond the initial 60 days, consequently delaying the completion of the home assessment. LDSS staff report that this occurs across the state and is the primary factor contributing to non-compliance with 60-day home study completions required by Pub.L.109-239.

There is currently no standard way to easily track the number of children who were placed across jurisdictions in relation to the number of home studies completed. Once the integration of NEICE with CJAMS, expected to be

completed in 2025, the department will have a mechanism to track this information via the Milestone Report.

Table 32: Activities to Improve Performance

Current or Planned Activity to Improve Performance	Target Completion Date
Follow-up with LDSS acknowledgement of ICPC cases to ensure compliance and provide technical assistance to eliminate barriers.	Monthly
Track/Monitor resource home study completion for 60-day compliance initial certification and 60-day ICPC completion.	Quarterly
Provide technical assistance to jurisdictions that indicate barriers to completion according to the milestone report.	Quarterly
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
Provide technical assistance to the LDSS to ensure compliance and clarify any questions.	Quarterly
Review NEICE to determine best methods to complete home studies in 60 days.	Quarterly
Develop the Resource Home Milestone Report to LDSS Monthly as a monitoring tool to ensure compliance with completion of home study for resource homes.	December 2025
Complete the integration of NEICE into CJAMS.	December 2025

III. Plan for Enacting the State's Vision

DHS envisions a Maryland where all children are safe from abuse and neglect, children have permanent homes, and families are able to thrive. Maryland is building a system that improves family and child well-being with family-centered, child-focused, community-based services. Maryland is ushering in a new era of child welfare practice and policy that will produce better results for the children, youth, and families we have the honor to serve. Maryland is prioritizing and deeply committed to ending aging out from foster care; creating a kin first culture; supporting families with young children (specifically 0-5 years old); and implementing the FFPSA.

This plan outlines six goals (focusing on the areas of prevention, kinship, workforce, service array, permanency, and CQI/practice quality) to help Maryland achieve its vision and improve its services for children and families over the next five years. Each goal has key strategies and activities that were developed in extensive consultation with DHS, SSA, LDSS, external

stakeholders and partners, and individuals with lived expertise. Specifically, in late 2023 and early 2024, SSA initiated an extensive and collaborative strategic planning approach (as detailed in Section 1C), that included gathering input from Maryland's 24 LDSS; establishing diverse Local Planning Teams to review data and document strengths and challenges; convening five regional meetings; and engaging in targeted dialogue with external partners at the state level. The information received through this collaborative strategic planning process was analyzed, recommendations were developed and vetted, and timelines were established.

Maryland is guided in this work by the Moore-Miller Administration values: be responsive, be everywhere, be data-driven, be innovative, follow through, move urgently, over-communicate, be innovative, be audacious, and move with integrity. The following six goals and plan strive to operationalize those values with our commitment to leave no one behind.

Goal 1	**Prevention.** Expand our array of community supports to meet family needs upstream, prevent unnecessary child welfare involvement, and reduce disproportionality.
Goal 2	**Kinship.** Ensure the continuity of family relationships and connections by establishing and sustaining a kin first culture.
Goal 3	**Workforce.** Stabilize, expand, and support a strong and diverse child welfare workforce to ensure positive outcomes for children, youth, and families.
Goal 4	**Service Array.** Strengthen and expand the service array with a focus on availability, accessibility, and intensity to meet the individual needs of children, youth, and families.
Goal 5	**Permanency.** Ensure children and youth have stable and permanent homes and connections to communities, culture, and important adults, and reduce disproportionality.
Goal 6	**CQI/Quality.** Advance equitable outcomes for children and families by developing a performance management and accountability framework for high quality case practice and strengthening Continuous Quality Improvement and Quality Assurance activities.

Goal 1 PREVENTION: Expand our array of community supports to meet family needs upstream, prevent unnecessary child welfare involvement, and reduce disproportionality.
Rationale: Children thrive best in their own families and communities, and families of color are disproportionately impacted by CPS investigations and placement in foster

<table>
<tr><th colspan="2">Goal 1 PREVENTION: Expand our array of community supports to meet family needs upstream, prevent unnecessary child welfare involvement, and reduce disproportionality.</th></tr>
<tr><td colspan="2">care. While Maryland has one of the lowest foster care entry rates in the country, we are committed to continuing and expanding our critical work to keep children and families together by ensuring that families have access to upstream prevention services and supports. For example, families who come to the attention of the child welfare system but are subsequently screened out for not meeting the child abuse or neglect criteria, may benefit from additional support outside of the child welfare context. This is confirmed by the data. 64% of Maryland families came to the attention of child welfare in 2023 unnecessarily (i.e., ruled out/screened out). This data, combined with national best practice, supports the selection of this goal for the CFSP. Maryland hopes to reduce the number families with non-child abuse/neglect related issues coming to the attention of child welfare through a multi-pronged approach including focusing on the poverty-neglect connection, expanding our service array, and strengthening community-based family support.</td></tr>
<tr><td>Measures of Progress</td><td>CFSR Item 2 (Services to family to protect children in the home and prevent removal or reentry into foster care): Percent rated as a strength increases from 93.55% to at least 95%.
Foster care entry rate does not increase.</td></tr>
<tr><td rowspan="4">Staff Training, Technical Assistance, and Evaluation</td><td>The following SSA-sponsored trainings will help Maryland achieve its prevention goal by expanding the workforce's knowledge, skills, and competencies:
FFPSA Training
Understanding Systems of Oppression and Power in Child Welfare
Examining and Combating Implicit Bias
The Coach Approach
CJAMS Training
Cultural and Linguistic Support Services
Additional training will be added as needed to implement new processes and practice change</td></tr>
<tr><td>Quality improvement sessions to the LDSS will support them in accessing and navigating available services for families. SSA will provide CJAMS training (i.e., recurring, refreshers, enhancements) and develop how-to guides as needed.</td></tr>
<tr><td>Maryland contracted with Chapin Hall to assist in the design of a Community Pathway. Maryland also has a long-standing contract with the University of Maryland for workforce training, which may be needed to address the poverty-neglect issue.</td></tr>
<tr><td>No formal evaluation or research activities are underway or planned for this goal at this time. All SSA training recipients participate in surveys to assess the Impact of Training and Technical Assistance (IOTTA) for continuous quality improvement purposes.</td></tr>
<tr><td>Implementation Supports</td><td>The following implementation supports will be addressed over the five year period.
Building the capacity of the workforce and community to distinguish between poverty and neglect may require additional staff training, partnerships with referral agencies, and regulatory changes.
Installing a Community Pathway may require partnerships/contracts with partner agencies for data collection,</td></tr>
</table>

Goal 1 PREVENTION: Expand our array of community supports to meet family needs upstream, prevent unnecessary child welfare involvement, and reduce disproportionality.	
	CJAMS enhancements, new or amended policies, and strategic communications. ● Fiscal subject matter expertise regarding braiding and blending of funding to support the full service array will be needed. ● May require the development and delivery of additional CJAMS training (i.e., recurring, refreshers, enhancements) and CJAMS how-to guides.

Strategy 1A. Build the knowledge and capacity of the workforce and referring agencies to distinguish between poverty and neglect.		
Rationale: Child and family poverty is a key source of family instability. Too often, poverty and neglect are conflated in child welfare systems, leading to unnecessary child welfare involvement and family separation. In 2023, 58% of children entering foster care noted neglect as a contributing factor; and 15% noted inadequate housing as a contributing factor. This data was a key driver in the selection of this strategy. It suggests Maryland has a key opportunity to prevent children from entering foster care if the workforce can correctly distinguish between poverty and neglect. Maryland will strive to disentangle poverty from neglect, directing more families to services that meet the families' needs, and prevent children from entering care unnecessarily.		
Activities and Timetable	Conduct a systematic review of practice (e.g., screening decisions, indicated neglect findings, decision points of disproportionality) to identify the degree to which issues of poverty are being conflated with neglect and develop strategies to adjust practices as needed.	By 12/2026
	Assess the need to revise current definitions of abuse and neglect and/or the legislative/regulatory framework governing front-end child welfare response and decision making; and pursue any necessary changes identified.	By 12/2027
	Develop and implement programming, public awareness, and education strategies to help the community (e.g., school system, medical system and others that are typically reporting families to the CPS hotline) view themselves as family supporters in addition to mandated reporters.	By 12/2028
Interim Benchmarks	Screening decisions and indicated neglect findings reviewed by 06/2026. Definitions and legislative/regulatory framework assessed by 12/2026. Develop a process for collecting data on diversion practices by 12/2027.	
Impact	Families who unnecessarily come to the attention of child welfare decrease. Number of children entering foster care due to poverty-related neglect decreases.	

Strategy 1B. Design and install one or more Community Pathways within the Family First Prevention context.		
Rationale: Screening data shows that 64% of families came to the attention of child welfare in 2023 unnecessarily (i.e., ruled out/screened out), resulting in a strain on families and the workforce. An analysis of the service array conducted through FFPSA, which was confirmed by a recent LDSS survey, demonstrated opportunities to expand or implement new services to address key gaps in the upstream service array. This data supports the selection of this strategy. By developing a Community Pathway, Maryland can directly address primary drivers of disproportionate child welfare involvement (e.g., poverty related root causes of family instability, youth behavioral health), or gaps in the upstream service array that families often fall through before child welfare engagement.		
Activities and Timetable	Determine the primary drivers of disproportionate and/or unnecessary child welfare system involvement to select target population(s) of a Community Pathway (such as kinship families, parents with children ages birth to five; parents with substance abuse disorders; families who are screened out; etc.).	By 06/2025
	Convene a Design Team of internal and external partners to guide the development of a Community Pathway and to co-create a plan for initial installation.	By 12/2025
	Conduct the necessary readiness assessments and installation activities.	By 12/2027
Interim Benchmarks	Hotline calls decrease by 2.5% each year. Target population selected and defined by 6/2025. Initial installation plan developed by 12/2025. Readiness assessment completed by 12/2026.	
Impact	Decrease the number of families who come to the attention of child welfare unnecessarily. Increase the number of families whose needs are met through a Community Pathway.	

Strategy 1C. Explore opportunities to provide family-centered, community-based economic and concrete supports to families.		
Rationale: The CFSP collaborative planning process identified that shortages of affordable housing, food, and daycare are straining Maryland families which can compound other caregiving challenges. Headline data showing high rates of neglect among families impacted by foster care may underscore the role of economic factors driving child welfare involvement, as neglect allegations often reflect family poverty. Research, evidence, and Maryland partner feedback also indicate that economic strain often hinders family stability and progress on child welfare case goals across the child welfare continuum. This finding is supported by state census data showing that in 2022 nearly one in eight (11.6%) Maryland children lived in poverty. This data supports the selection of this strategy. Governor Moore's commitment to ending child poverty and the passing the ENOUGH Act (SB482) will aid Maryland in supporting more families.		
Activities and Timetable	Establish the partnerships needed to develop referral pathways to ensure families diverted to upstream community-based services from the hotline (as well as current child welfare involved families) are able to get their needs met.	By 12/2026

Strategy 1C. Explore opportunities to provide family-centered, community-based economic and concrete supports to families.		
	Review national models and approaches for offering services and supports to families facing economic and concrete needs.	By 12/2027
	Explore Maryland's fit and feasibility to implement community-based economic and concrete supports model/approach and develop an initial installation plan.	By 12/2028
Interim Benchmarks	Hotline calls decrease by 2.5% each year. Establish two referral pathway partnerships by 6/2026.	
Impact	Decrease the number of children/youth entering foster care due to neglect. Increase families whose needs are met through community-based services.	

Goal 2 KINSHIP: Ensure the continuity of family relationships and connections by establishing and sustaining a kin first culture.	
Rationale: As of April 2024, only 26% percent of all children in foster care in Maryland are placed with kin and only one fourth of those are licensed and receiving the monthly care stipend. Best practice and research show that placement with kin increases stability, results in better mental and physical health outcomes, reduces the risk that youth in foster care will be trafficked, and keeps children connected to family, community, and culture. This data and research supports the selection of this CFSP goal. Maryland's leadership has a deep commitment to building a kin first culture - when a child must be removed from their home in Maryland, a preference is given to a placement with kin, unless there is good cause to the contrary. In addition, an analysis conducted by DHS in partnership with the Annie E. Casey Foundation found that kinship care is a key strategy for reducing the numbers of youth aging out. Maryland is focusing on increasing the use of kinship care for children of all ages in foster care, which requires implementing adequate services and supports to kinship families, including fictive kin. On May 9, 2024, Governor Moore signed important legislation into law that is the cornerstone of Maryland's shift to a kin first culture. The new law establishes a preference for youth experiencing out-of-home care to live with relatives, including family by choice. The law modernizes Maryland's kinship care system by removing outdated language that excludes contemporary concepts of family and updating the law to reflect how families are formed today. Maryland's kin first approach prioritizes adult-child bonds that are critical to healthy development when considering the best interests of children who require out-of-home care. In addition to increasing placement with kin, Maryland also aims to improve permanency outcomes by implementing separate licensing standards, deepening investments in Family Finding, deploying strategies to prioritize kin placements, and expanding the use of kinship guardianship when appropriate.	
Measures of Progress	CFSR Item 6 (Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement): Percent rated as a strength increases 3% a year (from 36.25% to at least 51%). CFSR Item 10 (Relative placement): Percent rated as a strength increases 3% a year (from 77.14% to at least 85%). Number of children placed with kin increases 3% a year (from 26% to 41%).

Goal 2 KINSHIP: Ensure the continuity of family relationships and connections by establishing and sustaining a kin first culture.	
Staff Training, Technical Assistance, and Evaluation	The following SSA-sponsored trainings will help Maryland achieve its kinship goal by expanding the workforce's knowledge, skills, and competencies: ● Kinship Values Training (New) ● Use of Collaborative Assessments in Supervision ● The Coach Approach ● Understanding Systems of Oppression and Power in Child Welfare ● CJAMS Training ● Examining and Combating Implicit Bias ● Additional training will be added as needed to implement new processes and practice changes
	Quality Improvement sessions to the LDSS are provided by Maryland's Quality, Policy, and Performance Management unit as well as the Placement and Permanency unit. These sessions address barriers to achieving timely permanency. Through the kinship cohort, Maryland will provide targeted dialogue and support to strengthen placement with kin caregivers. SSA will provide CJAMS training (i.e., recurring, refreshers, enhancements) and develop how-to guides as needed.
	Maryland is being supported by Casey Family Programs and the Annie E. Casey Foundation to implement a Kinship Action Plan and build a kin first culture. Maryland has contracted with Chapin Hall to increase the utilization of kinship guardianship. Maryland also has a long-standing contract with the University of Maryland to support the training of the workforce.
	No formal evaluation or research activities are underway or planned for this goal at this time. All SSA training recipients participate in surveys to assess the Impact of Training and Technical Assistance (IOTTA) for continuous quality improvement purposes.
Implementation Supports	The following implementation supports will be addressed over the five year period. ● A kinship cohort will require dedicated staff time, policy changes, and consultation from national experts. ● New licensing regulations will require policy changes, staff training, and changes to the CJAMS infrastructure. ● Strengthening Family Finding will require a shift in the workforce culture through education, training, and coaching to mitigate anti-kin bias that may exist. ● May require the development and delivery of additional CJAMS training (i.e., recurring, refreshers, enhancements) and CJAMS how-to guides.

Strategy 2A. Establish an LDSS kinship cohort to co-develop and test strategies to shift practice toward a kin first culture.
Rationale: Investing in improved practice with kin caregivers can facilitate improved child welfare outcomes across the continuum of care. Kin represents important permanency resources when reunification is not possible, either through adoption or the Guardianship Assistance Program. Yet, only 26% of children were placed with kin caregivers; and CFSR Item 10, which assesses LDSS' efforts to place a child with relatives when appropriate fell short of the 95% goal, with only 77.14% of cases rated as a strength.

Strategy 2A. Establish an LDSS kinship cohort to co-develop and test strategies to shift practice toward a kin first culture.		
This data supports the selection of this strategy. By prioritizing a kin first culture, Maryland aims to strengthen the continuity of family relationships, maintain child connections to their culture, and improve permanency rates.		
Activities and Timetable	Convene 2-5 counties within Maryland to participate in a kinship cohort.	By 10/2024
	Develop and implement a communications campaign and training around the value of kinship care and support.	By 12/2024
	Utilize the cohort to co-develop strategies, implement training, and test new approaches to assess feasibility and effectiveness.	By 12/2025
	Develop an initial implementation plan for expanding effective strategies from the cohort to additional jurisdictions.	By 12/2026
	Assess kinship diversion practices[2] across the state and develop necessary processes, policies, and training based on best-practice.	By 06/2028
Interim Benchmarks	Two or more strategies are tested through a PDSA cycle by 06/2025. Percent of children in pilot counties placed in kin placements increases by 7.5% by 06/2026.	
Impact	Increase the number of licensed kinship foster homes. Increase number of children/youth who achieve permanency with kin.	

Strategy 2B. Implement licensing regulations for relative and fictive kin caregivers.		
Rationale: Implementing licensing standards for relative caregivers is required to increase kin caregivers' access to the kin-specific resources and support, as well as resources available to non-relative resource parents. Kinship licensing standards can remove barriers kin face to licensure due to requirements that are inappropriate in the kinship context, and non-safety-related requirements that erect barriers often related to income inequality and poverty. Of the small percentage of children in kinship placements (26%), only one-fourth of those are licensed. This data suggests the inclusion of this strategy could be extremely beneficial. Increasing resources available to relative and fictive kin caregivers can facilitate improved child welfare outcomes across the continuum of care.		
Activities and Timetable	Develop new state regulations for kinship foster homes.	By 12/2024
	Adjust the related policies, procedures, practices, and training to support families in the new licensing process.	By 12/2024
	Assess the current population of unlicensed relative/fictive caregivers and develop a plan to license where possible and appropriate.	By 12/2025
	Explore opportunities to provide financial support to relative/fictive kin caregivers who are not yet licensed.	By 12/2026
Interim Benchmarks	Develop a process to assess unlicensed relative/fictive caregivers by 6/2025.	
Impact	Increase the number of licensed kinship foster homes. Increase number of children/youth who achieve permanency with kin.	

[2] Kinship diversion practice refers to when children are informally "placed" with kin and the child welfare case is closed.

Strategy 2C. Deepen investments in Family Finding and establish one or more barriers to non-kin placements.		
Rationale: There is significant opportunity to improve practice with kin caregivers in Maryland. Of all children separated from their families and living in foster care placements, only 26% are living with relative caregivers. Data from the regional meetings emphasized that strengthening the Family Finding efforts in Maryland and increasing investments in this practice is central to increasing the number of youth living with relative foster parents. This data and stakeholder feedback supports the inclusion of this strategy. Relative and fictive kin also represent important relational permanency for children and youth in foster care and can be life-long connections for youth transitioning to adulthood.		
Activities and Timetable	Use kinship cohort to test and establish protocol requiring high level LDSS executive approval of non-kin placements.	By 12/2025
	Select or develop a family search and engagement model.	By 12/2025
	Assess staffing needs and readiness to implement a robust Family Finding model and develop an initial implementation plan.	By 12/2026
	Provide training to the child welfare workforce on the identified family search and engagement model.	By 12/2027
Interim Benchmarks	Training curriculum for search and engagement model developed by 12/2026.	
Impact	Increase proportion of children/youth placed with kin. Increase number of children/youth who achieve permanency with kin.	

.

Goal 3 WORKFORCE: Stabilize, expand, and support a strong and diverse child welfare workforce to ensure positive outcomes for children, youth, and families.	
Rationale: It is well researched and documented that a highly skilled and well-supported child welfare workforce is a key driver to improved outcomes for children and families involved in the child welfare system. High turnover rates and ongoing staff vacancies impact the continuity and effectiveness of services to children and families and contribute to high levels of stress, burnout, and compassion fatigue. In fact, findings from CFSR Item 1 as well as the CFSP collaborative planning process suggest that workers often fail to respond timely to reports due to lack of time or capacity, frequently stemming from a heavy workload coupled with secondary trauma and burnout. This was underscored by the LDSS during the CFSP collaborative planning process, citing difficulty retaining staff and difficulty filling vacancies as the driver of high workloads and reduced staff capacity to meet deadlines which negatively impact the continuum of care from investigations to permanency. Maryland's current caseworker retention rate is 57%. This data, combined with the information obtained through quantitative and qualitative analysis, is the basis for the selection of this CFSP goal.	
Measures of Progress	Retention rates among child welfare caseworkers increases from 57% to 65%. CFSR Round 4 Findings identify Maryland's Staff and Provider Training Systemic Factor in substantial conformity.

Goal 3 WORKFORCE: Stabilize, expand, and support a strong and diverse child welfare workforce to ensure positive outcomes for children, youth, and families.	
Staff Training, Technical Assistance, and Evaluation	The following SSA-sponsored trainings will help Maryland achieve its workforce goal by expanding the workforce's knowledge, skills, and competencies: ● The Coach Approach ● Understanding Secondary Trauma for Caseworkers ● Trauma-Informed/Responsive Care Training ● Stay-Interviews (New) ● Revised Pre-Service Training ● Foundation Training ● Child Welfare In-Service Training ● Supervision Matters ● Licensure Prep ● CJAMS Training ● Motivational Interviewing ● Family Support Worker Training ● Policy Training ● Wellness and Resiliency Training (to be developed) ● Additional training will be added as needed to implement new processes and practice changes.
	Quality Improvement sessions to the LDSS are provided by DHS, Office of Learning, and SSA. Assistance from other contracted vendors may be determined at a later date. SSA will provide CJAMS training (i.e., recurring, refreshers, enhancements) and develop how-to guides as needed.
	Maryland has a long-standing contract with the University of Maryland to support the training of the workforce. Maryland has a relationship with Casey Family Programs which supports the Safety Culture training.
	No formal evaluation or research activities are underway or planned for this goal at this time. All SSA training recipients participate in surveys to assess the Impact of Training and Technical Assistance (IOTTA) for continuous quality improvement purposes.
Implementation Supports	The following implementation supports will be addressed over the five year period. ● Fiscal investment may be needed to procure the expertise required for the workload assessment and a Safety Culture Learning Collaborative. ● Practice expectations and supervisory approaches will be required to operationalize the shift to a Safety Culture. ● May require CJAMS enhancements. ● May require the development and delivery of additional CJAMS training (i.e., recurring, refreshers, enhancements) and CJAMS how-to guides.

Strategy 3A. Implement one or more strategies to understand and address child welfare workforce issues.		
Rationale: SSA plans to develop a child welfare workload assessment to better understand the current workload issues facing the workforce. Conducting the workload assessment, vetting, and implementing selected recommendations in alignment with SSA strategic direction, implementation context, and budget parameters are activities to be considered over the next five years. The workload assessment offers an opportunity for Maryland to identify policy levers for advancing a set of strategies to mitigate workload capacity barriers. Additionally, the CFSP collaborative planning process confirmed the need to diversify the workforce and ensure staff are available and can meet the needs of families. This stakeholder feedback combined with a 57% retention rate confirms the need for this strategy.		
Activities and Timetable	Conduct a child welfare workload assessment and implement strategies to address findings.	By 12/2025
	Develop strategies to provide greater scheduling flexibility and service accessibility to benefit both families and the workforce.	By 12/2026
	Develop recruitment strategies to diversify the workforce to better reflect the population served in conjunction with retention initiatives.	By 12/2027
	Explore mechanisms to maximize the skillset of licensed staff to meet family's needs.	By 12/2028
Interim Benchmarks	Plan developed to conduct a child welfare workload assessment by 12/2024. Convene a series of targeted discussions with the LDSS and partners regarding diversifying the workforce by 06/2027.	
Impact	Increase staff retention rates. Staff race, ethnicity, and language spoken will more closely resemble the population served.	

Strategy 3B. Advance the installation of a Safety Culture at both the state office and within the Local Departments of Social Services.		
Rationale: Safety Culture, supported by Casey Family Programs, is a mechanism to ensure the workforce is safe, engaged, and well-prepared; and their environment promotes healing, resilience, and prevents further trauma to individuals, families, and the front-line staff. Studies show that when you build workplace connectedness and improve psychological safety across workers/teams, it mitigates the relationship between secondary traumatic stress and the employee's intent to remain employed in child welfare. This is especially true for Maryland who is currently experiencing a 57% retention rate. Based on this data and stakeholder feedback, it is believed that building a trauma-informed, safety culture is essential to include as a strategy to improve staff retention rates.		
Activities and Timetable	Identify resources to execute a Learning Collaborative/Community for SSA and LDSS senior leaders.	By 12/2026
	Execute a Learning Collaborative/Community to develop expertise in Safety Science and Safety Culture, including the initial and ongoing use of the Safety Culture Survey.	By 12/2027
	Analyze data from Safety Culture Surveys and staff retention rates to inform future activities.	By 12/2028

Strategy 3B. Advance the installation of a Safety Culture at both the state office and within the Local Departments of Social Services.	
Interim Benchmarks	Learning Collaborative/Community methodology established, and resource secured by 06/2026. Plan to deploy use of Safety Culture Survey developed by 06/2027.
Impact	Increase staff retention rates.

Strategy 3C. Strengthen supervisory practice through the continued implementation of the Coach Approach and Adaptive Leadership.		
Rationale: Staff trauma and burnout were frequently mentioned during the CFSP collaborative planning process as potential root causes of high turnover, signaling investments needed to stabilize and support the workforce. LDSS identified Coach Approach as a key strategy for continued investment in best practices and workforce development, based on the experiences of supervisor-participants. Coach Approach is a skill-based leadership model to support internal and cross-system collaboration to improve leadership, supervision, and practices in human resources. Coach Approach was deployed to shift supervision to a coaching culture that would strengthen the workforce's ability to deliver Maryland's services through family-centered, trauma-responsive, culturally informed, and strengths-based practice. Maryland has made deep investments in delivering and supporting Coach Approach through training, learning collaboratives and coaching intensives. In 2023, 39 LDSS supervisors from across the state participated in the CWA's Coach Approach and Adaptive Leadership training. Today, Coach Approach continues to be a valued practice with the LDSS workforce; based on data received from supervisor-participants, this strategy was selected for inclusion. Through the activities below, Maryland aims to deepen its reach and application over the next five years.		
Activities and Timetable	Execute at least two Coach Approach and Adaptive Leadership training sessions and four Learning Circles for LDSS Staff.	By 06/2025
	Offer opportunities for LDSS staff to become Coach Mentors through learning circles and certification program.	By 06/2025
	Deliver Coach Approach and Adaptive Leadership training and Learning Circles annually to ensure that each LDSS has at least one Coach Mentor and continue to monitor impact on workforce issues.	By 12/2028
Interim Benchmarks	Percent of LDSS with at least one Coach Mentor is at least 75%.	
Impact	Improve safety, permanency, and well-being outcomes. Increase staff retention rates.	

Goal 4 SERVICE ARRAY: Strengthen and expand the service array with a focus on availability, accessibility, and intensity to meet the individual and cultural needs of children, youth, and families.
Rationale: Maryland's Child and Family Services Review Round 3 Final Report in 2018 indicated that the state was not in substantial conformity with the Systemic Factor Service Array and Resource Development. Reviews from April - September 2023 showed that only 69.4% of applicable cases received adequate services to meet their physical and mental needs. While Maryland has invested significantly in the service array, especially

<table>
<tr><th colspan="2">Goal 4 SERVICE ARRAY: Strengthen and expand the service array with a focus on availability, accessibility, and intensity to meet the individual and cultural needs of children, youth, and families.</th></tr>
<tr><td colspan="2">within the Family First context, regional meeting participants expressed concerns that services are not consistently available in all parts of the state; there were gaps in housing, transportation, and substance abuse treatment services statewide; and there is a lack of quality mental health services and trauma-informed therapy. Investing in a service array that meets the unique and cultural needs of families prevents children and youth from entering the child welfare system; facilitates a timelier exit if they do enter; and supports the family to remain safely in their own community after child welfare involvement. This data and qualitative information from stakeholder meetings are the basis for the selection of this CFSP goal.</td></tr>
<tr><td>Measures of Progress</td><td>CFSR Round 4 Findings identify Maryland’s Service Array and Resource Development Systemic Factor in substantial conformity.
CFSR Item 2 (Services to family to protect children in the home and prevent removal or reentry into foster care): Percent rated as a Strength increases from 93.55% to at least 95%.
CFSR Item 3 (Risk assessment and safety management): Percent rated as a Strength increase from 86.72% to at least 90%.
CFSR Item 12 (Needs and services of child, parents, and foster parents): Percent rated as a Strength increases 3% a year (from 50% to at least 65%).
CFSR Item 13 (Child and family involvement in case planning): Percent rated as a Strength increases 3% a year (from 60.16% to at least 75%).
CFSR Item 17 (Physical health of the child): Percent rated as a Strength increases from 88.08% to at least 90%.
CFSR Item 18 (Mental/behavioral health of the child): Percent rated as a Strength increases from 79.37% to at least 90%.</td></tr>
<tr><td rowspan="4">Staff Training, Technical Assistance, and Evaluation</td><td>The following SSA-sponsored trainings will help Maryland achieve its service array goal by expanding the workforce's knowledge, skills, and competencies:
CJAMS Training
Psychotropic Medication
Supporting Families with Complex Mental Health and Substance Use Disorder Needs
SSA will provide CJAMS training (i.e., recurring, refreshers, enhancements) and develop how-to guides as needed.
Additional training will be added as needed to implement new processes and practice changes, including but not limited to, how to access and navigate available services; and Maryland’s Quality Services Reform Initiative.</td></tr>
<tr><td>Quality Improvement sessions to the LDSS are provided by SSA, the Maryland Department of Health, and Local Behavioral Health Authorities.</td></tr>
<tr><td>Maryland is participating in national convenings with Casey Family Programs to examine issues surrounding youth with complex, high-acuity service needs.</td></tr>
<tr><td>No formal evaluation or research activities are underway or planned for this goal at this time. All SSA training recipients participate in surveys to assess the Impact of Training and Technical Assistance (IOTTA) for continuous quality improvement purposes.</td></tr>
</table>

Goal 4 SERVICE ARRAY: Strengthen and expand the service array with a focus on availability, accessibility, and intensity to meet the individual and cultural needs of children, youth, and families.	
Implementation Supports	The following implementation supports will be addressed over the five-year period. ● Administrative considerations for expanding services toward upstream prevention services. ● Additional CJAMS enhancements may be required to connect and track services for prevention cases. ● May require the development and delivery of additional CJAMS training (i.e., recurring, refreshers, enhancements) and CJAMS how-to guides. ● Training and workforce development strategy to ensure workers know what services are available and how to connect families to the services.

Strategy 4A. Develop one or more processes for the assessment and identification of individual family needs and ensure Maryland can continually respond to emerging service needs.		
Rationale: While Maryland has demonstrated progress on CFSR Item 12 (needs and services to child, parents, and foster parents) and Item 13 (child and family involvement in case planning), there continues to be a challenge with assessing and improving the family's experience, particularly related to the family's level of engagement, participation in services, and satisfaction with casework practice and service delivery. The Child and Adolescent Needs and Strengths (CANS) assessment tool has been in use for several years in Maryland, but there have been ongoing concerns about the worker completion rate, scoring accuracy, and consistent use to identify and understand the family's strengths and needs. This inconsistent use of the CANS and CFSR Item 12 findings (50%) informed the decision to include this strategy. The selected activities below aim to identify and meet the individual and unique needs of children and families.		
Activities and Timetable	Onboard statewide contractor(s) based on Request for Proposal to provide one-to-one service to support youth and placement stability.	By 11/2024
	Review the assessment tools currently in use in Maryland to determine their effectiveness in guiding service needs and placement decisions. Based on the assessment, either enhance use of current tools or select and implement new tools.	By 12/2025
	Assess, design, and implement a clinically driven placement decision-making process.	By 12/2026
	Design and implement a Parent Partner Approach (peers with lived experience) to support families with children in foster care in order to improve reunification and race equity outcomes.	By 12/2027
Interim Benchmarks	Establish a process by which decisions regarding the assessment tools will be made by 12/2024. Convene a Design Team to begin the exploration process for a Parent Partner Approach by 06/2026.	
Impact	Improve safety, permanency, and well-being outcomes.	

Strategy 4B. Engage in cross-system, coordinated efforts to better address the needs of youth with mental and behavioral health needs.		
Rationale: Child welfare systems are responsible for developing, maintaining, and monitoring a statewide service array system that meets the needs of children and families. A service array that has culturally relevant, specialized services can make families stronger by helping to meet the needs of the children, parents, and caregivers. Maryland's children and families often have complex needs which require a multitude of services and benefits. Coordination between child welfare agencies and other federal programs is essential to ensuring that families have their needs met. Such coordination will also support Maryland in reaching substantial conformity with the Systemic Factor Agency Responsiveness to the Community during Round 4 of the CFSR. The importance of cross-system coordination was confirmed by regional meeting participants, which helped to inform the selection of this strategy. Maryland is creating a Director of Well-Being and Clinical Services who will be responsible for leading these cross-system efforts.		
Activities and Timetable	Conduct ongoing collaborative efforts with the Department of Health to identify system level solutions to overcome placement barriers and address hospital overstays.	By 12/2024
	Create an interagency state team to participate in national convenings to promote cross system alignment and develop strategies to improve child and family outcomes.	By 12/2024
	Renew the Memorandum of Understanding with the Maryland State Department of Education to ensure the accurate and timely sharing of education data for the child welfare population.	By 12/2025
	Conduct a root cause analysis to identify cross system problems that are pushing many youth with behavioral problems, particularly those involved in the juvenile justice system, into the foster care system.	By 12/2026
	Develop mechanisms to monitor and assess the cross-system strategies developed to determine effectiveness and impact on child and family outcomes.	By 12/2026
Interim Benchmarks	Convene Juvenile Justice partners, LDSS, and others to co-develop a process for root cause analysis by 06/2026.	
Impact	Improve safety, permanency, and well-being outcomes.	

Strategy 4C. Ensure there are culturally appropriate Evidence-based Programs (EBPs) available in both urban and rural jurisdictions across Maryland.
Rationale: A mismatch between the families' needs and the services being offered was elevated as a significant barrier to accessing services through focus groups, data analysis, and the CFSP collaborative planning process. Specifically, stakeholders noted that the service array is lacking sufficient substance use disorder programs and services for parents of children under the age of 1. Of the evidence-based programs that do exist in Maryland, some do not have an adequate number of slots for the demand and/or have extensive wait lists. When states cannot meet the needs of families, it considerably diminishes the probability of positive outcomes. Maryland's performance on CFSR Item 12, which was rated as a strength in only 50% of the cases, and stakeholder feedback informed the selection of this strategy.

Strategy 4C. Ensure there are culturally appropriate Evidence-based Programs (EBPs) available in both urban and rural jurisdictions across Maryland.		
Activities and Timetable	Convene a Design Team of internal and external partners to co-develop recommendations for EBP expansion.	By 05/2024
	Identify the fiscal and programmatic resources needed to pursue the expanded EBPs.	By 12/2024
	Conduct a scan of all EBPs offered in Maryland, not solely those EBPs funded by DHS.	By 12/2025
	Maximize Title IV-E Family First Prevention to support the expansion of MST, FFT, and PCIT.	By 12/2025
	Implement Motivational Interviewing to strengthen family-centered practice.	By 12/2026
	Implement an evidence-based statewide kinship navigation program.	By 12/2028
Interim Benchmarks	Motivational Interviewing initial installation plan is developed by 06/2026. Kinship Navigation Model is selected by 06/2026.	
Impact	Improve safety, permanency, and well-being outcomes.	

Strategy 4D. Assess and address known barriers to securing needed services.		
Rationale: The CFSP collaborative planning process revealed concerns that Maryland's services are not consistently meeting the needs of the children and families they serve, citing the same issues that were identified in Round 3 of the CFSR: that services were not consistently available in all parts of the state; there were gaps in housing, transportation, and substance abuse treatment services statewide; and there is a lack of quality mental health services and trauma-informed therapy. Partners often cited the lack of appropriate services as the reason for the increase in Voluntary Placement Agreements (VPA) – which directly connects to SSA's priority to improve the well-being outcomes for youth transitioning to adulthood. Collectively, these were compelling evidence that informed the selection of this strategy. By addressing these barriers, Maryland aims to operationalize its commitment to leave no one behind.		
Activities and Timetable	Collaborate with the Department of Health and LDSS to better understand and address the challenges with the language interpretation and translation services impacting the child welfare community.	By 12/2025
	Explore options for increased respite and crisis respite through the release of a statement of need and expansion of licensed providers.	By 12/2025
	Implement and monitor rate reform to improve providers' ability to deliver higher quality and tailored service to children and families.	By 12/2026
	Collaborate with local stakeholders to better understand and address the transportation challenges impacting the child welfare community.	By 12/2026
	Collaboration between DHS and the Department of Housing to better understand and address the housing needs of child welfare involved families, youth and young adults.	By 12/2027
Interim Benchmarks	A statement of need or request for proposals for respite services released by 06/2025.	

Strategy 4D. Assess and address known barriers to securing needed services.	
	Rate reform for monitoring plan completed by 10/2025.
Impact	Improve permanency and well-being outcomes.

Goal 5 PERMANENCY: Ensure children and youth have stable and permanent homes and connections to communities, culture, and important adults, and reduce disproportionality.	
Rationale: Over the last three years, Maryland's headline indicators reflect a downward trend in permanency outcomes. Case reviews from 2023 revealed Permanency Outcome 1 and Permanency 2 were not found to be in substantial conformity; only 25% and 69% respectively, were substantially achieved. This is much lower than the national goal of 95%. To successfully impact Maryland's permanency outcomes, participants in the CFSP collaborative planning process noted, and best practice corroborates, that establishing productive collaborations with legal and judicial partners is elevated as one of the most important facilitators and removes a common barrier to achieving permanency. Partners also elevated that permanency is more easily obtained when youth are in safe and stable placements with active connections to family, community, and important adults. Relatedly, the impact of delayed permanency has a negative impact on Maryland's older youth population (ages 14 to 17 years), as youth are currently the second largest population entering care (23% at the end of December 2023) and experience the longest time in care. This data and stakeholder feedback is the basis for the selection of this CFSP goal. By focusing on the courts, providing targeted support to jurisdictions, and strengthening policies and plans, Maryland aims to advance well-being and connections for youth in foster care.	
Measures of Progress	Permanency in 12 months (entries within last 12 months): Percent of children increases from 25% to at least 35.2%. Permanency in 12 months (child in care 12-23 months): Percent of children increases from 32% to at least 43.8%. Permanency in 12 months (child in care for more than 24 months): Percent of children increases from 34% to at least 37.3%. CFSR Item 5 (Permanency goal for child): Percent rated as a Strength increases from 3% a year (55% to at least 65%). CFSR Item 6 (Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement): Percent rated as a Strength increases 3% a year (from 36.25% to at least 51%). CFSR Item 9 (Preserving Connections): Percent rated as a Strength increases 3% a year (66.25% to at least 81%) CFSR Item 11 (Relationship of Child in Care with Parents): Percent rated as a Strength increases 3% a year (63.93% to at least 79%) CSFR Item 15 (Caseworker Visits with Parents): Percent rated as a Strength increases (55.08% to 70%) CFSR/Systemic Factor Item 22 (Permanency hearings): Percent increases from 36.7% to 73%. CFSR Round 4 Findings identify Maryland's Case Review Systemic Factor in substantial conformity. CFSR Round 4 Findings identify Maryland's Item 35 (Diligent Recruitment) in substantial conformity.

Goal 5 PERMANENCY: Ensure children and youth have stable and permanent homes and connections to communities, culture, and important adults, and reduce disproportionality.	
Staff Training, Technical Assistance, and Evaluation	The following SSA-sponsored trainings will help Maryland achieve its permanency goal by expanding the workforce's knowledge, skills, and competencies: ● National Training Initiative (NTI) Adoption Competency Mental Health Training ● Motivational Interviewing ● Eliminating Disparities & Promoting Equity in the Field of Social Work ● Enhancing Placement Stability by Supporting Foster Parents in Times of Crisis and Stress ● Ensuring Family Involvement Meetings Model Fidelity ● Pre-Service, Foundations, and In-Service Training ● CQI/Court Refresher Training ● CJAMS Training ● Family Support Worker Track (within Pre-Service Training) ● Additional trainings will be added as needed to implement new processes and practice changes
	Quality improvement sessions to the LDSS are provided by multiple SSA teams to maximize effectiveness and avoid silos.
	Maryland is being supported by Casey Family Programs and the Annie E. Casey Foundation to implement a Kinship Action Plan and build a kin first culture. Maryland has contracted with Chapin Hall to support the implementation of permanency improvement strategies.
	No formal evaluation or research activities are underway or planned for this goal at this time. All SSA training recipients participate in surveys to assess the Impact of Training and Technical Assistance (IOTTA) for continuous quality improvement purposes.
Implementation Supports	The following implementation supports will be addressed over the five-year period. ● Strengthening the collaboration between all court and judicial partners with SSA/LDSS will require dedicated time and resources. ● Additional resources and/or subject matter expertise may be required to develop and deliver training, strengthen plans and communications. ● Additional policies and procedures may require changes to CJAMS. ● May require the development and delivery of additional CJAMS training (i.e., recurring, refreshers, enhancements) and CJAMS how-to guides.

Strategy 5A. Improve the partnership with court and legal communities to ensure there is ongoing, collaborative, strategic planning and relationship building between the court and legal communities and SSA/LDSS.		
Rationale: Legal and judicial partner collaboration was cited during the CFSP collaborative planning process as a key driver of permanency outcomes, specifically courts approving childrens' permanency plans. Specifically, CFSR Item 5 (appropriate and timely permanency goals) was only rated as a strength in 55% of applicable cases. Improved teaming and communication structures will help educate legal and judicial partners about child welfare requirements and timelines. They will also help co-create strategies to address barriers often arising due to misunderstanding and misconceptions in the technical areas of scheduling hearings, navigating postponements, signing court orders, and submitting court reports on time. Further, this cross-system collaboration can help in the more substantive areas of assessing families' readiness for reunification and/or ability to access services and supports beyond foster care. This strategy was selected based on the historical challenges Maryland has experienced achieving permanency and stakeholder feedback.		
Activities and Timetable	Strengthen coordination with the Permanency Liaisons and other partners to address barriers identified through the 2023-2024 CFSP collaborative planning process and the 2019 root cause analysis.	By 12/2025
	Maximize opportunities to cross-train and collaborate (such as representation of court and legal partners on all relevant state and local committees, presentations to meetings, conferences, trainings)	By 12/2026
	Collaborate with the Maryland Office of the Public Defender (OPD) to strengthen the availability and quality of legal representation for families involved in the child welfare system.	By 06/2028
	Establish mechanisms with the Foster Care Court Improvement Program and/or the Court System to collect and publish the Judicial, Court, and Attorney Measures of Performance (JCAMP) measures by judicial district.	By 12/2028
Interim Benchmarks	Establish a cross-training and collaboration plan by 12/2025. Establish a Design Team with OPD to explore programming to strengthen legal representation by 06/2027. Establish a plan for developing the needed mechanisms to collect JCAMP measures by 06/2027.	
Impact	Increase timely permanency for children and youth.	

Strategy 5B. Provided targeted training and coaching on best practices and related mechanisms to ensure LDSS accountability for implementing best practices to achieve permanency through reunification, guardianship, and/or adoption.
Rationale: Crafting and implementing targeted quality improvement sessions with LDSS experiencing challenges meeting permanency performance standards are necessary to improve Maryland's permanency outcomes. This strategy was selected based on permanency outcomes and feedback from LDSS and key partners indicating that best practices are not consistently known and utilized across the state. By strengthening the awareness and utilization of best practices to achieve permanency, Maryland can ensure services are effective, culturally appropriate and designed to reduce disproportionality.

