

Child and Family Services Review

3-Year Summary

May 18, 2021



Objectives

1. Summarize the last three years of the state CQI outcomes/results
2. Highlight strong practices in key areas and leverage successes/practices in jurisdictions that are experiencing challenges.
3. Explore how CQI is at the foundation of SSA vision and connects to key initiatives (i.e., IPM, Family First).



FAMILIES BLOSSOM | PLACE MATTERS

Maryland's Transformation of Child Welfare & Adult Services

Core values of collaboration, advocacy, respect and empowerment, and our family-centered, community-focused, strengths-based, trauma responsive practice



GOALS FOR MARYLAND'S CHILDREN, YOUTH, VULNERABLE ADULTS, FAMILIES AND OUR COMMUNITIES

Safe and free from maltreatment	Partnered with a safe, engaged, and well-prepared professional workforce that effectively collaborates with individuals and families to achieve positive and lasting results	Healthy and resilient with stable and lasting family connections
Living in safe, supportive and stable families where they can grow and thrive		Able to access a full array of high quality services and supports designed to meet family or individuals' needs



OUR BUILDING BLOCKS AND STRATEGIES

Integrated Practice Model	Comprehensive Assessment	Expanded & Aligned Array of High Quality Services	Safe, Engaged & Well-Prepared Professional Workforce	Modernized Technology	Continuous Quality Improvement
---------------------------	--------------------------	---	--	-----------------------	--------------------------------

OUR FOUNDATION: THE INTEGRATED PRACTICE MODEL PRINCIPLES

Based on SSA's Values and Vision, these practice principles govern our work, relationships, and decisions with children, youth, families, adults, and each other.

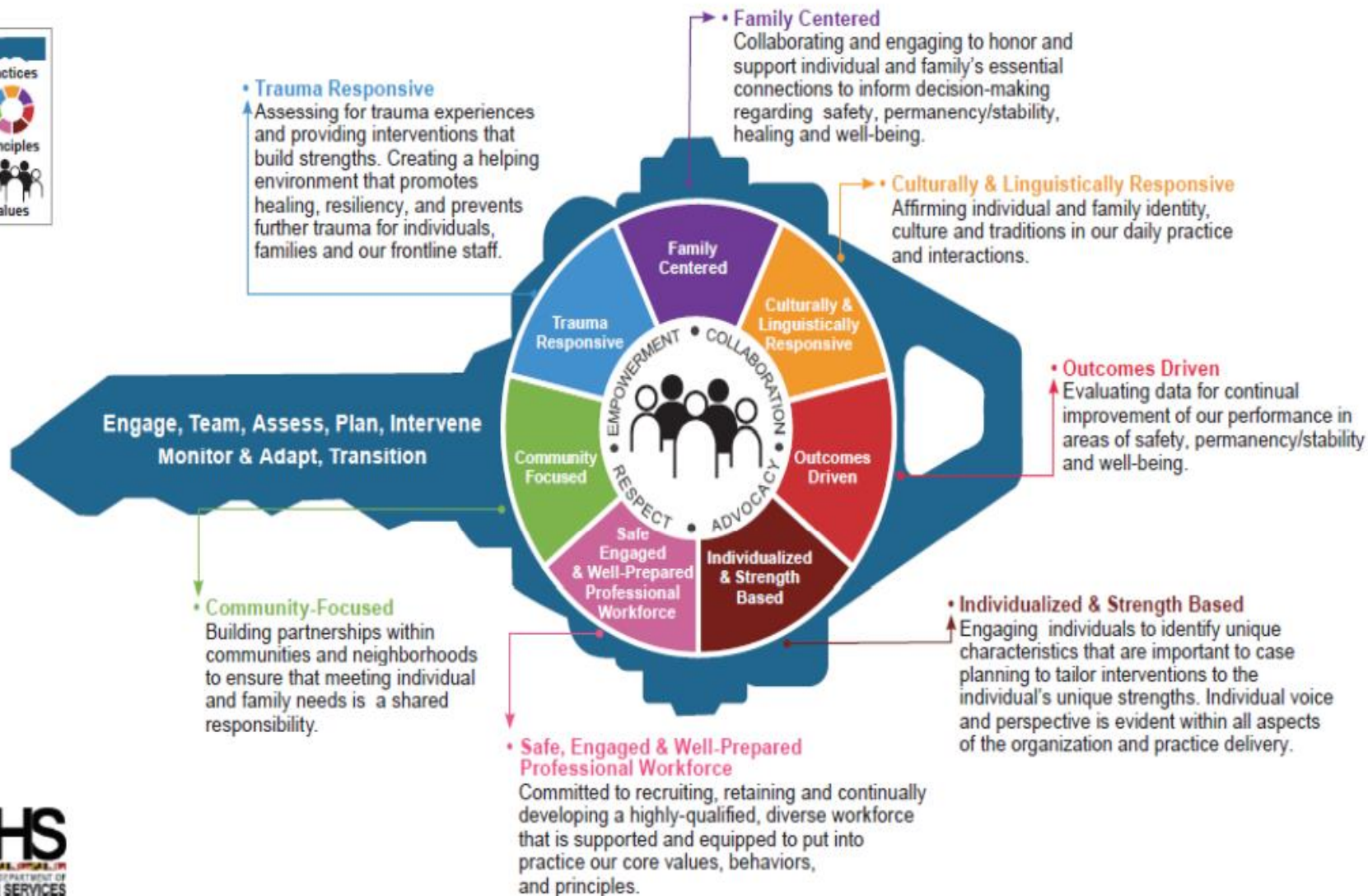
Family-Centered	Trauma-Responsive	Individualized & Strength-Based	Culturally & Linguistically-Responsive	Outcomes-Driven	Community-Focused	Safe, Engaged & Well-Prepared Professional Workforce
-----------------	-------------------	---------------------------------	--	-----------------	-------------------	--