Strategy 5B. Provided targeted training and coaching on best practices and related mechanisms to ensure LDSS accountability for implementing best practices to achieve permanency through reunification, guardianship, and/or adoption.		
Activities and Timetable	Create an automated mechanism to disseminate data to LDSS to support the improvement of permanency measures and collaboratively establish standardized protocols for ongoing monitoring and evaluation of permanency-related enhancements (this would include assessment of youth in care 15 of 22 months who did not have TPR filed).	By 06/2025
	Identify training and coaching topics, cadence, key participants, and desired results with LDSS and develop an initial implementation plan.	By 12/2025
	Explore mechanisms to strengthen family/kin connections to include, but not limited to, trial home visits and family time opportunities. Effectively utilize the ICPC Compact and ICAMA Compact processes and explore additional border agreements to sustain and maintain kin connections to support permanency wherever MD youth placement resources are located in the USA.	By 12/2026
	Design and execute a robust communication plan, including feedback loops, to ensure best practice information is disseminated to LDSS staff to resolve barriers identified.	By 12/2027
Interim Benchmarks	Identification of permanency measures by 12/2024. Dissemination mechanism established by 04/2025. Training topics and coaching plan identified by 06/2025. Communication plan designed by 06/2027.	
Impact	Increase timely permanency for children and youth.	

Strategy 5C. Strengthen practice, policy, and processes to support the advancement of well-being and connections for youth in care.		
Rationale: A 2024 landscape analysis completed by Annie E. Casey Foundation found that the proportion of older youth aging out of care in Maryland is consistently higher than the national average. Most recent data, FY21, shows that 64.1% of older youth in Maryland age out of care (with youth of color being the most likely to age out) compared to the national average of 35.3%. The analysis found that disproportionality begins early in the process (screening stage) and disparities exist at each decision point. This data informed the selection of this strategy. Several activities outlined below aim to strengthen practices through training, planning, and expanding.		
Activities and Timetable	Enhance the FTDM survey for better data collection and end user engagement in order to yield more accurate, high-quality data, fostering overall quality improvement within FTDM and aligning with its core purpose.	By 12/2024
	Train FTDM facilitators on how to use the new facilitated meeting referral form.	By 12/2024
	Strengthen the quality of and utilization of facilitated family meetings and FTDM meetings, including the translation of the FTDM brochure into Spanish.	By 12/2025
	Transition Maryland's foster care training to the National Training and Development Curriculum (NTDC) and evaluate fidelity and outcomes.	By 12/2025

Strategy 5C. Strengthen practice, policy, and processes to support the advancement of well-being and connections for youth in care.		
	Revise One on One policy to address services and supports to promote placement stability.	By 12/2025
	Strengthen Maryland's Diligent Recruitment and Retention (DRR) Plan, to target strategies for older youth and young adults, those who identify as LGBTQIA+, and special needs/medically fragile children. Also increasing training for resource and kin families to effectively sustain placements.	By 12/2026
	Identify strategies to address permanency through root cause analysis of reassessment findings of youth in QRTPs.	By 06/2027
	Implement a process to assess youth readiness to transition from congregate, non-family based care to family settings.	By 06/2027
	Develop a statewide communications and messaging campaign in partnership with young people that highlights the value of support and connection in addition to providing life skills.	By 06/2027
	Assess Maryland's capacity to expand Chafee service access for young adults beyond the age of 21.	By 12/2028
Interim Benchmarks	Convene youth-led advisory board by 12/2025.	
Impact	Decrease the number of youth aging out of foster care.	

Goal 6 CQI/QUALITY: Advance equitable outcomes for children and families by developing a performance management and accountability framework for high quality case practice and strengthening Continuous Quality Improvement and Quality Assurance activities.	
Rationale: Maryland's Child and Family Services Review Round 3 Final Report in 2018 indicated that the state was not in substantial conformity with the Systemic Factors Statewide Information System, Quality Assurance System, and with Item 31 - State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR. While Maryland has made tremendous strides since then by implementing CJAMS and implementing ongoing CQI reviews, there remains significant opportunities, as confirmed by a recent legislative audit, to strengthen the quality assurance process to ensure even more robust improvement cycles. This data serves as the basis for the selection of this CFSP goal. These opportunities include building state and local capacity for CQI and consistent application of an equity lens to improvement processes; meaningfully engaging people with lived experience; monitoring implementation of the national best practices using CQI strategies; and strengthening data infrastructure. Through these activities, Maryland aims to improve the experience of families involved with the child welfare system from intake through discharge and aftercare.	
Measures of Progress	CFSR Round 4 Findings identify Maryland's Statewide Information System Systemic Factor in substantial conformity. CFSR Round 4 Findings identify Maryland's Quality Assurance System Systemic Factor in substantial conformity. CFSR Round 4 Findings identify Maryland's Agency Responsiveness to the Community Systemic Factor in substantial conformity.

Goal 6 CQI/QUALITY: Advance equitable outcomes for children and families by developing a performance management and accountability framework for high quality case practice and strengthening Continuous Quality Improvement and Quality Assurance activities.	
Staff Training, Technical Assistance, and Evaluation	The following SSA-sponsored trainings will help Maryland achieve its CQI/Quality goal by expanding the workforce's knowledge, skills, and competencies: ● CJAMS Training ● Reflective Listening ● Additional trainings will be added as needed to implement new processes and practice changes
	Quality Improvement sessions to the LDSS are provided by SSA who regularly reviews data dashboards and provides consultation to reconcile data discrepancies to improve accuracy. SSA also provides a Local QA Process to assess compliance with key child welfare activities and facilitates a CQI Network with LDSS.SSA will provide CJAMS training (i.e., recurring, refreshers, enhancements) and develop how-to guides as needed.
	Maryland has contracted with Chapin Hall to build capacity within SSA to execute and lead data analytics and CQI/QA. Maryland also has a long-standing contract with the University of Maryland to support the training of the workforce.
	No formal evaluation or research activities are underway or planned for this goal at this time. All SSA training recipients participate in surveys to assess the Impact of Training and Technical Assistance (IOTTA) for continuous quality improvement purposes.
Implementation Supports	The following implementation supports will be addressed over the five-year period. ● Building DHS Data and Performance Office and SSA Data Team's capacity to execute headline dashboards. ● Building SSA staff capacity to meaningfully engage people with lived expertise into the development of programs, policies, and plans. ● May require CJAMS enhancements. ● May require the development and delivery of additional CJAMS training (i.e., recurring, refreshers, enhancements) and CJAMS how-to guides.

Strategy 6A. Establish a comprehensive and consistent process for gathering and integrating feedback from individuals with lived expertise and partners into performance assessments, plans, programs, and policies.
Rationale: A child welfare system is most effective when it includes the consistent representation, engagement, and integration of the voices of those with a vested interest in the child welfare system. It is especially important to integrate family and youth voices into all aspects of child welfare decision making, given they are the most knowledgeable about solutions that will benefit them. Effective collaboration can yield higher quality decision-making, innovation, and service delivery. While Maryland has a robust stakeholder focus group process already in place with caseworkers, providers, parents, and youth, there is opportunity to expand the state's processes for gathering and

Strategy 6A. Establish a comprehensive and consistent process for gathering and integrating feedback from individuals with lived expertise and partners into performance assessments, plans, programs, and policies.		
integrating feedback from a wide array of voices. Co-development of shared goals and plans with LDSS and external partners can help Maryland address longstanding disparities and inequities. In 2023 for example, Black and African American children were 1.7 times more likely to enter foster care; and compared to White children, were 2.6 times more likely to have unequal outcomes. The selection of this strategy was informed by this data.		
Activities and Timetable	Develop a communication plan that ensures partners are regularly engaged via annual surveys, listening sessions, focus groups, targeted dialogue, and contributing feedback via public comments.	By 06/2025
	Develop a centralized mechanism for gathering, analyzing, and discussing feedback, including establishing feedback loops and integrating feedback into the statewide CQI process and adjusting practices/policies as needed.	By 12/2025
	Strengthen and expand the infrastructure to support the robust inclusion of lived expertise at the state and local levels (i.e., serving on committees, advisory boards, providing consultation, hired into the workforce), particularly those from historically underserved communities.	By 12/2027
	Engage older youth in designing, installing, and implementing effective permanency improvements and community connection strategies.	By 12/2028
Interim Benchmarks	Document all current/planned processes for partner engagement by 12/2024. Develop and test a centralized mechanism for partner feedback on two policies/practices by 06/2025. Document all state and local groups where lived expertise is represented and develop a plan to ensure each has representation by 06/2026.	
Impact	Improve System Factor: Agency Responsiveness to the Community.	

Strategy 6B. Develop and implement a CQI process to measure, monitor, and support quality casework practice in accordance with national best-practices, key performance indicators (KPIs) as established by DHS, and in alignment with SSA's Integrated Practice Model (IPM).		
Rationale: Establishing clear and consistent expectations regarding case practice, as outlined by the IPM, will increase consistency across counties and improve outcomes. Building on State and Local CQI practices to strengthen implementation of the IPM, Maryland has the necessary framework to establish KPIs and performance profiles based on the IPM. This intentional, regular review of practice and performance data, with an emphasis on equity, will enable SSA and LDSS to identify IPM implementation strengths and areas of improvement to address, monitor, and improve outcomes for children and families being served. Clearly defined feedback loops will promote timely communication and facilitate small tests of change to target areas needing improvement.		
Activities and Timetable	Determine key performance indicators of the IPM, including fidelity, quality, and outcomes, and methods for collecting data.	By 12/2025

Strategy 6B. Develop and implement a CQI process to measure, monitor, and support quality casework practice in accordance with national best-practices, key performance indicators (KPIs) as established by DHS, and in alignment with SSA's Integrated Practice Model (IPM).		
	Develop a process and tools to measure and monitor progress (and/or fidelity) on the identified IPM practice standards and KPIs that build on the SSA CQI Team's CFSR Results Reports to LDSSs and LDSSs' Continuous Improvement Plans .	By 12/2026
	Measure and monitor the fidelity, quality, and impact of KPIs, and identify improvement strategies.	By 12/2026
	Address areas needing improvement as noted through case reviews, quality assurance reviews, family and youth feedback, and delivery of IPM training, IPM Coaching Intensives, Coach Approach Model training and learning collaboratives to sustain skill building.	By 12/2027
Interim Benchmarks	Establish timeline and process for engaging LDSS and other partners on the development of KPIs/best practices by 06/2025. Establish a process for sharing areas needing improvement across counties by 06/2027.	
Impact	Improve safety, permanency, and well-being outcomes.	

Strategy 6C. Strengthen state and LDSS ability to leverage data and CQI tools to achieve system and outcome improvements, including the application of an equity lens.		
Rationale: Maryland's 2018 Round 3 CFSR found the state was not in substantial conformity with the systemic factor Quality Assurance System, which informed the selection of this strategy. The state has been implementing its quality assurance process successfully for more than five years, which includes ongoing CQI reviews using the same CFSR onsite case review process and onsite review instrument. By strengthening the state's ability to apply an equity lens to its CQI efforts and improve outcomes, Maryland will be well positioned to achieve substantial conformity during Round 4 of the CFSR.		
Activities and Timetable	Prepare the statewide assessment for Round 4 of the CFSR and develop a plan to address the CFSR findings through the APSR and a Program Improvement Plan (if needed).	By 10/2025
	Continue to foster a culture of continuous learning and utilization of data to improve services through the CQI Network and the dissemination and review of lead (practice) and lag (long-term outcome) measure dashboards.	By 12/2026
	Design and implement CQI protocols, including performance data from providers. This activity is aligned with Goal 6, Strategy 6D.	By 12/2027
	Develop comprehensive written procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies, appropriate and timely recordkeeping and the maintenance of supporting documentation.	By 12/2027
	Apply an equity lens to improvement processes including gathering and disaggregating data (race, gender, age, and	By 12/2027

Strategy 6C. Strengthen state and LDSS ability to leverage data and CQI tools to achieve system and outcome improvements, including the application of an equity lens.		
	geographic region), analyzing, and executing a plan to integrate equity-related data in the State's CQI plan.	
	Expand CQI reviews to include a Quality Assurance case review that addresses the critical services and functions performed by the LDSS.	By 12/2028
Interim Benchmarks	CFSR Round 4 Statewide Assessment is submitted on time. List of procedures for monitoring programs needing to be documented is developed by 12/2026.	
Impact	Improve System Factor: Quality Assurance System.	

Strategy 6D. Strengthen data infrastructure and enhance outcome metrics.		
Rationale: Maryland's 2018 Child and Family Services Review Round 3 Final Report indicated that the state was not in substantial conformity with the systemic factor Statewide Information System. This, coupled with a change in information system platforms, informed the selection of this strategy. Maryland transitioned to a Comprehensive Child Welfare Information System (CCWIS), the Maryland Child, Juvenile and Adult Management System (CJAMS), as part of the multi-program implementation of a shared health and human services platform. During the CFSP collaborative planning process, LDSS identified CJAMS functionality and data system enhancements as priority next steps to assist with performance across priority performance areas. Stronger data infrastructure is an enabling context for strong quality assurance and CQI processes, and provides clear information to those monitoring performance. Specifically, a stronger infrastructure will facilitate ongoing monitoring of safety, permanency, and well-being; inform improvement cycles; and bolster data-driven decision-making.		
Activities and Timetable	Develop lead measures to assess child strengths and/or difficulties, including but not limited to usage and quality of child and family assessments and integrate into the lead and lag measure dashboards that are routinely reviewed by SSA and LDSS; and develop CJAMS enhancements if necessary.	By 12/2025
	Revise a set of permanency indicators to regularly monitor key areas of permanency performance, including but not limited to number of youth aging out, exits by type of permanency, FTDM attendance, ongoing exploration of kin, TPR date filed, and court hearing notifications.	By 12/2026
	Enhance the state's and CJAMS' capacity to accurately identify and monitor pregnant and parenting youth (and their children) and measure services and outcomes for this population.	By 12/2026
	Develop CJAMS capacity to integrate court data related to permanency achievement.	By 12/2026
	Build CJAMS and/or Qlik reports to support implementation and CQI efforts across SSA's program areas, including user-friendly, actionable summaries of performance and trends.	By 12/2027
	Expand the definition of well-being for children and youth served by child welfare to include essential child well-being	By 12/2028

Strategy 6D. Strengthen data infrastructure and enhance outcome metrics.		
	indicators, beyond those that already exist, and routinely monitor; and develop CJAMS enhancement if necessary.	
Interim Benchmarks	Set of revised permanency indicators revised by 06/2025. Process established to verify accuracy of pregnant and parenting youth by 12/2026. Expanded well-being indicators developed by 12/2027.	
Impact	Improve safety, permanency, and well-being outcomes. Improve Systemic Factor: Statewide Information System.	

Implementation Supports

A summary of the implementation supports to promote successful implementation, achievement, and sustainment of the 2025-2029 goals and objectives are incorporated within each of the six Goals as noted above.

IV. Services

Child and Family Services Continuum

Families are aided in raising healthy, happy children when an array of supports and services is available in their community to assist them in meeting basic needs and gaining parenting and life skills. One of the agency's top priorities to leave no one behind includes increasing access to services and benefits that support individual and family well-being. This includes providing a child and family services continuum which encompasses a range of services aimed to ensure the safety, well-being, and permanency of children while supporting families in crisis and promoting family stability and self-sufficiency. Please refer to Appendix G for a list of Maryland's primary services and supports, representing a comprehensive and robust child welfare service array continuum—from primary prevention through post-permanency supports. Services/supports are listed in primary categories but may be accessed at other points of the continuum.

Service Coordination

The coordination of services in Maryland encompasses both state-level and local inter-agency initiatives aimed at coordinating services for children and families to promote their well-being. Maryland's 2024 state plan released by Governor Moore and Lt. Governor Miller lays out the state's priorities and strategies which include increasing cross-agency coordination at the local and state level to serve individuals, families and communities more holistically.

Maryland has established the Governor's Office for Children which is a statewide effort to build a comprehensive network of supports, programs, and services for children and their families to promote social and emotional well-being; reduce food insecurity; combat youth homelessness; expand access to health services; improve education outcomes and job readiness; expand access to good jobs; and increase economic opportunity in sustainable ways. The office leads a coordinated approach within state government and across public and private sectors at the federal, state, and local levels.

SSA has a robust system for collaborating with other state agencies to provide comprehensive services to the community. By partnering with agencies like the Family Investment Administration (FIA), Maryland Department of Health (MDH), Behavioral Health Administration (BHA), Developmental Disabilities Administration, Maryland Department of Education (MSDE), Department of Housing and Community Development (DHCD), and Department of Labor and Licensing Regulations (DLLR), and the Governor's Office of Crime Control and Prevention, SSA is in a position to address a wide range of social and health-related issues that families face. These partnerships are facilitated through various formal and informal mechanisms such as Memorandums of Understanding (MOUs), inter-agency agreements, and participation in internal and external committees, boards, and commissions. This collaborative approach enables SSA and its partners to tackle complex issues such as health inequities, child abuse and neglect, child fatality, violence, substance abuse, and maternal health more effectively. SSA participates and has representation on external committees and councils such as:

- Maryland Committee on Health Equity
- The Child Fatality Review State Team
- State Council on Child Abuse and Neglect
- Governor's Family Violence Council
- Prenatal/Postpartum Behavioral Health Network
- The Morbidity, Mortality, and Quality Review Committee Meeting
- State Interagency Coordinating Council
- Special Education State Advisory Committee
- Opioid Operational Command Center

SSA is an active member of the Children's Justice Act Committee, which is Maryland's Children's Justice Act Task Force, and serves as a standing committee of SCCAN. The committee reviews and evaluates the State's investigative, administrative, and judicial handling of child abuse, neglect, and maltreatment cases, specifically child sexual abuse and exploitation cases. It also reviews grant applications and makes funding recommendations to the Governor's Office of Crime Prevention, Youth, and Victim Services.

As it relates to the Court Improvement Program, due to changes in leadership over time, SSA has resumed full participation in the Foster Care Court Improvement Subcommittee to discuss and tackle issues that impact the child welfare system in Maryland. The committee will coordinate and support an ongoing dialogue between the courts and the department to support families involved in the system in various initiatives and services.

Maryland is currently partnering with the Office of the Public Defender on its "Better Together" Program in Baltimore, with support from Casey Family Program. The program provides civil legal representation for families facing investigation by Child Protective Services (CPS) before a case is opened in court, and pregnant women likely to face CPS investigation at birth. The program provides civil legal assistance, community services, and peer support to prevent CPS from removing children from their parents, and keep children in the home with their families whenever possible. A team of lawyers, a social worker, and parent advocates work with parents to solve problems that could lead to their children being removed. Maryland will explore opportunities to expand legal representation for all parties to a child welfare proceeding and include legal representation for kinship families.

SSA also partners with the DHCD and local housing authorities for the Family Unification Program (FUP), Foster Youth to Independence (FYI), and the New Future Bridges Program to secure independent Housing for youth aging out of foster care. SSA is on the listserv of housing voucher availability for New Future to disseminate information and support the referrals from LDSS.

SSA works with the Independent Living Coordinators across the state to assess and support their jurisdictions' relationship with the Public Housing Authority (PHA), including identifying barriers to utilization of vouchers, and program needs. Several counties have their FUP/FYI process managed by DHCD: Allegany, Caroline, Dorchester, Frederick (excludes the city of Frederick), Garrett, Kent, Somerset, Talbot, Wicomico, and Worcester. The other jurisdictions' housing authorities administer the FUP/FYI. Three counties utilize FYI only, seventeen counties utilize FUP only, two counties administer both FUP and FYI, and two counties utilize neither program.

SSA is well positioned to coordinate with Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) as TANF and SNAP are operated through the FIA, and both agencies operate within DHS. LDSS Directors oversee TANF, SNAP, and Child Welfare Programs. By aligning efforts and resources, SSA can better serve overlapping populations, ensuring that families receive comprehensive support and assistance.

SSA is also a part of a comprehensive approach to address the root causes of violence and crime in communities, with a focus on collaboration, community empowerment, and targeted intervention strategies called Safer Stronger Together. This initiative is a collaborative effort between the Department of Human Services (DHS), the Department of Juvenile Services (DJS), and the Department of Public Safety and Correctional Services (DPSCS) that aims to address the complex challenges faced by families in high-crime and high-poverty areas.

Safer Strong Together aims to improve collaboration and action between agency staff serving individuals and families who are served in common, empower community members to direct resources to improve community safety and wellness and be a partner in deciding what resources to invite to Opportunity Centers and increase community safety by concentrating services on streets with high crime within priority communities.

On a local level, each of the 24 LDSS coordinate services with respective Local Care Teams which serve as the point of access to services for children and youth. Family members or agencies make referrals directly to the Local Care Teams to seek assistance with accessing services, to develop plans of care for community-based services and to coordinate services from multiple agencies. Families and children at risk of out-of-home or out-of-State placement, with complex needs and/or who are in crisis are identified as priorities for the Local Care Teams. The LDSS also collaborates with local management boards which focus on identifying priorities and targeting resources for a jurisdiction's communities.

LDSS also have existing contracts with Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs to ensure that families involved in child welfare can access early intervention efforts through home visiting programs.

As described in the state's vision, Maryland is building a system that improves family and child well-being with family-centered, child-focused, community-based service. This requires SSA to partner, invest and contract with community-based child and family service agencies to address the diverse needs of Maryland families Maryland intends to partner with certain community-based agencies to develop a community pathway to access prevention-based services. SSA is currently soliciting vendors for Community Based Prevention Support Services as part of the agency's prevention services effort. SSA contracts with various evidence-based service providers to provide direct In-home parent skill-based programs, mental health and substance abuse services to children and families.

SSA coordinates and partners closely with parent support agencies such as Maryland Coalition of Families to include lived experience into the agencies programs, performance, services, practice and policies and Maryland Family

Network, the recipient of Maryland's CBCAP on their Strong Families Grant Program; a community-based efforts to prevent child maltreatment and strengthen families to ensure alignment of child abuse prevention efforts. MFN participates in SSA's Protection, Preservation and Prevention Implementation Teams and SSA participates in MFN Strong Families grant review process.

Maryland's approach highlights the importance of collaboration and coordination in effectively addressing the complex challenges faced by children and families and carrying out the Moore-Miller Administration's mission to "leave no one behind." By working together across agencies and sectors, the state aims to create a more seamless and supportive environment that promotes the well-being of all its residents.

Maryland has participated in two Cross-Systems Convenings which were facilitated by Casey Family Programs. These convenings brought together child welfare leaders from nine states/jurisdictions in February 2024 to discuss high-acuity youth and their complex care needs. The second convening was held in June 2024 with the same states/jurisdictions; however, in addition to the child welfare leaders other cross-system partners were invited. Maryland's delegation included the Governor's Office of Children, Maryland Department of Health - Behavioral Health Administration and Developmental Disabilities Administration, the Maryland Department of Juvenile Services. During the convening an action plan was developed, and all agencies are committed to ongoing collaboration to ensure the complex care and placement needs of high-acuity youth in Maryland are met.

Service Description

Child Abuse Prevention Support Services
In Maryland child abuse prevention support services are available and provided by SSA as well as through collaborative partnership with community based, local and state agencies. Some of these services includes:

- Conducting CPS background screening checks on current or prospective employees and volunteers for children/youth serving agencies
- Community Based Parenting Support Programs
- Parenting Helplines
- Counseling and Therapy
- Parent education and support groups
- Child Abuse Prevention and Awareness
- Mandated Reporting Training
- Evidenced Based Interventions

- Respite Care Services
- Care Coordination
- Family Support Centers
- Home visiting Programs
- Early Intervention Services
- Legal Advocacy and Support

Maryland is building a system that improves family and child well-being with family-centered, child-focused, community-based services. Over the next five years Maryland will develop a Community Pathway for prevention services. Community Pathways to prevention are services offered to families that include evidence-based prevention programs within the community in partnership with the family. These services are provided as upstream services prior to child welfare services involvement to prevent family separation and placement in foster care. Further details regarding the effort to strengthen the service array are described in Section III, Goal 1.

Additionally, SSA as well as all LDSS contract with community-based organizations to offer family support prevention services to families in the community. As noted in the service collaboration section of this report, SSA is currently soliciting vendors for Community Based Prevention Support Services as part of the agency's prevention services effort. SSA also contracts with various evidence-based service providers to provide direct In-home parent skill-based programs, mental health and substance abuse services to children and families. While not all funded directly by SSA, Table 33 below highlights some evidence-based services available in Maryland:

Table 33: Evidence-Based Services Available in Maryland

In-Home Parenting	Mental Health	Substance Abuse
*Healthy Families America (HFA)	*Parent Child Interaction Therapy	*Sobriety Treatment and Recovery Teams
Nurse Family Partnership	*Multisystemic Therapy	Safe Babies Court Team (SBCT)
Nurturing Parenting Program	*Functional Family Therapy	Seeking Safety
Parents as Teachers	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Methadone Maintenance Therapy (MMT)
Homebuilders	Family Centered Treatment	The Seven Challenges
Family Connections		
Note: *Evidence Based Programs currently in Maryland's Title IV-Prevention Plan		

Child Protective Services
Maryland's 24 LDSS' CPS programs screen and respond to allegations of child abuse and neglect. They perform assessments of child safety, assess the imminent risk of harm to children and evaluate conditions that support or refute alleged abuse or neglect and need for emergency intervention. Additionally, they provide therapeutic interventions for both the child and the family to address underlying issues contributing to abuse or neglect, stabilize families in crisis, and preserve families by reducing threats to safety and risk factors. This program provides an array of prevention, intervention and treatment services including:

- Statewide telephone hotline for receiving child abuse/neglect(CAN) reports
- Risk of Harm assessments
- Family assessment and preventive services screenings
- Providing substance exposed newborn crisis assessment and services
- Service referrals Providing family-centered services
- Family Team Decision Making Meetings
- Safety Planning
- Coordination with other family serving agencies

Maryland offers a dual pathway system for all CPS cases: Investigative Response (IR) and Alternative Response (AR). Investigative Response is the traditional investigation which focuses on conducting a thorough investigation to gather information about the allegation. This includes assessing the validity and urgency of the referral and making a formal finding based on the gathered evidence. This track is typically reserved for high-risk cases involving serious physical injury or sexual abuse.

Alternative Response (AR) is designed to manage certain low risk reports of child abuse and neglect. Unlike a traditional "one size fits all" investigative approach, which requires workers to treat all cases the same way, Alternative Response allows workers to tailor their approach to best serve families. For cases accepted in the AR track, SSA collaborates with the family to provide services without the threat of a formal finding of abuse or neglect. By offering both responses, Maryland can better address the varying needs and levels of risk within reported cases.

Family Preservation Services
Family Preservation Services in Maryland represent a continuum of services and interventions available within the LDSS. This includes community-based parenting support agencies aimed at helping families stay together, maintain

stability, and thrive. Family Preservation services are offered and provided when a family has been identified to need on-going services to address issues such as child abuse, neglect, substance abuse, mental health issues, domestic violence, homelessness, or financial instability, which may threaten the stability and well-being of a family.

Family Preservation cases often originate from a CPS referral where maltreatment has not occurred, but there is a risk of harm to a child. Examples of risk of harm referrals include substance exposed newborns, substantial risk of sexual abuse by a registered sexual offender, and substantial risk due to domestic violence. Family Preservation Services typically serve children who may be identified as “candidates” for foster care. Families develop a service plan with the worker and are offered various interventions and services such as Evidence-Based Practice Models available through the FFPSA.

Kinship Navigation and Support Services
Kinship Navigator Services play a crucial role in Maryland’s shift to a kin first culture. These services, facilitated by state and local Kinship Navigators offer vital support and guidance to relatives and kin who are caring for their minor relative(s), who are unable to remain safely in the care of their parents. They provide referrals for services, linkage to eligible benefits and additional support. Currently, only 26% percent of all children in foster care in Maryland are placed with kin. However, best practice and research underscores that placement with kin enhances stability improves, mental and physical health outcomes, reduces the risk that youth in foster care will be trafficked, and maintains children’s vital connections to family, community, and culture.

Kinship Navigator Services are designed to assist kinship caregivers outside of the child welfare system who are providing care for a relative child through informal arrangements as well as formal kinship placements for children who have been formally placed in their care. Serving as an outreach prevention strategy, the Kinship Navigator program prioritizes safety, permanency, and well-being. Kinship Navigators identify and help families navigate appropriate resources to support family stability and prevent foster care placements. Kinship Navigators guide families through the intricate landscape of child welfare, including accessing housing, healthcare, educational supports, childcare services, local food pantries, mental health counseling, linkage to a primary care provider, parenting education and legal assistance.

Placement Services
The agency provides out-of-home placement to children and youth who have been removed from their parents’ custody by the court. These services begin with an assessment of the child's needs to determine the least restrictive and most suitable placement, which may include a kinship home, regular foster

home, treatment foster home, therapeutic group home care, diagnostic center care, QRTP, or residential treatment center care. Once the most appropriate placement is made, Out-of-Home staff support the placement with case management, transportation, coordination of medical and educational services, respite care, linkages to community supports, benefit eligibility assistance, and ongoing permanency planning**.**

Permanency
Once the most appropriate placement is made, Out-of-Home staff support the placement with case management, transportation, coordination of medical and educational services, respite care, linkages to community supports, benefit eligibility assistance, and ongoing permanency planning. Children in Out-of-Home services have required concurrent permanency plans unless the plan is Adoption or Another Planned Permanent Living Arrangement. In most cases, reunification is the primary permanency plan and Out-of-Home staff work with the family to help achieve this plan whenever possible.

Adoption Assistance Program
Assistance is provided to families to offset costs incurred in the adoption and in maintaining the stability for the adopted child. Adoption assistance, also known as adoption subsidy, is granted in different forms. Adoptive families receive monthly monetary assistance payments through a negotiated rate, not to exceed the current foster care rate, designed to assist in maintaining stability for the adopted child. Additionally, there are single, one-time-only payments targeting specific needs, such as legal fees. Adoptees receiving subsidy assistance are also eligible for medical assistance through the Maryland Medical Assistance Program. Adoption assistance is designed to stabilize or maintain an adoptive placement after finalization.

Mutual Consent Voluntary Adoption Registry
The Mutual Consent Voluntary Adoption Registry (MCVAR) is a part of Post Adoption Services. MCVAR is a passive listing of adult adoptees, birth parents and birth siblings. Started in 1986, it was developed to enable people to connect with birth relatives with whom they have been separated through adoption. When an application is received, the information is entered into MCVAR to see if it matches with an existing registrant. Using vital information: date of birth, location of birth, gender, name of birth parents or the name(s) of adoptive parents, registrant information is compared to see if there is a connection to other registrants. If there is a match the connection is verified. Once validated, the two registrants are then connected.

Adoption Search, Contact and Reunion Services
Adoption Search Contact and Reunion Services (ASCARS) are a part of Post Adoption Services. The services were started in 2000 and are designed to

enable people to actively seek birth relatives with whom they have been separated through adoption. The service is available to adult adoptees, birth parents and birth siblings who were also adopted and whose adoptions were finalized or initiated in Maryland. Through the services one can attain non-identifying information about the relative, or actively seek to have contact with birth relatives. Contact is only made if both parties are willing to engage. The search services are conducted by Confidential Intermediaries (CIs). CIs are trained and certified by SSA. Maryland is a mutual consent state, so birth relatives have the right to agree to have contact or to decline. The CI works with the applicant to prepare the applicant for possible outcomes of the process.

Ready by 21 and Independent Living
Ready By 21 and Independent Living Services are available to youth ages 14 to 21 in out-of-home care and are designed to prepare youth to transition to adulthood. Youth participate in transition planning with a focus on the development of basic life skills, building connections to community resources and enhancing personal and professional networks of support. Each of Maryland's 24 LDSS has an Independent Living Coordinator (ILC). Independent Living Coordinators assist youth and their caseworkers with all independent living services in the following domains:

- Housing
- Health Care
- Education
- Employment
- Financial Literacy
- Social and Emotional Well Being

Guardianship Assistance Program
The Guardianship Assistance Program (GAP) provides legal stability for children who are unable to return home to their parents and adoption has been ruled out as an option. GAP allows caregivers legal responsibility for children without terminating parental rights. Legal custody and guardianship of a child may be a financial hardship, so GAP provides a monthly subsidy payment for assuming a parental role and care for the child.

Interstate Compact for Placement of Children
The ICPC, State of Maryland's participation in this nationwide agreement or compact, ensures that foster children placed out-of-state from Maryland and children placed into Maryland from other states receive the same protections guaranteed to the children placed in State care within Maryland, as return or reunification with parents or other permanent (adoption or custody & guardianship as a final placement order) placements with relatives or interested non-relatives are sought, or as needed temporary, specialized RTC

treatment is secured. The ICPC Compact offers states uniform guidelines and procedures to ensure these placements promote the best interests of each child while simultaneously maintaining the obligations, safeguards, and protections of the "receiving" and "sending" states for the child until permanency for that child is achieved in the receiving state's resource home, or until the child returns to the original sending state.

Interstate Compact on Adoption and Medical Assistance
The ICAMA Compact removes barriers to the adoption of children, with or without special needs, across State lines and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive and adopted children placed interstate or adopted children and their families moving between states or placed temporarily for specialized RTC treatment services. In addition, the IV-E eligible Guardianship Assistance Program offers medical assistance to children not adopted but still in permanent placements and provides a framework for interstate coordination of medical assistance specifically related to permanency awarded to out-of-State IV-E eligible Foster Parents.

Maryland's assessment of strengths and gaps in services is described in Section II Systemic Factor 5: Service Array section of this report.

Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart I)

Services for Children Adopted from Other Countries
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.

The SSA can track the number of children that have entered out of home care that were previously adopted from another country in CJAMS. Additionally, SSA can assist a post-adoptive family prior to the removal and entry in out-of-home care by providing Family Preservation Services to prevent removal and to preserve the family.

To prevent disruption and offer post adoption supports, SSA will ensure that adoptive families who may come to the attention of the LDSS receive the following services utilizing federal IV-B and IV-E funding as well as PSSF funds:

- pre-and-post adoption support services to community resources
- Financial supports

- Adoption education and therapeutic support services
- voluntary placement assistance, if applicable
- family preservation services

The SSA will inform and provide technical assistance to the LDSS regarding support for international adoptions.

Services for Children Under the Age of Five

The SSA took a deeper look at how it supports and engages with its most vulnerable population, children between the ages 0-5, who come to the attention of the agency. One of SSA's key priorities is to fully implement the FFPSA to build prevention services for all children, with an emphasis on ages 0-5. By identifying and considering the unique needs of all Maryland children who are 5 years old and younger, the agency is able to support efforts that ensure every child thrives and reaches their full potential. The agency has demonstrated this by collaborating and partnering with state, local and community-based programs that offer essential resources and services focused on supporting children's developmental needs.

In order to reduce the length of time young children under the age of five are in foster care without a permanent family, SSA is focusing on increasing its efforts to locate and license kinship caregivers. Kinship care minimizes trauma; increases the likelihood children remain with siblings; increases permanency by providing stability with fewer placement disruptions; improves children's behavioral and mental health outcomes; and maintains family, community, and cultural ties that function as protective factors for children. Specific activities related to permanency outcomes can be found in Section II: Assessment of Performance Child and Family Outcomes Permanency Outcomes 1 & 2.

To ensure and address the developmental needs of children under the age of 5, SSA's Health Care Services Oversight and Monitoring policy requires all LDSS to refer a child under the age of 3 in foster care to the Maryland Infants and Toddlers Program (MITP) for assessments and early intervention services if the child was abused or neglected, is suspected of having a disability or was born substance exposed. The LDSS is responsible for scheduling routine examinations and Early and Periodic Screening, Diagnosis Treatment (EPSDT) for all children in out-of-home placement as required by the Maryland Healthy Kids Preventive Health Schedule. Maryland has demonstrated oversight collaboration and partnership with these providers and other community-based programs that offer essential resources and services for infants and toddlers and their families to foster healthy child development and decrease the likelihood of maltreatment. The programs offer early learning and child care, parent empowerment and coping skills, and recovery

support for parents with substance use disorders in addition to other early intervention programs. These programs include:

Early Learning and Parenting Empowerment

- MSDE - Maryland Infants and Toddlers Program
- MSDE-Infant and Early Childhood Mental Health (IECMH) Support Services
- MSDE - Child Find
- Building Better Beginnings (B3) initiative
- Judy Centers (Located in various counties)
- Home Visiting- Nurse-Family Partnership, Healthy Families America, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters (HIPPY), or Early Head Start
- Ready At Five
- Parent Child Interactive Therapy (PCIT)
- MSDE-Social Emotional Foundations of Early Learning (SEFEL) Pyramid Model

Recovery Support Programs

- Sobriety Treatment and Recovery Teams (START) (7 jurisdictions)
- Safe Babies Court Team Approach (SBCT) (Frederick County)
- Peer Recovery Coaches (Harford County)
- Family Recovery Courts (5 Jurisdictions)
- Nurturing Parenting Program (NPP)

Family Support

- Maryland Family Network's Strong Families- CBCAP grantee programs, Family Support Patty Centers and Early Head Start Networks

The SSA has appointed a Child Welfare Early Childhood Specialist to oversee initiatives addressing the requirements of children aged 0-5 and their families. This role involves collaboration with other agencies such as FIA and MSDE to enhance accessibility to high-quality, stable early childhood programs and services. The specialist will identify opportunities and coordinate services to bolster collaborations between early childhood programs and the child welfare system. Moreover, the specialist will play a key role in supporting Substance Exposed Newborns (SENS) and promoting well-being initiatives for the benefit of young children and their families.

Efforts to Track and Prevent Child Maltreatment Deaths

In Maryland, efforts to track and prevent child maltreatment deaths involve a multi-disciplinary, multi-agency approach. Current Social Services Administration (SSA) policy requires prompt notification and investigation of critical incidents involving children in the welfare system. All LDSS are

required to notify SSA whenever a child in an active or recently closed child welfare case is involved in a fatality, critical incident or sustains a serious physical injury within two hours of the LDSS becoming aware. Additionally, all child fatalities in which child abuse or neglect is suspected to be a contributing factor in the death are investigated by LDSS staff and detailed information surrounding the child fatality is provided to SSA. Information from the coordinated investigation is documented in the agency electronic system of record; CJAMS.

To ensure accurate reporting, all investigations are documented in CJAMS including the indicator that there was a child fatality. Abuse or neglect is documented in the system of record as 'indicated', 'unsubstantiated' or 'ruled out' as a contributor to the child's death. When completing Maryland's National Child Abuse and Neglect Data System (NCANDS) report, data from CJAMS is used for reporting purposes.

State Child Fatality Review Team

Operating under the Maryland Department of Health (MDH), Maryland has established State Child Fatality Review (CFR)Team which is a multi-agency team focused on preventing child deaths by developing an understanding of the causes and incidence of child deaths; developing plans for and implementing changes within the agencies represented on the State CFR team to prevent child deaths, and to advise the Governor, General Assembly, and the public on changes to law, policy, and practice to prevent child death. Members of the CFR team include members of the Attorney General, Chief Medical Examiner, Department of Human Services, Maryland Department of Health, State Superintendent of Schools, Department of Juvenile Services, Secretary of State Police, the president of the State's Attorneys Association, the chief of the Division of Vital Records of the Department, a representative of the State's Center for Infant and Child Loss, Director of the Alcohol and Drug Abuse Administration of the Department, two pediatricians with experience in diagnosing and treating injuries in child abuse and neglect appointed by the Governor. The CRT utilizes data collected from Vital Statistics Administration, Injury Prevention Programs, Highway Safety and local reviews to guide the State CFR Team in making significant and purposeful recommendations to the legislature and to community action groups aimed at preventing child deaths.

Fatalities are reported to NCANDS through both the Agency and Child files. The Agency File provides an aggregate overview of fatalities in the State, while the Child File provides record-level data. Fatalities are recorded in the Child File when abuse or neglect are considered a contributing factor in the cause of death, while the Agency File records any deaths that are not captured by the Child File. Additional questions in the Agency File highlight

whether those fatalities missing from the Child File have been in Foster Care, received Family Preservation Services, or had been reunited with their families; each of these additional questions examines the previous 5 years.

The SSA receives the State Child Fatality Review Team's annual report, and while it contains information that has a broader focus than just child abuse/neglect related child fatalities, information provided from this report is used to augment Maryland's NCANDS report. The most recent is the Child Abuse and Neglect Expert Panel 2021 Report.

Maryland has both state and local CFR teams which are mandatory in each jurisdiction. CFR also serves as one of the three CAPTA Citizen Review Panels. Locally, each of the 24 LDSS has a representative on the local child fatality review team (CFR). Local teams conduct retrospective/periodic review of cases. Local teams advocate at the local level through such avenues as letters to the editor and recommendations to agencies. They also identify education and training needs at the local level. Local CFR teams review deaths to children ages 0-17. Local teams may elect to review deaths up to 21 years of age. Teams review all causes of deaths from cases received from the Office of the Chief Medical Examiner including unusual and unexpected deaths. Many cases that come before the local team include those in which abuse and neglect have not contributed to the death. Information regarding the law enforcement investigation is presented at the local CFR team meetings and LDSS and law enforcement coordinate their efforts in instances in which the fatality under review may have resulted from child abuse or neglect. Maryland participates in the electronic data system made available to all states by the National Center for the Prevention and Review of Child Deaths (NCPRCD). Local teams enter data from case reviews directly into the data system, so data summaries are easier to obtain.

MDH has a process in place for monitoring and reviewing deaths in Maryland. MDH sends the local Child Fatality Review (CFR) coordinator and the Health Officers in each county, a list from the Vital Statistics Administration (VSA) of all deaths collected by the VSA in the previous month, not just unusual and unexpected deaths. The list is called an Abbreviated Death Record (ADR), and is a courtesy list sent to help the local review process through providing extra information. The official notification for CFR teams to do a case review comes from the Office of the Chief Medical Examiner (OCME), and Maryland law requires the OCME to send such cases to the local CFR teams.

To reduce and prevent child maltreatment death while considering the well-being of caseworkers involved in these cases, SSA implemented their own CMFR process in 2022. The CMFR uses a system-focused critical incident review process to identify areas for learning and systems improvements. The CMFR takes a supportive and non-punitive approach to learn from child

fatalities. Staff involved with the case or impacted by the fatality under review are asked to participate in CMFR. The CMFR reviews a small representative sample of child fatalities aimed to have candid conversation about system issues and problems without blame. The review refrains from seeking evidence that harm to a child or staff member is caused by steps taken or not taken by any individual, as this is rarely the case. Furthermore, the review process cautions against disciplinary actions against staff following tragic events. The CMFR was created in collaboration with the National Partnership for Child Safety (NPCS) and utilized the Safe System Improvement Tool (SSIT), an information integration tool designed to support system improvement activities. A review of child fatalities including those conducted through the CMFR process, identifies trends and informs policy, training, and practice improvements as well as service array needs. The CMFR process analyzes the circumstances surrounding each fatality and allows the agency to pinpoint systemic issues that may contribute to or impact such tragedies. The initial roll out of the SSA CMRF has presented some challenges for the agency with regards to participation of workforce staff, and the agency is seeking to make improvements. The agency is currently in the process of reviewing the current CMFR plan. In 2025, the agency intends to relaunch the SSA CMFR process to improve efficiency and effectiveness based on lessons learned. This includes enhancing, training, and support, streamlining processes, continuous Improvement and ensuring there is clear Communication with regards to expectations of participants in the process to ensure reviews are conducted regularly.

MaryLee Allen Promoting Safe and Stable Families

As outlined in Section IV: Service Decision-Making Process for Family Support Services, Maryland plans to continue to use the Promoting Safe and Stable Families (PSSF) Grant to operate family preservation services, family support services, time-limited services, and adoption promotion and support services. Currently, funds are allocated to LDSS on a State Fiscal Year basis.

Title IV-B Subpart 2 requires the State to utilize a significant portion of expenditures on services, Maryland uses only ten percent (10%) of the PSSF grant on each discretionary and administrative cost. The administrative and discretionary portion of the Promoting Safe and Stable Families (PSSF) Grant is utilized for new initiatives and projects in the child welfare arena, including funding for contracts.

Maryland plans to continue monitoring expenditures by the LDSS to ensure that the Promoting Safe and Stable Families (PSSF) Grant is spent in the following service categories: family support, family preservation, time-limited reunification, caseworker visitation, recruitment and retention and adoption promotion. The types of services provided include but are not limited to

individual, group and family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental health services, assistance to address domestic violence, and temporary child care and therapeutic services for families, including crisis nurseries, transportation, and visitation centers.

Adoption Promotion and Support Services are also available to pre-adoptive families. The types of services provided include: respite and child care; adoption recognition and recruitment events; life book supplies for adopted children, recruitment through matching events and media, promotional materials, pre-service and in-service training for foster/adoptive families; foster/adoptive home studies, materials, equipment, and supplies for training, consultation and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption in making a commitment.