OUR CORE PRACTICES

Engage	Team	Assess	Plan	Intervene	Monitor & Adapt	Transition
--------	------	--------	------	-----------	-----------------	------------

Maryland's Integrated Practice Model: The Key to SSA's Strategic Vision

Our Core Practices, Principles & Values



Headline Indicators: Safety

PIP Periods

Apr '18 - Mar '19 = CFSR Baseline + MD CFSR Period 2
 Apr '19 - Mar '20 = MD CFSR Period 3 and 4
 Apr '20 - Mar '21 = MD CFSR Period 5 and 6

Performance for the most recent 12-month period

✓ = currently meeting target

Performance Target Numerator Denominator

12-month periods

Apr '18 - Mar '19
 Apr '19 - Mar '20
 Apr '20 - Mar '21

Recent % Change

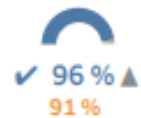
(most recent year vs. 1 year ago)

Long % Change

(most recent year vs. earliest year)

Children without maltreatment recurrence

Among children who were victims during the 12-mo period, what % did not have another maltx after 14 days and within 12 mos from the previous finding?



7,112

7,385

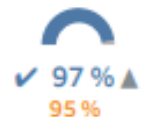


3%

3%

Children without maltx after Alt. Response (AR)

Among children with at least one AR case that closed during the 12-mo period, what % did not have maltx within 12 mos from AR case start?



11,330

11,654



2%

2%

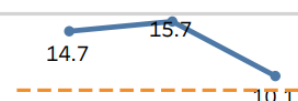
Victimizations in care per 100,000 days

How many victimizations occurred for every 100,000 days that children were in care during the 12-month period?



137

1,354,897



-36%

-31%

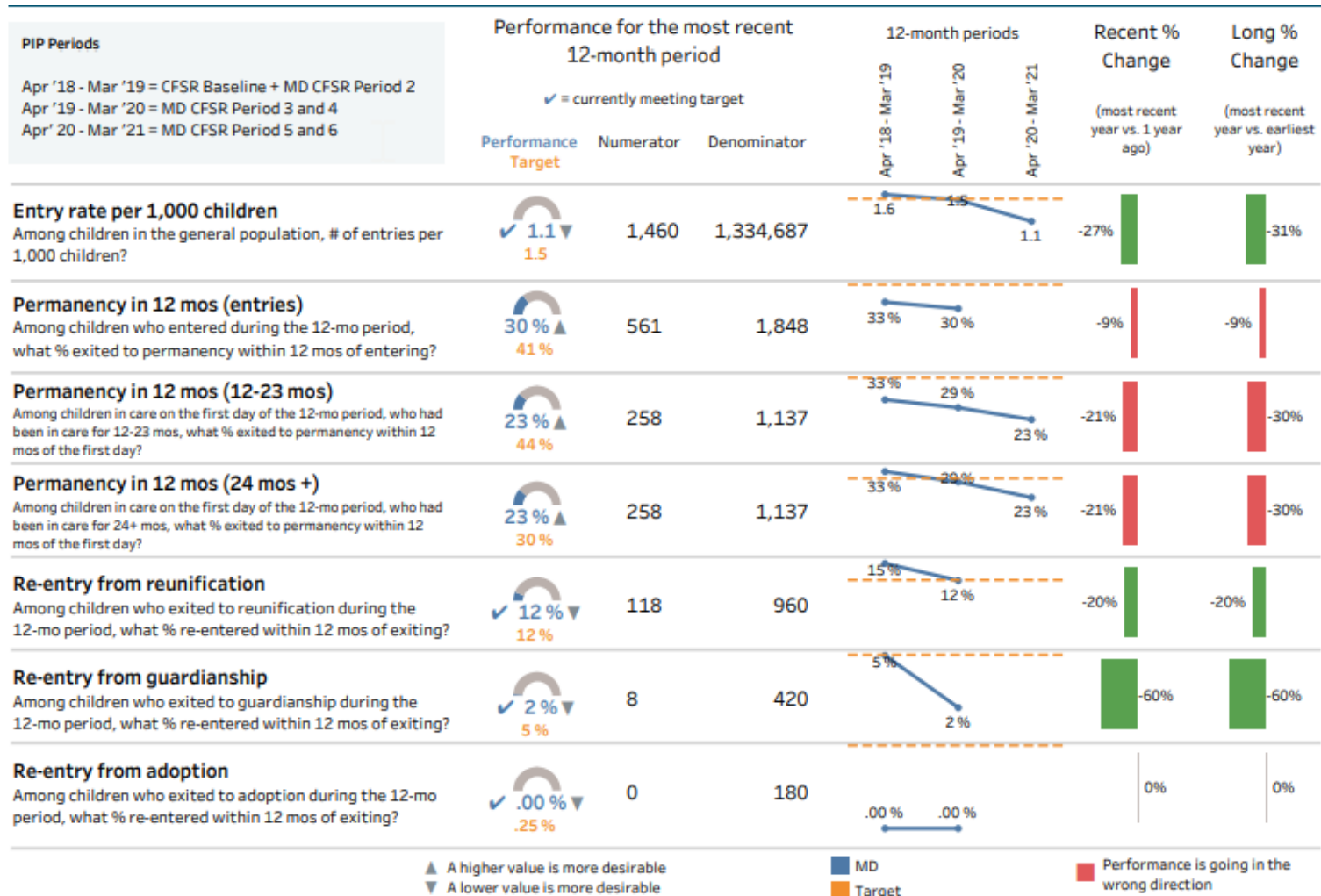
Victimization = a report that was Indicated or Unsub.
 SFC-I = Services to Families w/children