Family preservation and family support funds are allocated to LDSS annually. Primarily, the LDSS operates a specific program with these funds. For those LDSS that were not allocated funds for a specific program, they receive “flex funds” that are used to pay for a variety of supportive services for families receiving In-Home services. The family support and preservation services are available to all families in need of services, including birth families, kinship families, and foster and adoptive families.

Caseworker visitation funds are to be used to improve the quality of caseworker visits with an emphasis on improving caseworker decision making on the safety, permanency, and well-being of youth in foster care and or on caseworker recruitment, retention, and training.

Time limited reunification funds will be used for services provided to youth that are removed from their home and placed in out-of-home care. These services may be provided to the parents, primary caregiver of the child to facilitate reunification of the child safely and appropriately.

Recruitment and Retention funds will be utilized to recruit new resource parents and to encourage current resource parents to continue providing services. Activities may include in service training for resource families and events that celebrate resource families. The funds may be used for targeted recruitment of families, general recruitment, and child specific recruitment.

Section III, Goal 1 and Goal 4 details the agency's plan to utilize and expand community support and prevention programming. Several LDSS currently use a portion of the PSSF family support programs funding to focus on community-based prevention services designed to help improve outcomes for the families served. This funding in some instances is being used to support case management services and EBPs, such as parenting education

and support. The additional programming supported by PSSF at the local level aids the department in addressing the agency and geographic specific needs of the families being served.

Service Decision-Making Process for Family Support Services
As described in the agency's vision, Maryland is building a system that improves family and child well-being with family-centered, child-focused, community-based services. The Family Support Services component of The Promoting Safe and Stable Families (PSSF) Grant allows us to further that vision.

In Maryland, The Promoting Safe and Stable Families (PSSF) Grant is utilized to support families within the family preservation services, family support services, time-limited services, and adoption promotion and support services programs. Each year funds are allocated directly to LDSS on a State Fiscal Year basis. Maryland utilizes a comprehensive approach to supporting families through a variety of community-based services. Through direct allocations, LDSS in Maryland contracted with various community-based providers to expand access to services within their local community. These services include:

- Fatherhood Program
- Empowering Mothers & Responsible Fathers Parenting Support Groups
- Safe Start Program
- Early Developmental Screening:
- Supervised Visitation
- Healthy Families Home Visiting Programs
- Respite Services
- Parent Education Classes
- Nurturing Parenting Program
- Child Development Specialist Positions at Family Support Centers
- Mentoring and Tutoring
- Health Education Services

For many years, LDSS allocations for this purpose have remained level funded. However, as the landscape of service needs and community-based services has evolved, the agency has recognized the need to reexamine the distribution of these funds. The agency intends to update the formula utilized to distribute funds to better target support to areas or services that require additional assistance.

The agency intents to utilize the administrative and discretionary portion of Promoting Safe and Stable Families (PSSF) Grant to support innovative child abuse prevention related initiatives such as contracting with

community-based agencies. This effort supports the agency's vision to develop Community Pathways to Prevention. The Executive Director of SSA holds the authority to decide the allocation of these funds. However, decisions regarding funding distribution are made collaboratively, involving input from SSA program staff and stakeholders. This inclusive approach ensures that the funding is utilized effectively and addresses the most pressing needs within the community.

Section III Goal 4 of the report describes the agency's plan to develop a comprehensive range of community support to address family needs proactively, thus preventing unnecessary involvement of child welfare services. The agency intends to explore avenues for offering family-centered, community-based economic, and tangible support to families. As part of the implementation of the FFPSA, it is imperative that the agency assess the availability of support services in Maryland to ensure they are culturally and linguistically appropriate. Moreover, Goal 4 includes strategies to ensure the availability of culturally appropriate EBPs in both urban and rural areas across Maryland. This analysis of available services will play a crucial role in determining the future targets and distribution of Family Support PSSF (Prevention Services and Programs) funding.

Populations at Greatest Risk of Maltreatment

The State of Maryland has identified children between the ages of 0-5 with a parent affected by substance abuse or other mental health disorder, as a population at greatest risk for maltreatment. Additionally, older youth between the ages of 14 and 17 years old with behavioral health needs have also been identified as a population at greatest risk for maltreatment. A review of both nationwide and statewide data supports these two groups are at heightened risk and particularly susceptible to maltreatment.

The Department's Headline Indicators report from CY2023 indicates 52% of risk assessments completed during CPS investigations cited substance use or other mental health issues as a risk factor. In Maryland, 30% of children removed in 2023 cited caregiver substance abuse and substance use disorder as primary factors leading to the removal of children from their households. Caregiver substance use was a factor in 37% of separations for children under the age of one and 24% of separations for children between the ages 1 - 4 years old. National trends in data show that children removed from homes where a parent had a substance use disorder spent more time in foster care and are less likely to reunify with family.

The Headline Indicators report for CY2023 shows that of the youth ages 14 - 17 who entered foster care, 60% have the youth's behavioral health identified as a factor contributing to the removal from the home. Additional factors of

removal for youth 14-17 include abandonment (43%), youth's substance abuse (41%) and child's disability (38%). Moreover, this same age range experienced an average of 7.25 relocations per 1,000 days in care, highlighting a notable lack of stability. Children who remained with their families and were referred to an evidenced-based intervention commonly cite "complex psychological or behavioral needs of the youth" as a prevalent risk factor and reason for referral.

Although the State considers all children under state care as vulnerable to maltreatment, the populations referenced are considered at greatest risk for maltreatment because of the complex services needed and considerable impact on their health and well-being. Maryland plans to continue collecting data to determine areas of concern and to devise strategies that will improve outcomes for the two populations identified.

Measurable Targets and Goals
Over the next five years, the Department plans to enhance its understanding of the populations most at risk for maltreatment by analyzing data from the SSA Headline indicators identified below:

- Youth Entering Care 14-17
- Youth Entering Care <1
- Youth Entering Care 1-4
- 14- 17 Entering Care due to Child Behavior
- Youth <1 Entering care with Caregiver Drug Abuse as a factor

Additional Activities to improve performance for populations at greatest risk
The agency recognizes that this is a critical opportunity to leverage community partners and prevention resources to consider how community pathways can address the needs of the population of children who are truly at greatest risk of maltreatment. Activities to support children between the ages of 0-5 with a parent affected by substance abuse or other mental health are described in Section III, Goal 4: Strengthen and expand the service array with a focus on availability, accessibility, and intensity to meet the individual and cultural needs of children, youth, and families. This goal includes strategies such as ensuring there are culturally appropriate EBPs available in both urban and rural jurisdictions across Maryland. The agency also plans to leverage the opportunities through the FFPSA and continue to invest in or expand substance use, mental health and parenting EBPs in Maryland.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The standard for caseworker visits in Maryland is that all children must be visited face to face monthly while in care for all living arrangements after the removal date. The state's goal is to achieve 95% or above for all visits. Specifically, seven of the 12 monthly visits must occur in the residence of the child, and the visit must be documented within five business days in CJAMS. In FY2023 Maryland had a monthly visitation rate of 97.3% and 84.2% of the monthly visits occurring in the residence.

Historically, funding has been used to better support families and enhance the quality of caseworker visits through staff training in various areas. This included fostering team building within the LDSS across different units, providing techniques for de-escalation to help staff engage with families effectively, and offering training on autism spectrum disorder to enhance their understanding of working with youth and families. Additionally, training was provided on upgraded equipment purchased through these funds to assist during family visitations. Laptops were purchased for workers to complete visitation documentation in CJAMS, and other devices such as cameras were purchased to assist in providing resources to families and workers during visits.

To further address the needs of families, additional training will be provided on permanency areas such as case planning, authentic engagement, cultural competency, trauma responsiveness to LDSS. Furthermore, supplies needed to upgrade and enhance observation/ visitation rooms, such as toys, books, crafts, and furniture will be provided. The LDSS leadership has also expressed interest in coaching and safety culture trainings to offer more supportive opportunities to increase workforce morale.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

Agency Administering Chafee

The SSA administers and oversees the John H. Chafee program within the 24 LDSS in Maryland. Through its staff at the central office, SSA provides oversight by monitoring LDSS compliance with policies and practices and providing coaching sessions to LDSS as needed.

The Five-Year State Plan elevates permanency and well-being for older youth in several goals and strategy areas. The SSA Older Youth Team will support the

implementation of Strategy 4D: Assess and address known barriers to securing needed services; Strategy 5C: Strengthen practice, policy and processes to support the advancement of well-being and connections for youth in care; Strategy 6A: Establish a comprehensive and consistent process for gathering and integrating feedback from individuals with lived expertise and partners into performance assessments, plans, programs, and policies; and Strategy 6D: Strengthen data infrastructure and enhance outcome metrics within the State Plan.

Description of Program Design and Delivery
Maryland refers to the John H. Chafee Foster Care Program for Successful Transition to Adulthood as Ready By 21/Transitional Youth Services. The goal of Maryland's Ready By 21/Transitional Youth Services is to assist youth with making a successful transition from out-of-home placement to successful adulthood. The Ready by 21 Benchmarks/ Transitional Youth Services is designed to provide services to all youth in any out-of-home placement (foster care, kinship care, and pre-adoptive placement) from fourteen (14) to twenty (20) years of age, regardless of permanency plan or placement type. The Ready by 21 Benchmarks have been aligned with educational standards to ensure that all youth receive grade-level appropriate instruction. The overarching goal is preparation for self-sufficiency. The youth, resource provider, and caseworker assess the youth's proficiency in life skills. The assessment outcomes determine the youth's ability to meet their daily independent activities. Individual goals and services are developed to meet the youth's needs. Foremost, youth are provided basic living skills primarily in partnership with their resource provider and caseworker. The youth also have the opportunity to participate in appropriate individual and group life skills-building classes and activities. Through the delivery of Transitional Youth services, youth are encouraged to actively plan the activities and services needed for self-sufficiency.

Revisions of the Ready by 21 Practice Guide and Policy Manual are underway, and a rollout plan is being developed to strengthen the utilization of this tool in transitional planning.

- The core strategies of Ready by 21 are:
    - Safe and Stable Housing
    - Education and Employment
    - Well-Being and Civil Engagement
    - Permanent and Supportive Connections
    - Financial Empowerment

State Youth Advisory Board (SYAB)

Youth and young adults within the child welfare system in Maryland are involved in developing the John H. Chafee plan through their involvement in the State Youth Advisory Board (SYAB) and the Local Youth Advisory Board (YAB). The SYAB and YAB meet at various times to provide feedback and recommendations on improving the caseworker-youth relationship, making policy and practice changes affecting youth in care, and ensuring youth receive needed resources and services. They also allow youth to advocate for themselves by disseminating information to administrators, lawmakers, and youth in foster care. The SYAB consists of members currently or formerly in care between the ages of 14 and 26. Meetings continue to be held monthly throughout the year, and youth who participate receive a stipend for meeting attendance. An identified goal for the year is to increase the number of youth joining the SYAB.

Involvement of youth in the development of the CFSR/PIP
The SYAB was involved in the CFSR planning meeting held in March 2024. This meeting proposed strategies and activities for the five-year John H. Chafee Plan.

Positive Youth Development Principles
The principles of Positive Youth Development are incorporated into the John H. Chafee program through an individualized youth transitional plan. The youth are guided through sharing their dreams and goals and take ownership of their individual youth transition plan. This youth engagement process is tailored to develop positive self-derived goals and an action plan to achieve those goals with the support of the caseworker and youth-identified support system in the transitional planning process. This process allows youth to build confidence and develop positive connections and bonds within the community. The youth transitional planning process is designed to empower and advocate for children, youth, and family needs. It provides an opportunity to use the family or youth's support and resources to address needs, problem-solve, and collaboratively make critical and difficult decisions that impact safety, permanency, and well-being needs. This process aligns with national best practices as it provides service through empowerment, advocacy, respect, and collaboration.

In addition, the Older Youth Team has hosted the Emerging Adult Summit and Emerging Adult Executive Internship over the last two years post-COVID. Over the next five years, SSA plans to expand opportunities for older youth through summer youth internships, advocacy involvement through Maryland Legislative Foster Youth Shadow Day, and Team-Building and Leadership summits conducted through the SYAB and YABs.

NYTD Data

Maryland will continue to engage its stakeholders to review the statistics gleaned from the NYTD survey to understand the magnitude of the issues facing young adults transitioning from foster care and continue to improve the State's approach to supporting these youths to be successful. The Older Youth Team will continue working with the federal Capacity Building Center and other technical assistance partners to examine the status of transitioning youth in Maryland to improve the State's response to support the youth's transition to adulthood.

Sharing NYTD Results

NYTD data is collected and used to drive services provided to youth in out-of-home placement. Results from NYTD data are shared with families, children, youth, court partners, Independent Living (IL) coordinators, service providers, and the public through the SYAB, community partner workgroups, and committees that include families, resource providers, and stakeholders. DHS shares NYTD data at teen symposiums and conferences and publicizes information through annual publications. The feedback received from the NYTD survey is reviewed by SSA and is presented and reviewed by several partners at their regularly scheduled meetings, of which SSA is a participant. The purpose of presenting and reviewing the data with partners is to discuss changes in practice that will better address the areas of need identified in the survey. Results and information from NYTD surveys will also be shared and discussed with youth and LDSS front-line caseworkers and supervisors. Outcomes of the NYTD will be used to develop programs and policies that will address areas where gaps in services are identified.

Data Collection

The SSA will continue to participate in the NYTD initiative. The key strategy to strengthen the data collection is to educate staff on the importance of having contact information (telephone numbers, email addresses, etc.) for youth leaving care and eligible for the NYTD survey. Also, SSA will collect secondary contacts from youth. These contacts can include addresses and emails for people whom the youth believe they will be in contact with following their exit from care. Over the next five years, SSA plans to include social media outlets to connect with alumni. NYTD data collection continues to be an area that needs strengthening. Guidance to LDSS will be issued in 2025 on the NYTD process and how to best collect data before youth exit care at age 21.

Data from NYTD

NYTD data collection for Cohort 5 -2023B (17- year-olds) started in April 2023, with the collection period spanning from April 1 to September 1, 2023. A total of 152 youth surveys were targeted for collection during this period. At the end of December 2023, 125 surveys were collected.

NYTD survey collection started for Cohort 4- 2024A (21-year-olds) in November 2023. Youth participation in this cohort was from 20 out of 24 LDSS in Maryland. Therefore, the data provides a strong representation of jurisdictions and is considered sufficiently representative to guide services consistently across Maryland.

As SSA gathers this data, improvements in program and service delivery are targeted, including:

- Increasing participation rates
- adding supports identified as reasons for non-compliance
- addressing identified LDSS staff technical assistance needs
- Enhancing the MYLife website to connect foster care alumni through the utilization of social media

Serving Youth Across the State

SSA and Annie E. Casey Foundation (AECF) entered into a formal partnership in July 2023 to develop strategies that prevent teens from entering foster care and ensure they exit foster care with family connections and resources needed to thrive. AECF committed a team of experts and resources to an assessment process and facilitation of work with state, LDSS, youth, and community leaders in support of this initiative. To guide this work internally at SSA, an implementation team was formed to partner with the AECF to complete this shared work. AECF conducted a landscape analysis that included surveys, listening sessions, and focus groups with various staff and stakeholders. AECF found that the proportion of older youth aging out of care in Maryland is consistently higher than the national average. Most recent data, FY2021, shows that 64.1% of older youth in Maryland age out of care compared to the national average of 35.3%. As a result of the extensive landscape analysis, the following high-level recommendations were proposed: build a kin first culture; promote lifelong supports and connections for youth and young adults; and identify alternate ways to address housing, poverty, and behavioral health needs for families that can prevent youth from entering care.

Also, SSA Older Youth Team supports constituents, including former youth, professionals, and community partners, through resources and consultation. Information and referral requests include education, post-foster care support (rent, food), mental health, housing/homeless services, and foster care to community Medicaid conversion. This process allows the Older Youth Team to interact with constituents, including former youth in care, to assess their continued needs and find ways to improve outcomes for youth who exit care. The Older Youth Team conducts monthly meetings with the LDSS Independent Living Coordinators to provide technical assistance for service delivery to older youth in care. The Emerging Adult Workgroup is another monthly meeting comprising community stakeholders/partners, such as

foster parents, DSS workers, independent living coordinators, SSA staff, and other state agencies. This workgroup focuses on enhancing services to youth, improving permanency and concurrent planning for older youth, and brainstorming how to improve the State's Chafee plan.

Serving Youth of Various Ages and Stages of Achieving Independence
Maryland's RB21 services have targeted the needs of youth ages 14 up to 21 for many years. The benchmarks incorporate the unique needs of different ages/stages of development. The Casey Life Skills Assessment tool aims to assess a youth's life skills readiness. Based on the assessment, the case manager should establish an individual life skills plan and connect the youth to the age-appropriate group for life skills training. The LDSS uses the results of these assessments to help inform the topics used in conducting group life skills training. Maryland designed the following topics that the LDSS include in their agenda for the life skills group training:

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

In addition to the Life Skills Assessment and Training, Maryland's other activities/services include:

Maryland Youth Transition Plan
These services support the successful transition to adulthood by developing and executing a plan to resolve the barriers identified during the development of the youth transition plan.

Educational Services
The youth receive information, resources, tutoring services, flex funds, and/or post-secondary funds (See State Tuition Waiver and the Educational Training Voucher section of this report) to meet their educational goals.

Mentoring/Permanent Connections
This service supports the successful transition to adulthood by connecting youth with community resources and how they can navigate them independently when transitioning out of care. Furthermore, the services link youth with permanent and supportive role models in the community.

Foster Youth Savings Program (FYSP) (ages 14-20)

The FYSP is a statewide program that establishes individual savings accounts for youth who are in foster care and provides these youths with financial skill-building opportunities. The overarching purpose of this program is to help youth save money to assist with their future needs and achieve a successful transition to adulthood from foster care.

Semi-Independent Living Arrangement Program (SILA)
Youth in care ages 16-20 can practice living independently while supervised by the LDSS and/or receiving support from community agencies. SILA-eligible youth receive a monthly stipend if they meet eligibility requirements by continued enrollment in school/vocational training or employment.

By offering services to youth beyond 18, Maryland has provided continuity and a continuum of approaches that support stability while in care and successful transition. Maryland tracks youth's participation in services such as work and/or school required for young people who remain in care beyond their 18th birthday.

When youth who have aged out of foster care in another state and have not attained 23 years of age request services, SSA confirms eligibility with that state's child welfare agency. The SSA then refers them to the jurisdiction they currently reside in.

Chafee Expansion of Services to Age 23
Maryland is currently working to define programmatic service delivery across the State for young adults ages 21- 23. These extended chafee services may include employment referrals and support (agency hiring agreements, apprenticeship opportunities), financial support for housing (security deposit and rent), transportation to support stable employment and work activities, financial support, and referrals for educational and vocational training. Extended chafee services will be available to current and former young adults who were in out-of-home care up to age 23 that currently reside in Maryland and out of state.

Collaboration with Other Private and Public Agencies
The SSA works in partnership with a myriad of agencies to help youth in foster care achieve independence, especially in areas that need support (housing and employment). Through the monthly Independent Living Coordinators meetings and Emerging Adult Workgroup meetings, there was a collaboration with other agencies for guest speakers to present pertinent topics. In 2023 these included presentations by:

- Maryland Commission on Indian Affairs
- Maryland Healthcare Authorization

- University Of Maryland School of Medicine- Clinical High Risk for Psychosis (CHIRP Program)
- Maryland Legal Aid
- FreeState Justice, an LGBTQIA legal advocacy organization

The SSA, in partnership with DLLR, utilizes hiring agreements to increase foster youth job placements and promote independence. The Hiring Agreement Program provides specific populations with first priority to state-contracted jobs. Over the next year, SSA and DLLR will explore partnerships with corporate, private, and governmental businesses to offer employment, internship, apprenticeship, and mentorship opportunities to the foster youth population. Furthermore, the apprenticeship program may lead to the youth's permanent employment upon receiving the required skill sets.

The SSA will continue partnerships with DHCD for the Family Unification Program (FUP) and the New Future Bridges Program to secure independent housing for youth aging out of foster care. This will allow youth to obtain subsidized housing and reduce the risk of becoming homeless as they transition into successful adulthood. Research was conducted with the majority of public housing agencies and independent living coordinators to assess the utilization of FUP and FYI vouchers in Maryland. The Chafee/ Independent Living Program was placed on the listserv of housing voucher availability for New Futures so that information can be sent to SSA and disseminated to LDSS agencies to facilitate referrals. Baltimore City DSS and Prince George's County DSS participate in the program. Former foster youth comprise about 15% of the total population of New Futures Program voucher recipients.

The SSA will continue to partner with the Maryland Higher Education Commission and the non-profit organization Foster Success Educational Services to assist with post-secondary educational services. The youth receive information, resources, and post-secondary funds to meet their educational goals.

DHS SSA/ partnered with the MDH Office of Eligibility Services to have a presentation for the ILC and Emerging Adult workgroups on Medicaid eligibility, and more specifically on ensuring Medicaid for youth once they age out of care, whether they remain in Maryland or move to another state. A Medicaid Tip Sheet was developed in collaboration with MDH that needs to continue to be disseminated to youth exiting foster care and new staff.

The SSA partners with provider groups such as the Provider Advisory Council, Maryland Association of Resources for Families and Youth, and MRPA to educate them on the RB 21 services and how they can support and supplement the learning objectives for youth.

The SSA promotes LDSS's partnership with the Maryland Creating Assets, Savings and Hope (MD CASH) Campaign to provide financial education for life skills training offered to youth in out-of-home placement. Furthermore, the MD CASH Campaign will provide additional training to the Independent Living Coordinators on how to broaden their financial knowledge and gain skills that will assist them in providing individualized financial training to youth in out-of-home care.

The SSA partners with Maximus to implement the Maryland Disability Benefits Advocacy Project (DBAP), whose website went live in 2023. The Project works with state-funded foster youth to obtain long-term Social Security benefits by working directly with LDSS and Maximus to refer children and youth in care. In 2023, 156 children and youth in care were referred for SSI claims.

The SSA worked with FIA to ensure youth and LDSS were aware of changes to the Supplemental Nutrition Assistance Program (SNAP) within the Fiscal Responsibility Act of 2023. The SNAP provisions reinstated the Abled-bodied Adults without Dependents (ABAWD) standards for all Maryland SNAP applicants and established an additional exemption for the ABAWD time limit for individuals aged 24 or younger and in foster care on their 18th birthday (or higher age if the State offers extended foster care to a higher age).

The SSA continues to partner with Chapin Hall from the University of Chicago for technical assistance in building capacity for implementing strategies, policies, regulations, outreach, and partnerships impacting older youth. Meetings were held weekly to review the need for data, policy, and recommendations.

The SSA continues to partner with The Institute for Innovation and Implementation, University of Maryland School of Social Work, to update the Ready by 21 Practice Guide and Policy Manual. Several changes will be made, including incorporating national best practices. The Enhanced-Youth Transition Planning (E-YTP) was developed with funding from the federal Children's Bureau as part of The Institute for Innovation and Implementation Youth At-Risk of Homelessness demonstration grant (2013-2015) and implementation grant (9/2015-9/2020). E-YTP is culturally responsive to the needs of Black, Indigenous People of Color (BIPOC), and LGBTQ+ youth and relevant to both rural and urban communities. E-YTP supports strong youth engagement skills by certifying all foster care supervisors and workers in Achieve My Plan (AMP). The E-YTP empowers youth and their teams to reach goals across the designated *Ready By 21* benchmarks: education and employment, financial empowerment, permanent and supportive connections, safe and stable housing, well-being, and civic engagement.

The Older Youth Team has identified partnerships with JobCorps, Medicaid, FIA, and Behavioral Health Providers that must be strengthened to support transitional-age youth. Access to mental health and substance abuse services and accessing health care after foster care is essential for stability and positive outcomes for transitional-age youth.

Determining Eligibility for Benefits and Services
Extended foster care eligibility is determined through the stipulated criteria in COMAR and the Ready by 21 Manual. Youth between 18 and 21 need to be enrolled and regularly attend school or vocational training or work at least 80 hours monthly to be eligible for benefits and services. Youth who do not meet the above-listed requirements are eligible if they have a documented disability preventing employment. Youth will be provided with independent living services focusing on the benchmarks identified in the Ready by 21 manual and areas of need identified via the Casey Life Skills Assessment, CANS, and the youth transition plan.

Youth can access services by making a request to their caseworker, discussing their request at the Family Team Decision-making Meeting (FTDM), and being identified by their caseworker as needing help transitioning to self-sufficiency. The youth, caseworker, supervisor, and other FTDM participants discuss the youth's eligibility and determine if these services will benefit the youth before the youth's 18th birthday. The youth's eligibility is determined by the youth's readiness and goals identified in their youth transitional plan.

Cooperation in National Evaluations
The SSA will cooperate in any national evaluations to improve achieving the purposes of John H. Chafee.

Education and Training Vouchers Program
Maryland will continue to ensure that funds for the ETV program are available to current and former foster care recipients. The eligibility criteria for ETV are youth between the ages of 14 to 26, or youth who were adopted or achieved guardianship on or after their 16th birthday. If a youth is participating in the ETV program before their 21st birthday and making satisfactory progress (2.0 GPA) in school, they remain eligible to receive ETV until they reach the age of 26 or are funded for a maximum of five years. Maryland's ETV program is administered by Foster Success Educational Services (FSES), a non-profit organization whose mission is to support teens and young adults transitioning out of foster care in reaching their goals through education. FSES, with whom SSA contracts, oversees the application process and disseminates the ETV funds to eligible youth. They offer an array of comprehensive services for program participants. Services include monthly

academic coaching and support, mentoring, financial budgeting, and emergency assistance throughout the year.

Methods Used to Ensure That the Total Amount of Educational Assistance Does Not Exceed the Total Cost of Attendance
Before an ETV award is issued to the youth by FSES, the Financial Aid Office at the institution attended by the youth must complete a "Financial Aid Release Form." This form is completed each semester the youth apply for ETV funding. One of the questions the Financial Aid Office must answer on the form is "Cost of Attendance per term." Once FSES receives the completed "Financial Aid Release Form," a determination is made regarding the amount of the ETV award. This process assists the agency in determining the allocation amount and ensures that the total amount of educational assistance does not exceed the cost of attendance. The form also assists FSES in reviewing other sources of income and scholarships the applicant may receive to avoid duplication of benefits.

Methodology to Provide Unduplicated Awards Each School Year
The SSA, in collaboration with FSES, will follow the methodology outlined below to ensure that there is no duplication in the awards of ETV.

- The SSA is responsible for determining if the youth is eligible for ETV once an application through FSES is completed. The application process requires the youth to indicate whether they are a new applicant to the program or a returning student who was funded previously.
- FSES provides SSA with a list of applicants for the Department to review for eligibility. This list includes the youth's name, the county /city where the youth resides, the school year, the date of application, and the youth's email address.
- Once SSA determines eligibility, the list of eligible youth is forwarded back to FSES, and FSES works with the youth and the institution regarding the amount of ETV award that will be provided based on their cost of attendance. This information has to be disclosed on the "Financial Aid Release Form."
- FSES is responsible for data collection and providing the department with an annual report. The report includes the unduplicated number of ETVs awarded each school year.

Coordination of MD ETV with Other Education Programs
The MD ETV program is coordinated with the MD Tuition Waiver for Foster Care Recipients program. The MD Tuition Waiver is applied to the cost of tuition and mandatory fees for former and current youth in foster care at Maryland public institutions of higher education. Eligible recipients may have access to the MD Tuition Waiver for a period of 10 years if they were enrolled

before their 25th birthday and continue to make progress towards completion of their program. Both programs are integrated into Maryland's older youth policies and initiatives, as well as the Youth Transition plans for youth in foster care aged 14-20. The programs are promoted simultaneously to youth, foster parents, and other stakeholders. Students receive the maximum benefit of the programs when they are enrolled in a 2-year or 4-year Maryland public institution. Maryland will continue integrating the ETV and the MD Tuition Waiver statewide in its transitional youth life skills programs. In an effort to address employment barriers faced by current and former individuals in foster care as well as assist those who do not wish to attend traditional post-secondary education programs, SSA is exploring how funding can be utilized for private vocational and trade schools to ensure youth can receive certification without the burden of debt.

Table 34: Five-Year Goals, Strategies, Outcomes, and Measures

Five-Year Goals, Strategies, Outcomes, and Measures				
Goals	**Baseline**	**Measure**	**Strategy**	**Outcome**
To Increase the Number of new unduplicated student recipients.	During the 2022-2023 academic year, 34 new unduplicated student recipients were present.	Increase the number of ETV recipients by 3% annually.	Collaborating with stakeholders and constituents, develop strategic statewide outreach efforts targeted towards colleges, LDSS, foster care alumni groups, and foster parents. Assess student readiness for higher education and develop strategies to enhance readiness and connect with appropriate pathways to higher education.	By the academic year 2028-2029, Maryland will have a total of 97 unduplicated new recipients funded.
To increase Student retention rate.	During the 2022-2023 academic year, there were 57 (63%) of total ETV recipients returned from a previous year.	Increase returning student rate by 2% annually.	Collaborate with stakeholders and constituents to assess barriers to student retention rate. Provide training and resources for youth to understand better the requirements of academic progress and academic support at their college. Coordinate with the ETV Vendor and Financial Aid Offices to ensure timely completion and submission	By the academic year 2028-2029, 73% of total ETV recipients will return from a previous year.

Five-Year Goals, Strategies, Outcomes, and Measures				
Goals	**Baseline**	**Measure**	**Strategy**	**Outcome**
			of paperwork and find ways to streamline the process.	

Chafee Training

The SSA offers full-day training sessions for LGBTQIA+ competency training for child welfare staff. The LGBTQIA+ competency training addresses pronouns, best-practice language, early messaging, the lack of LGBTQIA+ resources for youth in care, youth coming-out experiences, and insight into how agencies can become more affirming organizations. SSA is making an effort to update and expand our LGBTQIA+ training to include resource families and placement agencies.

Training on Youth Development

The SSA will target independent living providers and resource parents to facilitate learning collaboratives to support the Ready By 21 transitional youth services to include topics surrounding teen parenting, LGTBQIA+, substance use, gang violence, trafficking, and physical and emotional well-being. Training resources include partnerships with the Child Welfare Academy, MD Cash Campaign, and SSA Systems Transformation staff.

The SSA will continue to offer relevant training as indicated below:

- Foundation Training- Basic LGBTQ Competency for Child Welfare Professionals
- Creating Teachable Moments
- Planning with Transitioning Youth-Independence vs. Interdependence. Is there one without the other?
- Teens, Tech, and Dating Violence- You Don't Know What You Don't Know

Training on Adoption Programs

The SSA will continue its partnership with the National Association of Adoptions, which provides an annual subscription to the LDSS. This membership includes monthly adoption competency webinars, LDSS, networking, annual conferences, and other adoption-related events. The SSA plans to also partner with AdoptUSKids to receive technical assistance to increase youth permanency in care. This assistance will include recruitment efforts and older youth initiatives.

Tribal Engagement
The Governor's Office of Community Initiatives, Maryland Commission on Indian Affairs (MCIA) to the Independent Living Coordinators during a monthly meeting in 2023. The presentation covered an overview of the MCIA, recognized Indian Tribes, commission goals, legislative agenda, and accomplishments. SSA has identified a need for collaboration with MCIA so Native American youth in care who are aged 14-20 are identified, and the LDSS can consult annually. SSA's ongoing consultation with Tribes is detailed in Section 5.

V. Consultation and Coordination Between States and Tribes

Since 2012, Maryland has recognized three tribes within state borders: Piscataway Indian Nation, the Piscataway Conoy Tribe, and the Accohannock Indian Tribe. Maryland does not yet have federally recognized tribes within state borders, but enrolled members of federally recognized tribes live in Maryland. The Maryland Commission on Indian Affairs (MCIA) is working with the Governor's Office to create and implement state-wide tribal consultation policies and practices.

Data demonstrates American Indian and Alaska Native (AI/AN) people exist in Maryland and that they encounter challenges similar to AI/AN people across the country. Despite the inaccurate, commonly held belief and frequently spoken misstatement that "there are no Indian people in Maryland," the 2020 US Census counted 128,650 Marylanders who self-identified as American Indian or Alaska Native alone or in combination with another race. There are just over 6 million people living in Maryland. If the data are accurate, then AI/AN identifying people are about two percent of the state population. The Maryland Department of Education reported in 2022 that 2,416 AI/AN children were enrolled in public schools, with the highest numbers (triple digit) located in the state's most populous and urban counties. However, AI/AN children are reportedly enrolled in public schools in every grade (Pre-K to 12) and in every Maryland county.

According to SSA case records (current and historical) 7,694 children are identified as AI/AN (3856-AI/AN alone; 3838-AI/AN in combination with another race*)* of which 143 are identified as Indian Child Welfare Act (ICWA) cases (just under 2% of AI/AN identified cases). Currently, four children's case files indicate that ICWA applies. Of those four, 2 are currently documented as members of a federally recognized tribe. Currently, thirteen total children in care are identified as AI/AN; of those thirteen, two are AI/AN alone, and 11 are

AI/AN in combination with another race. ICWA is not currently indicated for any of the 13 children identified as AI/AN.

The data indicates there may be confusion about identifying AI/AN children, tribal determination of membership, and when in the course of a case ICWA is applied. Maryland's ICWA policy was last updated in 2019. In 2024 and 2025 DHS will update its ICWA policy through tribal engagement, community listening sessions, and training. The DHS Office of the Secretary (OOS) will work collaboratively with SSA and Maryland Commission on Indian Affairs (MCIA) to meet with leaders of the state recognized tribes and indigenous communities to establish relationships, discuss community needs, and share the plan for updating the state ICWA policy.

DHS OOS will also host a virtual listening session with the federally recognized tribes most impacted by Maryland child welfare system. After LDSS training on Maryland's indigenous history and ICWA, listening sessions will be held with Maryland indigenous communities and LDSS offices. In 2025, lessons learned from training and 2024 listening sessions will be incorporated into the ICWA policy update and explore statutory, regulatory, and policy innovations to apply the spirit of ICWA for state recognized tribal members and other indigenous children in Maryland who do not meet the federal definition of "Indian child." The Office of the Secretary will partner with SSA to develop and implement training for LDSS on the new ICWA policy.

Currently, SSA offers staff training including Cultivating Cultural Humility and Embracing Diversity. Additionally, the Child Welfare Academy provides training on Examining and Combating Implicit Bias in Child Welfare. Both trainings are available to staff to attend.
Maryland does not yet have federally recognized tribes. We do not share our CFSP with federally recognized tribes outside of Maryland. As we engage with Maryland's tribal and indigenous communities, we will learn how they want to be included in CFSP processes. SSA will continue to have bimonthly meetings with the Maryland Commission on Indian Affairs and discuss the ICWA-related needs of tribes, communities, families, and youth in out of home care.

VI. Targeted Plans within the 2025-2029 CFSP

- Foster and Adoptive Parent Diligent Recruitment Plan (See Appendix A)
- Health Care Oversight and Coordination Plan (See Appendix B)
- Disaster Plan (See Appendix C)
- Training Plan (See Appendix D)

VII. Financial Information

Payment Limitations: Title IV-B, Subpart I: The amount Maryland expended for childcare, foster care maintenance and adoption assistance payments for FY2023 title IV-B, subpart I is $0.

Payment Limitations: 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 FY2023 is $0.

Payment Limitations: 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.

Payment Limitations: Title IV-B, Subpart II
Maryland approximates 25 percent of the grant with state funds.

Payment Limitations: Title IV-B, Subpart II:
The FY2023 state and local share expenditures amount for the purpose of Title IV-B, subpart II is $34.8 million. The 1992 base year is $31.7 million.

See Appendix F for the CFS-101 Parts I, II, and III Forms

Maryland Department of Human Services
Social Services Administration
Foster and Adoptive Parent Diligent Recruitment Plan: 2025 -2029

First and foremost, Maryland is focusing on implementing a kin first culture. As such, our primary focus for meeting diligent recruitment requirements is identifying kin and other trusted adults in children's lives. Significant work is underway in this area. As described in the CFSP, Maryland is implementing a Kinship Action Plan to significantly increase the proportion of children in foster care living with kin, and increasing support provided to those kinship families. Currently, 26% of children in foster care live with kin.

We expect focusing on kin will drastically reduce the need for non-kinship foster parents. Maryland will work to modernize its approach to foster and adoptive parent recruitment, by focusing on implementing key practices including:

- Conducting data analysis to understand the characteristics of children in our care, at the county level, so recruitment strategies are specifically targeted to actual needs rather than generic.
- Conducting an assessment of current resource families to understand placement preferences and capacities, identify gaps, and develop targeted strategies to address those gaps. This may include an analysis of the characteristics of children resource parents *say* that they want to serve, compared with the characteristics of children actually placed in their resource homes.
- Implement strategies to engage experienced resource parents to recruit and support other resource parents.
- Assessing and streamlining the process to become a resource parent. This includes identifying the processes in which prospective resource parents participate and addressing any noted activities that support or hinder the process.
- Exploring technology to modernize and simplify the process of initial certification and recertification.
- Building capacity at SSA through external training opportunities to support technical assistance to the LDSS on these and other best practices.
- Develop a communications plan to disseminate information referencing recruitment needs to the public.

The remainder of this document identifies current work in resource home recruitment and provides some current data.

Current Work
As reported in the 2024 Annual Progress Service Review (APSR), DHS continues to partner with the Maryland Resource Parent Association (MRPA), the Child Welfare Academy (CWA), and Adopt-Us-Kids (AUK) for ongoing recruitment and retention efforts. The CWA increased resource parent training by utilizing a virtual training platform. Continuing virtual training offers greater accessibility and reach across jurisdictions, enabling more resource parents to take advantage of training opportunities throughout the year. MRPA continues to provide webinars to Resource Parents which support them in meeting their continuing training needs. The SSA is working to have a digital commercial developed by AUK with a MD specific end screen. The digital commercial can be shared on different social media platforms and will be used to recruit resource parents. Additionally, AUK has targeted media outreach and continues to submit families' names for recruitment to SSA on a weekly basis. SSA then sends the family information to the LDSS for follow-up.

DHA/SSA continues to contract with Center for Adoption Support and Education (CASE) and Adoptions Together for permanency and stability for Maryland youth. The SSA continues to provide Adoption and Legal Guardianship Incentive payments and Post Adoption Permanency funds to families that apply and are eligible. These funds are available for pre- and post-adopt families depending on their circumstances.

Resource Parent Training
The state continues to utilize Parent Resource for Information, Development and Education (PRIDE) pre-service training for resource parents. After attending the Permanency Summit in Washington, DC in May 2023 SSA started to explore the National Training and Development Curriculum (NTDC) pre-service training. It was determined that NTDC would better support the needs identified by the LDSS across the state.

In spring 2024 SSA partnered with Spaulding for Children to begin a pilot program for the National Training and Development Curriculum (NTDC). The NTDC curriculum consists of three components that help to prepare and provide ongoing development for parents who want to foster or adopt: Self-Assessment, Classroom-Based Training and Right-Time Training.

The NTDC Self-Assessment is a self-discovery tool that provides families who are preparing to become foster, kinship, or adoptive parents the opportunity to learn more about themselves as they consider the characteristics and competencies that are important when parenting children who have experienced trauma, separation, and loss.

The Classroom-Based Training themes provide a framework to build a strong foundation for parenting children who have experienced trauma, separation, and loss. Each Classroom-Based Training theme has clearly delineated competencies. The themes include Child Development, Attachment, Separation, Grief & Loss, Trauma-Related Behaviors, Maintaining Children's Connections, Trauma-Informed Parenting, Effective Communication, Building Resilience for Kinship Parents, Parenting in Racially & Culturally Diverse Families, Preparing for & Managing Intrusive Questions, Cultural Humility, and Overview of Child Welfare System. There are hands-on activities and group work that encourage brainstorming and deeper conversation, while self-reflection and relevance activities allow families to consider how they might apply the information learned to their own lives. Classroom-based training can be offered in-person, remotely or through a hybrid design.

Right-time training offers continuing education that can be viewed anytime. Training certificates are generated so participants can count the hours toward their annual training requirements. The Right-time training themes include Accessing Services and Support, Building Children's Resilience, Building Parental Resilience, Common Feelings Associated with Being Adopted, Education, Family Dynamics, Preparing for Adulthood, Preparing for and Managing Visitation, Responding to Children in Crisis, Sensory Integration, Sexual Development, and Identity Sexual Trauma.

In May 2024 SSA and Spaulding for Children offered a Train the Trainer session for LDSS and Treatment Foster Care staff. There were representatives from SSA, four LDSS and three Treatment Foster Care agencies. SSA intends to have NTDC being utilized throughout the state of Maryland by the beginning of 2025.

SSA Work with Local Departments

SSA develops relationships with recruitment and retention staff at the twenty-four LDSS. This includes attending local monthly grassroots meetings and leading workgroups around resource home licensure requirements. SSA will make ongoing efforts to connect with recruitment and retention staff at the twenty-four LDSS.

One of the LDSS worked with a kinship family to develop a video to recruit kinship caregivers and inform the public about the need for resource homes for older youth. SSA is collaborating with the LDSS so a Maryland specific end screen can be added to the video. Once this is completed LDSS across the state can use this video on their social media platforms to recruit additional families including kinship caregivers and teen specific homes.

The SSA recently developed and presented a statewide logo for Recruitment and Retention initiatives. The new “Foster Love Maryland'' logo will serve as a unified symbol for our recruitment campaigns. The new logo creates a consistent and recognizable brand identity across recruitment materials and communications.

In August 2024 Out of Home staff will attend the Permanency Summit in Arlington, VA where we hope to understand additional recruitment strategies being used nationally that are approved by federal partners.

Future Recruitment and Retention Planning

While many of the ongoing efforts of the Department are mentioned above, we intend to strengthen several existing processes to enhance recruitment and retention activities across the state. We will continue to incentivize families to refer others who subsequently become resources. DHS is also collaborating with local entities to gather information and develop a comprehensive state recruitment strategy that supports local efforts in securing families for targeted populations, such as older youth and special needs/medically fragile children.

We will provide additional technical assistance to LDSS in recruiting and retaining families through training and other opportunities offered by the HUB, Child Welfare Academy (CWA), CWLA, and the Children’s Bureau.

To support retention efforts, we will conduct local training through Foster Parent College, CWA, CASE, and other avenues. Training will cover topics such as building parental resilience, family dynamics, preparing for and managing visitation, and responding to children in crisis. DHS is also transitioning from PRIDE to NTDC, which offers additional on-demand training modules for families and workers.

Finally, due to federal regulatory and state statutory changes, promoting our status as a kin first state will enhance the recruitment of kin caregivers. Kinship caregivers will now be eligible for the same support services without the previous barriers, and SSA will explore and offer additional kin-specific supports. Pending state regulatory changes will further support kinship caregiver recruitment.

Characteristics of Maryland Children

Per the December 31, 2023, demographic information (point in time) provided by Maryland’s CCWIS Child, Juvenile, Adult Management System (CJAMS) there were 3,767 children in care with the following racial composition:

Black: 2,191 (58%)
White: 1,390 (37%)
Hispanic: 31 (1%)
Asian/Hawaiian Pacific Islander: 20 (1%)

American Indian/Alaska Native: 22 (1%)
Other (Refused, unable to determine): 4 (less than 1%)
Missing/Unknown: 109 (3%)
(Missing/Unknown data indicates that the data has not been entered into CJAMS, work is being done to have workers obtain and enter this information into CJAMS.)

According to the State of Maryland Out-of-Home Placement Dashboard 6,084 youth were in care during fiscal year 2023. This number reflects 14,610 total placements with 62.9% of youth placed in their home jurisdiction. Gender identification is as follows: 53.8% Male, 45.8% female, and .3% Transgender. The number of youth in care includes the following age ranges: under 5 33.8% (2,065), 5-9 17% (1,037), 10-14 26% (1,591), and 15-21 23% (1,411). The placement category statistics noted that 78.6% of youth were placed in family homes (resource/kin) however, the remainder of the youth were placed in other non-family placements such as hospitals, residential, or unknown.

Legally Free Children/Youth
(procedures for a timely search can reference policy)
As of April 15, 2024, there were 264 children in need of adoptive homes who were determined to be legally free and eligible for adoption.