▲ A higher value is more desirable
 ▼ A lower value is more desirable

■ MD
 ■ Target

■ Performance is going in the wrong direction

Headline Indicators: Permanency



Headline Indicators: Well-Being

PIP Periods

Apr '18 - Mar '19 = CFSR Baseline + MD CFSR Period 2
 Apr '19 - Mar '20 = MD CFSR Period 3 and 4
 Apr '20 - Mar '21 = MD CFSR Period 5 and 6

Performance for the most recent 12-month period

✓ = currently meeting target

12-month periods

Recent % Change

Long % Change

(most recent year vs. 1 year ago)

(most recent year vs. earliest year)

Performance Target Numerator Denominator

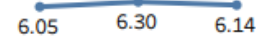
Apr '18 - Mar '19 Apr '19 - Mar '20 Apr '20 - Mar '21

Placement stability (moves per 1,000 days)

How many moves occurred for every 1,000 days that children (who entered during the year) were in care?



1,346 219,243



-3%

1%

Initial health assessment w/in 5 days of entry

Among children who entered during the 12-mo period, what % had an initial w/in 5 weekdays of entering?



1,403 1,809



1%

1%

Comp. health assessment w/in 60 days of entry

Among children who entered during the 12-mo period, what % had a comprehensive w/in 60 days of entering?



1,832 1,973

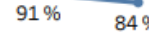


Annual health assessment within 1 yr

Among children in care for at least 1 year, what % had an annual health assessment w/in 1 year?



2,621 3,119



-8%

-8%

Dental assessment within 1 year

Among children in care for at least 1 year, what % had a dental assessment w/in 1 year?



2,170 3,119



-3%

-3%

Enrolled in school w/in 5 days of entry

Among school-aged children who entered during the 12-mo period during an active school session, what % were enrolled w/in 5 days of entering?



620 778



-1%

-1%

* All Well-Being indicators except for Placement Stability are based on a CHESIE extract from April 2020.

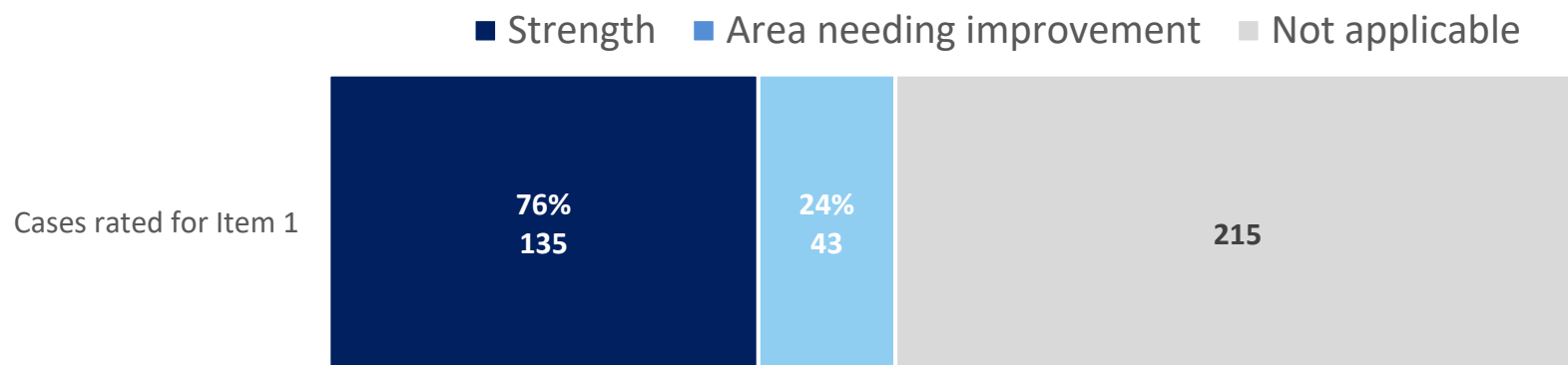
▲ A higher value is more desirable
 ▼ A lower value is more desirable