For youth that are legally free for adoption and do not have an adoptive resource, Adopt US Kids is a resource that can assist in matching families and youth together. Per SSA policy 12-28, “Instructions on Using the Adopt US Kids Database”, youth are to be registered on Adopt US Kids if they do not have a committed family at the time of the permanency plan changing to Adoption. SSA staff are able to register LDSS staff on the AUK website and provide them with a logon to register the child or youth.

In Maryland, there are currently 113 youth who have an active Termination of Parental Rights Case (TPR) or are waiting for a TPR date. There are 77 youth that are placed in pre-adoptive homes but are waiting for the Termination of Parental Rights to occur or are waiting for the adoption finalization.

As previously noted, Maryland is working towards becoming a kin first state and placing children with kin is a priority. The goal is for all kinship caregivers in the state to be licensed under the new kinship program standard regulations that will be effective in the Fall of 2024. Under these new regulations kin will have the opportunity to establish permanency for the child or youth in their care through custody and guardianship or adoption. The state’s goal is to increase the number of children placed with kin, increase the number of licensed kinship caregivers in the state and to increase the number of siblings that are placed and remain together.

Disproportionality

Per the December 31, 2023, demographic information (point in time) provided by Maryland's CWIS Child, Juvenile, Adult Management System (CJAMS) there were 3,767 children in care with the following racial composition:

Black: 2,191 (58%)
White: 1,390 (37%)
Hispanic: 31 (1%)
Asian/Hawaiian Pacific Islander: 20 (1%)
American Indian/Alaska Native: 22 (1%)

Per the December 31, 2023, demographic information (point in time) provided by CJAMS there were 2,939 public provider homes in Maryland.

Black: 891 (30%)
White: 641 (21%)
Hispanic: 8 (2%)
Multi race: 22 (7%)
Declined to answer: 6 (2%)
Unknown or missing: 1370 (46%)

There is a disproportionate number of black youths compared to black resource homes. There is also a disproportionate number of white youths compared to white resource homes.

The SSA will connect with One Church, One Child of Maryland. One Church, One Child works to reduce the number of children in the Maryland foster care system through adoption education and recruitment. One Church, One Child is a national minority adoption recruitment program.

The DHS website has been updated so those interested in becoming resource parents can easily locate information including who to contact in their locality to learn more about foster care. One centralized list of contacts in each county makes it easier for interested parties to learn about opportunities. The updated website is easier to navigate for those interested in becoming resource parents. The website will continue to be updated with new information.

SSA staff collaborate with the DHS communications team to ensure that the need for resource families is communicated effectively on social media platforms. The DHS communications team is responsive to SSA's interest in featuring LDSS along with their specific needs for families. By utilizing DHS's

social media platforms, we will increase targeted recruitment efforts for LDSS across the state.

LGBTQ+ and Victims of Human Trafficking
DHS is continuing targeted recruitment for LGBTQIA+ youth to ensure LGBTQIA+ have safe and appropriate care in a designated placement. Each LDSS will continue to ensure resource parents receive mandatory training to ensure competency in the specific needs of LGBTQIA+ youth. The LDSS provides pre-service training to resource parents. The training will ensure that resource parents understand the diverse and inclusive aspects of youth that identify as LGBTQIA+. Each LDSS will ensure licensure requires all resource parents to attend the mandatory pre-service training which offers LGBTQIA+ best practice and parenting guidance. The LGBTQIA+ competency training addresses: pronouns; best practice language; early messaging; the lack of LGBTQIA+ resources for foster youth; youth coming-out experiences; and insights for how agencies can become more affirming organizations. MD CJAMS system is being enhanced for additional gender identification and pronoun options to accurately capture youth's identities.

DHS will utilize the following targeted recruitment strategies:

- LDSS will attend PRIDE community events,
- LDSS will partner with LGBTQIA community organizations,
- LDSS will recruit at high schools, PTA meetings, teen camps and college and vocational fairs.
- DHS will recruit/ identify designated resource parent placement providers.

DHS will continue to diligently recruit resource parents for victims of human trafficking. DHS will ensure resource parents receive training and resources to enhance their knowledge around the needs of trafficking victims. DHS continues to partner with the National Center for Missing and Exploited Children (NCMEC) to be informed of resources and needs for youth who are missing or have been trafficked.

Older Transitional Age Youth
In Fiscal Year 2023, Maryland had a total of 13,880 placements of youth ages 0-21 of which 21.3% were youth ages 15-20. In recruiting and retaining resource homes, Maryland will ensure that all LDSS focus on targeted recruitment strategies with a concentrated effort on older youth who have more diverse needs and have experienced trauma. The LDSS will ensure resource providers have trauma responsive training to adequately manage the needs of older youth. Through the Advancing Well-being and Connections Youth in Care initiative, DHS will promote permanent connections and stability for older youth.

DHS will utilize targeted recruitment by:

- LDSS will recruit at high schools, PTA meetings, teen camps and college and vocational fairs.
- DHS will encourage LDSS to utilize their recruitment budget to recognize and incentivize resource parents for older youth and special needs/medically fragile children.
- DHS will continue to recruit and retain permanent resources for older youth in care.

Sibling Placements Outreach

As previously stated, the State of Maryland is working toward becoming a kin first state which includes prioritizing placing siblings together whenever possible. As SSA finalizes kin specific licensing standards, these standards will expedite the licensure process for kinship caregivers and enable state financial support. One of the goals of transitioning to a kin first system is to increase the number of siblings placed together in a kinship home. Kinship care minimizes trauma; increases the likelihood children remain with siblings; increases permanency by providing stability with fewer placement disruptions; improves children's behavioral and mental health outcomes; reduces the risk that children in out-of-home care are trafficked; and maintains family, community, and cultural ties that function as protective factors for children.

SSA tracks data for sibling placements. Maryland children with siblings in care are more likely than not to be placed with siblings. As of January 2024, there were 3,716 youth in out of home care. Of those youth, 1,636 have a sibling in care and 1,125 (74.27%) are either all placed together or some of the siblings are placed together. Of the 1,636 youth that have siblings in care, 797 (48.72%) are all placed together; 418 (25.55%) have some siblings placed together and 412 (25.73%) do not have a sibling placed together.

The SSA will ensure that recruitment and retention efforts are improved so more public resource homes are recruited for siblings. The SSA will release new resource home licensure regulations in Fall 2024. The regulations remove non-safety requirements that could be preventing siblings from being placed together. For example, the new regulations will authorize the use of bunk beds in resource and kinship homes. The use of bunkbeds may increase the number of homes who are willing and able to care for siblings.

The LDSS are required to ensure that siblings, who are not placed together, have monthly visitation, be placed in close proximity to one another, and are able to have daily contact by phone or email.

Staff Training

The National Adoption Association (NAA) is a resource that SSA can utilize for staff training. The NAA mission is to have leaders advancing best practices in adoption from foster care. The SSA have an annual subscription to NAA and members from the LDSS are able to gain valuable support, education, and resources. The state will ensure the LDSS are able to gain knowledge and support from NAA.

The Center for Adoption Support and Education (CASE) and Paths for Families both offer training for staff. A Request For Proposal (RFP) should be released in 2024 and the agency(ies) that are awarded post adoption funding will also offer training to staff for Adoption Competency and other adoption/guardianship related topics.

The Child Welfare Academy will also offer training to LDSS staff including a Concurrent Permanency Planning training for Supervisors. The training will focus on the supervisor's role of guiding the workers through difficult concurrent planning conversations with parents, guardians, resource homes, and kinship caregivers. The training will focus on the need for transparency and sensitivity in the conversations with all parties.

As SSA transitions to the kin first model, preparations will be necessary for families who are undocumented and for whom English is not their first language. This will require SSA to address linguistic barriers by translating paperwork, brochures, and website information; and providing training in appropriate languages to support permanency. Additionally, workers will need to participate in training that ensures their treatment of families reflects the principles of diversity, equity and inclusion. SSA will explore additional strategies for resource parent training on diversity, equity, and inclusion while also ensuring that recruitment efforts reflect the population of children and youth we serve and their cultural needs.

Non-Discriminatory Fee Structure

Maryland currently does not have a non-discriminatory fee structure as all components of fostering to adopt are state funded. Resource parents are encouraged to provide “Forever Homes” for youth placed in their care. Resource parents are supported financially and given information on resources by the LDSS.

Private foster care agencies (group providers and private treatment foster care agencies) submit an annual budget to the SSA Office of Licensing and Monitoring and the Maryland Interagency Rate Committee (IRC) which outlines the cost for all services provided for each child in the program, including the cost for a clothing allowance. Private agencies provide clothing allowances to their foster parents or youth on either a monthly or quarterly

basis. Private agencies are provided sufficient funds within their monthly payment amount as established by the IRC to cover the approved clothing allowance for placements in their programs and are not eligible to receive additional funds for this purpose from the LDSS. For public provider board rates, see Appendix RP E SSA-CW #19-13-Guidelines for Foster Care Board Rate Expenditures revised 1.15.19.

MARYLAND HEALTH CARE OVERSIGHT AND COORDINATION PLAN 2025 – 2029

TABLE OF CONTENTS

I. INTRODUCTION

Maryland developed a Health Care Oversight and Coordination Plan as part of the Administration on Children, Youth and Families ACYF-CB-PI-15-03 guidelines issued February 2022, the new *"plan should reflect lessons learned since the development of the prior plan and continue to strengthen activities to improve the health care and oversight of children and youth in foster care over the next five years."* The following plan reflects lessons learned from the prior plan and continues to strengthen activities to improve the health care and oversight of children in foster care over the next 5 years.

Additionally, *"Section 422 (b) (15) (A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services."*

The Health Care Oversight and Coordination Plan must include an outline of all of the items listed below:

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;
3. How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;
4. Steps to ensure continuity of health care services, which may include establishing a Medical home for every child in care;
5. The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;
6. How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and
7. The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and
8. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

This plan expands on the prior plan submitted as part of the 2020-2024 CFSP and updated annually to include lessons learned and planned improvements.

II. VISION FOR HEALTH CARE OVERSIGHT AND COORDINATION

Maryland is dedicated to the goal of all children receiving quality healthcare to meet their individual conditions and needs, including routine wellness examinations and preventive care; health screenings; appropriate diagnosis, treatment and follow-up of somatic and behavioral health issues and dental care. The Maryland Department of Human Services, Social Services Administration (DHS/SSA) works with this goal in mind to provide for coordinated, comprehensive, trauma-informed health care to children in foster care. The DHS/SSA collaborates with other state agencies, non-governmental organizations, and the medical and behavioral health community in order to achieve positive health outcomes for children and families in care. In this collaboration, it is essential to develop policies, activities, and structures---based on collective stakeholder input, best evidence, and best practice---that not only support effective care delivery, oversight, and quality improvement, but integrate and respect our engaged families as well.

The agency developed this Health Care Oversight and Coordination Plan building upon work already being done and existing initiatives within the State incorporating the efforts of various statewide partners and entities. These include the Maryland State Council on Child Abuse and Neglect, the agency's Health Workgroup, the Maryland Department of Health, the Maryland Behavioral Health Administration, the Maryland Developmental Disabilities Administration, the Maryland Department of Juvenile Services, the Maryland American Academy of Pediatrics, and the Chesapeake Regional Information System for Patients.

The DHS/SSA expresses gratitude for the contributions of these partners and stakeholders in updating the plan and ensuring the ongoing healthcare and oversight of children and families in Maryland. For a comprehensive list of participants who provided input during the development of this plan, please refer to Appendix A.

III. ORGANIZATION OF HEALTH CARE OVERSIGHT

The oversight and coordination of health care services for children in foster care placement is guided by state and local regulations and policies and is a coordinated effort amongst various agencies serving children placed in foster care. The Maryland Department of Health (MDH) in collaboration with DHS/SSA ensures that children in foster care have access to appropriate and comprehensive health services. MDH's HealthChoice Managed Care Organization agreement establishes and identifies specific requirements, in accordance with Maryland state regulations, for certain special needs populations. Children under state supervision such as foster care are identified as a special needs population and upon entry into foster care a Managed Care Organization (MCO) is selected, establishing a medical home and primary care physician for every child in care. The Managed Care Organization that the child is enrolled must provide or arrange to provide all Medicaid covered services and assure continuity and coordination of care locally. Each MCO must appoint a, "Special Needs Coordinator (SNC)" to provide support to Maryland's special needs population by coordinating and managing health services (medical and behavioral health). The manner in which these provisions are carried out may vary among MCO's to support the needs of children and youth in care. Furthermore, behavioral health and dental health services are provided via Maryland's Administrative Service Organization (ASOs) carve outs which are contracted by MDH that work to support these specialized needs.

SSA, MDH, and MCO, Special Needs Coordinator work collectively to enhance the partnership identifying shared outcomes and common measures for health services (medical and behavioral health) as well as strategies for sharing information to support effective treatment for children and youth. A cooperative collaboration at the state and local level to strengthen screening, assessment, and coordination of health services to appropriately case plan and monitor care is recognized across each service system to achieve positive outcomes.

Specifically, Local Departments of Social Services (LDSS) workers and MCOS and ASOs work together to:

- Coordinate with caseworkers and treatment providers (medical, dental and behavioral health) as appropriate to ensure necessary health care needs and services received to address chronic health conditions and children with complex medical conditions requiring specialized case management services;
- Identify treatment resources and secure referrals, appointments, and admissions for children and youth;
- Support with information to facilitate medical, psychiatric placement via a clinical case management team to support and coordinate psychiatric and substance abuse services, as required or needed to the extent possible;
- Open line of communication to provide updated and essential health care information (child's medical and treatment history) to caseworkers assisting with the development of health care and case plans;
- Work closely with foster parent/s, caregiver, and/or biological parent to promote child/youth's well-being and decrease barriers to care;
- Participate in discharge planning and aftercare processes to ensure continuity of care.

Maryland Code of State Regulations

The Maryland Code of State Regulations (COMAR) 07.02.11.08 for the coordination of health care services for children in out-of-home placement:

> A. The local department shall encourage the parents or legal guardian to participate to the extent of the parents' or legal guardian's capability and availability in plans for the medical care of any child committed to or in voluntary placement with the local department.
>
> B. When the local department holds guardianship with the right to consent to adoption, the local department has the authority to give whatever consent is needed for medical care.
>
> C. At the time a child is taken into care, the local department shall:
>
> > (1) Ask the parents or legal guardian to sign a document authorizing the local department to consent to:
> >
> > > (a) An initial health care screening;
> > >
> > > (b) A comprehensive health assessment that meets the requirements of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program; and

(c) All routine and immediate medical care; and

(2) Seek medical guardianship from the court if the parents or legal guardian do not give consent, and, if the child is in need of immediate medical care, obtain treatment while consent is sought.

D. A local department caseworker or a law enforcement officer may take a child who may have been abused or neglected to a medical facility for examination and treatment without parental or legal guardian consent or court order, in accordance with Family Law Article, §5-712, Annotated Code of Maryland, and COMAR 07.02.07.07F.

E. The local department shall:

(1) Give notice to the child's parents or legal guardian before, and encourage participation in and attendance at, any planned evaluative, diagnostic, or inpatient medical care; and

(2) Promptly notify the parents or legal guardian of any treatment given without prior notice unless the notification violates the privacy rights of the child.

F. The local department shall document in the child's case record the actions taken by the local department to:

(1) Obtain medical consent;
(2) Involve the parents or legal guardian in decisions regarding the child's medical care; and
(3) Notify the parents or legal guardian of any medical care planned or given to their child.

G. Children in the custody or care of a local department shall be enrolled in Maryland's Medical Assistance Program.

H. If the child in an out-of-home placement has private health care coverage, the private coverage shall be the primary source of coverage and Medical Assistance shall be the secondary source of coverage.

I. Initial health care screenings and comprehensive health examinations of children in the custody or care of a local department shall be provided by a primary care physician who is certified by the Maryland Healthy Kids Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

J. The local department shall secure an initial health care screening for a child in out-of-home placement, before placement, or within 24 hours of placement, but not later than 5 working days following placement, except that a child who may have been abused shall receive immediate medical attention.

K. Within 10 working days of a child entering initial placement, the local department shall refer the child for a comprehensive health assessment. The local department shall ensure that every effort is made to secure the written assessment report by the 60th day of placement.

L. If the child's primary health care provider does not do the initial health assessment, the local department shall make the results of the comprehensive health assessment available to the child's primary health care provider or providers.

M. The primary care physician may make the professional decision to complete the initial and comprehensive health assessments at the same time and shall forward all assessment results and any indicated follow-up to the local department.

N. Whenever health care needs are identified for a child in out-of-home placement, the local department shall ensure that appropriate follow-up appointments are made for evaluation, diagnosis, and treatment to meet the child's health care needs.

O. The local department shall ensure that all children in out-of-home placement follow the EPSDT schedule of preventive health care that includes screening components based on age from infancy through adolescence.

P. The local department shall schedule dental care for children 1 year old and older which shall include check-ups every 6 months and necessary dental treatment to be provided by the managed care organization or fee-for-service dental provider.

Q. All children in out-of-home placement shall have a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam.

R. The local department shall encourage adolescents 10 years old and older to openly discuss any questions and concerns with health care providers related to sexuality and reproductive health care.

S. The local department shall request:

(1) A substance abuse screening if the child's behavior or physical health indicates the likelihood of substance abuse; and

(2) A full-scale assessment of the child to address the child's treatment needs if the screening results indicate substance abuse.

T. The local department shall develop and use a health passport for each child in out-of-home placement, which shall be kept current and accompany the child through the out-of-home placement system.

U. The health passport shall include the following information:

(1) The identity of the medical facilities where the child usually receives care;
(2) The health care visit report on the child's condition at placement as documented by the child's physician;
(3) The child's immunization record, allergies/adverse reactions, chronic health problems, and present medications;
(4) Developmental status for a child younger than 4 years old, or for a child with a disability;
(5) Consents to health care and release of records; and
(6) Receipts for health care and release of records.

V. At the time of a child's placement, the local department shall provide the child's out-of-home placement provider with the health passport, which has been completed to the extent possible.

W. The local department shall ensure that the child's case record contains the child's medical history and the most recent copies of the child's health care documents. When the documents are known to exist but have not been provided, the case record shall document efforts made to obtain them.

X. The local department shall use the child's private insurance and Medical Assistance card to obtain public mental health services for the child.

Y. The health passport shall be returned to the local department at the time the child leaves the placement.

Z. The local department shall provide the child who has exited out-of-home placement with a copy of the child's personal health records at no cost when:

(1) The child is 18 to 21 years old and exits out-of-home placement; or
(2) The child, who is younger than 18 years old at the time of exiting out-of-home placement, becomes 18 years old and requests the child's personal health records

The Maryland Department of Health and Mental Hygiene and Medicaid Managed Care Organizations

In accordance with COMAR 10.67.04.04, Maryland Medicaid Managed Care Organizations (MCOs) shall:

- Provide or arrange to provide all Medicaid-covered services required to comply with State statutes and regulations mandating health and mental health services for children in State-supervised care;
- Ensure that continuity and coordination of care, provided locally to the extent the services are available, to an enrollee who is a child in State-supervised care;
- Ensure a child in State-supervised care who moves shall be dis-enrolled from the recipient's MCO and enrolled in an alternative MCO if the recipient's current MCO does not serve the geographic region to which the child has been relocated.
- Expedite a change of providers within its panel upon the move of an enrollee who is a child in State-supervised care to a new geographic area served by the MCO;
- On request of the responsible State or local agency, dis-enroll a child in State-supervised care from the current MCO and enroll in an MCO serving the group facility in which the child resides, members of the foster care family, or other children in foster care placement with the child;
- Permit the self-referral of a child in State-supervised care to an initial examination, including a mental health screen and pay for all portions of the examination, except for the mental health screen, which shall be paid for by the Specialty Mental Health System; and
- Appoint a liaison to coordinate services to a child in State-supervised care with the responsible State or local agencies.

Maryland's MCO's providing health care services to children and youth in care include the following: Aetna Better Health Of Maryland, Wellpoint, Jai Medical Systems, Kaiser Permanente, Maryland Physicians Care, MedStar Family Choice, Priority Partners, UnitedHealthcare, and University of Maryland Health Partners.

Department of Human Services, Social Services Administration

The DHS/SSA is responsible for providing State level oversight of Health Care Services including tracking health outcomes and collecting data on the timeliness and effectiveness of the provision of health care services for children placed in out-of-home care. Additional responsibilities include the development of a Centralized Health Care Monitoring Program for children in out-of-home placement with the goal of ensuring children in care will receive optimal health care services. The DHS/SSA develops and implements health care related policies to the LDSS, provides technical assistance and support to LDSS on health related matters and builds infrastructure that supports appropriate assessments and provisions of health care services, to include collaborating and consultation with the Maryland Department of Health Medicaid and other state and local experts in health care and child welfare services.

Local Department of Social Services

There are 24 LDSS in Maryland. Each LDSS must comply with the Federal and State Oversight and Monitoring of Health Care Services Policies Some of the responsibilities of the LDSS include:

- Obtaining the signature of a parent or legal guardian to consent for health care related services.
- Enroll the child in the Maryland Medical Assistance Plan (MD-MA) as soon as possible after the initial placement.
- Coordinate health care services with the managed care organization (MCO) and obtain all medical history. This ensures a continuity of care and transfer of information between providers.
- Ensures initial healthcare screens, comprehensive assessments, annual well-child examinations, routine dental and vision exams and appropriate follow ups services are completed within the allotted time frame.
- Ensures appointments are scheduled and kept, referrals are made and follow ups are provided, needed evaluations, diagnosis, and treatments are secured to meet the child's health care needs.
- Provide local oversight and comply with guidelines to ensure proper oversight and monitoring of psychotropic medication that is prescribed to children and youth in out-of-home care.
- Ensures all documentation of health care needs and services are documented in the Child Welfare electronic system.
- Maintains the child's Health Passport which contains historical and current medical information needed by the caretaker and physician or clinic to ensure that the child's health needs have been identified and are being addressed.

Please refer to Appendix C for Policy Directive SSA-CW #22-09 and Appendix D for Policy Directive 15-18, Oversight and Monitoring of Psychotropic Medications for further details. SSA

will begin the process of updating the Oversight and Monitoring of Psychotropic Medications in 2024.

Making All The Children Healthy (MATCH) Program

Making All the Children Healthy (MATCH) program is a Baltimore City initiative that was developed and implemented by the Baltimore City Department of Social Services (BCDSS) in collaboration with Healthcare Access Maryland (HCAM). The MATCH program provides medical case management, health care coordination, education, and advocacy services to ensure Baltimore City children in foster care receive appropriate physical, dental, and behavioral health care. The MATCH team is composed of registered nurses, licensed social workers, non-licensed degree employees and administrative staff. These individuals collectively work to coordinate medical, dental, and behavioral health exams for all children in foster care; review all medical documentation received; enroll children in the state's medical assistance program; case-manage children's complex behavioral and physical health needs; and assist young people in assuming the responsibility of managing their own health care when transitioning from foster care into independent adult lives.

Comprehensive health plans are developed with input from the care team, resource parents, biological families as possible, to ensure that appropriate health care is obtained and recommendations followed. MATCH incorporates a medical director for complex case review, quality improvement and BCDSS staff education and in-servicing as to relevant health topics and care considerations. The program also incorporates a consultant child psychiatrist for recommendations in the review of cases with complex psychiatric health needs.

Managed Care Organizations

In determining appropriate medical treatment for children in out-of-home placements, standards are outlined and described in Maryland's regulations (COMAR), The Maryland Healthy Kids/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Standards for the Healthy Kids Program are developed through collaboration with key stakeholders, such as the MDH, Family Health Administration, the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School and the Maryland Department of the Environment. The components of EPSDT represent the minimum pediatric health standards. MDH is responsible for oversight of all physicians and the collection of medical data on each child and is working closely with the Department to develop processes to assist in the timely transfer of medical data in the Child Welfare Information System.

IV. Health Screening Schedule

Health Screenings Schedule (The Maryland Healthy Kids/EPSDT Program)

The Maryland Healthy Kids program promotes access to and ensures the availability of quality health care for Medical Assistance children, teens, and young adults less than 21 years of age. This program provides appropriate practice-based performance improvement assessments and targeted interventions to enhance the quality of health services delivered by Medicaid providers to eligible recipients less than 21 years of age. All of Maryland's foster children receive Maryland Medicaid services and follow the schedule (Table 1) for Early Periodic Screening Diagnostic Treatment (EPSDT).

- **E**arly: Assessing and identifying problems early
- **P**eriodic: Checking children's health at periodic, age-appropriate interval
- **S**creening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **D**iagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- **T**reatment: Control, correct or reduce health problems found.

EPSDT also includes addressing the emotional trauma children experience as a result of being removed from their home. At each visit, the medical practitioner assesses the child's mental health and behavioral needs and makes any referrals as appropriate.

Table 1: Early Periodic Screening Diagnostic Treatment Schedule

Type of Exam	Description of Visit
Initial Health Screen/ Placement Exam	An initial Health Screen/Placement Exam is to be completed within 5 business days of entering foster care. This exam should be considered an exam to determine the need for acute care management. Components of the exam should include growth parameters, physical exam of all body surfaces to identify signs of abuse and/or neglect, identifying and treating infectious/ communicable diseases, acute dental issues, acute mental health issues, and evaluating the status of known chronic medical conditions. Recommendation for follow-up should include acute medical needs.
Comprehensive Medical Exam/EPSDT/ Well Child Exam	A comprehensive medical exam is to be completed within 60 days of entering foster care regardless of when the child's last well child exam was completed. This exam should be considered a well-child exam or complete physical exam that meets EPSDT standards. Well child exams should be completed according to the preventive health care periodicity schedule. Recommendations for follow-up should include acute medical needs as well as routine follow-up recommendations.
Follow-Up/Sick/ Emergency Exam	Recommendations should include acute medical needs and follow up with primary care providers.
Dental Exam	A child aged 1 or older should have a dental exam performed by a licensed dentist or a licensed dental hygienist working under the supervision of a licensed dentist within 90 calendar days of initial out of home placement. Subsequent to the initial oral health examination, children and transition-aged youth in out-of-home placement should be seen by a dentist biannually.

	Dental exams should be completed according to the EPSDT standards. Recommendations should include acute dental needs as well as routine dental follow-up.

Identifying, Treating, and Monitoring Health Care Needs

Children and youth involved with child welfare, especially those who are placed in out-of-home care, often present with complex and serious physical, behavioral health, developmental, and psychosocial problems rooted in trauma. Indeed, foster youth may benefit from a level of preventive health care beyond that routinely provided for the general pediatric population, including strategies to promote access to state-of-the-art interventions targeting modifiable risks for chronic health problems, such as high blood pressure, obesity, and the complications of tobacco use. Medical care for children in foster care is often discontinuous, making it difficult for trusting patient–provider relationships to form and care to be delivered. Training and resources for caseworkers, resource parents, and group home staff, as well as biological families, emphasizing the importance of timely access, continuity and quality of health care provider relationships is vital.

Given these unique needs, DHS/SSA monitors the health needs of children in foster care through a variety of state and local efforts and cross-system collaborations. Each child who enters foster care is assigned a special needs coordinator from their assigned Managed Care Organization. The MCO provides or arranges to provide all Medicaid-covered services required to comply with State statutes and regulations mandating health and mental health services for children in State-supervised care and ensures the continuity and coordination of care, serving as the child's Medical Home.

As per the SSA Oversight and Monitoring of Health Care Services policy, at the LDSS, caseworkers are responsible for collaborating with the MCO special needs coordinator and the child's foster parent or placement agency to ensure appropriate medical screening and exams are scheduled and kept as well as ensuring follow-up appointments and referrals are made and evaluations, diagnosis, and treatment services are secured to meet the child's health care needs. The LDSS is responsible for ensuring that the caregiver is aware of the child's health care and service needs.

In 2019, DHS hired The Child Welfare Medical Director. In January 2022, a new Medical Director was hired after the peak of the COVID pandemic. The Medical Director oversees the coordination and monitoring of health care services for children and youth receiving child welfare services. The director, in consultation with LDSS, will develop a Centralized Comprehensive Health Care Monitoring Program. The Medical Director is responsible for data collection on the timeliness and effectiveness of the provision or procurement of health care services for children in care, and consider tracking health outcomes for children in out-of-home placements using the most recent Healthcare Effectiveness Data and Information Set (HEDIS) measures relevant to children including:

- Immunization status;
- Lead screening;
- Medical management of asthma;

- follow–up care for children prescribed ADHD medications;
- Depression screening and follow–up for adolescents;
- Antidepressant medication management;
- Follow-up after an emergency department visit or hospitalization for mental illness;
- Diagnosed Mental Health Disorders;
- Diagnosed substance use disorders;
- Use of first line psychosocial care for children and adolescents on antipsychotics; and
- Metabolic monitoring for children and adolescents on antipsychotics.

Other measures to be developed in consultation with academic partners, members of the Maryland American Academy of Pediatrics Committee on Foster Care, members of the Quality, Policy, and Performance Management team, CRISP, MA and MCO partners include strategies to obtain and analyze systematically discrete data such as the immunization data, hospitalization data and overstay status in order to assess overall system strengths and weaknesses and assess areas for quality improvement.

DHS currently monitors efforts to address health monitoring compliance of required health screens and exams and percentage of children who receive them within the required time frame. Each week, SSA conducts data analysis of health exam completions within each LDSS and provides the LDSS with a report and notice of cases out of compliance. The LDSS receives technical assistance and support to address barriers related compliance when needed. With enhancements of CJAMS and more integrated involvement with CRISP, the agency will be able to conduct a more in-depth data analysis related to types of diagnosis, treatment needs and services for somatic, dental, and mental health. Over the course of the next five years, the agency plans to establish health outcome measures that better reflect effectiveness of health care services provided to children in care.

Maryland's DHS recognizes the persistent challenge of poor coordination and lack of communication between health providers, social services, caregivers, and placement agencies involved in the child's care. Effective and timely information sharing, coordination of care, strengthening transition processes between placements and targeted training and skill building around coordination of all health care services for children in state care for Child Welfare Staff and health, dental, and mental health providers are essential areas of priority over the next five years.

Informed Consent for Medical Treatment and Health Care Services

Upon admission to out-of-home placement, the LDSS must secure the signature of a parent or legal guardian on the Consent to Health Care and Release of Records Health Passport form. Should obtaining such consent prove unfeasible, LDSS is obligated to petition the court for limited medical guardianship. In cases where parental rights have been terminated, no consent is necessary. Youth that are age18 and older are considered competent to consent or decline medical treatment and health care services. The LDSS must procure the signature of youths aged 18 and older in out-of-home placement on the Health Passport form Consent and Release of Health Care Services and Records for Youth 18 and Older.

Additionally, the LDSS must have an informed consent for each psychotropic medication prescribed to a foster child. Informed consent is consent for treatment provided after an

explanation of the proposed treatment, expected outcomes, side effects, and risk is provided by the prescribing clinician. The DHS 631-IC, Psychotropic Medication Informed Consent form, is used to document the requirements and consent for all psychotropic medication prescribed to a foster child. The consent process is being updated in addition to the Psychotropic Medication Oversight policy in 2024 with specific attention to informing the health care decision maker, caseworker, and youth prior to dispensing a prescribed psychotropic medication.

When a parent or guardian is unavailable or unwilling to provide consent and a child's prescribing professional has determined there is a medical necessity for psychotropic medication, the LDSS must file a motion with the court requesting consent for the prescription and use of necessary psychotropic medication. Courts are provided authority for this action pursuant to Maryland Courts and Judicial Proceedings Section 3-824 (a). Foster parents and all other caregivers may not sign consent for psychotropic medications.

Circumstances that may permit an exception for an informed consent for the prescribing of psychotropic medication include A child/youth entering foster care is currently taking psychotropic medication without a signed informed consent; every effort shall be made to obtain the DHR-631-IC within 30 days of entry into foster care. Psychotropic medication should not be discontinued abruptly unless it has been determined and documented as safe to do so by a prescribing clinician.

The caseworker must continue to communicate with the youth's parent or legal guardian regarding treatment when medication is not deemed a medical necessity, but there is a DSM-5 psychiatric diagnosis supported by documented evidence/ observations that medication would improve a child's well-being or ability to function.

Upon entry into out-of-home placement the LDSS shall obtain the signature of a parent or legal guardian on the Consent to Health Care and Release of Records, (DHR 631-F). If it is not possible to obtain such consent, the LDSS shall petition the court for limited medical guardianship. No consent is required if the parents' rights have been terminated. Unless otherwise specified, youth that are in out-of-home placements that are age 18 and older are considered competent to consent for medical treatment and health care services when required.

Minors (persons under the age of 18) May Consent for Health Care Services. In Maryland there are certain health care services that minors *(persons under the age of 18)* have the same capacity as an adult to consent to treatment. When a minor is consenting for health care services the LDSS shall support the minor with the following:

- Providing and reviewing information about the consented health care services with the minor.
- Ensuring that the minor has transportation to all appointments, including follow-up appointments.
- Ensuring that an adult accompanies the minor on appointments.
- If prescriptions are given, ensuring that all prescriptions are filled and that the minor understands the importance of adhering to the regiment.
- If the minor's recovery requires them to be absent from school, ensure that the minor's school is notified so that the absence will be considered an excused absence.

Appendix E. contains more detail on minor consent.

V. UPDATING AND SHARING MEDICAL INFORMATION

In order to ensure continuity of care and a coordinated health plan, caseworkers obtain medical history of a child in out-of-home as often as possible. The MCO's are the guardians of this information and over the course of the next five years, the agency plans to strengthen collaboration between the LDSS and MCOs to allow for the ability to engage in bi-directional communication to ensure the historical data and current status of the child is discussed so appropriate referrals are made. For continuity of care, the MCO should attempt to contact the child's previous MCO to inquire about medical history etc. In addition, caseworkers will now have access to Department of Juvenile Services (DJS) medical records for youth who are in the custody of DJS. This information will be uploaded to CJAMS so that complete medical records are accessible to caseworkers.

The following Maryland statute allows the caseworker to obtain all of the records needed:

In accordance with Maryland law (Md. Code Ann., Health-Gen. I §4-303 (a) (b)(1)-(5)) a health care provider shall disclose a medical record on the authorization of a person in interest. An authorization shall:

- Be in writing, dated, and signed by the person of interest;
- State the name of the health care provider;
- Identify to whom the information is to be disclosed;
- State the period of time that the authorization is valid, which may not exceed 1 year, except:
    - In cases of criminal justice referrals, in which case the authorization shall be valid until 30 days following final disposition; or
    - In cases where the patient on who the medical record is kept is a resident of a nursing home, in which case the authorization shall be valid until revoked, or for any time period specified in the authorization; and
- Apply only to a medical record developed by the health care provider unless in writing:
    - The authorization specifies disclosure of a medical record that the health care provider has received from another provider; and
    - The other provider has not prohibited re-disclosure.

As provided in § 4-303 (e)(2)-(3) of the Md. Code Ann., Health Gen article, except in cases of criminal justice referrals, a person of interest may revoke an authorization in writing. A revocation of an authorization becomes effective on the date of receipt by the health care provider. A disclosure made before the effective date of a revocation is not affected by the revocation.

In accordance with Maryland law (Md. Code Ann., Health-Gen. I § 4-301(k)(4)-(5)), the following qualify as a "Person in interest" who may access the medical records of minors:

- A minor, if the medical record concerns treatment to which the minor has the right to consent and has consented.

- A parent, guardian, custodian, or a representative of the minor designated by a court, at the discretion of the attending who provided the treatment to the minor, as provided in §20-102 or § 20-104 of the Md. Code Ann., Health-Gen Article.
- A parent of the minor, except if the parent's authority to consent to health care for the minor has been specifically limited by a court order or valid separation agreement entered into by the parents of the minor.
- A person authorized to consent to health care for the minor consistent with the authority granted.
- An attorney appointed in writing by an authorized person as listed above.

The agency plans to explore the data sharing agreements with CRISP and CJAMS to allow direct entry of medical data into CJAMS. The first test case used will be immunization data. Future test case uses will include Emergency Department visits and Inpatient Hospitalization data. Other health case uses will be developed over the next 5 years. This will lead to more consistent, accurate data entry which will improve efficiency of work for caseworkers and lead to improved sharing of medical data.

DHS recognizes that there is great opportunity to provide training on best practice strategies and support around accessing, updating and sharing medical information, appropriate documentation and appropriately detailing medical information between placements and caregivers. These trainings and supports will be targeted to others involved in the medical care of children in foster care beyond the health care providers such as caseworkers, foster parents and placement agency staff.

Health Passport

All components of a child's health care are documented in Maryland's Health Passport. Every child in out-of-home placement receives a health passport.

The Health Passport is a series of documents that:

- Contains historical and current medical information needed by the caretaker and physicians or clinic to ensure that the child's health needs have been identified and are being addressed.
- Serves as the caseworker's documentation for compliance purposes.
- Serves as a record that provides health care documentation and historical data for children who are adopted or who are permanently separated from their families.

The caseworker and /or caregiver accompany the child on subsequent medical visits during which the physician consults with the caseworker and / or caregiver regarding the child's health and completes the health passport. Maryland physicians must complete the health passport forms each time they examine the child.

The passport is given to the caregiver at the time of placement and is required to be taken to every appointment. The original of the forms remains in the Health Passport. Copies of the forms are placed in the child's case record. The Health Passport is returned to the LDSS at the time the child leaves the placement. The passport is given to the adoptive parents at placement,

to birth parents when the child returns home, or to the young adult when they reach the age 18, as appropriate, and at no cost.

As part of DHS's modernization efforts, the agency will explore the feasibility of establishing an electronic health passport and portal to improve accessibility and sharing of information for families and providers who care for the child.

Currently, the child's health needs, and treatment are documented in CJAMS in the health tab. This provides caseworkers and supervisors the ability to monitor and track the health care needs of the child which is enhanced with TA sessions on using the data to improve workflow efficiency and documentation. It is the responsibility of the supervisor to ensure that the worker has documented the record appropriately.

Pursuant to Title VI- of the Social Security Act child welfare agencies are required to maintain health care records on children and youth in out-of-home placement.

Pursuant to Title VI- of the Social Security Act child welfare agencies are required to maintain health care records on children and youth in out-of-home placement. Healthcare records (documentation of health exams, treatments, and related information) pertaining to youths aged 18 and older in out-of-home placement, will be furnished to the LDSS provided that the youth consents to the release of records, as indicated by completing the Health Passport form Consent and Release of Health Care Services and Records for Youth 18 and Older.

Healthcare records (documentation of health exams, treatments, and related information) pertaining to youths aged 18 and older in out-of-home placement, will be furnished to the LDSS provided that the youth consents to the release of records, as indicated by completing the Health Passport form Consent and Release of Health Care Services and Records for Youth 18 and Older.

Youth between the ages of 18-20 that are still in out-of-home placement and consenting for their health care treatment, provide documentation of health care services to the LDSS for the purpose of maintaining their health record in CJAMS.

CJAMS includes a Health tab which maintains the health record for children and youth in out-of-home placement. The CJAMS dashboard Health tab has 17 sections /subtabs:

- **EXAMINATION** which includes information related to the type of exam and appointments dates and provider
- **BIRTH/NEONATAL INFORMATION:** Identifies medical conditions
- **REPRODUCTIVE HEALTH**: Upload documents related to reproductive health care
- **HOSPITALIZATION:** identifies type of hospitalization, diagnosis ,admission and discharge date
- **IMMUNIZATION:** Template in place for documentation
- **BEHAVIORAL HEALTH/SUBSTANCE USE:** Tobacco, Alcohol ,and Drug use

- **DISABILITIES/SPECIAL NEEDS:** Mandatory questions related to behavioral, or mental health conditions diagnosed
- **FAMILY HISTORY:** health history and cause of death for family members
- **FEEDING INFORMATION:** Diet type and feeding position
- **INSURANCE INFORMATION:** Identifies policy holder, type of insurance and updates to insurance information
- **DISEASES/CONDITIONS:** Medical conditions began and end date
- **MEDICATION INCLUDING PSYCHOTROPIC:** Identifies all medication taken with updates
- **PROVIDER INFORMATION:** All health care providers contact information
- **MOBILITY/SPEECH:** Provider information
- **SLEEPING:** Identifies issues related to sleep
- **ELIMINATION:** Identifies issues and action related to elimination
- **HEALTH PASSPORT:** Documents when the passport was given to child's care provider

To ensure proper oversight and monitoring of health care services, the LDSS caseworker ensures that each of the tabs in the health folder is fully completed with current and accurate health care information on each youth in out-of-home placement. Each visit should include the following:

- Examination Information,
- Chronic Health Information,
- Allergies/Special Needs/Hygiene/Phobias Information,
- Medications, and
- Health Insurance.

The worker should document any follow up needed for the child in CJAMS. The supervisor ensures that the documentation and follow up are completed.

All medications that the child is prescribed are documented in the medical information tab. This would include all psychotropic medications as well. Over the next 5 years enhancements will be made to CJAMS to ensure that prescribed psychotropics medications must be documented and are accurately recorded via a dropdown menu. The caseworker ensures that this is up to date and the supervisor reviews the CJAMS record as well. The caseworker also ensures that the information in the child's Health Passport is up to date.

Since 2020, DHS has transitioned into using CJAMS from the MD CHESSIE system. CJAMS was designed to support case workers and staff in entering and uploading health related information and as a data source for communication of health-related data to providers. It is updated at regular intervals to allow for improved monitoring of health-related needs and services at both the state and local level. Over the next 5 years enhancements in the system will be made based on multidisciplinary team feedback to optimize data entry and communication of patient specific medical information.

VI. CONTINUITY OF HEALTH CARE SERVICES

Establishing continuity of care and ensuring a trauma-informed comprehensive and coordinated treatment approach by all professionals involved is a priority for DHS/SSA. The exchange of

health and treatment information between providers and the provision of information to families and caregivers, whether through DHS/SSA or directly by health insurance providers, is critical. Currently, if the child has a primary care provider (PCP) upon entering care, the caseworker makes every effort for the child to continue to use this provider. In the event that a child cannot continue care with their PCP, the caseworker will contact the managed care organization (MCO) and obtain all medical history on the child and document that information in CJAMS, as well as on the child's health passport. Caseworkers will also communicate directly with health care providers and caregivers in those efforts.

To support care and continuity, MCOs utilize special needs coordinators, positions mandated by state regulations to who serve as "point(s) of contact for health care services information and referral for members of special needs populations", which include children in state-supervised care. Ideally, special needs coordinators work with DHS/SSA caseworkers to discuss historical health care usage (including compliance with a given PCP), gaps in care and the current needs of the child and offer related assistance. MCOs' routinely receive the names of children in out-of-home care but will not have the associated case workers. Improvements in communication between DHS/SSA and the MCOs are being examined to increase information sharing between the agency and MCOs, as well as between MCOs, as children may be assigned to different organizations over time, each which are the guardians of their own collected medical data. The DHS/SSA is continuing to assess creation of an electronic portal with our partners at MDTHINK and CRISP by which providers can have access to and provider patient health information and caregivers, case workers and care managers may access current health data; CRISP allows for the provision of alert messaging to registered providers of patient movement through the healthcare system, such as with emergency department visits and inpatient admissions. Over the next 5 years, we will explore using this functionality to create an out of home care medical dashboard. This can be utilized to allow PCPs to be aware of changes in a child's foster care status, hospital overstay status and other significant changes in health.

VII. OVERSIGHT OF PRESCRIPTION MEDICATIONS

In Maryland, the authorization, oversight, and financing of psychotropic medications for children in foster care is directed through collaborative work by two state agencies. The DHS/SSA as the State's child welfare agency and MDH as the State's public health department.

The DHS/SSA is responsible for the consent and monitoring of psychotropic medication treatment of youth in foster care while MDH is responsible for the health status of Maryland residents and ensuring access to quality health care. Within MDH, two major administrations have responsibility for overseeing and financing psychotropic medications:

- Office of Health Care Financing- oversees Medicaid and the financing of psychotropic medications for all individuals enrolled in Medicaid, including children in foster care.
- The Behavioral Health Administration (BHA) is the State agency responsible for oversight and provision of mental health services to all individuals enrolled in Medicaid, including children in foster care.