■ MD
 ■ Target

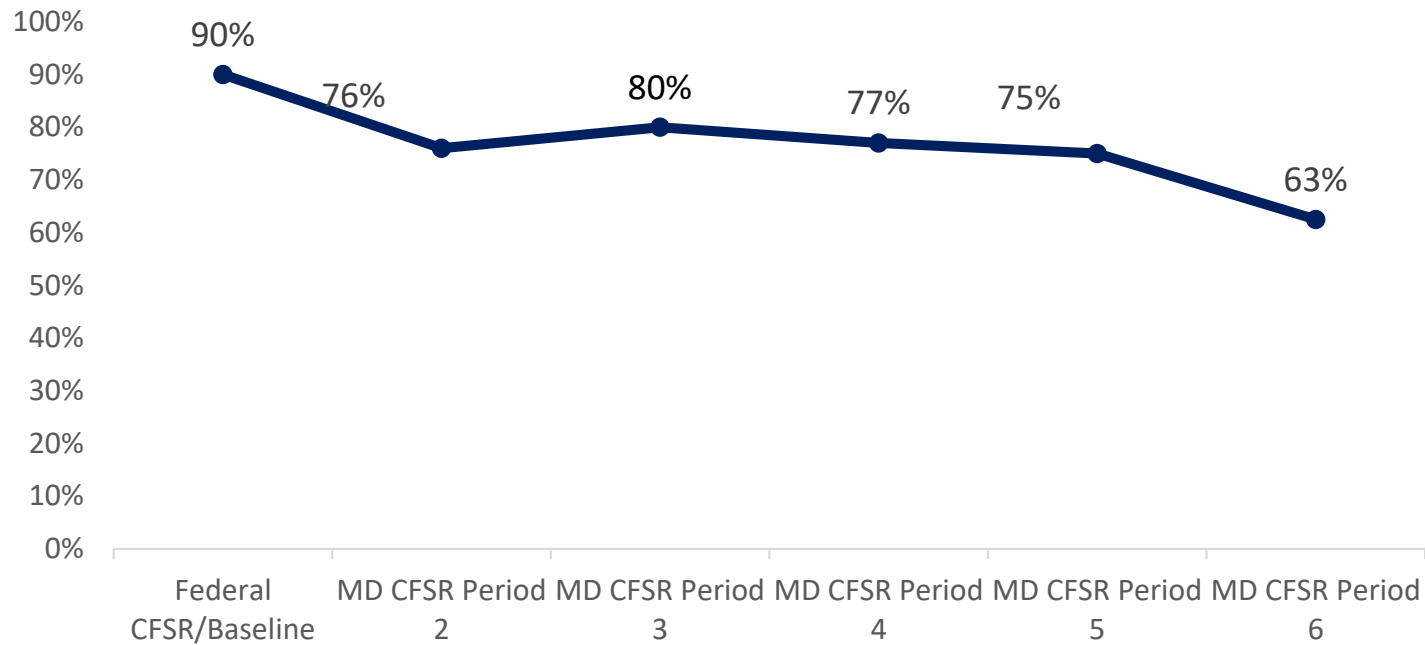
■ Performance is going in the wrong direction

Analysis of Timeliness of Face-to-Face Contact (Item 1)

Over half of the cases reviewed for the Federal CFSR/Baseline and MD CFSR Periods 2 through 6 were not applicable to be rated for Item 1, timeliness of investigations, and of the remaining **majority were rated as a strength.**



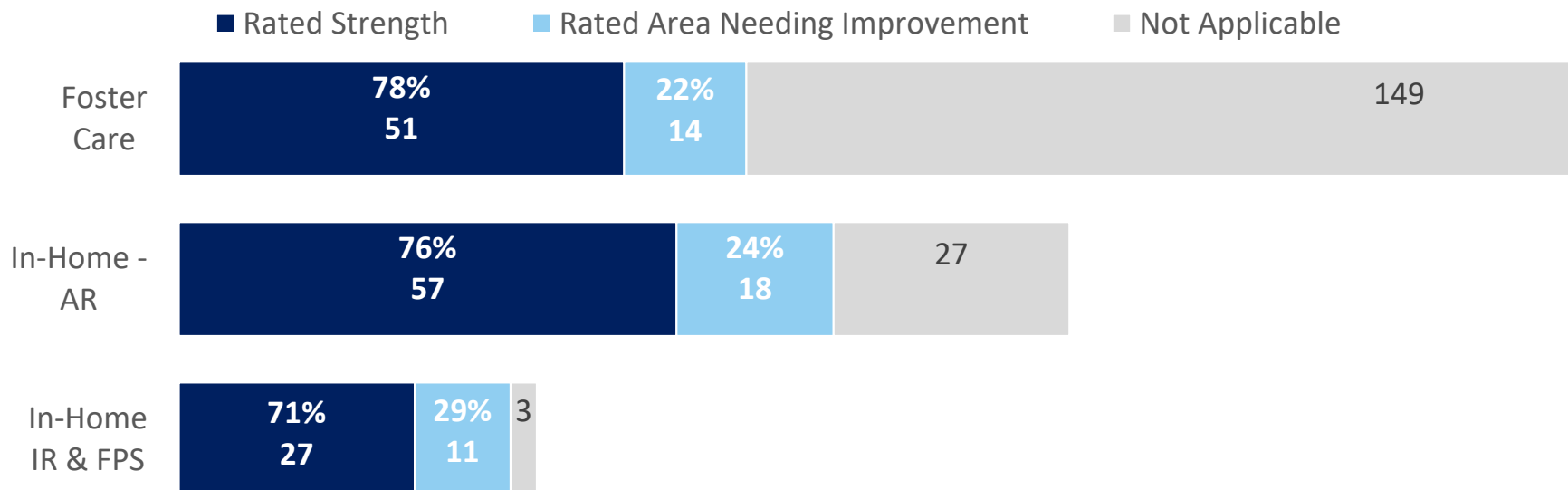
Of cases rated for timeliness of initial face-to-face contact (item 1), cases that were **rated as a strength** statewide.



Represents trend data from Federal CFPSR (Baseline) through PIP monitoring (MD CFPSR Periods 2-6).



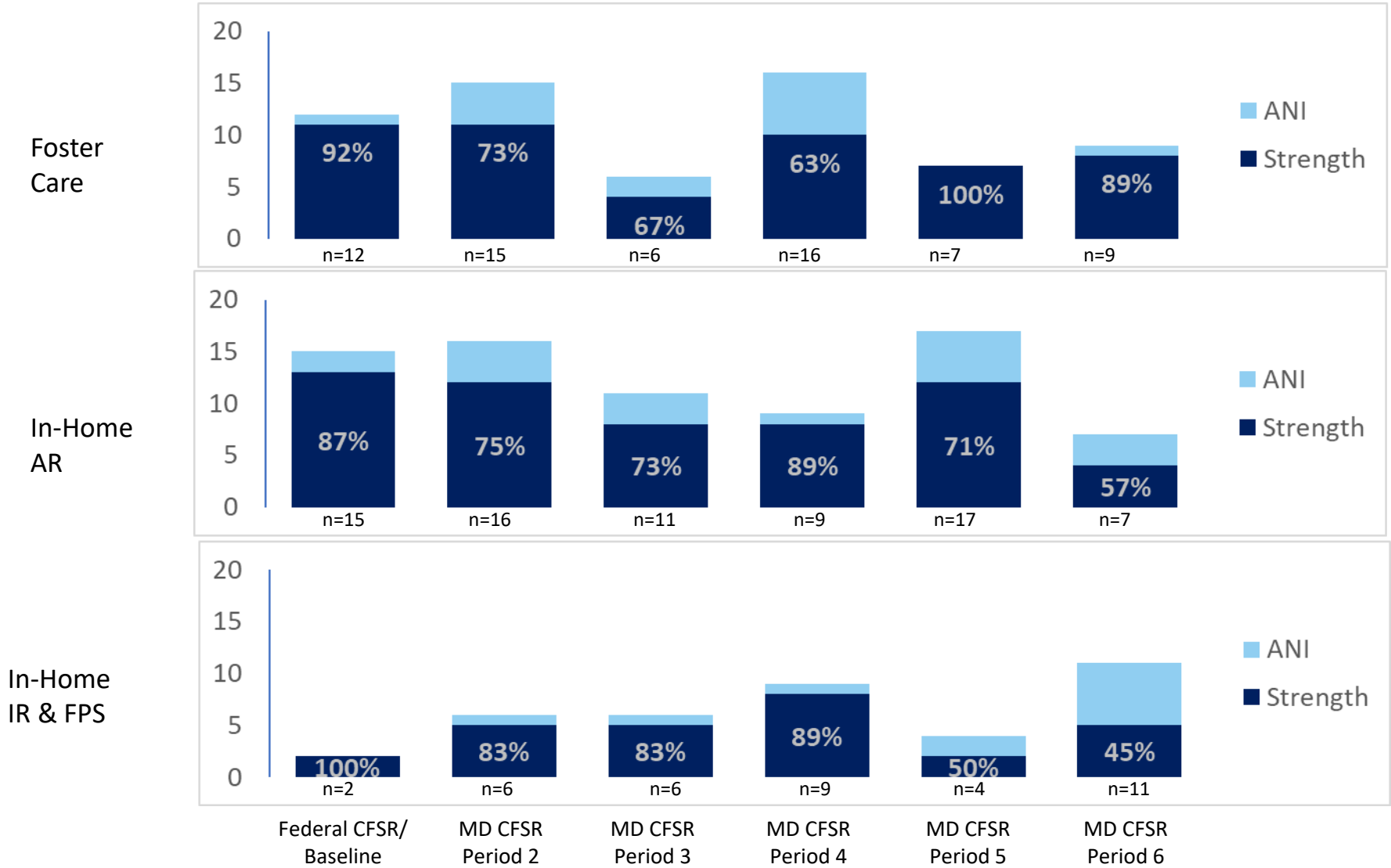
For about 1 in 4 children identified as victims in maltreatment reports opened during the periods under review, face-to-face contact was not met timely.



Represents overall strength ratings based on applicable cases from MD CFSR Periods 1 through 6.



Of cases rated for timeliness of initial face-to-face contact (item 1), trends for cases **rated as a strength** and **area needing improvement**.



Program Improvement Plan Strategy

Empower families of origin and youth to be partners in their child welfare experiences

Strategies/Interventions

1. Revamp approach to family visiting and teaming
2. Ensure families of origin and youth are prepared and engaged in trauma-responsive ways during legal and court experiences.
3. Embrace youth voice and youth driven plans and transitions
4. Strengthen teaming between resource parents, workers, and families of origin
5. Explore, select, and implement a model to support and guide Maryland in re-envisioning and instituting new expectations for resource parent roles and responsibilities.
6. Provide peer supports to facilitate parents navigating the system



LDSS Improvement Strategies

Improve completion of face-to-face contacts within State mandates for accepted investigations and assessments.

1. Use of CPS Case Closure Log for monitoring purposes;



2. Use of Supervisory Checklist for monitoring purposes;

3. Workers will document efforts and attempts in CJAMS and identify specific barrier(s) to meeting mandate should a barrier exist;

4. If mandate is met by CPS After-Hours staff or by Police - note will be entered in CJAMS and on CPS Tracking spreadsheet.

Example from jurisdictional Continuous Improvement Process.