Over the next five years, in order to best address needs for psychotropic medications for children and youth, the agency plans to collaborate with the current mental and somatic healthcare

partners to put into place comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children's mental health and trauma- treatment needs. This will be done initially via the creation of a *Statewide Advisory Task Force* that will provide actionable recommendations to MDH and DHS. The focus of these recommendations is to ensure the safe and appropriate use of psychotropic medications among children and youth in out-of-home care. In addition to the above, the Statewide Advisory Task Force will provide recommendations and advice on the following:

- Determine the components and evidence-based practices to be incorporated into the Statewide Guidelines. *The Statewide Guidelines will aim to promote consistent and standardized practices among healthcare providers, caregivers, and child-serving agencies around the safe and appropriate use of psychotropic medication for children and youth in foster care.*
- Clinical practice considerations (i.e. treatment planning, medication selection, dosage and titration, emergency use, and medication monitoring)
- A criteria and process for conducting secondary reviews of psychotropic medication usage.
- Data indicators, benchmarks, and reporting to be monitored and shared with healthcare providers and other relevant stakeholders.
- A communication and training strategy to disseminate Statewide Guidelines.
- Overall draft of the Statewide Guidelines.

SCREENING, ASSESSMENT, AND TREATMENT PLANNING

In current DHS/SSA policy, prior to initiating each prescription for psychotropic medication the following must occur. The youth will have had:

- A current physical and baseline laboratory workup.
- A mental health assessment with a DSM-5 psychiatric diagnosis of the mental health disorder.

The prescribing clinician shall explain the purpose and effects of the medication in a manner consistent with the individual's ability to understand (child, caregiver(s), and birth parent/legal guardian(s), if applicable). This explanation shall be documented in the case file by the caseworker.

Over the next 5 years, the Clinical Considerations workgroup as determined by the StateWide Advisory Task Force will provide recommendations for clinical considerations (i.e. treatment planning, medication selection, dosage and titration, emergency use, and medication monitoring) in the use of psychotropic medications. All psychotropic medication prescribing based on the work of the Statewide Advisory Task Force will undergo at minimum, a primary review by a clinical team and secondary review if there are red flags or concerns prior to documenting informed consent. This will be developed as the new psychotropic medication oversight policy is finalized. The following includes existing programs and resources that will be considered for this undertaking.

PEER TO PEER PROGRAM

The Peer Review Program for mental health medications (also known as the Peer-to-Peer program) operates through the Maryland Medicaid Pharmacy Program. This program, which

was implemented in October 2011, conducts pre-authorization review for antipsychotic medication treatment for youth that receive Medicaid. In January 2014, the program expanded to covering youth ages 17 and younger. This program impacts all Medicaid enrolled youth, which includes all children in the Maryland foster care system. Providers are required to submit indication for medication treatment or target symptoms, laboratory values for metabolic screening, (e.g. blood glucose work is required), information on referral for non-medication psychosocial treatments (e.g. Psychotherapy), an antipsychotic medication and dosage being requested, and a list of any co-prescribed medication. A review is conducted by a psychiatric pharmacist, and when necessary, a child psychiatrist, before the medication is approved to be filled. An ongoing review of antipsychotic treatment is required every six months to assess if adequate safety monitoring of the clinical condition supports ongoing treatment. In the case that a child is deemed to be at higher risk for side effects or where the drug regimen is unusual or complicated, an ongoing review may take place more frequently.
As described in the Statewide Advisory Task Force and in the development of a new psychotropic medication policy, a Secondary Review workgroup will be charged to provide recommendations on the criteria and process for conducting secondary review of psychotropic medication usage. Red flag criteria for psychotropic medication prescribing practices for monitoring will be developed based on age, diagnosis, dose, polypharmacy, baseline data and ongoing monitoring and psychosocial considerations.

With the development of the new psychotropic medication policy, further emphasis will be placed on informed and shared decision-making processes and methods for ongoing communication between the prescriber, the child, the child's caregivers, and other stakeholders (e.g., healthcare providers and child welfare workers). This involves ensuring there is clear documentation, sharing, and understanding of information on any adverse effects of medication with the child and the child's caregivers and clear documentation and understanding of the medication use including the starting dose and timing of dose changes and intended clinical effects. Further agency monitoring is described below.

MEDICATION MONITORING

To ensure effective psychotropic medication monitoring at both the client level and agency level for children and youth in in-home or out-of-home foster care, the following monitoring activities are in place.

The LDSS worker ensures that all follow up appointments and re-evaluations with the child or youth's healthcare provider(s) are completed as recommended by a healthcare professional. The LDSS supervisor ensures that this documentation is completed, and data entered into the child welfare integrated data system. Furthermore, during monthly home visits with the child/youth and caregiver, the caseworker reviews medication adherence and the medication's effect on the youth. At each home visit with a youth prescribed psychotropic medications, the following items are discussed with both the caregiver and the youth:

- A review of information that is provided by the prescribing clinician, about the intended effects and any side effects of the medication.
- Compliance with all medical appointments, including dates of last and upcoming appointments with the prescribing clinician.
- Medication availability, administration (i.e. is the youth compliant with medication schedule, is medication log being completed, etc.) and refill process.

- Medication cannot be discontinued unless ordered by the practitioner.
- Any and all adverse side-effects must be reported to both the prescribing clinician and foster care caseworker.

The Statewide Advisory Task Force with the Clinical Considerations Workgroup will develop guidelines for the primary review of all psychotropic medication prescribed to children in out of home care and secondary review for those with red flag criteria. Over the next 5 years, the agency will work with the monitoring performance criteria such as process measures (presence of psychotropic medication consent form for youth prescribed psychotropic medications, presence of psychotropic medications in CJAMS health tab) as well as regularly reviews of appropriateness of all treatments for a diagnosis.

In addition, using the Statewide Advisory Task Force Oversight and Monitoring Workgroup, other recommendations on data indicators, benchmarks, and potential reports to be monitored and shared with healthcare providers and other relevant stakeholders will be developed. Other data sources that will be used will include administrative MA administrative billing data, which although delayed will help to inform trends of psychotropic medication prescribing and strategies to decrease use.

MENTAL HEALTH EXPERTISE

In 2019 DHS appointed a Medical Director to support the oversight and monitoring of psychotropic medications. The new Medical Director appointed in 2022 has helped design a Statewide Advisory Task Force with Workgroups on Clinical Considerations, Oversight and Monitoring, Communication and Training and Secondary Review which is charged to update all aspects of psychotropic medication oversight. The Task Force consists of the Secretaries of the Maryland Department of Human Services (DHS) and MDH; designated senior level staff from DHS and MDH; and mental health subject matter experts from academic and clinical backgrounds and persons with lived experience invited by the Secretaries.

INFORMATION SHARING

The DHS/SSA has in place mechanisms for sharing accurate and up-to-date information related to psychotropic medications with clinicians, child welfare staff, and consumers (e.g., children, youth, and caregivers), including both data sharing mechanisms (e.g., integrated information systems) and methods for sharing educational materials. These processes include:

- All medication information is entered into SSA's child welfare integrated data system into the Medication or health section by the caseworker. The LDSS supervisor provides the oversight necessary to ensure that the information is documented and entered correctly and timely.
- Caseworkers document all prescribed psychotropic medication and monthly discussions in their contact notes in SSA's child welfare integrated data system. Also, the signed DHR-631-IC, Psychotropic Medication Informed Consent, is filed within the medical section of the youth's case file.
- The DHR/SSA 631 Health Passport (detailed above) contains up-to-date information on the child or youth's mental health diagnosis, names of all prescribed psychotropic medications, routine medication monitoring appointments with prescribing physicians, and all non-pharmacological treatment services.

As detailed earlier, DHS/SSA will be updating the Health Passport, including mental health fields such as diagnoses, medications, other treatments as examples, to the Health Passport for improved information sharing. Work will continue to investigate the development of an electronic information portal with access and data availability based on the user. This work will be informed by DHS/LDSS staff, stakeholders, and community providers who will provide feedback and make recommendations for practice and policy.

TRAINING

The DHS/SSA has partnered with the University of Maryland, School of Medicine and the University of Maryland Child Welfare Academy to create a standard training for child welfare staff on appropriate use of Psychotropic medication. This training began in spring 2016 and focuses on using a trauma-informed approach to managing and overseeing the use of psychotropic medication for children and youth in foster children. Continued training based on webinars on data provided by the University of Maryland School of Pharmacy psychotropic medication utilization have been presented since 2021. Over the next 5 years, based on input from the Statewide Advisory Task Force on Psychotropic Medications new training will be developed based on the output of the various Task Force work groups. These trainings will be in 3 modules, an introductory module on psychotropic medications and informed consent, monitoring, and implementation of the new policy.

CONTINUING TO REDUCE PSYCHOTROPIC MEDICATION USE

The DHS/SSA's development of a revised policy regarding the oversight and monitoring of psychotropic medication for children and youth in out-of-home care meets federal requirements and reflects best practices that have emerged in recent years. The creation of the Statewide Advisory Task Force on Psychotropic Medication with the collaboration of DHS/SSA and MDH will assure progress in executing the goals of the Task Force. The collaboration and accountability of both agencies will ensure meaningful changes in psychotropic medication use for children in Out of Home care.

The DHS/SSA currently has a contract with the University of Maryland, School of Pharmacy around psychotropic medication utilization. MA claims data is used to provide monitoring of psychotropic medication use, and high-risk utilization such as polypharmacy. Information from the contract is used for educational webinars and tip sheets for social workers to provide the basis of individual psychotropic medication patient utilization.

VIII. CONSULTATION AND INVOLVEMENT OF PROFESSIONALS IN ASSESSING AND TREATING CHILDREN

Maryland House Bill 1582 "Centralized Comprehensive Health Care Monitoring Program", passed in May 2018, required DHS to hire a State Medical Director to oversee the coordination and monitoring of health care services for children in the custody of LDSS. Hired in 2019, the Director is responsible for the general assessment, assurance and improvement of the state's system for health care provision (including the domains of process, adequacy, appropriateness [cultural competency, trauma informed care provision, etc.], and outcome), hewing closely to Child Welfare League of America's *Standards of Excellence for Health Care Services for Children in Out-of- Home Care*. As part of this work, the medical director is also responsible

for the development of a health service monitoring program that ensures centralized health care coordination. The current medical director hired in 2022 works with the Maryland American Academy of Pediatrics Committee on Foster Care providers, MDH, BHA and dental providers to regularly review and discuss statewide health care access, systemic diagnosis, and treatment issues. The State Medical Director has hired a State Nurse to support this work and to assist with regional health related TA issues as well as facilitating improvements such as helping LDSS get children in out-of-home care immunization records directly and audits for quality improvement on compliance for follow up medical care.

On an individual basis, MCOs engage special needs coordinators and medical case managers, as appropriate, to assure care coordination; LDSS caseworkers maintain communication with these entities and health care providers as part of monitoring and oversight. The state medical director continues consultation with LDSS for case review and assures access to medical experts, as necessary, to support appropriate assessment and treatment planning. Lastly, the BCDSS MATCH program offers DHS/SSA insight into the potential utility and effectiveness of local/regional nurse case management within a child welfare setting.

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP)

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP) is a free statewide consultation, continuing education, and resource / referral program for pediatric primary care providers (PCPs) funded by the Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education. B-HIPP supports the efforts of pediatric primary care providers in the assessment and management of mental health concerns among their patients through a consultation phone line. PCPs are able to have questions answered about diagnosis, medication, and other mental health and behavioral health concerns answered by child psychiatrists. B-HIPP is able to provide consultation to PCPs regarding children from infancy to transitional age youth, and their families. B-HIPP also seeks to increase access to children's mental health services by improving linkages between primary care providers and mental health treatment providers in the community. The clinical work for this project is carried out as a collaboration among the University of Maryland School of Medicine / Department of Psychiatry, Johns Hopkins School of Public Health, and Salisbury University School of Social Work. BHIPP providers are critical members of the Statewide Advisory Task Force on the Clinical Considerations workgroup. BHIPP is working with the Task Force in a role where an opinion will be rendered for every psychotropic medication that is prescribed to children in Out of home care. In the case where the agency is the health care decision maker for the child, their opinion will be used to inform the consent of these medications.

IX. PREVENTING INAPPROPRIATE DIAGNOSIS

The DHS/SSA has developed a multi-faceted approach to preventing inappropriate diagnoses of children in foster care. Maryland's approach is designed to understand the potential for misdiagnosis through research and analytics; collaborate with multiple stakeholders who play a role in diagnosis; develop practice interventions and protocols and provide relevant training and coaching in support of behaviors that will avoid misdiagnosis; and, institute oversight and continuous quality improvement to ensure that there is reinforcement of successful strategies to

prevent misdiagnosis and attention to areas of concern. This plan is intended to be evolving; elements of the plan intentionally build on one another as Maryland's collective understanding of diagnosis and misdiagnosis grows and we learn from what works overtime.

Research and Analytics. The DHS/SSA plans to partner with the Maryland Department of Health and research and university partners to conduct the following kinds of analysis, over the next 5 years to form an empirically informed picture of children at risk of misdiagnosis with initial attention to mental health conditions as inappropriate use of psychotropic medications for diagnoses has significant consequences. The groundwork of this analysis will include:

- Analysis to describe the volume and characteristics (age, placement type, length of stay) of children diagnosed with the referenced conditions in the foster care population.
- Comparative and comparative and trend analysis on children with diagnosis, including jurisdictional and regional trends.
- Literature review and scan of population reference data to understand the prevalence and characteristics for these conditions in the child welfare and general population.
- Identify outliers and hot spots to flag potential misdiagnoses for additional oversight and strategy development.

Collaboration. The DHS/SSA seeks to engage system partners in identifying the potential for misdiagnosis and in supporting strategies that will prevent misdiagnosis from occurring which will facilitate appropriate treatment and placement. The initial plans are to explore:

- Engaging with medical and resource homes to highlight how appropriate behavior management techniques can support preventing inappropriate diagnosis.
- Developing a standardized memorandum of understanding with MCO to clarify roles and responsibilities with regard to overseeing diagnoses.
- Sharing data with LDSS Local Care Teams and determining additional opportunities to collaborate on providing resources for children with intensive needs that may avoid inappropriate diagnosis and placements.
- Collaborating with outpatient programs, hospitals, counseling programs and other related providers, to ensure consistent and timely sharing of documentation of diagnosis information with LDSS, which will aid in timely decision-making on second opinions, as needed.

Practice Interventions and Protocols. As DHS/SSA continues to refine and develop tools in support of the Integrated Practice Model, we will build in clarification of how specific practice interventions should be used in support of preventing inappropriate diagnosis and provide specific protocols. This includes:

- Refining practice profiles related to assessment and planning to include desired worker behaviors in support of accurate assessment and meaningful engagement and follow-up with parents, foster parents and medical providers related to diagnosis.
- Developing protocols to discuss, address and assess information about diagnosis and child placement with families, their supports and other stakeholders during family involvement meetings or other team decision-meetings.

- Develop partnerships to obtain medical consultation on diagnosis, exploring protocols for obtaining proactive medical consultation or second opinions for certain children (as informed by analytics), and defining benchmarks for revisiting a diagnosis over time.

Workforce Development and Training. In support of the aforementioned practice interventions and protocols, DHS/SSA intends to engage in transfer of learning to ensure that staff and foster parents develop skills and capacity in support of preventing inappropriate diagnosis. Such efforts will include:

- Collaborating with the Child Welfare Academy to develop trainings for the child welfare workforce (staff and supervisors) around responding to physical, developmental, and behavioral health diagnosis of children in care.
- Developing and implementing training on the plan to prevent inappropriate diagnosis and the practice protocols implemented, including internal and external workers and in pre-service and ongoing training.
- Exploring opportunities to develop and offer training for foster parents about their role as informed and active participants in a child's health care, including their role in providing information to medical providers and case workers related to presenting child conditions.

Oversight and CQI. A fundamental and overarching element of the plan will be to ensure that there is appropriate oversight and ongoing continuous quality improvement to assess the implementation and impact of the plan's components. The DHS/SSA's Child Welfare Medical Director, will work in concert with the Child and Family Well-Being unit and the Continuous Quality Improvement team to provide ongoing best practices information and technical assistance to LDSS regarding diagnosis and placement. The Medical Director will also facilitate and inform the development of local protocols for medical consultation and ongoing local oversight to prevent inappropriate diagnosis.

X. HEALTH INFORMATION FOR TRANSITIONING YOUTH EXITING CARE

According to the Fostering Connections to Success and Increasing Adoptions Act of 2008, all states are required to assist and support youth in developing a transition plan as he/she ages out of foster care. The State of Maryland has developed the Maryland Youth Transition Plan (YTP) to comply with this mandate and has enhanced the plan to include most recent provisions of the Family First Prevention Services Act of 2018. The purpose of the YTP is to ensure youth obtain the resources and skills needed to be self-sufficient. The YTP is the tool used by the LDSS in conjunction with the youth which empowers the youth to plan for their future. The plan outlines transition goals that encompass education, employment, financial empowerment, permanent and supportive connections, well-being, and civic engagement. Youth participate in the YTP process beginning at age 14 and continue to review and revise the plan every 6 months. Ninety days prior to a youth's 18th birthday the YTP is finalized.

The LDSS shall provide the child who has exited out-of-home placement documents including a Foster Care Verification Letter, Education Records, Social Security Card, Birth Certificate, Maryland State Photo Identification, Medical/ Health Insurance Card, Medical Records all at no cost when the child exits by attainment of age, or the child exits prior to age 21.

- A former child in out-of-home placement, age 21 or older, may request the health information from the department.

- Personal information on the parents or siblings should be redacted.

The DHS/SSA and MDH continue to be committed to ensuring that Section 2004 of the Affordable Care Act is implemented within the state of Maryland. Maryland has adopted the requirements and ensures that Medicaid covers any child under age 26 years who:

- Was receiving state foster care services and enrolled in Medicaid under the state plan or waiver on his or her 18th birthday; or
- Have a household income less than 138% of the Federal Poverty Level.

In Collaboration with MDH, it was decided that LDSS staff could enroll transitioning youth into Maryland Health Connection prior to their 21st birthday. The DHS/SSA has offered onsite technical assistance and sent directions to the LDSS on how to complete this task. The DHS/SSA will continue to ensure that youth are enrolled in health insurance upon exiting care.

The DHS/SSA has a website for transition aged youth called MyLIFE, http://mylife.mymdthink.gov The health care portion of the website has been updated to include all the information for the connector entities across the site. This enables youth to access the site at any time and register into the Maryland Healthcare Connection to ensure health insurance until they are 26 years of age.

It is the caseworker's responsibility to discuss with the transitioning youth the importance of appointing a person to make healthcare decisions if the youth is incapacitated. In the State of Maryland, such a person is called a Health Care Agent.
When developing the transitional plan with the youth, the caseworker does the following:

1. Describe a Health Care Agent and discuss the importance of appointing someone to make healthcare decisions should the youth become incapacitated.
2. Provide the youth with a copy of the Maryland Advance Directive: Planning for Future Health Care Decisions and discuss the process for Selecting a Health Care Agent - http://www.marylandattorneygeneral.gov/Health%20Policy%20Documents/adirective.pdf;
3. Document in the Transitional Plan that the discussion took place, and that the youth received a copy of the Advance Directive; and
4. Provide guidance and support to the youth if they decide to create an Advance Directive and assist the youth in identifying whom the youth is connected to for sharing the Advance Directive.

Health care planning for the transitioning or exiting youth is of utmost importance. The DHS/SSA will continue to ensure that our youth are prepared and insured upon exiting foster care.

XI. LESSONS LEARNED

Since the development of the prior Health Care Oversight and Coordination Plan, DHS, SSA has learned that in order to efficiently monitor and meet the health needs of children in child welfare, increased coordination and collaboration with other agencies and programs serving the same population is crucial. Maryland is rich in health resources for children, however much of the

work is in silo. Although DHS is responsible for the children in out of home care, the health and health related services of these children is the responsibility of many systems, and each entity should improve the collaboration and coordination of services to ensure children have the best health outcomes as possible.

In addition to increased collaboration and coordination, the agency has realized the importance of having medical expertise in house, thus the implementation of the Child Welfare Medical Director. The agency has also learned that targeted training around and support around coordination of healthcare services is crucial to the child welfare workforce. The DHS/SSA has learned that caseworkers and supervisors are not always aware of who they need to connect with and how that happens. With the enhanced collaboration and coordination with MDH and other external agencies providing health services to children, implementation of the Medical Director and health related training and support to the child welfare workforce, the agency anticipates progression in the health oversight and outcomes of children in care.

XII. DATA AND OTHER MEASURES TO DETERMINE COMPLIANCE

The DHS/SSA recognizes that in order to achieve positive outcomes and strengthen the well-being for infants, children and youth in foster care depends largely on establishing measures that are accurate indicators of children receiving quality services and supports to meet their needs. The agency looks at several measures and tools to document compliance of healthcare related policies and procedures.

The agency will continue to utilize the performance on the Well-Being Headline Indicator measures related to requirements for the initial, comprehensive, annual, and dental health assessments to assess compliance of state policies and procedures. See Table 1 for yearly targets of measure. These targets were generated using the excel formula =ROUNDUP((0.25*(0.90-Baseline)) +Baseline,2) for year 5 and continuing with the assumption of Maryland's benchmark compliance health metrics at 90%. and aiming to achieve gradual improvements via initiatives for approximately a 1% increase in years 2-4.

Table 1: Health Related Well-Being Headline Indicators and Yearly Targets

Headline Measure	Percentage as of December 2023	Year 1 Target	Year 2 Target	Year 3 Target	Year 4 Target	Year 5 Target
% of Initial Health Assessment completed within 5 days	93%	92%	93%	93.5%	94%	94%
% with a comprehensive assessment completed within 60 days	77%	78%	78.5%	79%	80%	81%
% with an annual health assessment completed within 1 year	75%	76%	77%	78%	78.5%	79%

% with a dental assessment completed within 1 year.	66%	67%	68%	70%	71%	73%

The agency's Quality, Policy, and Performance Management and Health teams will persist in utilizing health monitoring as a tool to evaluate compliance with state policies and procedures. An essential component of this monitoring is the use of the Out-Of-Home Milestone report, which aids in overseeing compliance. This report highlights which LDSS are not meeting health requirements promptly. Monthly health monitoring involves reviewing the percentage of cases that are out of compliance. Consequently, LDSS receive email notifications each month, identifying areas needing attention and resolution within a specified timeframe.

Furthermore, the agency conducts quarterly random sampling of cases to conduct more detailed reviews of compliance with health requirements. This process involves a thorough examination of documentation related to health services, providing a deeper understanding of compliance levels.

The Quality, Policy, and Performance Management and Health teams offer Technical Assistance (TA) to each LDSS to address statewide or jurisdictional barriers. This assistance includes in-person presentations, conference calls with LDSS leadership, and one-on-one consultations. These sessions aim to tackle data trends, address concerns, and resolve specific case-related issues, ultimately determining compliance and improving health outcomes.

The agency will utilize the Child and Family Service Reviews (CFSR) and the Well-Being Outcome 3 measures; the agency's ability to address the physical, mental, and behavioral health needs of the children to assess the agency's progress, inform the Health Care Plan activities and priorities for intervention from year to year.

CFSR Case Reviews and Stakeholder interviews revealed that current assessments are inaccurate and often disconnected to the service planning needed to ensure that children receive adequate physical and mental health needs. This item is being addressed in the Child and Family Service Plan Goal 2; engage in a collaborative assessment and planning process that is inclusive of formal and informal community partners.

The agency is currently providing opportunities to LDSS staff to strengthen the administering of assessment tools to support decisions and service planning. With accurate and consistent administering of assessment tools, the agency will be able to better utilize the Headline Indicator data measures related to physical health, developmental, behavioral, emotional health needs, and trauma experiences to assess progress on service plan and adequate service delivery.

The agency, with assistance from its TA partners, has initiated an examination of assessment data across various domains of cognitive function, educational achievement, physical health, developmental, behavioral, emotional health, social functioning,and environmental supports. This effort aims to establish a well-being metric. The well-being metric formula is derived from assessment data capturing identified needs upon intake, needs observed during the duration of care, and needs successfully addressed, culminating in a well-being metric value. This formula is

currently under development to ensure its validity and accuracy with the reliability of the data contingent upon the accurate administration of the agency's assessment tools by the LDSS.

With the implementation of CJAMS and an enhancement of the Health Profile, over the next five years, the agency anticipates an increase in available and more accurate data around health services for children in care. CJAMS will allow the agency to look at additional health related data from both a local and state perspective which will allow for targeted interventions as it relates to monitoring of compliance.

Lastly, DHS/SSA plans to collaborate with the MDH Managed Care Organization (MCO) Special Needs Coordinators to establish agreed upon health measures that provide a better indicator of health-related outcomes The goal is to explore what data metrics or tools can be utilize data ensure health needs of children and youth in care are being adequately addressed. Collaborative efforts with MDH and MCO's around data sharing of information such as health assessments, case plans, and HEDIS scores will enhance DHS/SSA's ability to effectively determine if children and youth are receiving adequate health services.
Please see annual updates for improvements and changes related to DHS's Health Care Oversight and Coordination Plan.

APPENDIX A: Contribution from agencies, participants and stakeholders

The following agency representatives provided input into the development of this plan.

Agency/Stakeholder	**Participant**
Anthem Amerigroup, Inc.	Maria Rybak, LCSW-C Program Manager, Specialty Products
Kennedy Krieger SHNIC program, specialized health needs	Barbara Obst, RN
Maryland State Department of Education, Health Services Specialist	Alicia Mezu, RN
Local Department of Social Services	Kristine Rodgers, LCSW-C and Tawana Nolan, LCSW-C
State Council on Child Abuse & Neglect	Claudia Remington
Child Maltreatment Pediatrician, C.H.A.M.P member	Wendy Lane, MD
Advocates for Children and Youth Public Justice Center	Rachel White
Optum Health	Debra Vias, LSCW-C MCO Liaison and Care Coordination and Advocacy Program Supervisor
United Healthcare Community & State Maryland	Mary Hendi, Special Needs Coordinator
University of Maryland Baltimore, School of Pharmacy	Dr. Susan dosReis
Making All The Children Healthy (MATCH) Program	Kenya Johnson, MPA
Chesapeake Regional Information System for Children (CRISP)	Mark Rabner, MD
Maryland American Academy of Pediatrics Committee on Foster Care	Rachel Dodge, MD
Maryland Department of Health (MDH)	Monchel Pridget Deputy Director, Managed Care

Maryland Department of Health Behavioral Health Administration (BHA)	Bryan Mroz, Deputy Secretary MDH Health Care
Maryland Developmental Disabilities Administration (DDA)	Marlana Hutchinson
Department of Juvenile Services (DJS)	Jennifer Maehr, MD

APPENDIX B: Definitions

Early and Periodic Screening, Diagnosis Treatment (EPSDT) means the provision, to individuals younger than 21 years old, of preventive health care pursuant to 42 CFR§441.50 et.seq. (1981), and other health care services, diagnostic services and treatment services that are necessary to correct or ameliorate defects and physical and mental illnesses and conditions by EPSDT screening services.

EPSDT-certified provider means a physician or nurse practitioner who is certified by the Department of Health and Mental Hygiene's (DHMH) EPSDT program to provide comprehensive well-child services according to DHMH periodicity schedule and program standards to enrollees younger than 21 years old.

EPSDT comprehensive well-child services means (a) all the screening services provided by an EPSDT certified provider that are required or recommended on the EPSDT periodicity schedule; and (b) health care services to diagnose, treat, or refer problems or conditions discovered during the comprehensive well-child service.

EPSDT partial or inter-periodic well-child service means (a) a well-child service provided at times different than those outlined in the EPSDT periodicity schedule; or (b) any encounter by a healthcare practitioner necessary to diagnose or identify a condition and recommend a course of treatment.

EPSDT periodicity schedule means the Department of Health and Mental Hygiene's approved list of required or recommended preventive health care services which are to be performed at specified ages.

Patient Centered Medical Home means a primary care practice organized to provide a first, coordinated, ongoing, and comprehensive source of care to patients to: (1) Foster a partnership with a child in out-of-home placement; (2) Coordinate health care services for a child in out-of-home placement; and (3) Exchange medical information with carriers, other providers, and children in out-of-home placement.

Managed Care Organization (MCO) means (a) a certified health maintenance organization that is authorized to receive medical assistance prepaid capitation payments; or (b) a corporation that: (i) Is a managed care system that is authorized to receive medical assistance prepaid capitation payments; (ii) enrolls only program recipients or individuals or families served under the Maryland Children's Health Program; and (iii) is subject to the requirements of §15-102.4 of the Health-General Article.

Primary Care Physician (PCP) means a practitioner who is the primary coordinator of care for the enrollee, and whose responsibility it is to provide accessible, continuous, comprehensive, and coordinated health care services covering the full range of benefits required by the Maryland Medicaid Managed Care Program as specified in COMAR 10.09.67.
DSM-5: The Diagnostic and Statistical Manual of Mental Disorders, (5th Edition) that is used by clinicians and psychiatrists to diagnose psychiatric illnesses. The DSM-5 is published by the

American Psychiatric Association and covers all categories of mental health disorders for both adults and children.

Psychotropic Medication: medication that affects or alters thought processes, mood, sleep or behavior. A medication classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

Antipsychotics- for treatment of psychosis and other mental and emotional conditions.

Antidepressants- for treatment of depression.

Anxiolytics - for treatment of anxiety.

Mood stabilizing, anticonvulsants, and lithium - for treatment of bipolar disorder (manic-depressive), aggressive behavior, impulse control disorders, and severe symptoms associated with mood disorders and schizoaffective disorders and schizophrenia.

Stimulants and non-stimulants: for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

Prescriber- means any clinician who is authorized to prescribe psychotropic medications, i.e. child and adolescent psychiatrists, general psychiatrists, pediatricians, primary care physicians (PCP) or psychiatric nurse practitioners.

APPENDIX C: Oversight and Monitoring of Healthcare Services Policy (Excerpt)

On April 30, 2022, DHS revised a policy, SSA-CW #22-09 replacing #14-17 Oversight and Monitoring of Healthcare Services, outlining the responsibilities of the LDSS regarding health care oversight and monitoring of children who enter out-of-home placement. Please refer to the revised policy for details. CJAMS instead of MDCHESSIE will be the Child Welfare Information System,

1. The case worker obtains the signature of a parent or legal guardian on the Consent to Health Care and Release of Records.
2. The caseworker enrolls the child in the Maryland Medical Assistance Plan (MD-MA) as soon as possible after the initial placement. Enrollment in MD-MA establishes the medical home for the child and a primary care physician is selected at that time. For continuity of medical care, if the child has a primary care physician upon entering care, the caseworker makes every effort for the child to continue to use this provider. In the event that a child cannot continue care with their primary care physician, the caseworker will contact the managed care organization (MCO) and obtain all medical history on the child and document that information in CJAMS, as well as on the child's health passport. This ensures a continuity of care and transfer of information between providers.
3. The caseworker ensures that the child has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Healthy Kids Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program preferably prior to or within 24 hours of removal, but no later than five days from removal.
4. The caseworker ensures that the child has a complete comprehensive health assessment within 60 calendar days of entering out-of-home placement.
5. The caseworker ensures that children in the care of a LDSS shall have an annual well-child examination and that appropriate follow-up appointments are made, referrals are made and followed up on, and that evaluation, diagnosis, and treatment are secured to meet the child's health care needs. The supervisor ensures that all documentation is in CJAMS.
6. All children in the out-of-home placement must follow the EPSDT schedule of preventive health care.
7. The caseworker shall schedule a dental care visit for children one (1) year and older, which shall include check-ups every six months and necessary dental treatment to be provided by the MCO or fee-for-service dental provider.
8. The caseworker schedules a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam.
9. The caseworker maintains the child's Health Passport which contains historical and current medical information needed by the caretaker and physician or clinic to ensure that the child's health needs have been identified and are being addressed.
10. The caseworker documents all of the health information and documentation into the state automated data system. Any paper documents are scanned into the state automated data system.

APPENDIX D: Oversight and Monitoring of Psychotropic Medications Policy (Excerpt)

On October 15, 2014, DHS issued a policy, SSA-CW #15-8 Oversight and Monitoring of Psychotropic Medications, to ensure proper oversight and monitoring of psychotropic medication that is prescribed to children and youth in out-of-home care. The Oversight and Monitoring of Psychotropic Medications policy establishes guidelines for ongoing oversight and monitoring of prescribed psychotropic medications. The use of psychotropic medication as part of a foster youth's comprehensive mental health treatment plan may be beneficial. The administration of psychotropic medications to youth is not an arbitrary decision and documented oversight is required to protect youth's health and well-being.

Psychotropic medication must not be used as a method of discipline or control for any youth. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a youth's mental health needs. DHS is updating the policy in 2024 establishing best practice guidelines to ensure proper oversight and monitoring of psychotropic medication that is prescribed to children and youth in out-of-home care. The following includes the changes in consent and training that will occur to ensure the

WHO CAN PRESCRIBE PSYCHOTROPIC MEDICATION

A certified and licensed clinician is able to prescribe psychotropic medications to children and youth in foster care. These may include a child and adolescent psychiatrist or general psychiatrist, a pediatrician, a primary care physician, and a psychiatric nurse practitioner.

WHAT SHOULD HAPPEN PRIOR TO PRESCRIBING PSYCHOTROPIC MEDICATION

Prior to initiating each prescription for psychotropic medication, the following must occur: The youth will have had:

1. A current physical and baseline laboratory workup.
2. A mental health assessment with a DSM-5 psychiatric diagnosis of the mental health disorder.
3. The prescribing clinician shall explain the purpose and effects of the medication in a manner consistent with the individual's ability to understand (child, caregiver(s), and birth parent/legal guardian(s), if applicable). This explanation shall be documented in the case file by the caseworker and include the following:

a. The child/youth's mental health diagnosis.
a. All of the treatment options, which includes non-pharmacological and pharmacological.
a. The treatment expectations.
a. The potential side effects of the medication.
a. The risks and benefits of taking the medications versus not taking the medications.

GUIDELINES FOR ONGOING OVERSIGHT AND MONITORING OF PRESCRIBED PSYCHOTROPIC MEDICATIONS

The following outlines more fully the timeline and procedures that are being developed for the revised policy on oversight and monitoring of prescribed psychotropic medications. Of note, and new from the prior policy will be a required training component on the use of psychotropic medications for children in and out of home care.

Child Enters Out-of-Home Care Already on Psychotropic Medication

1. If a child enters out-of-home care with a prescription for psychotropic medication, the child must continue taking the medication until a prescriber determines otherwise.

2. The worker will ensure the Health Passport is complete with all information available to the worker that is required by the Health Passport policy, to include a request for any relevant medical documents, including documentation of current prescriptions for psychotropic medication.[1]

3. The assigned social worker or caseworker for a child must discuss the need for continuation of the medication with the medical provider that performs the initial health exam or with the prescriber.

4. The worker must request the prescriber complete section A of the Psychotropic Medication Informed Consent form prior to the expiration of the current prescription**.**

5. After the worker receives section A of the Psychotropic Medication Informed Consent form back from the prescriber, the worker must facilitate the informed consent process outlined below.

Collecting, Reviewing and Sharing Records

1. When there is an upcoming psychotropic medication appointment for a child, and it is the initial appointment, the worker must request the following historical records, if applicable:[2]

    a. Prior mental health, physical health, and developmental records;
    b. Prior psychological evaluations;
    c. Psychiatric admission and discharge records from hospitalizations;
    d. Prior Individualized Education Program (IEP) or 504 Plan documents, if available;
    e. Record of previous and current medications; and
    f. Relevant court records.
    g. The worker must supplement these records as necessary, including whenever the worker becomes aware of additional records.

0. For any initial or subsequent psychotropic medication appointments, the worker:

    1. When relevant, share newly available historical records with the prescriber before the psychotropic medication appointment, including the health passport, and review the records.

2. Discuss the upcoming appointment with the resource parent, child or youth and parent or legal guardian, including sharing the date, time, and location.
3. Share the Psychotropic Medication Informed Consent form with the prescriber prior to or during the appointment and request that they, or their office staff, complete Section A of the Consent form as soon as possible.
4. The worker will confirm whether or not the court has appointed a Health Care Decision Maker (HCDM) and inform the prescriber who the HCDM is.
5. Document efforts to gather historical records in contact notes and upload any records received in the electronic system of record. See CJAMS How to Guide for uploading documents.

Identifying the Health Care Decision Maker (HCDM)

1. The LDSS must review the court order to identify a HCDM and may consult with the agency attorney for clarification. Depending on the court order, authorized HCDMs may include:
    a. Parent(s) or Legal Guardian unless
        i. Parental rights have been terminated;
        ii. The parent or legal guardian is unavailable to be involved in the informed consent process after diligent efforts by the LDSS. See diligent efforts section below.
        iii. In an emergency situation. For further information see Emergency Authorization section; or
        iv. A court order explicitly grants the LDSS the authority to consent to psychotropic medication (in contrast to granting the authority for routine medical decision making).
    b. Youth 18-years-old or older, or in certain circumstances 16-years-old or older; or
    c. LDSS director, assistant director or designee, if
        i. A court order explicitly grants the LDSS the authority to consent to psychotropic medication; or
        ii. Parental rights have been terminated and the court grants guardianship to the LDSS. That authority does not expire until the guardianship case concludes or the court issues an order authorizing an alternate person to provide consent; or
    d. Another adult authorized by the court to be the HCDM (e.g., kin, fictive kin, or prospective adoptive parent).

Informed Consent and Child Engagement for New or Renewal of Psychotropic Medication

1. The child or youth may not be administered a psychotropic medication without having informed consent from the healthcare decision maker, except in an emergency situation, see Emergency Authorization section.

2. Informed Consent assumes that the following information has been communicated by the provider to the HCDM:

i. The diagnosis;
ii. The purpose of the psychotropic medication;
iii. The names and dosages of any recommended medications;
iv. Possible side effects and symptoms, including those that would warrant contacting the prescriber before a follow-up appointment or seeking emergency or urgent care;
v. The required follow-up and monitoring;
vi. Reactions or concerns about any prescribed medication;
vii. Availability of alternative behavioral health treatments;
viii. The prognosis if the recommended medication is not taken; and
ix. Any other relevant additional information.

3. Where the psychotropic medication prescribed dose exceeds the previously consented range and exceeds FDA-approved pediatric dosage guidelines or, if there are no pediatric guidelines, FDA approved adult dosage guidelines, the prescriber should make notation in the Informed Consent, Section A.

4. The worker shall engage the child or youth to be involved in the decisions about the administration of psychotropic medication, in accordance with this policy.

5. To ensure that psychotropic medications are used as a part of the overall plan to address the physical, mental, and behavioral health needs of the child or youth, the following information shall be documented in the electronic system of record:

    a. The child or youth has been referred to and has received or receives appropriate mental or behavioral health services, including therapy or behavioral modification;
    b. Essential laboratory tests were performed and documented as determined by the prescriber; and
    c. The child or youth has a documented DSM-5 diagnosis of a mental health disorder and the medication being recommended is typically used to treat that diagnosis.

6. If prospective review is triggered or has been requested ad hoc, the informed consent decision must await completion of the review.

When Parent(s), a Legal Guardian, or Other Adult Authorized by the Court are/is the Health Care Decision Maker (HCDM)

1. When the parent(s), legal guardian, or other adult authorized by the court are/is the HCDM, the LDSS must:
    a. Encourage the parent(s), legal guardian, or other adult authorized by the court to participate in the plans for the medical care of their child in out-of-home care.[3]
    b. Provide the parent(s), legal guardian, or other adult authorized by the court with the prescriber's contact information if they are not already receiving treatment recommendations directly from the prescriber.

c. Subject to section (d) below, prior to an appointment at which a prescription for psychotropic medications may be considered, the worker shall make diligent efforts to communicate the appointment information and the contact information of the prescriber.
    i. Diligent efforts include two attempts to contact the parent or legal guardian, each on different days, by at least two different methods where two different contact methods are available (e.g., phone call, text, email, in-person visit).
    ii. When possible, the outreach should occur at approximately 5 business days before the appointment.
    iii. Contact attempts shall be documented in the Psychotropic Medication Informed Consent form.

d. Exceptions to diligent efforts requirement: In the following circumstances, which must be documented on the Psychotropic Medication Informed Consent form in section B under "If notification was not required, please explain," the LDSS is not required to attempt to notify the parent(s), legal guardian, or other adult appointed by the court (if applicable) of an upcoming appointment, give the parent or legal guardian a prescriber's contact information, or request informed consent:
    i. If parental rights have been terminated;
    ii. If the LDSS does not know the identity of a parent or legal guardian or is unable to locate a parent or legal guardian after a good faith search in accordance with the most recent SSA policies for locating parents;
    iii. If the parent or legal guardian has abandoned the child for a period of 90 days without any meaningful contact
    iv. If the LDSS determines that sharing the information may endanger the health, safety or welfare of the child, or is otherwise contrary to the best interests of the child;
    v. If the LDSS determines that sharing information may interfere with a child abuse, child neglect or criminal investigation involving the child or another child as a victim;
    vi. If a court exercising authority over the child has entered an order restricting a parent or legal guardian's ability to consent or access to information about the child; or
    vii. If providing the information is otherwise contrary to law.

e. In addition to the exceptions to the required diligent efforts described above in 1 (d), the worker will document that the parent(s), legal guardian, or other adult appointed by the court is unwilling or unavailable to be involved in the informed consent process under the following circumstances:
    i. Unsuccessful attempts to contact the parent(s), legal guardian, or other adult appointed by the court as defined above i (1)(c) or 1(d) above
    ii. The parent(s), legal guardian, or other adult appointed by the court has/have successfully been contacted and declined to exercise informed consent authority.

iii. The parent(s), legal guardian, or other adult appointed by the court was/were successfully contacted but was unwilling or repeatedly unable to be involved in the informed consent process.

f. If the parent(s), legal guardian, or other adult appointed by the court is unwilling or unavailable to be involved in the informed consent process, or if one of the exceptions to the diligent efforts requirements in section 1(d) above applies, the LDSS may consult with the agency attorney, and if deemed appropriate, may petition the court for a court order explicitly granting the LDSS the authority to consent to psychotropic medication. LDA may not act as HCDM absent an order explicitly granting the authority to consent to psychotropic medication, except as discussed in the Emergency Authorization section. All parties will be notified of the department's request.

g. Inform the parent(s), legal guardian, or other adult appointed by the court about the availability of a state-supplied prospective review of the medication by a qualified child psychiatrist;

h. The LDSS must provide the parent(s), legal guardian, or other adult appointed by the court with the Psychotropic Medication Informed Consent form to document their informed consent in Section C. The LDSS shall encourage the parent(s), legal guardian, or other adult appointed by the court to complete Section C of the form, including executing the signature line, after the parent(s), legal guardian, or other adult appointed by the court has had a discussion with the prescriber about the proposed medication.

2. At any time, the LDSS may consult with the agency attorney, and if deemed appropriate, may petition the court for a court order explicitly granting the LDSS the authority to consent to psychotropic medication. All parties will be notified of the department's request.

When the LDSS is the Health Care Decision Maker (HCDM)

1. When a court order explicitly grants the LDSS the authority to consent to psychotropic medication then the LDSS director, assistant director, or designee must provide approval or refusal for the recommended psychotropic medication. The worker shall document in the child's case file the individual within LDSS assigned the HCDM role.

2. When the LDSS is the HCDM, the assigned social worker or caseworker for a child will:
    a. Discuss with the caregivers any observations about the child that may be relevant to the reasons for seeing the doctor,
    b. Review the full Health Passport and relevant portions of the health file,
    c. Discuss with the prescriber the following information:
        i. The diagnosis;

ii. The purpose of the psychotropic medication;
iii. The names and dosages of any recommended medications;
iv. Possible side effects and symptoms, including those that would warrant contacting the prescriber before a follow-up appointment or seeking emergency or urgent care;
v. The required follow-up and monitoring;
vi. Reactions or concerns about any prescribed medication;
vii. Availability of alternative behavioral health treatments;
viii. The prognosis if the recommended medication is not taken; and
ix. Any additional relevant information to support the well-being of the child or youth.

d. Review Section A of the Psychotropic Medication Informed Consent form.

e. Document these steps in the Psychotropic Medication Informed Consent form.