LDSS Improvement Strategies

Improved sustainability of timely face-to-face contact within State mandates for accepted investigations and assessments.



Update Agency SOP regarding CPS investigations to include policy directives issued after the implementation of the previous SOP.



Supervisors will educate their workers on the SOP and continue to monitor the compliance with timeframes.



Supervisors will ensure that when a delay is warranted, the reason is clearly documented.



The Program Manager for CPS maintains a spreadsheet to monitor mandates.



The Program Manager will review the circumstances in any case that does not meet response time mandates.

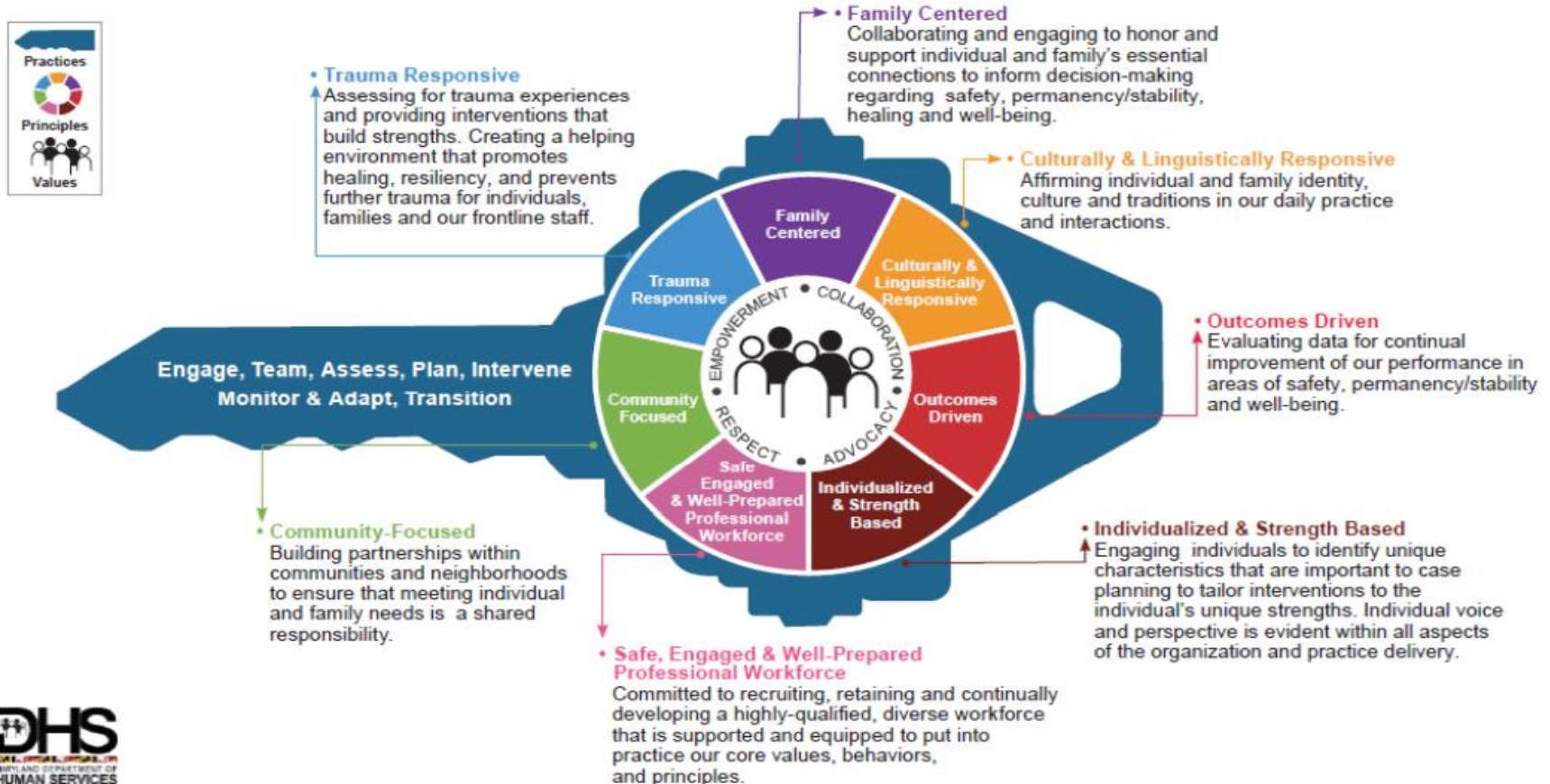
Example from jurisdictional Continuous Improvement Process.



What practice strategies will improve timeliness of initial face-to-face contact (item1)?