3. Upon consideration of information addressed in Section 2 and discussions with the assigned social worker or caseworker for the youth, the LDSS Director, Assistant Director, or designee must Complete Section C of the Psychotropic Medication Informed Consent form. When completing the consent form, the LDSS decision maker should attest that they have reviewed the information provided to them by the worker and are informed about the proposed medication.

4. LDSS may request a state-supplied prospective review of the medication by a qualified child psychiatrist.

When an Individual 16-Years-old or Older is the HCDM

1. A youth placed in out-of-home care who is 18 years old or older is the HCDM, unless otherwise ordered by the court.

2. A youth placed in out-of-home care, who is 16 years old but not yet 18-years-old and has been determined by a health care provider to be mature and capable of giving informed consent, serves as the HCDM for the purposes of providing consent for a psychotropic medication. However, this does not extend to the right to refuse consultation, diagnosis, or treatment when a parent, legal guardian, or LDSS, depending on the court order, has given consent.

3. If a youth who is 16 years old but not yet 18-years-old does not provide consent to a psychotropic medication, then the HCDM is determined in accordance with the policy and any dispute will be resolved through the conflict resolution process outlined below.

4. When the 16-year-old or older youth is the HCDM, the LDSS must:
    a. Provide to the youth a copy of A Guide on Psychotropic Medications for Youth in Foster Care, which discusses psychotropic medication;

b. Document on the Psychotropic Medication Informed Consent form whether A Guide on Psychotropic Medications for Youth in Foster Care was provided to the youth, either currently or previously;
c. Inform the youth that they may consult with the prescriber, ask questions, voice reactions or concerns and meet with the prescriber along;
d. If the youth has not yet had the opportunity to speak with the prescriber, request the prescriber talk with the youth in a developmentally-appropriate manner about the following:
    i. The diagnosis;
    ii. The purpose of the psychotropic medication;
    iii. The names and dosages of any recommended medications;
    iv. Possible side effects and symptoms, including those that would warrant contacting the prescriber before a follow-up
    v. appointment or seeking emergency or urgent care;
    vi. The required follow-up and monitoring;
    vii. Availability of alternative behavioral health treatments; and
    viii. The prognosis if the individual refuses the recommended medication;
e. Inform the youth that they may request a state-supplied prospective review of the medication by a qualified child psychiatrist;
f. If the youth has not completed the Psychotropic Medication Informed Consent form, coordinate with the youth to obtain written consent on Section C, after the youth has received the information listed in section 4(d) above.

Child Engagement

1. For youth under the age of 16, the LDSS will encourage the youth to discuss with the provider and the caseworker, the recommended medication, express any concerns, and provide an opportunity for the youth to discuss with the provider in a developmentally appropriate manner the following:
    a. The diagnosis;
    b. The purpose of the psychotropic medication;
    c. The names and dosage range of any recommended medications;
    d. Possible side effects and symptoms, including those that would warrant contacting the prescriber before a follow up appointment or seeking emergency or urgent care;
    e. The required follow-up and monitoring;
    f. Availability of alternative behavioral health treatments; and
    g. The prognosis if the recommended medication is not taken.

2. For children under the age of 16, and if developmentally appropriate, a worker will provide a copy of A Guide on Psychotropic Medications for Youth in Foster Care.

3. When applicable, the prescriber will note on section A of the Psychotropic Medication Informed Consent form that they discussed the above information with the youth and the

prescriber will note the child's stated preference regarding the recommended psychotropic medication.

Conflict Resolution Process

Whenever any conflict arises under this policy, as soon as possible LDSS will arrange a meeting between the HCDM, LDSS, youth, and their respective attorneys and if they cannot resolve the conflict, any party may petition the juvenile court for a resolution.

Emergency Authorization

1. A prescriber may administer psychotropic medication without informed consent in an emergency as set forth in Health General 5-607.

2. When LDSS is not the HCDM LDSS may seek a court order for emergency treatment of a child alleged to have a condition or illness that, in the opinion of a licensed physician, as the case may be, requires immediate treatment, if the child's parent, guardian or custodian is not available or, without good cause, refuses to consent to the treatment. *See* Courts and Judicial Proceedings Article 3-824.

3. If the caseworker is contacted by the prescriber after the emergency event subsides about continuing the psychotropic medication that was administered on an emergency basis, the caseworker shall follow the informed consent process as set forth in this policy.

4. When a prescriber administers a psychotropic medication under this section, the worker shall document the medication in the youth's Health Passport as soon as possible.

Monitoring - This section will be developed to include monitoring for side effects, laboratory and clinical effect.

Revocation of Informed Consent for a Prescribed Medication

1. When the HCDM chooses to withdraw consent in consultation with the prescriber, the LDSS will note this in the child case record, including the end date of the medication.

2. When a HCDM expresses the desire to withdraw consent for a psychotropic medication without prescriber consultation, the worker shall advise the HCDM to consult with the prescriber prior to discontinuing administration of the medication, and shall initiate the conflict resolution if the HCDM refuses to do so.

Informed Consent Renewal

1. The worker shall review informed consent every three months. This review shall include, among other things, child engagement as set forth in this policy, and what, if any, adverse effects the child has experienced and whether the symptoms for which the drug was prescribed have been addressed. This review should be documented in the electronic system of record.

2. Informed consent for psychotropic medication expires and must be re-executed 12 months from the date of the prior consent or refusal to consent, or when a prescriber recommends a new psychotropic medication.

3. The worker must follow the process described above, including requesting an updated, signed copy of the Psychotropic Medication Informed Consent form and upload it into the electronic record system with the date of the new signature on the updated form.

Training

1. Current directors, assistant directors, and their designee acting as HCDM must complete all modules of Psychotropic Medication Management training within six months of the modules becoming available and prior to serving in the role of HCDM to ensure a comprehensive understanding of their role and responsibilities. After the module becomes available, new directors and assistant directors must complete the training within 6 months of their employment, and prior to serving in the role of HCDM. A post-test must be administered with a passing score of at least 80% on the post-test before being approved to serve as a HCDM. After two failed attempts at passing the test, the training must be repeated, and the post-test passage confirmed before being approved for the role of HCDM. DHS will monitor completion of the training.

2. Current Workers must complete all Psychotropic Medication Management training within six months of the modules becoming available and prior to assisting a director, assistant director, or designee acting as HCDM, to ensure a comprehensive understanding of their role and responsibilities. After the module becomes available, new workers must complete training within 6 months of their employment, and prior to assisting a director, assistant director, or designee acting as HCDM. A post-test must be administered with a passing score of at least 80% on the post-test. After two failed attempts at passing the test, the training must be repeated, and the post-test passage confirmed. DHS will monitor completion of the training.

3. Training on psychotropic medication for those who may provide direct care to children placed in residential childcare programs will be required under COMAR 14.31.06.05(F). Such training shall be completed within 6 months of the training becoming available or within 6 months of employment.

4. Training on psychotropic medication will be provided to approved resource parents who may provide direct care for children or youth receiving psychotropic medications. This training should be completed within 6 months of their approval. Existing resource parents are encouraged to complete this training within 6 months of the training becoming available if they have not already completed training under the pre-existing module.

Documentation of Informed Consent

The DHS 631-IC Psychotropic Medication Informed Consent form consists of the following sections:

Section A: Psychotropic Medication Recommendation - Completed by the Prescriber

Section B: Notification - Completed by the Worker.

Section C: Consent for Administration of Psychotropic Medication - Completed by the HCDM

Section E: Discontinuation of Medication - Completed by the Prescriber

Complete Informed Consent Forms will be stored in the child's electronic system of record.

ALIGNMENT WITH PRACTICE MODEL

This policy supports collaborating with children, youth, and families to ensure they are provided with the appropriate information to decide whether to consent to psychotropic medication.

FORMS AND ATTACHMENTS

Appendix I -Sample to be placed on LDSS agency letterhead.

EXPLANATION LETTER FOR THE NEED FOR THE INFORMED CONSENT

Date
Prescriber's Name
Address

Re: Informed Consent

Dear *Prescriber's Name*:

Thank you for your commitment and dedication to caring for children and youth under the care and custody of an LDSS.

As federal law requires, the Maryland Department of Human Services has developed protocols and procedures for overseeing and monitoring psychotropic medication usage in children and youth in out-of-home care.[4] These procedures include obtaining and documenting informed consent to prescribed psychotropic medications.

Please complete all fields in Section A - Psychotropic Medication Recommendation for [individual's name and DOB] to assist us. I will forward a copy to you for your records once the form has been completed.

If you have any questions, please contact me at [worker's phone number].

Sincerely,

Worker's Name
Phone#

Email Address

[1] **COMAR 07.02.11.08**

[2] As required in the most recent SSA Health Care Oversight and Coordination Policy, when a child enters out-of-home care, the LDSS must request the child's health records. If the parent or legal guardian does not authorize the release of records, the LDSS must seek a court order.

[3] **COMAR 07.02.11.08**

[4] **42 U.S.C 622(b)(15)(A)(ii), (v)**

APPENDIX E: Health Care Services Consent for a Minor

Health Care Services that a Minor (i.e. person under age 18) Can Give Consent

Health Care Service	Law	Confidentiality and /or Informing Obligation of the Health Care Provider
General Medical or Dental Treatment	A minor *(i.e. person under the age of 18)* has the same capacity as an adult to consent to medical or dental treatment if the minor: 1) Is married; 2) Is parent of a child; 3) Is living separate & apart from minor's parents, or guardian, whether with or without consent of minor's parent, parents, or guardian; and ii. Is self-supporting, regardless of source of minor's income. [Md. Code Ann., Health-Gen II §20-102(a)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion. [Md. Code Ann., Health-Gen II § 20-102(f)]
Pregnancy	A minor *(i.e. a person under the age of age 18*) has the capacity as an adult to consent to treatment for or advice about pregnancy other than sterilization. [Md. Code Ann., Health-Gen. II § 20-102(c)(1)-(5)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion. [Md. Code Ann., Health-Gen II § 20-102(f)]
Contraception	A minor *(i.e. a person under the age of 18)* has the capacity as an adult to consent to treatment for or advice about contraception other than sterilization. [Md. Code Ann., Health-Gen. II §20-102(c) (1)-(5)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion. [Md. Code Ann., Health-Gen II § 20-102(f)]

Health Care Service	Law	Confidentiality and /or Informing Obligation of the Health Care Provider
Diagnosis and/or Treatment For Sexually Transmitted Disease	A minor *(i.e. a person under the age of 18)* has the same capacity as an adult to consent to treatment for or advice about venereal disease [Md. Code Ann., Health-Gen. II § 20-102 (c) (1)-(5)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion [Md. Code Ann., Health-Gen II § 20-102(f)]
AIDS/HIV Testing and Treatment	A minor *(i.e., a person under the age of 18)* has the same capacity as an adult to consent to treatment for or advice about venereal disease [Md. Code Ann., Health-Gen. II § 20-102 (c) (1)-(5)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information an abortion [Md. Code Ann., Health-Gen II § 20-102(f)]
Abortion	A physician may not perform an abortion on an unmarried minor unless the physician first gives notice to a parent or guardian of the minor, except as provided with respect to "incomplete notice" and "waiver of notice". Md. Code Ann., Health-Gen. II § 20-103(a)]	*Waiver of Notice*- No notice required, if, in the professional judgment of the physician: 1. Notice to the parent or guardian may lead to physical or emotional abuse of the minor; 2. The minor is mature and capable of giving informed consent to an abortion; or 3. Notification would not be in the best interest of the minor. *Incomplete Notice*-No notice required if: 1. The minor does not live with a parent or guardian; and 2. A reasonable effort to give notice to a parent or guardian is unsuccessful.

Health Care Service	Law	Confidentiality and /or Informing Obligation of the Health Care Provider
		[Md. Code Ann., Health-Gen. II § 20-103(b)] A physician is not liable for civil damages or subject to criminal penalty for a decision under this subsection not to give notice. [Md. Code Ann., Health-Gen. II § 20-103 (c)] *Notice Prohibited*- A physician may not provide notice to a parent or guardian if the minor decides not to have the abortion. [Md. Code Ann., Health-Gen. II § 20-103 (e)]
Emergency Medical Services	A minor *(i.e. a person under the age of 18*) has the same capacity as an adult to consent to medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual. [Md. Code Ann., Health-Gen. II § 20-102(b)	The health care provider shall inform the minor's parent or guardian. The health care provider may treat a patient who is incapable of making an informed decision, without consent, if the treatment is of an emergency nature; the person who is authorized to give consent is not available immediately; and the attending physician determines that there is substantial risk of death or immediate and serious harm to the patient and that the life or health of the patient would be affected adversely by delaying treatment to obtain consent. [Md. Code Ann., Health-Gen. II § 5-607]
Drug and Alcohol Abuse Treatment	A minor (i.e., a person under the age of 18) has the same capacity as an adult to consent to treatment for advice about drug abuse and alcoholism [Md. Code Ann., Health-Gen. II § 20-102 (c) (1) & (5)] *Psychological treatment for drug abuse or alcoholism*	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]

Health Care Service	Law	Confidentiality and /or Informing Obligation of the Health Care Provider
	A minor has the capacity to consent to psychological treatment for drug abuse or alcoholism if, in the judgment of the attending physician or a psychologist, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual [Md. Code Ann., Health-Gen . II § 20-102 (d)] *Refusal of treatment* The capacity of a minor to consent to treatment for drug abuse or alcoholism does not include the capacity to refuse treatment in a certified inpatient alcohol or drug treatment program for which a parent /guardian has given consent [Md. Code Ann., Health-Gen. II § 20-102(c-1)]	
Outpatient Mental Health Services	A minor who is 16 years old or older has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, or a clinic [Md. Code Ann., Health-Gen. II § 20-104(a)] The capacity of a minor to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, psychologist, or a clinic does not include the capacity to refuse consultation, diagnosis, or treatment for a mental or emotional disorder for which a parent, guardian, or custodian of the minor has given consent	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]

Health Care Service	Law	Confidentiality and /or Informing Obligation of the Health Care Provider
Sexual Assault and Rape Services	A minor *(i.e., a person under the age of 18)* has the same capacity as an adult to consent to: · Physical examination and treatment of injuries · Physical examination to obtain evidence from an alleged rape or sexual offense. [Md. Code Ann., Health-Gen. II § 20-102 (c)(6)-(7)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]
Admission to Detention Center	A minor (i.e. a person under the age of 18) has the same capacity as an adult to consent to: · Initial medical screening and physical examination on and after admission into a detention center [Md. Code Ann., Health-Gen. II § 20-102 (c)(8)	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]

Maryland Healthy Kids Preventive Health Schedule

Components		Infancy (months)							Early Childhood (months)							Late Childhood (yrs)						Adolescence (yrs)								
Health History and Development		Birth	3-5 d	1	2	4	6	9	12	15	18	24	30	36	48	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19/20
Medical and family history/update		X	X	X	→	→	→	→	X	→	→	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Peri-natal history		X	X	X	→	→	→	→	→	→	→																			
Psycho-social/environmental assessment/update		X	X	X	→	→	→	→	X	→	→	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Developmental Surveillance (Subjective)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Developmental Screening (Standard Tools)[1]								X	→	→	X	X	→																	
Autism Screening											X	X	→																	
Mental health/behavioral assessment														X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Substance abuse assessment																						X	X	X	X	X	X	X	X	X
Depression Screening																						X	X	X	X	X	X	X	X	X
Physical Exam																														
Systems exam		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vision/hearing assessments[2]		O[2]	S	S	S	S	S	S	S	S	S	S	S	S/O	S/O	S/O	S/O	S	S/O	S	S/O	S	S/O	S	S	S/O	S	S	S/O	S
Oral/dentition assessment		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition assessment		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Measurements and graphing:	Height and Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Head Circumference	X	X	X	X	X	X	X	X	X	X	X																		
	BMI											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blood Pressure[3]														X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Risk Assessments by Questionnaire																														
Maternal Depression Screening				X	X	X	X																							
Lead assessment by questionnaire							X	X	X	X	X	X	X	X	X	X														
Tuberculosis *				X	→	→	X	→	X	→	→	X	→	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Heart disease/cholesterol *												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sexually transmitted infections (STI) *																						X	X	X	X	X	X	X	X	X
Anemia *																						X	X	X	X	X	X	X	X	X
Laboratory Tests																														
Newborn Metabolic Screening		X		X	→																									
Blood lead Test									X	→	→	X	→	→	→	→														
Anemia Hgb/Hct									X	→	→	X	→	→	→	→														
Dyslipidemia Test																				X	→	→						X	→	
HIV Test																										X	→	→	→	
Immunizations																														
History of immunizations		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vaccines given per schedule		X	→	→	X	X	X	→	X	X	X	→	→	→	→	→	→	→	→	→	→	X	X	→	→	→	→	→	→	→
Fluoride Varnish Program[4]								X	X	X	X	X	X	X	X	X														
Health Education																														
Age-appropriate education/guidance		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Counsel/referral for identified problems		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental education/referral									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Scheduled return visit		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Key : X Recommended; → Recommended if not previously done; S Subjective by history/observation; O Objective by standardized testing; * Counseling/testing recommended when positive

The Schedule reflects minimum standards required for all Maryland Medicaid recipients from birth to 21 years of age. The Maryland Healthy Kids Program requires yearly preventive care visits between ages 3 years through 20 years. [1]Refer to AAP 2006 Policy Statement referenced in the Healthy Kids Program Manual.-Screening required using standardized tools. [2]Newborn Hearing Screen follow-up recommended for abnormal results. [3]Blood Pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years. [4]The fluoride varnish may be administered by either a primary care provider or a dentist.

http://mmcp.dhmh.maryland.gov/epsdt

Healthy Kids Program

Effective 01/01/2018

Maryland Department of Human Services
May 2024
Social Services Administration Disaster Plan

The following information was prepared in support of the following Social Services Administration Disaster Plan objective:

Disaster Plan
Section 422(b)(16) of the Act requires that states have in place procedures explaining how the state programs assisted under title IV-B, subparts 1 and 2, and title IV-E, would respond to a disaster, in accordance with criteria established by the Secretary. These procedures, enumerated in section 422(b)(16)(A)-(E) of the Act, should describe how a state would:
• Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
• Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
• Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
• Preserve essential program records; and
• Coordinate services and share information with other states.

The State of Maryland has a robust disaster response operations plan which governs state response efforts during a disaster. Maryland Code, Public Safety Article, § 14-102, authorizes a comprehensive emergency management system that empowers all State departments and agencies to systematically prepare for, mitigate, respond to, and recover from potential or actual emergencies through risk reduction and consequence management.

The Maryland Department of Human Services (MD-DHS) is responsible for disaster 'mass care' services, including disaster sheltering, feeding, recovery casework and providing information for families separated as a result of the disaster event. Therefore, MD-DHS has built strong capabilities to remain operational during disaster events. For example, each Local Department of Social Services (LDSS) has a dedicated liaison for the MD-DHS disaster response team who can assist with coordinating information and resources between the normal social services operations and scale-up resources required or available during a disaster response operation. Liaisons are available 24 hours a day, 7 days a week, to assist with resource needs during a disaster. Every LDSS provides representation to their local Emergency Operations Center and is closely tied into the disaster response network.

Maryland's Process to identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster

During a disaster event, the Maryland Department of Human Services provides representation to the State Emergency Operations Center (SEOC). That representative has access to any known and relevant evacuation or damage assessment information. Additionally, the state uses

'WebEOC,' a cloud-based database that clearly indicates which counties or jurisdictions are under evacuation orders. Similar processes are in place in the LDSS. This process is practiced regularly and needs no updates.

If there is any concern that evacuations or disaster damage could impact children under state care or supervision, the pre-assigned caseworker of the child can contact the provider for the child to confirm the safety of clients in the affected area or if necessary, assist in making arrangements to evacuate. All providers of children are to have a documented disaster plan that shall be implemented in the event of a disaster. For example, a residential child care facility shall have a documented pre-arranged agreement for an alternative placement if the primary facility is evacuated. The provider shall secure the child's identification, case record, and an adequate supply of medication.

Maryland takes many additional pro-active actions to continue services during and following a disaster:

- During any serious threat of a power outage or destructive disaster, MD-DHS and other state agencies can complete the vulnerable population facility survey. During this survey, MD-DHS disaster response workers reach out to all facilities licensed by MD-DHS to ensure they have a direct point of contact available 24/7 to report any loss of utilities or other facility issues. If there are any problems at these facilities, the disaster response worker can work with the local or state Emergency Operations Center to ensure priority response services when possible and appropriate. This process has been in place and practiced during numerous events since 2012, although we have not recently had a large-scale disaster event which required this service. The MD-DHS Office of Licensing and Monitoring provides updated lists of MD-DHS licensed facilities to disaster response staff annually, and as requested during potential events. No updates are necessary.
- MD-DHS, and each LDSS, has a Continuity of Operations Plan (COOP) which provides information to support the reconstitution of staff and facilities following a disaster. These plans are collected by the Maryland Department of Emergency Management (MDEM) annually. These plans include back-up locations for facilities and information on how to scale-up staff during a staffing shortage. These plans are currently being updated statewide, and most will have been finalized for calendar year 2024. The anticipated changes to these plans will include updated contact lists and succession plans, based on staffing changes.
- MD-DHS also regularly participates in the Emergency Management Assistance Compact (EMAC) which allows for the provision of staffing resources from other states. MD-DHS sends human service workers on EMAC missions every few years, most recently during 2017 when staff was sent to Texas following a hurricane. Several processes were updated at that time, including the preparation of a Standard Operating Procedure for deployment, and staff specifically identified and trained to complete EMAC paperwork. MD-DHS is participating in a statewide committee to improve EMAC capabilities in Maryland. No additional plan updates are necessary at this time.
- All MD-DHS staff members are required to take Emergency Preparedness Training, which emphasizes personal and household preparedness information. The expectation for staff is that they are part of disaster response efforts and will be required to return to work to provide services following a disaster event. This training has been mandatory for all staff for the past fifteen years, with a high level of compliance. The training is updated regularly, and as necessary, based on the most currently available disaster information.
- MD-DHS has equipment available, including phones, tablets, and laptops, to assist workers who need to work from remote locations following a disaster. The equipment is tested monthly to ensure operability. As necessary, additional icons and applications are added to the equipment. Equipment is deployed regularly to assist LDSS during disasters or COOP events. MD-DHS Information Technology workers have been providing additional testing on

equipment printing capabilities as recently as April 2024. The most recent update to this equipment includes additional assistive technology equipment on-loan from the Maryland Department of Disabilities. The equipment includes resources to provide visual translation in American Sign Language and other languages until an interpreter arrives. No additionally necessary updates have been identified at this time.

Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases

MD-DHS/local department of social services (LDSS) workers are prepared to provide intake services and response in a variety of locations during and following a disaster:

- MD-DHS is the state lead for mass care services, including disaster sheltering. Out of the 24 LDSS in Maryland, 21 of the jurisdictions use the LDSS as the lead agency for sheltering. The LDSS workers are already on-site or can be immediately called to disaster shelters to provide services.
- MD-DHS is a primary service provider, and sometimes the manager, of service centers opened for following disasters. Representatives from MD-DHS and the LDSS offices are onsite and prepared to assist any children with needs. In every recent disaster in Maryland, MD-DHS and LDSS staff have been present at service centers. As recently as 2024, Maryland has been identified as a 'Joint-Option' state during Individual Assistance declarations with FEMA. This provides Maryland with more control and opportunities to influence the disaster service centers. No additional plan updates are required at this time.
- During a disaster, MD-DHS has the capability to provide a statewide, 24/7 services referral hotline that is widely publicized in public information efforts. The hotline also has email capabilities. If an LDSS is closed, or if someone has any concerns or needs any services related to child welfare, this hotline can quickly direct them to appropriate services or disaster-specific information and resources. This hotline coordinates with and operates as an additional resource to the regularly available MD-DHS hotline, 211 services, and other referral services already available in Maryland. This hotline has been activated at least twelve times since 2014, and plans are updated as necessary during the after-action process following disaster events. There is also a COOP facility prepared to provide hotline services. Most recently, we have turned the hotline into a VoIP (Voice Over Internet Protocol) system, which can be activated remotely.
- The MD-DHS COOP plans ensure that additional facilities to provide services are pre-identified. MD-DHS also has multiple facility contracts for shelter space at local colleges and universities, which could be re-allocated for other MD-DHS services if sheltering were no longer necessary, and additional facility space for services were necessary. Facility walk-throughs are completed annually. No additional updates are required.
- If additional transportation services for workers were necessary to provide services, transportation can be requested through the state and local emergency operations centers.

Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;

MD-DHS and LDSS offices have rapid-recall lists as part of our COOP plans. These lists include personal/work cell phone numbers and home/work email information. COOP plans are currently being updated, and all agency-wide COOP plans will be completed by June of 2024.

Most workers have cell phones. As mentioned above, additional cell phones are available during disasters to improve the likelihood of productive communication. Many workers are emergency essential and would at least be checking in with supervisors to report their locations following a disaster. MD-DHS could also utilize the statewide hotline, if necessary, to track worker locations; however, this would likely most easily be done at the supervisory level of the LDSS. MD-DHS has a disaster database – CERTS – which can be used for people tracking during a disaster. The CERTS database is regularly updated, and currently planned updates include a field to identify communication needs for constituents. This field could be used, if necessary, to also track staff communication needs if we were using the database for staff tracking services.

Maryland's Process To preserve essential program records

MD-DHS has a 'Cybersecurity Threat Response Master Playbook' that is updated regularly to support our digital data records. This plan includes clear instructions for processes used to respond during a disaster or loss of records. As part of this plan, recovery systems testing is completed regularly. MD-DHS has a designated Office of Technology for Human Services and a designated IT security team.

Coordinate services and share information with other states.

All providers of children are to have a documented disaster plan that shall be implemented in the event of a disaster. For example, a residential child care facility shall have a documented pre-arranged agreement for an alternative placement if the primary facility housing for Maryland children is displaced. The provider shall secure the child's identification, case record, and an adequate supply of medication.

Additionally, the Maryland Department of Human Services Office of Emergency Operations staff has 24/7 contact information for most state's disaster mass care liaison, which can be used if other forms of communication are not accessible. The Maryland Department of Human Services Office of Emergency Operations can also use the resources available as part of the State Emergency Operation Center (SEOC) to contact out-of-state providers if there are regional communication issues. The Maryland Department of Human Services Office of Emergency Operations also has 24/7 contact information for mass care and human service workers in other states.

Closing

MD-DHS currently has robust disaster response capabilities. Because of the multiple duties assigned to the state during the disaster response process, staff throughout the entire department is accustomed to working during and after a disaster. MD-DHS has specific staff designated for disaster response activities. Disaster response capabilities are constantly being re-assessed, and preparations are made on an on-going basis. The safety of children, and other vulnerable populations in Maryland, are the critical focus of all planning efforts. Maryland works regularly with over 30 agencies, including non-governmental agencies, during the preparedness phase of disaster response to ensure processes remain in place for our residents to receive necessary services as quickly as possible following a disaster.

Maryland Department of Human Services
Training Plan for 2025-2029

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
Pre-Service Module	**Module 1: Foundations of Practice**	16.5 hours,	University of Maryland, School of Social	All New Child Welfare Caseworkers	Title IV-E Training at 75% FFP after

[1] Pre-service is a 6-week training course developed to provide knowledge, understanding, and opportunities to practice skills that are vital to the success of child welfare professionals. Child welfare professionals hired by the Maryland Department of Human Services (DHS) learn about the history of child abuse, federal and state regulations, engagement skills, culturally competent and family-centered practice, as well as the judicial framework of child welfare. They are expected to develop and expand techniques of interviewing, engaging clients, as well as completing formal and informal assessments. The course is blended and includes classroom as well as online assignments. In addition, participants attend training on the Maryland automated child welfare case management system called CJAMS which takes place *over a week period with two different tracks: Intake/CPS/Family Preservation and Placement and Permanency. Each track remains virtual and is for 2.5 days to add on additional hands on and interaction with CJAMS. Feedback from these training sessions around CJAMS remains positive, with a continued conversation to potentially return to face-to-face and the possibility of extending CJAMS training beyond the initial introduction training.* on the final day of each module except for Module 2 and Module 6. Several modules include pre-requisite assignments which may include reading, watching videos, quizzes and/or other activities. These assignments are to be completed on the online day of that module.

2. The Workforce Development Network started meeting in the Summer of 2023 to begin a revamp of the entire Pre-Service which is slated for a pilot in Fall ‘24. The proposal is to shorten the length of the Pre-Service to an initial four weeks and to also to structure this revised Pre-Service around an actual Intake or Case and three tracks: 1) Intake/CPS 2) Family Preservation 3) Out-of-Home, Placement and Permanency and potentially covers: Phase one: asynchronous on-line learning assignments (on demand); synchronous instruction (virtual and face-to-face), field experiences to support transfer of learning, and simulation exercises to strengthen essential skills around one of the above tracks: 1) Intake/CPS 2) Family Preservation 3) Out-of-Home, Placement and Permanency. Phase One will be four weeks. Phase Two will be delivered over a six-month period and will cover intensive and specialized training and augmentation of knowledge and skills briefly introduced in Phase One. Courses are to still be finalized, but potentially may include court testimony and reporting, trauma responsive case work, substance abuse, mental health, intimate partner violence, human trafficking, LGBTQ competency, assessing and planning, and interviewing and engagement skills. The course allocation for this would remain at Title IV-E Training at 75% FFP after applying Title IV-E penetration rate. The Cost Allocation for this will remain Title IV-E Training at 75% FFP after applying Title IV-E penetration rate.

3. Foundation courses, as part of the revamped Pre-Service, to be piloted in Fall ‘24 will include the following: Basic LGTBQ+ Competency for Child Welfare Professionals; Enhancing Your Credibility in Court; and Engaging Child Victims of Sex Trafficking - The Role of the Child Welfare Worker. There is the potential for additional modules to be housed within the Foundation courses, which will follow the revamped Pre-Service. The Cost Allocation for this will remain Title IV-E Training at 75% FFP after applying Title IV-E penetration rate.

4. The current iteration of the six week Pre-Service will continue until the revamped pilot occurs in Fall ‘24 and this document will be updated then to reflect the new training.

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Module 1 introduces participants to child welfare history, the legal context for child welfare, values and principles, and an overview of the Maryland DHS structure and its relationship to the Local Departments of Social Services (LDSS). Participants are given an introduction to relevant Code of Maryland Regulations (COMAR) that will be revisited in later modules. Lastly, the participants will examine culturally competent practice that includes opportunities to enhance self-exploration as well as how to be culturally sensitive in everyday practice. Title IV-E Activity: Placement of the child, case management, supervision, social work practice and permanency planning	including 5.5 hours CJAMS	Work (UMB/SSW) Child Welfare Academy	and Supervisors	applying Title IV-E penetration rate
Pre-Service Module	**Module 2: Indicators and Dynamics of Abuse and Neglect and Three Contributing Factors** In Module 2, participants learn the definitions of child abuse and neglect as well as the dynamics and indicators of maltreatment within a family. This module reviews three contributing factors to maltreatment: mental health issues, domestic violence, and substance use/abuse. Participants explore ways to engage and	11 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	work with families who are struggling with these factors as well as how to continuously assess for safety. Title IV-E Activity: Case management and supervision, placement of the child effects of separation, grief and loss, child development and visitation, referral to service, development of the case plan				
Pre-Service Module	**Module 3: Engaging Children and Families** During this module, participants learn how to engage and conduct interviews with families. Participants are provided various opportunities to practice utilizing different types of questions and strategies based on the situation. Additionally, participants learn about the process of change and how to motivate families to improve service plan outcomes. Title IV-E Activity: Case management, supervision, social work practice, communication skills required to work with children and families	16.5 hours, including 5.5 hours CJAMS	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Pre-Service Module	**Module 4: Family Centered Assessments** This module teaches a framework to assess for safety and risk. Trainees complete several different types of assessment tools such as the SAFE-C and MFIRA/MFRRA using	16.5 hours, including 11 hours CJAMS	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	CJAMS application. They will continue to learn about and apply the techniques such as interviewing, observation, and compiling information to have the clearest picture of family safety and functioning. Worker safety is also discussed in this module, reviewing techniques and tips to be safe while working with families who can sometimes be hostile. Title IV-E Activity: Case management, supervision, social work practice, communication skills required to work with children and families, referral to services, assessments to determine whether a situation requires a child's removal				
Pre-Service Module	**Module 5: Planning with the Family** The information presented within this module examines how families deal with loss and grieving and provides an overview of how to plan <u>with</u> families in an engaged partnership. Participants have the opportunity to learn about Family Involvement Meetings as part of the planning process and participate in a mock FTDM. Trainees discuss the different aspects of the planning process and develop a plan with a fictional family including identification of underlying needs and conditions,	22 hours including 5.5 hours CJAMS	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	effective goals, and objectives as well as services, tasks, and timeframes. Also covered in this module is effective documentation and closing a case/terminating a relationship with a family. Title IV-E Activity: Child welfare practice to preserve, strengthen and reunify families				
Pre-Service Module	**Module 6: Working Effectively with the Court** This module introduces the participants to the role of the court in child welfare cases, the types of juvenile court interventions and hearings, the role of agency counsel, child's attorney, parents' attorney, CASA, and master/judge in the legal process. The provisions of Federal legislation, particularly the Adoption and Safe Families Act of 1997 are addressed in detail, focusing on timelines for permanency. Participants learn the types of permanency plans and the role of the court in achieving permanency. Participants learn the role of the child welfare worker as a witness in court proceedings and have an opportunity to be videotaped while testifying as a "witness" in a mock child welfare case. Following group review of the testimony, they are given structured feedback	16.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	by the instructor and fellow participants. Title IV-E Activity: Judicial proceedings				
Foundation Track	**Assessing and Planning for Risk and Safety** This specially designed **two-day** course will focus on helping participants look at levels of risk and child safety and give a framework so that they will assess conditions similarly and make decisions while taking into account experience, education, and bias. Participants will be given the opportunity to use strategies to distinguish Safety and Risk factors. The training will be interactive with practice exercises and will include references to current relevant policies and procedures. Title IV Activity: Social work practice	11 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foundation Track	**Introduction to CPS Responses** This two-day training will provide an overview of	11 hours	University of Maryland, School of Social Work	Child Welfare Caseworkers and Supervisors	State General Funds

[2] Following pre-service completion, workers are automatically enrolled in a series of courses that are designed to build on the knowledge and skills gleaned through pre-service, with a more intensive focus on key practice areas. As a prerequisite, ALL new workers are required to complete the two-day Assessing and Planning for Risk and Safety course, and are then enrolled in one of three tracks based on service area including: Introduction to Child Protection Services, Introduction to Placement & Permanency, and Introduction to Family Preservation Services. Workers are expected to complete the mandatory courses in the series within two years of pre-service completion. Workshops are offered continuously throughout the year.

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	both the Alternative Response and Investigative Response tracks. The training will reinforce the philosophy of Family Centered Practice with focus on the skills needed and procedures required for successful delivery of an Alternative Response with families. It will also provide basic information on enhancing the skills of the CPS worker to conduct a family center investigation and on the process of collecting and analyzing information to make a CPS finding. Ethics and values related to child welfare, identification of child maltreatment, dynamics of child maltreatment, and the role of authority inherent in the child protective services position are also addressed in this workshop. Knowledge and skill development areas will include engagement and communication, assessment, cultural competence, partnering, advocacy and community collaboration.		(UMB/SSW) Child Welfare Academy		
Pre-Service module	**Family Support Worke**r training was piloted in early '24 for four modules: "Indicators and Dynamics of Abuse and Neglect; Engaging Children and Families; Family Centered Assessments; and Planning with the Family and to cover national best practices: "Authentic Partnership and	88 hours including 5.5 hours CJAMS	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Family Support Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Engagement"; "Teaming"; and "Assessment, Planning, Adapting, and Transitioning" and covered one week. This will continue as an adjunct to the Pre-Service for Family Support Workers who perform different job role functions than the Case Workers who are required to participate in the Pre-Service. Family Support Workers serve more of a support function to the families who are receiving services. The training also includes a CJAMS component.				
Learning Office Collaborative training with SSA	**Psychotropic Monitoring and Medication Oversight** training. As part of a DHS lawsuit, SSA will continue to offer Psychotropic Medication Oversight training for all staff who are involved with the placement of children. This training will cover multiple subjects including Informed Consent, Understanding of Psychotropic medications, Red Flags, Working with Providers and youth; and LDSS. This will be a mandatory training that will need to be completed within six months of hire for new staff and three months for existing staff.	2 hours	SSA/DHS Learning Office	Child Welfare Caseworkers, Supervisors, and Residential Treatment staff	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foundation Track	**Enhancing Your Credibility in Court** Many child welfare workers feel that they do not receive the respect they deserve when they appear in court. Others feel intimidated by the process	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	of testifying. This one-day training is designed to assist the new worker with enhancing his or her professional image and performance in court. Topics will include preparing for a successful outcome in court, presenting a professional image, testifying as an expert witness, and maintaining composure and keeping pace with the adversarial attorney through effective testimony under cross-examination. Title IV-E Activity: Judicial proceedings				
Training Offered for SSA staff through the University of Maryland	**Trafficking training** will be piloted in the fall of '24 and into '25 to cover both Sex and Labor Trafficking. Labor will be an intro into Labor Trafficking and an advanced Sex Trafficking, which would be more clinically focused to assist those workers who are in regular contact with those who are trafficked. This training will be offered through a Prevention of Adolescent Risks Initiative (PARI) grant with the University of Maryland and SSA	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foundation Track	**Intimate Partner Violence: Dynamics, Assessment and Intervention** The purpose of this training is to provide participants with a framework for addressing the issue of domestic violence within the context of a child	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	welfare case. Specifically, participants will learn what constitutes domestic violence, and how children are affected by it as well as how to identify the three different types of batterers, and the appropriate interventions for each type. Legal remedies will be discussed including how to understand and work with the non-offending parent to enhance child safety as well as when it is appropriate to remove a child from a home due to the presence of domestic violence. Title IV-E Activity: Domestic Violence and development of the case plan				
In-service Instruction Courses					
2024-2029					
CWA In-Service Courses	**Supervision Matters** is a training that was created for new and existing Supervisors as a means of enhancing his or her skills through a series of modules and in person simulations to ensure that Supervisors can handle the daily requirements and stresses of being a supervisor. This course would include Prerequisite learning and simulation exercises Topics would cover the following: **C**ulture: Topics related to creating and maintaining a work culture and climate that promotes physical and psychological safety and	60.5	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	embraces diversity, equity and inclusion. **A**dministrative: Topics related to the education and professional development of workers. **B**usiness: Topics related to promoting and maintaining high standards of work.				
CWA In-Service Courses	**Coach Approach** This session focuses on a leader's implementation capacity. How do leaders ensure the national best practice principles and practices are infused into day-to-day operations. The training strives to create individual paradigm shifts for supervision that build critical thinking and greater capacity generative solutions. Aspects of this training also include time limited group Coaching Intensives where the Coach Approach is modeled to work towards a common goal.	22 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy ** through a subcontract with Kagen Leadership Group**	Supervisors, Program Managers, Directors, and local and State Administrators	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Learning Circles** These sessions are offered as part of the Coach Approach module to participants who have matriculated through the initial Coach Approach and serve to support and sustain the learning, growth, and cultural shifts from fixing and telling to empowering and asking. **Coach Mentors** were identified to champion Coach Approach and serve as local resources to keep the coaching	3.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy ** through a subcontract with Kagen Leadership Group**	Supervisors, Program Managers, Directors, and local and State Administrators	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	mindset and skill sets active and implemented.				
CWA In-Services Courses	**Adaptive Leadership** These sessions are offered as a Capstone to continue and enforce the work of change. The skills learned in this training enable leaders to implement the appropriate engagement and processes to both meet resistance and support change. With these skills, leaders are more effective in managing the complexity of his and her roles to implement national best practices, using the Coach Approach in his or her adaptive work.	16.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy ** through a subcontract with Kagen Leadership Group**	Directors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Services Courses	**Supporting families with complex mental health and substance use disorder needs** is a training that would serve as a reminder that it is not only the children that have the trauma; while workers are working in child welfare, it is necessary to help the whole family who could all be suffering from their own individual issues, and they could have co-morbidity.	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Training Offered through the DHS Learning Office	**Licensure Prep** This training helps workers prepare to take the state of Maryland certified Board of Social Work Exam for those who have been approved to sit for his or her LCSW and LMSW exams to test expertise and decision-making skills. The required study guide will be provided in advance and the course will walk the learner through preparing		DHS Learning Office	All employees who require licensure to do his or her job	

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	to successfully pass the exam.				
CWA In-Service Courses	**SAFE (Structured Analysis Family Evaluation)** This session is designed to provide a standardized, uniform home study that is used to assess individuals who want to become a Kinship Provider, a Foster Parent, and Adoptive Parent, and/or Guardianship Provider. The training is also designed to help negate worker bias, through Information Gathering Skills, Structured Analysis, the Pre-Formatted Home Study Report, and the SAFE Capability Inventory.		University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy****with a subcontract through the Consortium for Children****	Treatment foster care agencies	
CWA In-Service Courses	**Using Collaborative Assessment in Supervision** is a training that will speak to supervision with caseworkers about Safe-C, Risk Assessments, and CANS in order to best help families and it will help workers with their clinical hours This should also include training for supervisors on monitoring assessments, not just approving assessments, but to have a better understanding of the importance of collaborating with families and applicable assessments to better serve them.	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Reflective Listening**.This training will help bolster communication skills and listening in working with youth and families	2.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Workers	

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
CWA In-Service Courses	**Lethality Assessment and SAFE-C** This training will help staff to understand the Lethality Assessment; its correlation to the SAFE-C and how to interpret and utilize the Lethality Assessment and policy in his or her work.	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Intake and CPS staff	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Understanding Secondary Trauma for Case Workers** This training will help staff understand and utilize coping mechanisms when dealing with secondary trauma on the job, particularly when a lethality occurs.	2 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Case Workers	
CWA In-Service Courses	**High Level Calls and de-escalation** This training will help workers identify when a situation is a crisis and remain calm and help the caller remain calm as well as get them the help needed; also, be able to identify when someone is escalating and becoming angry and be able to de-escalate the situation.	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Screeners and Community Partners	
SSA Training	**CJIS (fingerprints)** This training will help with the updating/storing of documents and assist with following federal regulations of storing CJIS reports for Resource parents.	1.5 hours	SSA Program Managers	CPS, Case Workers, and Resource Parents	
DHS Learning Office Courses	**NTI Adoption** This training will be for Child Welfare Professionals, to include: A Case for Adoption Competency, Understanding and Addressing the Mental Health Needs of Children Moving Towards or Having Achieved Permanency,	20 hours	DHS Learning Office	Child Welfare workers, to include Adoption workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Enhancing Attachment and Bonding for Children, Race, Ethnicity, Culture, Class and Diversity Impacts, Impact of Loss and Grief Experience on Children's Mental Health, Impact of Early and Ongoing Trauma, Positive Identity Formation and the Impact of Adoption and Guardianship, The Lifelong Journey - Maintaining Children's Stability and Well-Being. There will be a pilot with three jurisdictions in the Spring, to ultimately be a statewide rollout.				
SSA Training	**COMAR Policy and Navigation** This training will provide training to all staff on how to locate and interpret COMAR policies and how to utilize them in his or her work	2 hours	SSA Program Managers	SSA staff	
SSA Training	**CJAMS** SSA will continue to offer training around CJAMS as it is built out, to potentially include Psychotropic Medication Monitoring and Oversight, Health, Service and Permanency Plans, FFPSA, Kinship, and other areas as determined by need, local input, legislation, or enhancements	TBD based on areas	SSA Learning Administrators	Child Welfare Staff	
CWA In-Service Courses	**Special Education** This training will provide training to all staff with education and advocacy for children with special needs to include awareness, advocacy, and care, as well as navigating Special Education policies and	2 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Staff	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	procedures with the School System.				
CWA In-Service Courses	**Pregnant and Parenting Youth** This training will provide training to all staff around pregnant and parenting youth to better enable workers and the youth on how to deal with becoming pregnant, planning, expectations, and resources.	2 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Staff	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Supporting Youth with Challenging Behaviors** This training will guide workers around referral and placement of youth with challenging behaviors and focus not only on the adverse aspects of challenging behaviors and to advocate for those youth and placement.	2 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Staff	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**CPS Prevention Supports** This training will cover when referral is screened out and what resources can be provided and educated on to prevent recidivism through engagement, education, and training.	2 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	CPS staff	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Advocacy for Children in Out-of-Home care** This training will cover strengthening referrals, engagement with youth. Potential to have youth participate in video as part of the training.	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare staff and those with learned experiences	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Kinship Provider** This training will cover advocating, coordinating with and setting up Kinship Providers and understanding the role of the Kinship Provider.	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Kinship Providers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Community Pathways** This training will help	2 hours	Maryland, School of Social	Case workers	Title IV-E Training at