Maryland's Integrated Practice Model: The Key to SSA's Strategic Vision

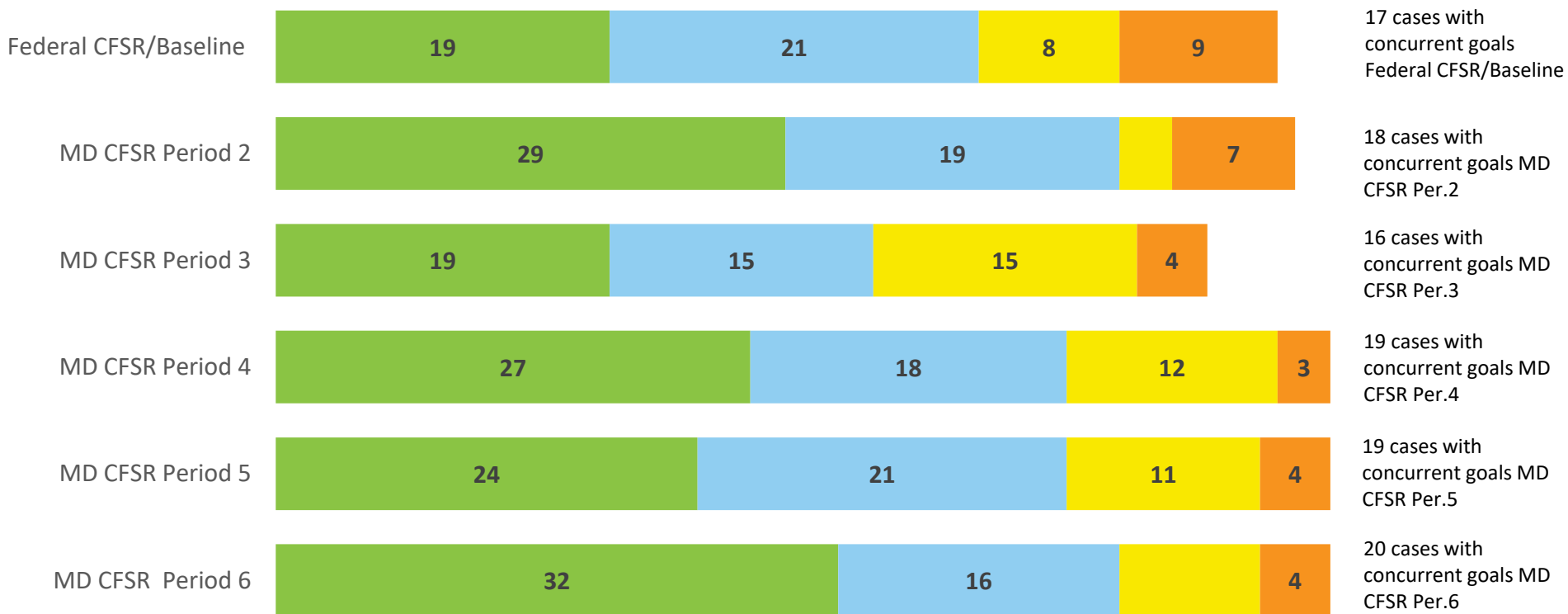
Our Core Practices, Principles & Values



Analysis of Timeliness and Appropriateness of Permanency Goals (Item 5)

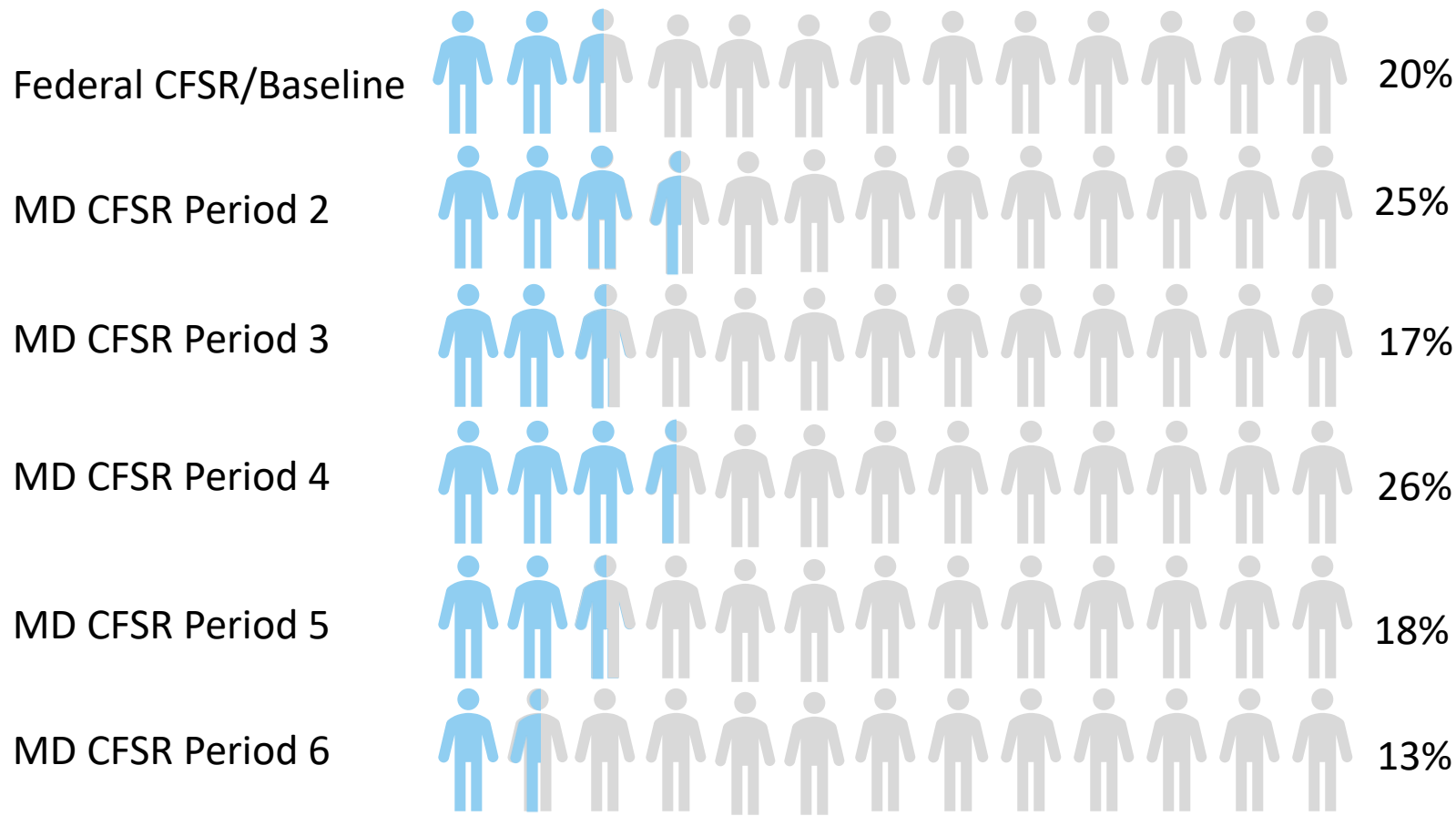
Number of children with either reunification, guardianship, adoption or other planned permanent living arrangement permanency goal(s) in Federal CFSR/Baseline and MD CFSR Periods 2 through 6 statewide.