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	workers learn to work with clients to enable them to live better and more independently in their homes and communities.		Work (UMB/SSW) Child Welfare Academy		75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Basic LGBTQ Competency for Foster Care and Adoption Agencies** This critical session equips child welfare professionals with a comprehensive foundation of knowledge on lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) individuals and their experiences with the child welfare system. Participants will learn key concepts and terminology related to sexual orientation, gender identity and expression (SOGIE). Participants will explore personal values, gain accurate information, develop a greater understanding and awareness, and identify concrete steps for advocating for and improving practice with LGBTQ youth and families. Title IV-E Activities: Cultural competency	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Adoption/Guardianship Assistance Planning.** This training will help workers/supervisors understand the process/need to negotiate subsidies and what is available, as well as understanding One Time	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Only (OTO) offered for Private Adoption.				
CWA In-Service Courses	**Child Neglect: Child-Focused and Cross-Cultural Means of Assessment, Prevention, and Treatment** This presentation will use a cross-cultural and child-focused framework for defining neglect, which will include appropriate assessment methods as well as identifying various strategies for the prevention of child neglect and the treatment of neglect victims. Attendees will walk away with an understanding of contributing factors to neglect as well as methods towards prevention and finding appropriate treatment. Title IV-E Activities: Assessing child neglect	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Learning Office Collaborative training with SSA	**Motivational Interviewing** is a bi-level training - Introduction and Advanced that will be split between virtual (Introduction) and face-to-face (Advanced). This training will provide the skills and understanding of Motivational Interviewing and can be used for claiming with the Family First Prevention Service Act.	11 hours	DHS Learning Office	Child welfare staff	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Conducting Screening Assessments: Seeing Reporters as Resources** When a call comes in to the hotline, it is Child	5.5 hours	University of Maryland, School of Social Work (UMB/SSW)	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Welfare's first opportunity to begin the assessment process and assist families to meet their unique and at times complex needs. This training is intended for all workers who are employed full time in a screening unit or who have regular or occasional responsibility for screening reports. The training will focus on building strength-based, family-centered interview skills to gather information to make the informed and balanced initial assessment required for accurate screening decisions. Title IV-E Activities: Strengths based assessments		Child Welfare Academy SSW/Regional		IV-E penetration rate
CWA In-Service Courses	**Creating Teachable Moments** This course will explore the importance of using teachable moments to impart intangible skills such as problem solving, planning, decision-making, time management, communication, and interpersonal relations, as well as tangible skills like cooking, budgeting, or how to get a summer job. Participants will learn strategies to use these teachable moments in helping youth develop transition planning goals to move youth towards successful independence. Title IV-E Activity: Independent Living Skills, communication skills and	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	development of the case plan				
CWA In-Service Course	**Using Collaborative Assessment in Supervision** is a training that will speak to supervision with caseworkers about Safe-C, Risk Assessments, and CANS in order to best help families and it will help workers with their clinical hours This should also include training for supervisors on monitoring assessments, not just approving assessments, but to have a better understanding of the importance of collaborating with families and applicable assessments to better serve them	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Supervisors	
CWA In-Service Courses	**Cultural and Linguistic Competence: Implications for Practice with "the Other"** *(Formerly Cultural Competency)* This full-day interactive session will examine child welfare practice within a cross-cultural context. The session will invite participants to explore the manner in which cultural identity, ethnicity, language spoken, faith community affiliation, sexual orientation and gender identity, and other types of cultural identities intersect positively and negatively with child welfare goals of safety, permanency, and well-being. Workers will develop practice strategies related to engagement,	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	assessment, planning, monitoring, intervention and closure. The session will close by creating individualized plans for next steps. Title IV-E Activity: Cultural competency				
CWA In-Service Courses	**Supporting families with complex mental health and substance use disorder needs** is a training that would serve as a reminder that it is not only the children that have the trauma; we are working in child welfare, but we need to help the whole family who could all be suffering from their own individual issues and they could have co-morbidity.	3.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**NASW Code of Ethics-Updates and Implications for Practice** This workshop will discuss the revisions to the NASW Code of Ethics that took effect January 1, 2018. Participants will learn about the revisions to the NASW Code of Ethics and the rationale for the changes. Additionally, participants will gain an understanding of the implications of the revisions to child welfare practice.	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child welfare Supervisors and Workers	State General Funds
CWA In-Service Courses	**Eliminating Disparities & Promoting Equity in the Field of Social Work** This interactive training will provide participants with knowledge of common disparities experienced by many	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	individuals related to health, education, and access to services. Participants will also engage in discussion around systemic change needed to promote and sustain equity and participate in an exercise on implicit and explicit bias and how they can impact interactions with clients. Participants will also learn about the connection between disparities and trauma. Participants will leave with tangible and practical skills that they can implement within the workplace to promote a culture of inclusion when conducting assessment and permanency planning. Title IV-Activities: Cultural sensitivity		SSW/Regional		
CWA In-Service Courses	**Enhancing Placement Stability by Supporting Foster Parents in Times of Crisis and Stress** This webinar will focus on the many challenges that resource parents face on a daily basis, with a focus on how child welfare workers can help resource parents anticipate and navigate through difficult times. Participants will be equipped with knowledge to better understand the reality of resource parents, as well as practical strategies to help them manage the inevitable challenges they will encounter.	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Title IV-E Activities: Communication skills				
CWA In-Service Courses	**Engaging Child Victims of Sex Trafficking: The Role of the Child Welfare Worker** This one-day workshop is designed to ensure that child welfare workers have the skills and knowledge to ensure that high-risk and trafficked children in the child welfare system are identified, assisted, and protected. Training participants will be provided with an overview of child sex trafficking in Maryland and receive information about the child sex trafficking laws and policy directives for Maryland. In addition, this workshop will provide participants with an opportunity to learn and demonstrate skills needed to successfully engage victims of child sex trafficking. Title IV-E Activities: Assessment and engagement skills	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Ensuring FIM Model Fidelity: A Refresher Course for Experienced Facilitators, Workers, and Supervisors** This training presents a unique opportunity to bring experienced facilitators, workers, and supervisors together to discuss Family Involvement Meetings. Specifically, it will focus on core practices and processes that both	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	facilitators and workers should engage in to ensure and enhance model fidelity. This training, as the name implies, is a refresher. Its intent is to review and update knowledge gained in previous FIM trainings. Participants will enhance their skills surrounding strengths-based assessment, permanency planning and transitioning services related to FIMs for Preventing a Removal, Placement Change and Transition Planning. Title IV-E Activities: Social Work Practice				
CWA In-Service Courses	**Ethics- Boundaries and Dual Relationships** This interactive half-day workshop will provide participants with an awareness of boundary issues and dual relationship challenges in the human services. Participants will also develop an understanding of the difference between ethical and non-ethical relationships. Additionally, guidelines will be presented to help workers manage boundary issues and dual relationships that may occur when working with individuals and families. Title IV-E Activities: Ethics	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Ethics and Service** As the sixth and final workshop in the ethics series, which focuses on	3 hours	University of Maryland, School of Social Work	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	the NASW Code of Ethics and core values, this half-day workshop will address the value of Service. Using Herzberg's Two Factor Motivational Theory as a framework, participants will explore how work satisfaction and dissatisfaction factors can impact quality service delivery and the achievement of positive outcomes for children and families. They will examine what service in action looks like and identify some common challenges to upholding the value of service in child welfare practice. Participants will leave with a personal action plan for making positive changes and increasing work satisfaction factors. Title IV-E activities: Ethics		(UMB/SSW) Child Welfare Academy SSW/Regional		IV-E penetration rate
CWA In-Service Courses	**Ethics and Social Justice** Micro-aggressions can be defined as subtle but still offensive comments, or actions, directed at a minority or non-dominant group that communicate hostility, derogatory, or negative messages to the target person or group. They often occur unintentionally, yet still have a profound and lasting effect. This training will explore the impact of microaggressions on relationships both in and outside the office in relation to one of the	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	founding principles of the Code of Ethics: Social Justice. In addition, we will discuss ways to establish emotional resonance to bolster compassion and help heal after microaggressions occur. Title IV-E Activities: Ethics				
CWA In-Service Courses	**Ethics- Finding Your "True North": The Essence of Ethical, Authentic Leadership,** Building on the principles of "True North" leadership, this seminar will examine how administrators and managers can remain ethical and true to themselves, despite the pressures and temptations to stray off course. Through self –reflection, experiential activities, discussion and case studies, participants will examine the principles of authentic leadership, and how an ethical, values-driven leader can inspire others and engender success at all levels. Some of the topics explored will include: understanding your passion and purpose; practicing values under pressure; using your guiding principles to maintain ethical boundaries; staying grounded and authentic; and living your "True North". Participants will better understand how to develop leadership potential in themselves, colleagues.	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
CWA In-Service Courses	**Ethics-What's Ethics Got to Do with It?** This interactive training will allow participants to gain a comprehensive understanding about the ethical implications and how to handle potential ethical dilemmas. Utilizing the Ethical Decision-Making Model, participants will walk through common social work situations experienced within the Department of Social Services and decide on an appropriate course of action. Participants will also discuss how to incorporate SAMHSA's six principles of trauma-informed care into the ethical decision-making process. Title IV-E Activities: Ethics	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**FamilyTeam Decision Making (FTDM) Meeting Facilitation** This 2-day training is specifically designed for persons who will be a back-up or full-time facilitators. It will provide participants with the general values, principles and skills needed for introductory level facilitation of Family Team Decision Making meetings. Participants will gain an understanding of the MD Family Centered Practice model (FCP) principles, outcomes, and goals and how an FTDM reflects	11 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	them. They will learn about the FTDMs are scheduled and how to prepare for an FTDM Title IV-E Activities: Family Centered Practice				
CWA In-Service Courses	**Family Team Decision Making (FTDM) Meeting Facilitation** This Alternative Response (AR) course will help local departments move from "good enough" to GREAT AR implementation. Participants will explore best practices and what is working, as well as opportunities for improving the integration and delivery of AR whether working with a minimally to highly challenging family situation. Through hands-on learning and practice, participants will enhance their ability to utilize tools and strategies to engage and plan with a family from start to finish (first the family visit, developing the service plan and finally preparing a strengths based closing summary), ultimately leading to desired outcomes for the children and families being served. Title IV-E Activities: Family Centered Practice	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**From Good to Great: Maximizing Skills to Enhance AR Practice** This Alternative Response (AR) course will help local departments move from "good enough" to GREAT AR implementation.	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Participants will explore best practices and what is working, as well as opportunities for improving the integration and delivery of AR whether working with a minimally to highly challenging family situation. Through hands-on learning and practice, participants will enhance their ability to utilize tools and strategies to engage and plan with a family from start to finish (first the family visit, developing the service plan and finally preparing a strengths based closing summary), ultimately leading to desired outcomes for the children and families being served. Title IV-E Activities: Social work practice		SSW/Regional		
CWA In-Service Courses	**From Prison to Home: The Psychological Challenges of Re-Entry** This workshop will explore the benefits and challenges of re-entry. Issues to be discussed include re-entry programs, co-occurring disorders, implications for post-prison adjustment, support system, racial disparities, and re-entry. Current literature will be discussed, and participants will be able to articulate psychological challenges of re-entry.	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	State General Funds
CWA In-Service Courses	**Guiding Child Welfare Clients through a Process of Change Using Motivational Interviewing – Training**	11 hours	University of Maryland, School of Social Work (UMB/SSW)	Child Welfare Workers and Supervisors	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	for Child Welfare Workers In child welfare settings, motivational interviewing (MI) addresses behaviors and conditions that increase risk of child maltreatment or barriers to safe and nurturing parenting and is used to engage clients in a process of change to increase children's safety, permanency, and well-being. This 2-day workshop will help child welfare caseworkers to develop an understanding of motivational interviewing by exploring the stages of motivational interviewing and discussing cases when MI is and is not appropriate to use with families. Additionally, participants will learn how to apply this goal-oriented style of communication and approach to interviewing and assessing needs of children and families.		Child Welfare Academy SSW/Regional		
CWA In-Service Courses	**Non-Defensive, De-Escalation Communication Strategies** Developing skills to communicate clearly without engaging in power struggles is necessary for both your professional and personal development. Participants will learn practical strategies on how to better navigate difficult people and difficult situations in this dynamic and informative workshop. Suggestions and practice opportunities of examples	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	of using skills to manage conflict when interviewing and developing case plans for children and families. Title IV-E Activity: Communication skills for working with children and families, development of the case plan				
CWA In-Service Courses	**Partnering with Caregivers Stuck in Blocked Care** Based upon the work of Dr. Jon Baylin and Dr. Dan Hughes, this workshop will help professionals understand that a parent's brain in blocked care is similar to the brain of a child who experiences blocked trust because of all that has happened to them. Participants will gain an understanding of the effect of disrupted attachment, and abuse and neglect on a child's emotions, behaviors, and their developing brain so that they can identify the blocks in parent's brain while sustaining a trusting relationship with them to increase their capacity to emphasize and reconnect with a child. Title IV-E Activities: Effects of attachment and strengthening families	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Course	**Planning with Transitioning Youth: Independence vs Interdependence. Is There One Without the Other?**	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	This training is designed to equip participants with knowledge, skills, and techniques to assist Maryland's transitioning youth in identifying their unique abilities and goals while supporting their needs on the road to interdependence. The training will identify ways that youth can be helped to actualize their goals, develop plans that will build on their strengths and incorporate Benchmarks to become successful, integrated members of society. Through peer-to-peer learning, engagement techniques and classroom application, workers will build a plan that examines a holistic approach that can be implemented with identified transitioning youth upon the participant's return to the work force. Title IV-E Activities: Independent Living Planning		SSW/Regional		
CWA In-Service Course	**Professional Conflict Resolution and a Culture of Conflict Acceptance** Conflict in the workplace is unavoidable, and yet, many of us make a second career out of trying to avoid it. Unresolved conflict impedes communication, contributes to inefficient systems, and often results in burnout and turnover. Participants will learn and practice the steps to	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	professional conflict resolution, create their own conflict resolution policy, and learn how to contribute to a culture of conflict acceptance in their organization. Title IV-E Activities: Job performance enhancement skills				
CWA In-Service Courses	**Red light, Green Light: Knowing When to Stop or Go When Planning for Safety or Services** This half-day training will help participants to clarify the blurred lines, which sometimes exist between safety and service planning. Emphasis will be placed on writing behaviorally specific, strengths-based service plans that are family driven and can be agency supported for successful outcomes and time-sensitive agency involvement. Additionally, participants will explore strategies to enhance the child welfare professional's participation in developing case plans that reflect the language, functional strengths, and identified supports of families. Title IV-E Activity: Risk and safety assessments and development of case plan	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Role of the Supervisor in a Trauma Informed Child Welfare System** This workshop is designed to provide seasoned supervisors with guidelines	5.5 hours	University of Maryland, School of Social Work (UMB/SSW)	Child Welfare Administrators and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	and concrete strategies on how to infuse trauma-informed policies and practices into their agency's child welfare practice model. Participants will learn the definition, goals and critical elements of a trauma informed child welfare system, techniques for partnering with outside agencies and the community, and how to operationalize trauma informed practice at each state of child welfare involvement. Title IV-E Activities: Supervisory skills		Child Welfare Academy SSW/Regional		
CWA In-Service Courses	**SAFE Interviewing Skills** The Home Study Interview is an integral part of the home study process. Structured Analysis Family Evaluation (SAFE) and the Social Work Interview Training provides tools to help Home Study Practitioners use SAFE to better prepare, plan and perform the home study interview. The training provides not only practical advice but new and innovative interviewing skills, techniques, and approaches to interviewing applicants. Title IV-E Activities: Interviewing and assessments for home studies	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**SAFE Supervisor Training** The SAFE Supervisors Training is targeted at Front	4 hours	University of Maryland, School of Social Work	Child Welfare Supervisors	Title IV-E Training at 75% FFP after applying Title

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Line Supervisors who are responsible for the on-going Supervision of Home Studies. The one-day training provides guidance as to how to Supervise SAFE in the most effective manner. The training provides a road map for the Supervision of SAFE as well as tips, supports and suggestions to make the process easier. Title IV-E Activities: Supervisory skills		(UMB/SSW) Child Welfare Academy SSW/Regional		IV-E penetration rate
CWA In-Service Courses	**SAFE Training for Home Study Practitioners and their Supervisor,** This two-day training is mandatory for anyone who uses SAFE or anyone who supervises individuals using SAFE. The curriculum is an in-depth, step-by-step training in the use of Structured Analysis Family Evaluation. Day One is devoted to explaining the instrument and how it works. Day Two is interactive - the trainer and the class perform a SAFE Home Study. Title IV-E Activities: Home studies	11 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Testifying for Professionals in the Child Welfare System** This workshop will explore the language of testifying and the various techniques and tips to enhance and promote effective and powerful testimony. Additional topics presented	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	in this workshop will be understanding the various laws and regulations for testifying, exploring and managing the trauma narrative, various effects of short and long-term permanency, court etiquette and preparation. Title IV-E Activities: Job performance enhancement skills				
CWA In-Service Courses	**Using Critical Thinking to Enhance Child Welfare Assessments** This full day interactive workshop will examine the attributes of critical thinking, challenges to conducting quality assessments, tools to help gather and organize assessment information, and the application of critical thinking skills to the assessment process. Time will also be spent exploring the ways in which personal thinking and decision-making styles affect the assessment. Title IV-E Activities: Strengths based assessments	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Writing Effective Court Reports: Passport to Permanency Planning** Writing a court report can be a challenging process for child welfare staff, due to the complex nature of case dynamics and the variety of readers that will be viewing the document. This workshop will enhance a child welfare	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child Welfare Caseworkers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	worker's ability to compose well-crafted court reports that efficiently and effectively communicate pertinent, objective case information. Title IV-E Activities: Job performance enhancement skills				
CPE In-Service Course	**Child Abuse: Its Collateral Consequences and Treatment Modalities** This workshop will examine the collateral consequences of child abuse while exploring legal, social, psychological, and developmental implications. Participants will discuss the various forms of child abuse, gender differences, propensity and risk factors. Current literature will be discussed, and participants will be able to articulate the importance of understanding emerging family structures, effective treatment interventions and dual exposure to trauma and addiction. Title IV-E Activity: Child abuse and neglect issues	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Direct Service Situation: Balance Ethical Responsibilities** In this workshop, attendees will explore the importance of understanding and balancing ethical responsibilities. An emphasis will be placed on exploring dual relationships	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	and boundary issues to enhance ethical responsibilities and reduce ethical violations. Participants will discuss common practice areas that raise ethical dilemmas, explore the code of ethics, and propose various ethical decision-making models. Title IV-E Activities Ethics				
CPE In-Service Course	**Ethical Consideration and Racial Bias in Social Work Practice** By learning and practicing listening and speaking with more curiosity and less judgment, participants can reduce the possibility of their biases getting in the way of their connections with both clients and colleagues. Ethical principles and case studies will be woven throughout the workshop allowing for engagement with the material presented. Title IV-E Activities: Ethics	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Ethical Considerations and Strategies for Addressing the Issue of Confidentiality** This workshop focuses on strategies for identifying and addressing common, yet complex ethical issues concerning confidentiality that social workers face in their practice. Content will include: An overview of the Maryland Statute and Regulations which govern confidentiality of health	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	records, mental health records, substance abuse records, social service records, education records, the requirements for release of information, child maltreatment or imminent harm information, privileged communication, and clinician's personal notes. Title IV-E Activities: Ethics				
CPE In-Service Course	**Poverty and the Brain** Participants will be introduced to a nontechnical, nonmedical, collaborative, and highly experiential approach to understanding how the brain is affected by poverty, as well as the researched-based tools that build individual and family resilience. Participants will identify five factors of resilience with accompanying strategies and how they can offset some of the effects of poverty.	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	State General Funds
CPE In-Service Course	**Professional Use of Self for Enhanced Ethical Practice** This three-hour workshop focuses on the development of skills for the application of an ethical "lens" when providing social work. The workshop content will cover the concepts of private conduct, use of professional self, and the Revised NASW Social Work Code of Ethics. Strategies for identifying personal bias, addressing	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	common barriers, conflicts of interest, and facing ethical issues when working with diverse populations will be explored. Title IV-E: Ethics				
CPE In-Service Course	**Safe Places: How to Create an Ethical Environment for All** Social work is a difficult job. Without the proper supervisory support and a positively structured work environment, it is even more difficult. This can lead to poor outcomes for clients and low morale or worker burnout among social workers. To successfully tackle this issue, administrators can use tools and put different processes and policies in place to ensure a work environment that promotes a healthy and ethical atmosphere.	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	State General Funds
CPE In-Service Course	**Understanding Your Leadership Style and Building Your Potential to Lead** This two-day module will orient participants to leadership frameworks, practices, and competencies that span the fields of business, non-profit management, and community practice. Using nationally-recognized assessment tools and problem-based learning exercises, participants will	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	emerge with a clearer understanding of their personal leadership style, assets, and blind spots and expand their potential to effectively build, manage, and lead teams.				
CPE In-Service Course	**Using Mediation Skills with Family** In this half-day workshop, participants will explore what mediation is and what it isn't, and how the skills of mediation can be used in their practices. Participants will come away with strategies for creating a respectful and supportive environment that encourages critical thinking so that clients can find solutions to conflicts. Title IV-E Activities: Communication skills to work with families and children	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Walking In My Shoes: Helping Children and Families Work through Abuse** Families and children who have been affected by abuse experience special dynamics and require interventions and strategies that speak specifically to their circumstances. This workshop explores current intervention and treatment modalities for children and families who have been affected by abuse. A specific emphasis will be given to children and families dealing with chronic stressors (e.g.	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	underserved populations, limited access to resources, etc. Title IV-E Activities: Child Abuse and Neglect				
CPE In-Service Course	**Women and Addiction: Exploring the Role of Trauma** According to the National Institute on Drug Abuse, men are more likely than women to abuse illicit drugs. Historically, substance abuse treatment and interventions have been based on the needs of addicted men. However, women are just as likely to become addicted; in fact, they are more susceptible to cravings and relapse than their male counterparts. In addition, women respond to drug and alcohol use differently and present with unique treatment challenges. Research has indicated that addicted females present with a host of problems that contribute to their addiction, the most prominent being a complex history of trauma. Participants will explore gender differences and addiction; trauma; co-occurring disorders; and gender-specific treatment, including the Women's Integrated Treatment model. Title IV-E Activities: Substance abuse	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Working with Children Exposed to Domestic Violence**	6 hours	Continuing Professional Education	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	This training will discuss research, policies, laws, and treatment models aimed to promote children's healing process and break the intergenerational transmission of this tragedy. Title IV-E Activities: Intimate partner violence		(UMB/SSW) SSW/Regional		applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Answering Difficult Questions** Learn how to enhance your communication and messaging skills as they relate to sexuality issues.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Bringing Healing to Our Children and Families** This class provides an overview of all three TBRI (Trust-Based Relational Intervention) principles with a focus on healing past trauma through healthy attachments with Caregivers to ultimately attain three attachment goals (to give and receive care, negotiate their needs and be content with their autonomous self) for children with various trauma histories to reach their highest potential. The content is focused more on children.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Caring for LGBTQ Youth: An introduction for Resource Parents** Do you want to learn more about LBGTQ youth? Are you unsure how to support gay and lesbian youth? This training will explore the broad range of gender	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	identity and sexual orientation. This course will review inclusive terms and definitions. In addition to discussion and other interactive activities, local resources for children and families will be identified.				
Foster/Adoptive / Kinship Parent In-Service Training	**Complicated Children** Learn why children with complicated histories behave the way they do and how to handle these behaviors to create long term change.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Digital Safety** Through facilitated discussion, video, and practical demonstrations, participants will learn about online safety and how to protect children from technology facilitated crimes. Topics of discussion will be sexting, child pornography, sextortion, online predators, social networks, apps, sharing photos, peer to peer downloads, cyberbullying, the dark web, other dangers and additional resources.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Fostering & Adopting Across Racial and Cultural Lines - What You Need to Know** Families who foster and adopt trans-racially or trans-culturally are confronted with a unique set of issues and concerns that require careful thought, preparation and ongoing education. Some of the issues that might arise include selecting a school and community that	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	embraces differences, educating extended family members, responding to intrusive questions, and preparing your child to confront racism. This seminar is designed to educate prospective and current foster and adoptive parents about the important issues involved in trans-racial and trans-cultural adoption.				
Foster/Adoptive / Kinship Parent In-Service Training	**Making the Most of Visitation** This workshop will introduce resource parents to the Icebreaker Tool in engaging families (biological and resource) to develop relationships structured to support the child while they stay in state custody. Icebreakers aren't FIMs or group consultations meetings, they are facilitated meetings conducted in non-threatening environment structured to support contact between all parties during the life of the case. Resource parents learn ways they can contribute positively to the biological parent's adjustment to their child being in care as well as enhance the visitation process to reach positive outcomes for Maryland's children and families.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Navigating the Special Education and IEP Process** This training covers the Individualized Education Program (IEP) process	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	from eligibility to implementation of special education services. Participants will learn the basic timelines and parental rights related to the IEP process, how to prepare for an IEP meeting, and how to read and understand a student's IEP.			Parents In-service	
Foster/Adoptive / Kinship Parent In-Service Training	**Parenting and Teaching Our Children Connection** Everything a child learns about relationships and community was first modeled as they viewed their parent's engagement with others. As our youth struggle to define themselves, peer relationships consistently prove to be the most challenging. This workshop provides safe space for caregivers to consider not only their unconscious interactions and thoughts about relationships, but also looks into intergenerational habits and its effect on the blossoming child. Participants will leave with 8 solid strategies for rebuilding the circle in their community and will commit to healthy relationships.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Supporting Our Children: Impacted By Incarceration** Approximately 15-20% of children entering the child welfare system have an incarcerated parent. Two percent of incarcerated fathers and 8-10 % of incarcerated mothers have children in foster care,	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	where the foster parent is not a relative. This training will help caregivers understand the impacts and trauma experienced by a child whose parent is incarcerated. Parents will leave with the tools necessary to help their children process their feelings, which may include fear, sadness, or anger.				
Foster/Adoptive / Kinship Parent In-Service Training	**Toileting Problems: Encopresis & Enuresis** This workshop will provide an overview for resource parents in potty training. Specifically, it will focus on the signs that children are ready for potty training. It will discuss times when it's not good to start potty training and touch on those issues that can sometimes get in the way of successful potty training. Participants will be provided with tips and suggestions for beginning the potty-training process. The workshop will also focus on how resource parents can create a supportive environment that promotes successful potty training for children in their care.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Trust-Based Relational Intervention** The first half of the day focuses on an introduction to TBRI. Trust-Based Relational Intervention is a model for caregiving created by Drs. Karyn Purvis and David Cross to meet the needs of "children from hard places." The	5.5 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	second half of the day focuses on the Connecting Principle for TBRI. Trust-Based Relational Intervention is a model created to heal the hurts of "children from hard places." The heart of TBRI is learning to connect with a child. Participants will receive an overview of the Connecting Principle of TBRI, learning the foundation of attachment and why it is important to understand a child's relational and behavioral strategies. Participants will also learn how to disarm the fear response that is often quickly triggered in youth from hard places, as well as the importance of knowing what we bring to the table as parents when working with youth in care in relation to our own attachment history.				
Foster/Adoptive / Kinship Parent In-Service Training	**Understanding Adverse Childhood Experiences (ACEs)** Adverse Childhood Experiences (ACEs) are traumatic events that occur in a child's life. These events can include physical or sexual abuse, neglect, household dysfunction or witnessing violence. These types of events have a direct impact on children's developing brains and can have negative health and well-being outcomes as an adult. By learning more about ACEs and bringing that knowledge into our parenting of foster youth,	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	we can target and explore factors that increase resilience in children and families.				
Foster/Adoptive / Kinship Parent In-Service Training	**Understanding the School Discipline Process** This training will provide participants with an overview of school discipline, specifically suspension and expulsion, in Maryland public schools. Participants will leave with an understanding of students' due process rights related to school removals, special rights provided to students with disabilities, and alternatives for addressing inappropriate behavior.	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**We are Family** This is an interactive trauma-responsive training that seeks to educate families on how to integrate traumatized children into their family. We will review the developmental phases of a family. Participants will work on creating a family mission and wellness statement that demonstrates an understanding of trauma and its impact on family. Participants will be encouraged to identify a positive course of action family members will take to foster connection and decrease the re-traumatization of children as they integrate into the family.	2 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**When Things are Really Hard - You May be Stuck in Blocked Care**	2 hours	Child Welfare Academy	Resource Parent, Adoptive	Title IV-E Training at 75% FFP after

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	When Resource parents become exhausted, frustrated, and ready to give up with a child who is acting out, unappreciative and unrewarding, the parent may understandably be stuck in blocked care due to the stress they are experiencing. Based upon the work of Drs. Jon Baylin and Dan Hughes, this training will help resource parents understand that their brain - in blocked care - is a predictable response to toxic stress. Parents will develop self-compassion and learn strategies for increasing their capacity to empathize and reconnect with the child, as well as be a healing resource for them.		SSW/Regional	Parents, Kinship Parents In-service	applying Title IV-E penetration rate
2024-2029					
CWA In-Service Courses	**Advocating for Racial Equity in Child Welfare** This webinar will provide an overview of the historical challenges that leaders have sought to address while offering insights on impactful exercises workers can employ to successfully advocate for Maryland families. We will explore anti-racist practice and concrete strategies for supporting families in promoting positive racial identity. Title IV-E Activities: Cultural	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
CWA In-Service Courses	**Assessing and Planning Using the SoS Framework: Experienced Worker and Supervisor Training** This training is designed for experienced case workers and supervisors from all service areas. It provides an introduction to the Signs of Safety (SoS) framework, a strengths-based, family centered approach to assessing and planning for risk and safety with children and families. It is a supportive framework to our current methods and an extension of the Maryland Family Centered Practice Model. SoS is a way of thinking about risk and safety which acknowledges that all families have at some point acted to protect their children and are capable of using these protective factors to keep their children safe in the future. Title IV-E Activities: Assessing and Planning skills	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Beyond Emotional Intelligence: Emotional Competence in the Workplace** You have probably heard of emotional intelligence, but after we are able to identify our emotions and pinpoint their origin, what do we do with them? After developing emotional intelligence, the next step is emotional competence: the	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child welfare Supervisors and Administrators	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	ability to experience and process emotions to pinpoint the underlying cause of distress and generate suggestions for change in one's own behavior and organization. Participants will learn why emotional competence is important for organizational functioning, and when and how to successfully use emotions in the workplace.				
CWA In-Service Courses	**Concurrent Planning: Promoting Permanence for Children** This half-day workshop will look at possible tendencies for child welfare workers to favor one permanency option over the other, and how that impacts work with birth, kinship and resource families. Additionally, participants will practice creating effective prognostic assessments and case plans and learn how to use full disclosure as a foundation for concurrent planning. Title IV-E Activities: Permanency planning	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Effective Engagement with Families Affected by Mental Illness** This webinar will explore the emotional impact of mental illness on families, and the stigma and bias surrounding it. Families who come into contact with the child welfare system may have a child in the home with a mental health	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	disorder, and/or the parents themselves may have a mental health issue. Caregivers with a child (or another adult) in the home with a mental health disorder are deeply affected, yet often their needs are ignored. Effective engagement with these family members is enhanced by an understanding of the impact of mental illness on the family system and resulting needs and responses. Title IV-E Activities: Engagement skills				
CWA In-Service Courses	**Ethical Considerations When Working with Vulnerable Populations** This workshop will allow participants the opportunity to examine common ethical dilemmas when working with vulnerable and/or underserved populations. Participants will identify common personal and professional challenges that arise when upholding ethical standards and will also use the Ethical Decision Making Model to identify the appropriate course of action in scenarios presented. Participants will also increase their knowledge of ways to incorporate a trauma aware approach to resolving potential ethical issues. Title IV-E Activities: Ethics	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
CWA In-Service Courses	**Ethics and Service** Using Herzberg's Two Factor Motivational Theory as a framework, participants will explore how work satisfaction and dissatisfaction factors can impact quality service delivery and the achievement of positive outcomes for children and families. They will examine what service in action looks like, and identify some common challenges to upholding the value of service in child welfare practice. Participants will leave with a personal action plan for making positive changes and increasing work satisfaction factors.	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child welfare Supervisors and Workers	State General Funds
CWA In-Service Courses	**Ethics In Social Media** This workshop will help you learn how to protect your online presence by reviewing current trends in social media and examining best practices and ethical standards related to child welfare work. Become aware of your responsibilities regarding privacy and boundaries while reviewing new information on this mode of communication that is very growing and here to stay.	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Workers	State General Funds
CWA In-Service Courses	**Ethics -Spirituality, Religion, Faith and Delivery of CW Practice** As child welfare workers strive toward increasing their cultural competence, it is necessary to explore the spiritual dimension that	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	is often part of the human experience. This workshop will focus on strategies for social workers to invite clients to discuss the role of spirituality and religious practices in their lives. In addition, social workers' personal biases will be explored to maximize the effect of their work with various religious cultures. Title IV-E Activities: Ethics				
CWA In-Service Courses	**How to Increase Teamwork in Your Unit or Agency** In this one-day course, participants will learn the difference between a group and a team, the stages of team development, and how different individual styles and motivational factors affect the team's ability to work collaboratively together. Barriers to effective teamwork will be addressed and participants will come away with specific strategies that can be used to increase teamwork and collaboration in their units and larger agencies. This course is geared specifically towards supervisors and administrators.	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	State General Funds
CWA In-Service Courses	**Impact of Culture on Child Maltreatment** This training focuses on how culture and spiritual traditions influence perceptions of child rearing among families. It also	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	looks at how families respond to abuse and neglect based on their culture and offers strategies that child welfare workers can use to respond to child maltreatment with cultural sensitivity and competence. Title IV-E Activities: Cultural Diversity				
CWA In-Service Course	**Opiate Addiction 101: What Child Welfare Workers Need to Know** The purpose of this webinar is to increase participants' understanding of the biology and psychology of opiate addiction, the effect of addiction on the health of individuals with opiate use disorder (OUD), how OUD affects children and families, and how to address stigma around substance use and its treatment. Participants will learn about the biology of opiate addiction and its treatment, how addiction to opiates is different from other substances of abuse, how stigma affects an individual's willingness to seek treatment, and clinical care of individuals with OUD. Title IV-E Activities: Substance abuse	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Courses	**Time Management and Organizational Skills** This seminar is designed to help program staff gain control of their time and manage their workload with greater ease and	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	confidence. Through techniques that are easy to understand and implement, participants will learn how to get organized and stay that way, set manageable goals, prioritize tasks, and create more time in their day when there is no time to waste. Title IV-E Activities: Job performance enhancement skills				
CWA In-Service Courses	**Working with Gang-involved Clients** Exposure to injury, trauma and risk-taking associated with gang culture and gang violence complicates mental health development and general well-being. This workshop will explore the best practices for working this youth that may be involved in gangs or at risk for gang involvement including how to build a personal relationship with youth, their support networks, assessment, collaborative approaches and special considerations, such as immigration status and gender. Participants will practice applying these skills to older youth clients to enhance the social-worker client relationships.	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child welfare Supervisors and Workers	State General Funds
CWA In-Service Courses	**Writing Skills for Exceptional Case Documentation** This workshop is designed to help child welfare workers develop a clearer, more factual and pertinent	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	writing style specifically for child welfare documentation. Through writing experiences, training participants will work on identifying pertinent data for inclusion in contact notes, differentiating between case fact and opinion, and recording summarized case assessments, case plans and other supporting data in case records. Training participants will gain an overall understanding on how to organize information in a clear, concise manner.				
CPE In-Service Course	**Emotional Intelligence** This highly interactive workshop will take the tenants of emotional intelligence off the page and provide practical applications for helping clients increase their EQ (emotional quotient). Research has shown that EQ is more critical in today's dynamic workplace than is IQ. IQ may get you in the door, but EQ keeps you in the door. And while IQ is relatively fixed, EQ can be developed both at work and in relationships outside of work.	3 hours	Continuing Professional Education Online	Child welfare Supervisors and Workers	State General Funds
CPE In-Service Course	**Ethical Decision Making: A Crisis Intervention Approach** Participants in this half-day workshop will explore appropriate ethical decision making processes in a crisis situation/intervention. An emphasis will be placed on best practice techniques for	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	ethical decision making, allowing participants to engage a variety of different intervention techniques. Title IV-E Activities: Ethics				
CPE In-Service Course	**Forensic Social Work: Early Attachments A Key for Resiliency or a Risk Factor for Juvenile Delinquency:** This workshop will explore early attachment theories and models in relation to juvenile delinquency. Various attachment theories will be explored to determine whether a particular type of attachment is a key for resiliency or a risk factor for juvenile offenders. Current literature will be discussed, and participants will learn to articulate the importance of exploring attachment theories.	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	State General Funds
CPE In-Service Course	**Forensic Social Work: Youth with Incarcerated Parents** According to the U.S. Census Bureau, the United States has less than 5% of the world's population, yet it has 23% of the world's prison population. A collateral consequence of this imprisonment trend is the amount of youth with a history or current pattern of parental incarceration. These children face an array of challenges and need comprehensive, client-focused and	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	culturally sensitive support. An emphasis will be placed on risk and protective factors, the trauma of incarceration, racial differences, post-traumatic stress disorder, and post-traumatic growth.				
CPE In-Service Course	**General Supervision for New Supervisors:** This two-day workshop provides an overview of basic skills and resources necessary for effective general supervision. Participants will gain a better understanding of the role, function, and characteristics of an effective supervisor, in addition to the basics of personnel management. Title IV-E Activities: Supervision	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Grief on Grief 's Terms: The Mindful Path through Loss** Grief is a universal human experience, but its path can be unique for each individual. The tools of mindfulness can provide ways for clients to meaningfully integrate their grief into their personal narrative and to cope with the challenges that grief can create. Participants will explore the interconnection of grief and mindfulness, examine how mindfulness can help clients with meaning reconstruction after significant loss, and develop a toolkit of mindfulness exercises to	3 hours	Continuing Professional Education SSW	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	assist clients in processing grief, loss and transitions. Title IV-E Activities: Grief and loss				
CPE In-Service Course	**How to Engage Parents as Partners: Teaching Them Skills to Coach the Child at Home** This training will begin with strategies to connect and maintain contact with parents who are struggling to parent children with special needs or difficult temperaments. Participants will explore ways to support parents, who themselves have difficulty connecting with their children, model behaviors they want for their children. Title IV-E Activities: Strengthening family	6 hours	Continuing Professional Education SSW	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Licensure Preparation** A two-day intensive comprehensive review program that prepares MSW graduates to pass the LMSW and the LCSW-C state licensing exams. The program incorporates a review of test-taking strategies using sample multiple-choice questions that are similar to those found on the licensing exam. Participants will receive Volumes I and II of the Comprehensive Study Guide and Practice Questions from Social Work Examination Services (SWES).	12 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
CPE In-Service Course	**What is it That We Do Again? Obligations for Social Workers** This workshop provides participants with the opportunity to realistically examine the ethical dilemma this poses. Critical thinking skills, case examples, videos, role-plays, and research will be used to explore creative strategies and innovative ways for participants to intentionally apply such professional skills into their practice. Title IV-E Activities: Job Performance/Professional Enhancement	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Tackling the Gorilla in the Room: Ethical Ways to Have Difficult Conversations** In order to address many of our clients' issues or even discussing these issues in consultation or supervision, there are many uncomfortable moments. However, not just avoiding these conversations, but insisting on them, are critical to positive outcomes for clients. Title IV-E Activities: Communication skills	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Use of Self for Ethics, Cultural Humility, and Competence in Social Work** This workshop focuses on the development and application of a cultural lens when	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	engaging clients and conducting clinical assessments. Participants will discover the application of "use of self" and the power of purposeful language to communicate cultural humility. Strategies for identifying personal bias, addressing common barriers, and facing ethical issues when working with diverse populations will be explored. Title IV-E Activities: Cultural competency				
CPE In-Service Course	**Working with the Silent Child** There are many reasons a child does not use words, and there are many ways to help a child communicate that do not involve words. Participants will learn to recognize the many meanings of a child's silence, to understand the silence, and to assess whether to respect the silence or challenge it. Techniques for dealing with the different types of silence will be demonstrated. Title IV-E Activities: Communication skills and engagement	6 hours	Continuing Professional Education SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Autism Spectrum Disorder – Considerations for Foster Parents** Receive an overview of the prevalence, etiology and diagnostic criteria for	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Autism Spectrum Disorder. Participants will be able to identify typically developing children and those with ASD diagnosis.				
Foster/Adoptive / Kinship Parent In-Service Training	**Bridging the Gap** The old adage, "no one cares what you know until they know that you care" is very true when working with children. This workshop will focus on the age-appropriate expectations and disciplinary strategies. Participants will use what they've learned through their childhood experiences to help guide their discipline styles.	2 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Bringing Healing to Our Children and Our Families** This class provides an overview of all three TBRI (Trust-Based Relational Intervention) principles with a focus on healing past trauma through healthy attachments with Caregivers to ultimately attain three attachment goals (to give and receive care, negotiate their needs and be content with their autonomous self) for children with various trauma histories to reach their highest potential. The content is focused more on children.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Decreasing Compassion Fatigue** Caregivers will learn tools to help decrease compassion fatigue that can come from the stressors of everyday parenting.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
Foster/Adoptive / Kinship Parent In-Service Training	**Discipline with a Foster/Adoption Care Twist** There are numerous behavior management programs and discipline techniques that are effective for mainstream parenting but may need to be adapted to meet the unique needs of adopted and foster children. Based on the work of Doris Landry, MS, this workshop will explore how elements of traditionally accepted approaches such as 123-magic, Love and Logic, time-out, and lecture can be tweaked for children with traumatic histories. The essential components of managing undesirable behavior and supporting positive behavior will be outlined and discussed.	2 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Help Me Love This Child: When Loving Hurt Children Hurts the Family** In Foster Care, we so often focus on the impact of trauma on the child, but what about the impact on the family of bringing a traumatized child into the home? Come learn about the impact of secondary trauma on parents and siblings and participate in an open discussion about self-care, boundary setting, and seeking help when a foster child's old hurts are impacting your day-to-day life.	2 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
Foster/Adoptive / Kinship Parent In-Service Training	**Joy, Loss, and the Holiday Season** The holidays are a complicated time of year for many foster/adoptive families. This workshop will explore the impact that feelings of joy, loss, and grief can have on youth you are caring for. We will explore the emotions and behaviors that you might be "gifted" with during the holiday season. You will leave with a better understanding of how these underlying feelings amplify behavior and learn strategies on how to manage them.	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Learning and the Effects of Trauma: What Parents and Schools Need to Know** This class explores the impact of trauma on the brain and learning. Children who experience developmental, physical and emotional trauma often have difficulty in school. Challenges can include trouble focusing, disruptive behaviors, anxiety, problems with executive functioning and managing social relationships. Upon completion of this class/webinar parents will be equipped to act as educational advocates for their child. They will have tools to help their child better access their education through supports available to them within	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	and outside of the education system.				
Foster/Adoptive / Kinship Parent In-Service Training	**Need a Hug? How to Avoid Burnout as a Foster Parent, and How to Promote Self-care** This training will focus on helping resource parents understand secondary traumatic stress, vicarious trauma and burn out. It will discuss ways in which resource parents can strike a balance between addressing their own needs as well as the needs of the child. Participants will discuss various coping mechanisms to deal with stress. Participants will also reflect on their current self-care and strategize ways to integrate a self-care plan in their life.	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Parenting from the Trenches** Children who are severely dys-regulated and attachment challenged often exhibit behaviors that are troubling and difficult to manage at best, and sometimes even frightening. This seminar examines "real-life" scenarios and offers practical suggestions for therapeutic parenting techniques that will promote and create healthy attachments and a more peaceful home environment.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Raising Children in Social Equity** Understanding how racial trauma impacts child development. Learn	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship	Title IV-E Training at 75% FFP after applying Title

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	mind-body medicine in discussing tough topics as well as how to promote positive racial identity.			Parents In-service	IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Realities of Reunification** Reunification is the first and most common goal for children in the foster care system, which resource parents learn early in their initial training, but the challenges of doing the work to support a child and family towards reunification, along with the emotional realities of loving a child and having to let go, can be harder to manage in real life. Learn how to face the challenges and process the realities with a former resource parent who has experienced it firsthand and who professionally specializes in attachment and trauma.	2 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Supporting Our Children: Ideas For Parenting A Child Impacted By Parental Incarceration** This presentation will begin with a discussion of child development that will include the effect of trauma on the child. An introduction to ACEs will be a part of the discussion, with emphasis on proactive factors. Stories from children or shared by Moms who are incarcerated or children's caregivers will be shared. Many resources, including books for children on incarceration, emotions,	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	abandonment and strength building, will be shared. This session will be interactive, informal, and based on real situations and experiences.				
Foster/Adoptive / Kinship Parent In-Service Training	**When Grief Comes Home** This interactive workshop will explore how resource parents are impacted by the grief that they, and the children they care for, experience. If we are unaware of how children experience grief differently than adults, or of how our own grief impacts us, we are likely to miss opportunities to find growth and restoration after a loss, both for the children and for ourselves. Research has shown that taking care of ourselves benefits the children we care for. Resource parents experience grief and loss on many levels. This session will include learning to employ self-compassion and selected tools for increasing self-care skills of caregivers.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
2024-2029					
CWA In-Service Course	**Advanced FTDM: Managing Challenging Behaviors** This training will address a wide range of challenging behaviors that facilitators encounter during Family Teaming and Decision-Making Meeting (FTDMs) including	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Administrators	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	hostility, monopolizing, non-participation, ramblers, unpreparedness, and mental health dynamics. Attendees will be introduced to several skills and strategies for managing these behaviors and through practice, examine which strategies are most effective for addressing specific situations. Title IV-E Activities: Social work practice				
CWA In-Service Courses	**Developing the Practice of Those You Supervise** The purpose of this workshop is to enhance supervisory skills to help social workers understand their legal and professional responsibilities and to explore approaches to build critical thinking strategies of workers. This workshop includes practice activities to apply the content covered and examples of strategies for enhanced supervision. In addition, the new legislative changes to the child maltreatment definition will be covered. Title IV-E Activities: Supervision	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child welfare Supervisors and Administrators	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Course	**Engaging Families Impacted by Sexual Abuse in Safety and Service Planning** This class will explore how the unique dynamics of sexual abuse impact the ability of the caseworker to engage and partner with the family in planning for safety and appropriate	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Administrators	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	services. The implications for service provision will be considered when sexual abuse disclosures occur after the initial CPS assessments. Participants will examine the role and influence of non-offending caregivers, compliant victims, and situations involving incest on achieving positive outcomes for safety, well-being and permanency. Actionable strategies for helping families and their supportive caregivers to navigate the court process will also be provided. Title IV-E Activities: Social work practice				
CWA In-Service Course	**Engaging Fathers and Paternal Kin** This workshop will explore ways to engage and involve fathers and paternal family members, to create greater opportunities for them to be connected in a number of important ways that benefit their children. Participants will explore the myths and barriers surrounding working with this special group, discuss strengths-based approaches to engaging fathers, and develop practical strategies for working more effectively with fathers and paternal relatives. Title IV-E Activities: Social work practice	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Administrators	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
CWA In-Service Courses	**Ethics and Social Media in Child Welfare** This workshop will help you learn how to protect your online presence by reviewing current trends in social media and examining best practices and ethical standards related to child welfare work. Become aware of your responsibilities regarding privacy and boundaries while reviewing new information on this mode of communication that is ever growing and here to stay	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Workers	State General Funds
CWA In-Service Courses	**Financial Capability Skills and Child Welfare Work** This course will provide materials and skills which enhance understanding of individual personal financial circumstances and provide insight into how and why clients' financial behavior contributes to emotional and financial problems. A primary focus will be the importance of realistic and sustainable financial goals and plans for social workers and for social work clients. This course will provide child welfare professionals with a framework and analytical tools for evaluating issues related to asset building and financial decision-making for low-income families.	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child welfare Supervisors and Workers	State General Funds
CWA In-Service Courses	**Maryland Social Work Regulation Change Information Session**	3 hours	University of Maryland, School of Social Work	Child welfare Supervisors and Workers	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Maintaining current knowledge of the social work licensing law and regulations is the responsibility of every social worker. Major amendments to the Maryland Social Work Practice Act were passed in 2017. The Board of Social Work Examiners has recently written regulations to carry out the changes in the law. Come to this workshop to learn about all of the new provisions and how they will affect you.		(UMB/SSW) Child Welfare Academy SSW/Regional		
CWA In-Service Courses	**Opiate Addiction Part Two** The purpose of this webinar is to continue the discussion from January and further increase participants' understanding of the effect of addiction on the health of individuals with opiate use disorder (OUD) and how OUD affects children and families. Title IV-E Activities Substance Abuse	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Administrators	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Course	**Safety Awareness for Child Welfare Professionals** This safety awareness training for child welfare staff is designed to equip participants with the tools, discipline, and self-confidence to handle themselves in situations which may arise during the course of work. The training will cover several different areas including risk assessment, safety	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Administrators	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	planning, pre-assault indicators, verbal escalation and report taking essentials. The workshop will enhance a participant's ability to determine a client's potential for violence, plan appropriately to ensure safe client care when transporting clients, recognize indicators that an assault may be imminent, learn techniques to diffuse a potentially explosive situation with clinical interventions and discuss items to keep in mind when reporting an assault to law enforcement personnel.				
CWA In-Service Course	**Stalking and Use of Technology** This training will cover ways to help victims develop domestic violence safety plans that can help keep themselves and their children safe. Safety planning around victim's and children's technology use will be emphasized. Participants will increase their awareness of technologies that can be misused by abusers, and they will build domestic violence safety planning skills to use with victims. Participants will increase their knowledge of these legal remedies and build skills to help victims document stalking behaviors for possible future use in legal proceedings. Title IV-E Activities:	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Administrators	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Intimate partner violence				
CWA In-Service Course	**Understanding Suicidal Behavior Among Youth in Foster Care** This webinar will examine the myths and realities around youth in care and suicide. Participants will be provided with information about behavioral warning signs and other risk factors that increase the likelihood that youth will engage in suicidal behavior. In order to screen and assess for immediate danger and need, specific screening and assessment tools will be discussed. Identifying and building upon protective factors and coping skills will also be explored. Techniques to provide crisis intervention and service planning will be provided to help caseworkers attend to both the immediate and longer-term needs of at risk youth and their caregivers.	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Workers	State General Funds
CWA In-Service Course	**When Families Fall Apart: Understanding the Impact of Adoption Disruption** This seminar will provide professionals with the tools necessary to help avert threatened disruption and/or cope with disrupted placement when it does occur. Title IV-E Activities:	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Affirming Services with LGBTQ+ Communities** Improve your ability to understand the needs of	3 hours	Continuing Professional Education (UMB/SSW)	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	LGBTQ+ populations and provide affirming care that addresses those needs. Participants will review updated terminology with a focus on inclusion; discuss barriers to accessing mental health and medical care systems; and identify strategies to assist individuals in navigating the barriers, as well as areas of advocacy for providers. Title IV-E Activities: Cultural Diversity		SSW/Regional		IV-E penetration rate
CPE In-Service Course	**How to Tame the Abrasive Employee (without Being Abrasive Yourself)** This session will convince you that you aren't helpless and that there are concrete and practical strategies that you can use directly with abrasive people, whether they are your employees, colleagues, or even your own boss. You will learn why you may hesitate to intervene, and you will have a better understanding of the dynamics underlying abrasive behavior. Your new knowledge and skills will assist you in reducing workplace suffering and increasing your organization's overall performance and effectiveness. Title IV-E Activities: Job performance enhancement and supervision	3 hours	University of Maryland, School of Social Work (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
CPE In-Service Course	**Inside Out and Outside In: Working with Children of Incarcerated Parents** On any given day, 2.7 million U.S. children have incarcerated parents, and 10 million will experience parental incarnation at some time in their lives. No matter your work setting, you may be working with some of these children. This session will provide an overview of the impact of parental incarceration, an Adverse Childhood Experience, increase participant's understanding of children's protective factors. Title IV-E Activities: Effects of separation	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Online	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Issues and Ethics for the Human Service Professional** This workshop will assist participants in developing the critical skills necessary for ethical decision making and for understanding various levels of ethical practice. Use of real-life case studies and role-playing will provide the participants with opportunities to practice effective strategies to bring about positive outcomes for themselves and their clients.	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**No Such Thing as a Bad Kid** Strength-based practice is an emerging approach to guiding at-risk children, youth, and families that is	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	exceptionally positive and inspiring. Its focus is on strength-building rather than flaw-fixing. It begins with the belief that every individual has or can develop strengths and utilize past successes to mitigate problem behavior and enhance functioning. This presentation will highlight many of the key principles and techniques of this transforming modality to support worker's ability to strengthen and reunify families. Title IV-E Activities: Social work practice				
CPE In-Service Course	**Ten Characteristics of a High-Performance Team** In this module, participants will explore the factors involved in creating and maintaining high-performance teams. They will examine issues of group dynamics, teamwork, and problems in developing effective teams, and be provided with tools for improving team performance. Assessments will be conducted to gain a sense of individual teams' unique strengths and areas for improvement.	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	State General Funds
CPE In-Service Course	**Transforming the Angry Client: Effective De-escalation and Anger Management Techniques** This workshop provides an opportunity for professionals to acquire pragmatic and useful joining and de-escalation	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	techniques for use with angry clients. Providers will learn how to use these techniques to transform angry clients in both short- and long-term settings. Participants will acquire practical and advanced skills to identify when clients are getting "too" angry, motivate resistant clients, and de escalate angry clients. Title IV-E Activities: Communication skill to work with children and families				
CPE In-Service Course	**Understanding and Exploring the Role of Attachment Deficits and Strengths** Participants in this workshop will explore early attachment theories and models in relationship to overall mental and physical health. The stages of attachment in addition to various attachment theories will be explored, including but not limited to that of Mary Ainsworth, John Bowlby, and Konard Lorenz. Participants will address the various deficits and strengths in attachment styles and learn key protective factors and resilience concepts to help individuals thrive despite deficits in early childhood attachment. Title IV-E activities**:** Effects of separation and child development	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
CPE In-Service Course	**Using Motivational Interviewing Skills: What Is Change Talk and How Is It Helpful?** This one-day training will first provide a motivational interviewing (MI) knowledge refresher. Participants will then be introduced to the concept of change talk as a core component of MI. Participants will learn how to identify change talk, then practice forming MI consistent responses to elicit change talk to help promote positive and healthy change by clients.	6 hours	University of Maryland, School of Social Work (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	State General Funds
Foster/Adoptive / Kinship Parent In-Service Training	**Ambiguous Grief** This presentation explores ambiguous grief (grieving someone who is still alive) in depth. It addresses the complexities of these losses, along with Pauline Boss's evidence-based approach to coping with ambiguous losses, both individually and as a family.	2-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Car Seat Safety** 70% of car seats are being used incorrectly. Review current best practices, including selection, direction, location and installation of a car seat and proper harnessing.	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Grief 101: A framework for navigating grief and grief coping** This is a general training that will work well if you want something that addresses myths and misconceptions about grief, basic tips and tools for	2-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	coping, and outlines the range of grief experiences including a general discussion of non-death related losses.				
Foster/Adoptive / Kinship Parent In-Service Training	**Healthy Sexuality & Teen Pregnancy Prevention** This training will enhance communication and messaging skills as they relate to sexuality issues.	6 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Openness in Adoption** The culture around openness in adoption has changed significantly over the past 10-20 years, and many of us feel as if we're running to keep up! This training explores the varied nature of open adoption and discusses how to prepare for the joys and challenges that can come with open adoption. We will discuss setting appropriate boundaries, answering difficult questions, and dealing with the often-inconsistent nature of open adoption. We will also hear from adoptive families about their experiences with open adoption and will hear from staff about their experiences guiding birth and adoptive families through the open adoption relationship.	2 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Parenting and Teaching Our Child Connection** This workshop provides safe space for caregivers to consider unconscious interactions and relationships, but also intergenerational habits and	2-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	its effect on the blossoming child. Participants will leave with 8 solid strategies for rebuilding the circle in their community and will commit to healthy relationships.				
Foster/Adoptive / Kinship Parent In-Service Training	**Resource Parent's Rights and the Court Process** Learn about the topic from an attorney and Maryland Resource Parent Ombudsman.	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Social Media and Bullying** Learn Various social media platforms, explore how they can be used effectively and appropriately, and identify concerns specifically around cyber-bullying.	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Supporting Youth Impacted by Incarcerated Parents** This training will help parents understand the impact of incarcerated parents on a child and provide caregivers with the tools to help children process their feelings.	1-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**When Things Are Really Hard, You Might Be Stuck in Blocked Care** Parents will develop self-compassion and learn strategies for increasing their capacity to empathize and reconnect with their child, as well as be a healing resource for them.	2-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
2024-2029					

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
CWA In-Service Course	**Child Sexual Abuse Prevention for Children with Disabilities** Child sexual abuse is an issue that has plagued families & communities for decades. Research suggests that children with disabilities are three times more likely to be victimized, and those numbers increase for children with intellectual or mental health disabilities. In this training, we will discuss the different categories of sexual predators, explore the specific needs of children with disabilities, and learn prevention efforts to protect them against sexual abuse. Title IV-E Activities: Child abuse and neglect issues	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Course	**Clinical Implications of Intrauterine Drug Exposure** This workshop will discuss gestational impact of intrauterine drug exposure and the attachment process and how it is impacted by maternal substance abuse post-pregnancy. Participants will increase their knowledge of treatment options for pregnant women with a history of drug and/or alcohol abuse and explore practical and effective interventions to for assessing and referring pregnant women with a history of drug and/or alcohol abuse and children	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child Welfare Caseworkers and Supervisors (elective)	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	impacted by intrauterine drug exposure. Title IV-E Activities: Substance abuse issues related to families in child welfare; social work practice; and referral for services				
CWA In-Service Course	**Creating Delight Between Parent and Child** The focus of the workshop is on providing techniques to help increase self-regulation for both parents and children, strengthen parent-child bonds, increase body awareness, and reduce overall stress. Participants will learn techniques for building and supporting healthy relationships both with the families they work with, and within families that are struggling to bond and connect. Title IV-Activities: Social work practice	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Course	**Engaging Abusive Partners in a Change Process** During this webinar, we will review the history of intervention strategies for abusive partners and the research that supports intervention models. Participants will gather tools for respectfully engaging someone who may be abusive toward an intimate partner. We'll explore motivational strategies for reducing resistance to change and	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	provide suggestions for making a supportive service referral as part of a comprehensive family safety plan. Title IV-E Activities: Intimate partner violence				
CWA In-Service Course	**Ethics: Always Wear Clean Underwear** Child welfare professionals are confronted with ethical dilemmas and challenges on a daily basis. This seminar examines ethical principles and provides a unique decision-making model for the challenging, real-life situations encountered by those who serve children and families. This dynamic and interactive session presents various scenarios for critical consideration and discussion. Title IV-E Activities: Ethics	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Course	**How to Advance Your Interviewing Skills through Peer Review** This workshop is specially designed to allow for peer-to-peer learning and intense practice of interviewing skills with children, non-offending caregivers, and the offender. Through the use of scenarios, role play and guided discussion, participants will build upon and enhance interviewing techniques that can be used to effectively engage and plan with the family to promote and maintain	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	desired outcomes. This is a hands-on skill building seminar with opportunities for practice, open dialogue, problem-solving and feedback. Title IV-E Activities: Interviewing skills				
CWA In-Service Course	**Medical Aspects of Child Abuse and Neglect Advance Topics I** This full-day course is designed to address more challenging topics in child abuse and neglect. Specific topics will include Failure to Thrive, and Medical Child Abuse (Munchausen's Syndrome by Proxy, Factitious Disorder by Proxy), Understanding Child Development and Behavior, and Child Fatalities. Participants will learn about warning signs that poor growth may be the result of maltreatment. They will also learn warning signs that the medical care sought by a parent for his/her child may be unnecessary or harmful. Participants will also leave with an understanding of normal and abnormal child development and behavior, and when to be concerned that a child's behavior may reflect exposure to abuse or neglect. Title IV-E Activities: Child abuse and neglect	5.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Course	**Medical Aspects of Child Abuse and Neglect – Advanced Topics II**	5.5 hours	University of Maryland, School of Social	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	This full day session will go beyond the basics to address more challenging topics in child abuse and neglect. Specific topics will include Advanced Topics in Physical Abuse (burns, head trauma, and fractures), Healthcare Needs of Foster Youth and the Medical Home, and Sexually Transmitted Infections. Participants will leave with a more in-depth understanding of how to distinguish abusive from accidental injury. They will also leave with an understanding of the special health care needs of foster youth. They will become familiar with the various infections that can be transmitted sexually and the likelihood that each infection is the result of sexual abuse. Title IV-E Activities: Child abuse and neglect		Work (UMB/SSW) Child Welfare Academy		applying Title IV-E penetration rate
CWA In-Service Course	**My Birth Mother Friended Me** Regardless of who initiates contact, youth are often ill prepared to manage this complicated relationship. Parents can feel betrayed and conflicted and may be unsure how to help their child navigate this journey. Adoption professionals must be prepared to provide families with practical guidance and support as they manage the complexities of contact through social media. This workshop will provide	3 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy	Child welfare Supervisors and Workers	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	participants with clinical, communication and relationship tools to assist families both before and after contact occurs through a social networking site. They will learn how to provide sensitive mediation and support to families who are grappling with this potentially problematic and emotionally charged situation.				
CWA In-Service Course	**Trust-Based Relational Intervention** This webinar will provide participants with a brief overview of TBRI including the three principles for TBRI- Connection- learning to connect with a hurt child, Empowerment- addressing physical and environmental needs, and Correction- working both proactively and responsively with children. Together, these principles help to foster a healing relationship with children from a very young age, all the way through adolescence, to help youth who have been knocked off track developmentally, find their way back to being on developmental target. Participants will leave with a better understanding of how TBRI principles can enhance their work with children and families.	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Workers	State General Funds
CWA In-Service Courses	**Working with Difficult Clients with a History of Substance Abuse** This psychoeducational workshop will be utilized to inform participants of	5.5 hours	University of Maryland, School of Social Work (UMB/SSW)	Child Welfare Workers and Supervisors	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	how drugs of abuse impact behavior, mood, and daily activities of working with difficult clients who are affected by substance abuse disorders. Participants will share professional experiences and strategies that could be helpful in identifying proper self-care techniques while continuing to be actively engaged in coordinating services and case planning activities for these difficult clients. Title IV-E Activity**:** Referral to services, development of the case plan, general substance abuse issues related to children and families in child welfare		Child Welfare Academy SSW/Regional		
CWA In-Service Course	**Working with Male Victims of Sex Trafficking** Male sex trafficking tends to be underreported, covered up and stigmatized, and their unique needs are often unmet. This webinar will explore issues and concerns related to male sex trafficking including identification, assessment, interventions and appropriate support services for this population. Title IV-E Activities: Referral to services	1.5 hours	University of Maryland, School of Social Work (UMB/SSW) Child Welfare Academy Webinar	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CWA In-Service Course	**Working with Offenders** To truly embody and successfully implement family-centered practice, caseworkers must	5.5 hours	University of Maryland, School of Social Work (UMB/SSW)	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	effectively engage with all members of the family including the offender. This workshop will explore the different offender typologies and ways that offenders establish and develop relationships with their victims to ensure secrecy, compliance and continuation of the abuse. Participants will discuss engagement and interview techniques that align with offender typologies to better ensure positive change for the offender and the family. Participants will also discuss and practice strategies to involve the offender in the safety and service planning process. Title IV-E Activities: Social work practice including engagement and interviewing		Child Welfare Academy		IV-E penetration rate
CPE In-Service Course	**Communication for Better Results in the Workplace** The purpose of this training is to enhance the communication skills of supervisors and other leaders. Social work professionals are often managing up, down, and across within their organizations. However, many experience frustration when their communication doesn't lead to the desired results. This training will explore strategies for communicating with management and	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	supervisees for better results. Title IV-E Activities: Communication skills for children and families				
CPE In-Service Course	**Ethics Update for Changes in Ethics Codes Relevant to licensed Maryland Social Workers** Attendees will be provided an overview of the most recent updates to ethical mandates relevant to licensed social workers in the state of Maryland: the Maryland Board of Social Work Examiners (MBSWE) Code of Ethics (COE) and the National Association of Social Workers (NASW) COE. Emphasis will be on the practice expectations of clinical social workers in the state of Maryland under these two ethics codes, with a special emphasis on the duty to warn based on updated case law and Maryland child abuse reporting laws. Title IV-E Activities: Ethics:	3 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Exploring the Ethics behind the Duty to Warn** Participants will discuss the ethics of duty to warn as it relates to confidentiality and mandated reporting. Every social worker knows and understands the importance of the duty to warn, yet many do not report. It is imperative to understand the parameters	6 hours	Continuing Professional Education (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	and sanctions related to duty to warn. Discussion will focus on confidentiality dilemmas, mandated reporting, discrepancies in reporting, code of ethics, ethical framework model, and best practice techniques. Title IV-E Activities: Ethics				
CPE In-Service Course	**Protecting the Profession: How to Provide Supervision that Counts** When supervision is performed well it can build clinical confidence and act as a protection against client harm and licensure sanctions. This workshop will examine tools aimed at fostering successful clinical supervision, such as supervision assessment, evaluation and feedback. Title IV-E Activities: Supervision	3 hours	University of Maryland, School of Social Work (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Understanding and Exploring the Role of Attachment Deficits and Strengths** Participants in this workshop will explore early attachment theories and models in relationship to overall mental and physical health. Participants will address the various deficits and strengths in attachment styles and learn key protective factors and resiliency concepts to help individuals thrive despite deficits in early childhood attachment.	6 hours	University of Maryland, School of Social Work (UMB/SSW) SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Title IV-E Activities: Effects of attachment, strengthening and preserving families				
Foster/Adoptive / Kinship Parent In-Service Training	**Adolescence and Trauma - Understanding the Relationship** This workshop outlines the developmental tasks of adolescence, including separation and individuation, and explores how each is severely impacted by trauma and the foster care experience. This overview provides a useful context for parents and staff as they attempt to make sense of the changes their foster youth are experiencing and support them as they encounter the challenges that are unique to this developmental period. This workshop also offers tools and strategies to parents for understanding behavior and responding in a trauma-informed way that promotes healing and preserves the parent/child relationship.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Beyond Cutting-Self-Injury Behaviors** This workshop will examine the various forms of self-injurious behavior that go beyond cutting. Various issues will be discussed including forms of injury, risk factors, brain development, comorbidity, nonsuicidal self-injury diagnosis and treatment modalities.	2-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
Foster/Adoptive / Kinship Parent In-Service Training	**Children in Foster Care: Understanding the Need for Identity Formation** This class seeks to help resource parents understand what identity formation is; why it's important for children who have experienced complex trauma and how to support the process of identity formation.	1-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Discipline: Finding Children's Strengths in the Oddest Places** Do you have a love/hate relationship with discipline? Do you question whether you're doing it "right"? If so, then you are a normal parent! It is very easy to fall into the trap of focusing on negative behaviors and what is not going right. Join the discussion that will leave you feeling inspired and with tangible skills and ideas on how to tackle situations from a different perspective.	2 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Drug related death and addiction: The impact on Families** This workshop will address the language of addiction and loss and how to talk to and support children affected by these.	2-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Healing Relationships of Traumatized Children** Participants will gain a basic understanding of trauma and its impact on youth in care and leave with applicable tools for building therapeutic, healing relationships.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
Foster/Adoptive / Kinship Parent In-Service Training	**Holding it Together - Disruption Prevention** There are times when foster and adoptive parents become so overwhelmed with the challenges of caring for a complicated and hurt child that they want to quit. This seminar will explore the stages of disruption, discuss its impact on parents and children, and outline prevention strategies to help families stay together, even though the most trying times. Emphasis will be placed on preparing families to raise a hurt child, providing tools to support families when life gets tough, preventing disruption when possible, and guiding families through the process of disruption when there is no other option.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Home Safety** This webinar will increase awareness on how to have your home licensed when caring for children in foster care, and how to keep your family safe.	1-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**How to Parent the Wounded Child - A Look at Trauma, Attachment, and Healing** This workshop will help resource parents better understand the behaviors of a child who has been hurt by trauma and broken attachments. Parents will learn how early childhood harm and neglect from trusted adults impacts a child's brain development	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	and ability to regulate emotions. Participants will come away with greater appreciation for their own capacity to parent therapeutically and to help the children in their care heal.				
Foster/Adoptive / Kinship Parent In-Service Training	**Managing the Triad** There are many joys that come with creating a family through adoption and guardianship. Still, adoptive/guardianship parents, adoptees, and birth parents often experience their own unique feelings of loss, rejection, guilt and shame. Some children have ongoing relationships with their birth parents and/or families, while for others there is no contact. However, birth parents continue to exist in children's memories, imaginations, and dreams. It is up to parents to help their children navigate relationships that are confusing, sometimes hurtful, yet always important to their developing sense of self. In this training, parents will come away with a better understanding of the different perspectives each member of the triad brings and how to better support their children, while taking care of themselves emotionally in the process.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Mindful Parenting** Mindful parenting encompasses the conscientious alignment and acknowledgment of	1-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship	Title IV-E Training at 75% FFP after applying Title

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	one's child as a whole being experiencing life. This sounds tricky I know but with mindful parenting it doesn't have to be. When we communicate our expectations clearly, concisely, and consistently our children are never surprised, and we are therefore being mindful. In this workshop we will discuss some tools to support on this journey of parenting. Do we do it every day, maybe not, however mindful parenting implies just that, that we are aware of our actions, thoughts, words and deeds and how they may impact our children. Let's explore techniques, tools, and actions one may use to parent mindfully.			Parents In-service	IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**My Birth Mother "Friended" Me: Being Proactive Before & After Contact through Social Networking** Many adopted youth yearn for information about their birth family, and social media makes it very easy for them to search and make those connections. Adoptive and foster parents may feel betrayed and conflicted, especially when contact occurs without their prior knowledge or consent. More importantly, they may be unsure how to help their child navigate this complicated journey in a healthy and appropriate way. This seminar will explore the complex issue	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	of adoption and social media and will offer families practical guidance and support.				
Foster/Adoptive / Kinship Parent In-Service Training	**Opioid Related Death: The Impact on Families** This workshop will address the language of addiction and loss and how to talk to and support children affected by these.	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Overview of Child Sex Trafficking** Understand what human trafficking is, including the sex and labor trafficking of minors. Identify red flags, potential victims, myths, and misconceptions.	1 hour	Child Welfare Academy Webinar	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Sexualized Behavior in Children and Teens** Learn an overview of "typical" childhood sexual behavior & development, and influences on healthy vs. unhealthy patterns. Participants will explore their own beliefs related to sexuality and common myths & realities of childhood sexual abuse.	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Teach Your Child to Chill** We will discuss how stress impacts brain development and behavior through the lifespan. The training will also help you learn the MOST powerful tool to changing your child's life.	2-3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Understanding and Recognizing Trauma Behaviors** This interactive workshop will allow participants the opportunities to understand definitions of trauma and learn how trauma impacts development and behavior	2 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	across the lifespan. Participants will also be able to identify practical intervention strategies to employ in daily practice for self-care, and as a means of support for children in foster care. Vignettes and scenarios will be used to allow participants to identify best strategies to employ when faced with opportunities to support children impacted by trauma.				
Foster/Adoptive / Kinship Parent In-Service Training	**We Are Family** This is an interactive trauma-responsive training that seeks to educate families on how to integrate traumatized children into their family. We will review the developmental phases of a family. Participants will work on creating a family mission and wellness statement that demonstrates an understanding of trauma and its impact on family. Participants will be encouraged to identify a positive course of action family members will take to foster connection and decrease the re-traumatization of children as they integrate into the family.	2 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Foster/Adoptive / Kinship Parent In-Service Training	**Working Together to Create Safe Spaces in My Home** This interactive training will provide participants the opportunity to work together to identify safe spaces, words, and communication styles to	3 hours	Child Welfare Academy SSW/Regional	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	support children impacted by trauma. Participants will create a ‘Safe Spaces’ map that will allow them to identify spaces within their home to be used to provide comfort for themselves and their children. Participants will also identify self-care strategies to employ that will assist them in modeling healthy behaviors and healthy emotion regulation.				

Title IV-B, subpart 1 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:

    a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;

    b. A case review system (as defined in section 475(5) and in accordance with the requirements of section 475A) for each child receiving foster care under the supervision of the State/Tribe;

    c. A service program designed to help children:

        i. Where safe and appropriate, return to families from which they have been removed; or

        ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement subject to the requirements of sections 475(5)(C) and 475A(a) of the Act which may include a residential educational program; and

    d. A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families [Section 422(b)(8)(A)].

2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children [Section 422(b)(8)(B)].

3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children [Section 422(b)(10)].

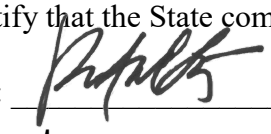
4. That State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs [Section 422(b)(14)].

5. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by:  Rafael López

Title: Secretary

Agency: Maryland Department of Human Services

Dated: June 28, 2024

Title IV-B, subpart 2 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances [Section 432(a)(2)(C)(i)].

2. That State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishment of the goals, and on the basis of the final review:

    a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and

    b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b) of the Act) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year [Section 432(a)(2)(C)(ii)].

3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, family reunification services, and adoption promotion and support services) of:

    a. The service programs to be made available under the plan in the immediately succeeding fiscal year;

    b. The populations which the programs will serve; and

    c. The geographic areas in the State in which the services will be available [Section 432(a)(5)(A)].

4. The State assures that it will perform the annual activities described in section 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.

5. The State assures that Federal funds provided to the State under this subpart will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of this subpart [Section 432(a)(7)(A)].

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act [Section 432(a)(7)(B)].

7. The State assures that in administering and conducting service programs under the plan, the safety of the children to be served shall be of paramount concern [Section 432(a)(9)].

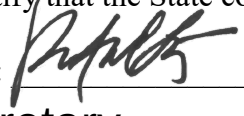
8. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program [Section 432(a)(4)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by:  Rafael López

Title: Secretary

Agency: Maryland Department of Human Services

Dated: June 28, 2024

State Certifications for the Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of Maryland, I certify that the State has in effect and is operating a Statewide pursuant to section 477(b) and that the following provisions to effectively implement the Chafee Foster Care Program for Successful Transition to Adulthood are in place:

1. [Check one of the following boxes]:
   - ○ The State will provide assistance and services to youths who have aged out of foster care, and have not attained 21 years of age [Section 477(b)(3)(A)(i)];

   OR

   - ◉ The State will provide assistance and services to youths who have aged out of foster care, and have not attained 23 years of age[Section 477(b)(3)(A)(ii)];.

     AND:

     - ◉ the State has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;

     OR:

     - ○ the State agency responsible for administering the State plans under titles IV-B and IV-E of the Social Security Act uses State funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E;
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 21 years of age (or 23 years of age, in the case of a State with a certification under section 477(b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained age 23) [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended or room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training including training on youth development to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult [Section 477(b)(3)(D)];
5. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
6. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

7. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State; and that the State will negotiate in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under subsection (j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriate portion of the State allotment for the cost of such administration, supervision, or oversight [Section 477(b)(3)(G)];
8. The State will ensure that youth participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the youth accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)];
9. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)]; and
10. The State will ensure that a youth participating in the program under this section is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy, or other similar document is recognized under State law, and how to execute such a document if the youth wants to do so [Section 477(b)(3)(K)].


Rafael López

Signature of Chief Executive Officer

June 28, 2024, updated October 18, 2024

Date

State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of Maryland, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
    - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
    - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

Rafael López

Signature of Chief Executive Officer

June 28, 2024, updated October 18, 2024

Date

STATE OF MARYLAND

OFFICE OF THE GOVERNOR

Wes Moore

September 3, 2024

Ms. Rebecca Jones Gaston, MSW, Commissioner
Administration for Children, Youth, and Families
U.S. Department of Health & Human Services
330 C Street, S.W.
Washington, D.C. 20201

Dear Commissioner Jones Gaston:

As the Chief Executive Officer of the State of Maryland, I hereby designate the Maryland Department of Human Services (DHS) as the State agency responsible for developing the Child and Family Services Plan (CFSP) as well as the administration of the Chafee Foster Care program and the Education and Training Voucher (ETV) program. Rafael López, Secretary of Human Services, has my delegated authority to provide any certifications on the CFSP and any related documents necessary, including the relevant certifications by Maryland.

Please contact my office if you have any questions.

Sincerely,

Wes Moore
Governor

100 State Circle, Annapolis, Maryland 21404
(410) 974-3400
TTY Users Call via MD Relay
governor.maryland.gov

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 2025: October 1, 2024 through September 30, 2025

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)			
25 S. Charles St.		**5. Submission Type:** (mark X next to option)	
Baltimore, Maryland 21201		- New	X
a) **Contact Name and Phone** for Questions:	Vivian Mbah 410-767-7046	- Reallotment	
b) **Email address** for grant award notices (one only):	alger.studstill@maryland.gov		

REQUEST FOR FUNDING for FY 2025:

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:		$4,146,297
a) Total administrative costs (not to exceed 10% of the CWS request)		$414,629
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%	$889,556
b) Family Support Services	20.0%	$889,556
c) Family Reunification Services	20.0%	$889,556
d) Adoption Promotion and Support Services	20.0%	$889,556
e) Other Service Related Activities (e.g. planning)	10.0%	$444,778
f) Administrative Costs (*STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)*	10.0%	$444,777
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.	100.0%	*$4,447,779*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$281,148
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*)		$1,899,553
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:		$2,899,116
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$869,734
11. Requested Education and Training Voucher (ETV) funds:		$405,128

REALLOTMENT REQUEST(S) for FY 2024:

Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2023 allotment that will not be utilized for the following programs:

	PSSF	**MCV** *(States only)*			**ETV Program**
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment)**:**

	PSSF	**MCV** *(States only)*			**ETV Program**
$0	$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.

Signature of State/Tribal Agency Official		***Signature of Federal Children's Bureau Official***
Title Rafael López, Secretary		***Title*** Commissioner, ACYF
Date Maryland Department of Human Services June 28, 2024		***Date*** October 31, 2024

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 2025: OCTOBER 1, 2024 TO SEPTEMBER 30, 2025**

No entry required in the black shaded cells

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	Geographic Area To Be Served
1.) PROTECTIVE SERVICES	$ 1,492,668			$ 721,830				$ 98,323,190	19,749	-	Children	Maryland State
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ 889,556		$ -				$ 35,016,385	-	4,516	Families	Maryland State
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ -	$ 889,556		$ 702,835				$ 287,834	-	5,212	Families	Maryland State
4.) FAMILY REUNIFICATION SERVICES	$ 2,239,000	$ 889,556		$ -				$ 1,084,181	-	214	Families	Maryland State
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 889,556						$ 464,975	-	586	Families	Maryland State
6.) OTHER SERVICE RELATED	$ -	$ 444,778						$ 40,497	-	-	-	-
7.) FOSTER CARE MAINTENANCE:	$ -						$ 50,819,397	$ 21,768,062	2,871	-	Children	Maryland State
(b) GROUP/INST CARE	$ -						$ 20,245,931	$ 160,885,478	331	-	Children	Maryland State
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 20,310,856	$ 21,599,019	4,891	-	Children	Maryland State
9.) GUARDIANSHIP ASSISTANCE	$ -						$ 378,534	$ 29,844,842	3,203	-	Children	Maryland State
10.) INDEPENDENT LIVING SERVICES	$ -				$ 2,899,116			$ 294,784	552	-	Children	Maryland State
11.) EDUCATION AND TRAINING	$ -					$ 405,128		$ 81,026	115	-	Current and Former	Maryland State
12.) ADMINISTRATIVE COSTS	$ 414,629	$ 444,777	$ -				$ 6,941,415	$ 88,973,259				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ 474,888			$ -	$ 764,989				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ -	$ 764,989				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -	$ 976,619	$ 4,668,060				
17.) CASEWORKER RETENTION,	$ -	$ -	$ 281,148				$ -	$ 62,699				
18.) TOTAL	$ 4,146,297	$ 4,447,779	$ 281,148	$ 1,899,553	$ 2,899,116	$ 405,128	$ 99,672,752	$ 464,924,269				

19.) TOTALS FROM PART I	$4,146,297	$4,447,779	$281,148	$1,899,553	$2,899,116	$405,128
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 the amount on Part I.)

21.) Population data required in columns I - L can be found: (mark X below the option)

On this form	In the APSR Narrative
X	

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 2022 Grants: October 1, 2021 through September 30, 2023

No entry required in the black shaded cells

1. Name of State or Indian Tribal Organization:	**2. Address:**				**3. EIN: 1-526002033-A8**
Maryland Department of Human Services (DHS)	25 S. Charles St.				**4. UEI: GM1WZ4NRTM51**
5. Submission Type: (type New or Revision) New	Baltimore, Maryland 21201				
Description of Funds	**(A) Actual Expenditures for FY 22 Grants** (whole numbers only)	**(B) Number Individuals served**	**(C) Number Families served**	**(D) Population served** (describe)	**(E) Geographic area served**
6. Total title IV-B, subpart 1 (CWS) funds:	$ 4,095,464	5,522	-	Children	Maryland State
a) Administrative Costs (not to exceed 10% of CWS allotment)	$ -				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated	$ -	-	10,528	Families	Maryland State
a) Family Preservation Services	$ 1,168,339				
b) Family Support Services	$ 888,954				
c) Family Reunification Services	$ 888,954				
d) Adoption Promotion and Support Services	$ 1,187,127				
e) Other Service Related Activities (e.g. planning)	$ 208,255				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF spending)*	$ 103,139				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	$ *4,444,768*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 280,958				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program	$ 1,303,236	510	-	Children	Maryland State
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of Chafee allotment)*	$ -				
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 397,254	243	-	Current and Former Youth in Foster Care	Maryland State

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.

Signature of State/Tribal Agency Official		***Signature of Federal Children's Bureau Official***	
Title Rafael López, Secretary Maryland Department of Human Services	***Date*** June 28, 2024	***Title*** Commissioner, ACYF	***Date*** October 31, 2024

Maryland Child Welfare Services Continuum

Families are aided in raising healthy, happy children when an array of supports and services is available in their community to assist them in meeting basic needs and gaining parenting and life skills. This chart presents primary services and supports that constitute a comprehensive and robust child welfare service array continuum—from primary prevention through post-permanency supports. Services/supports are listed in primary categories but may be accessed at other points of the continuum.

- **Prevention/Early Intervention** – Services and other supportive functions designed to help strengthen child, parent, and family functioning or supports to promote child development and to prevent child maltreatment or other family difficulties that might require foster care.
- **Family Assessment & Child Protection** – Services designed to assess physical, emotional or behavioral conditions, injuries or problems of children, caregivers and families and to recommend appropriate treatment services to alleviate them. Services and resources to manage and reduce safety and threats to children in a home.
- **Home-Based Intervention** – In-home or community-based services or other procedures to address a physical, emotional or behavioral condition, injury or problem.
- **Out-of-Home Placement Intervention** – Out-of-home services or other procedures to address a physical, emotional or behavioral condition, injury or problem.
- **Permanency & Post-Permanency Support** – Services to support and sustain permanency and/or living independently and help promote well-being.

Case Management/System Infrastructure ***Functions of the child welfare system and human service system partners***				
Prevention & Early Intervention	***Family Assessment & Child Protection***	***Home-Based Intervention***	***Out-of-Home Placement Intervention***	***Permanency & Post-Permanency Support***
Cash Assistance Child Abuse and Neglect/ Mandated Reporter Education Community Based Parenting Support Programs Childcare Assistance Children's Health Insurance Programs Community Services Information and Referral (e.g., 211) Court Mediation Crisis Nurseries Domestic Violence Shelters Family Support Centers Legal Aid/Legal Assistance School-Based Family Resource Workers Home and Community Based Services Waiver for Children with Autism Spectrum Disorder Developmental Disabilities Administration Waiver	Alternative Response (including safety and risk assessments, risk of harm, substance exposed newborn referral, caregiver impairment, domestic violence and human trafficking responses) Child Abuse and Neglect Report/Hotline Child Justice/Child Advocacy Centers Child Protection Services – Intake Comprehensive Family Assessment CPS Investigation (including safety and risk assessments) Domestic Violence/CPS Protective Order Process Family Team Decision-Making Meetings Specialized CPS/Domestic Violence Investigation (alternative response/risk of harm) Local Care Teams/Management Board	Case Management Services Family Group Conferencing Flexible Funds for Placement Prevention Involuntary In-Home Child Welfare Casework Services Voluntary In-Home Child Welfare Casework Services; Family Preservation Evidence Based or Promising Practice Models and interventions	Child Welfare Mediation Concurrent Case Planning Court Appointed Special Advocates (CASA) Interstate Compact for Placement of Children Involuntary Out-of-Home Child Welfare Casework Services Legal Counsel for Children in Custody Legal Counsel for Parents When Children in Custody Placement Disruption Services Post-Incarceration Reunification Services Reunification/Permanency Casework Supervised Visitation Trial Home Visit Voluntary Out-of-Home Child Welfare Casework Services: VPA	Post-Adoption Casework Pre-Adoption Casework Adoption Subsidy Pre-Guardianship Casework Guardianship Subsidy Ready by 21: Independent Living & Transition Casework

Services and Supports

Services and supports provided by public and non-public agencies via formal and informal partnerships to meet the needs of children, youth, and families involved with the child welfare system.

Prevention & Early Intervention	*Family Assessment & Child Protection / Home-Based Intervention*	*Out-of-Home Placement Intervention*	*Permanency & Post-Permanency Support*
Before- and/or After-School Programs	Behavioral Aides	Alternative Living Unit	Adoption Registry
Child and Family Advocacy	Domestic Violence Services	Diagnostic Unit/Facility	Adoption Support
Child Dental Care	Family Peer Mentors/Peer Support	Emergency Kinship	Education Training Voucher
Community	Father/Male Involvement Services	Placement Emergency	Foster Care Transition Medicaid
Mediation	Homemaker Services	Shelter Care	Guardian Assistance Program
Crisis Intervention Services/Mobile Response Services	Intensive Family Preservation	Family Foster Care	Guardianship
Educational Services for Children	Kinship Navigators	Foster Care – Shared	Support Job Coaches
Employment Services	Mental Health Services • Day Treatment • Family Therapy • Outpatient • Trauma-Informed Therapy	Parenting	Independent Living Services
Financial Education Services	Peer Recovery Support Services	Group Home	Mutual Consent Voluntary
Head Start/Early Childhood	Public Health Aides	High Intensity Group Home	Older Youth Transition Services
Education Home Visiting Services	Respite Care for Parents	High Intensity Group Home – Commercially Sexually Exploited	Post-Adoption Crisis Intervention
Housing Services	Sexual Abuse Treatment	High Intensity Group Home – Emotional Cognitive Developmentally Disabled	Tuition Waiver Program
Human Trafficking Services	Substance Abuse services	Independent Living Program	
Immigration Services	Therapeutic Childcare	Independent Living Program – Teen Mother Program	
Life Skills Training/Household Management Services	Wraparound/Care Coordination Services	Inpatient Adult Mental Health Treatment	
Mentoring for Adults		Inpatient Child/Adolescent Mental Health Treatment	
Mentoring for Children and Youth		Residential Adolescent Substance Abuse Treatment	
Parenting Education/Parenting Classes Parents Anonymous		Residential Adult Substance Abuse Treatment	
Primary Adult Health Care		Residential Substance Abuse Treatment for Caregivers with their Children	
Primary Child Health Care		Respite Care for F	
Services for children and youth with disabilities		Treatment Foster Care	
Transportation Services		Treatment Foster Care – Medically Fragile	
Unaccompanied Homeless Youth Services		Treatment Foster Care – Teen Mother Program	