■ Reunification
 ■ Guardianship
 ■ Adoption
 ■ Other Planned Permanent Living Arrangement



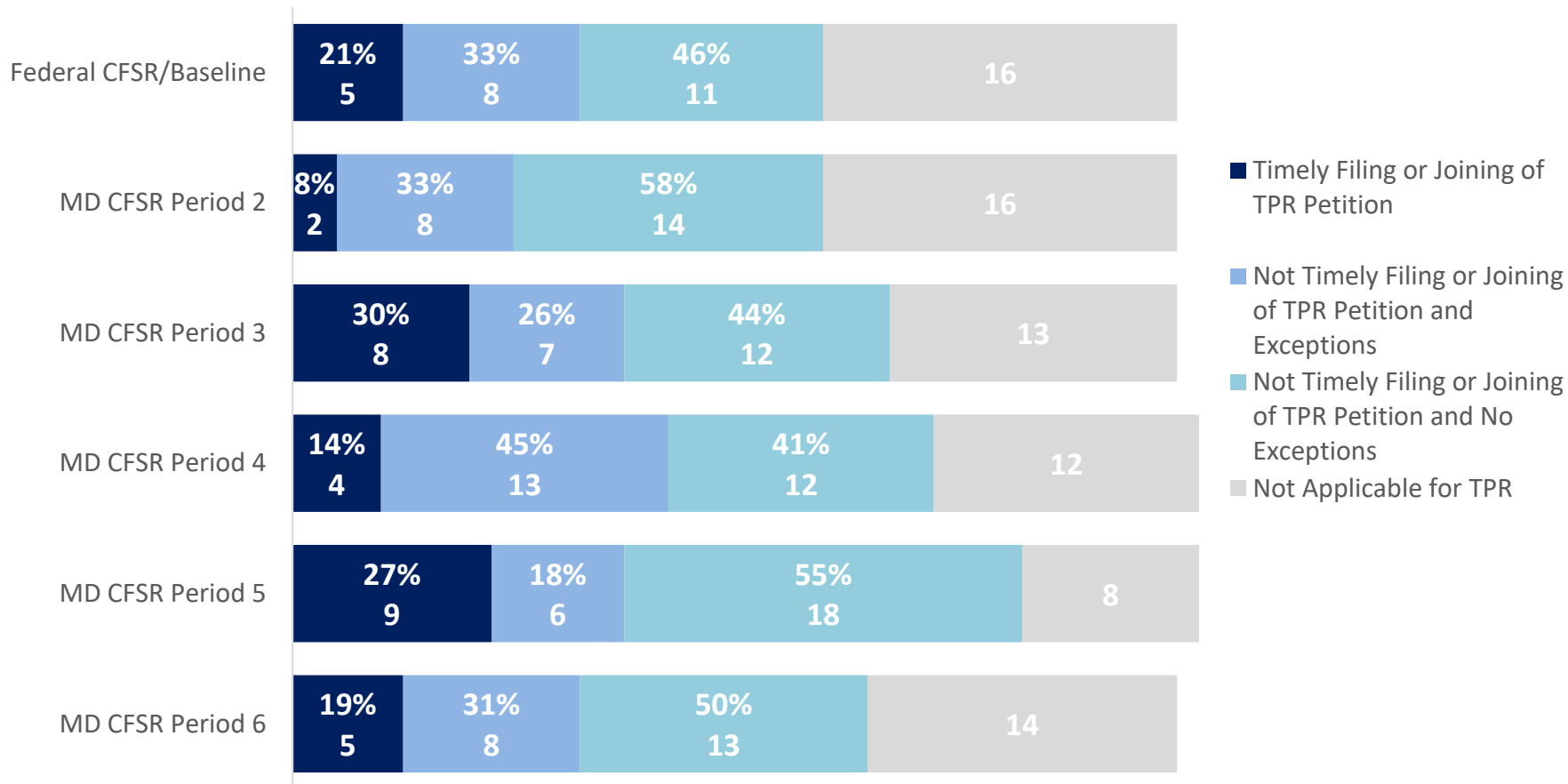
Represents trend data from Federal CFSR (Baseline) through PIP monitoring (MD CFSR Periods 2-6).

Children being cared for by a relative at the 15/22-month in foster care.



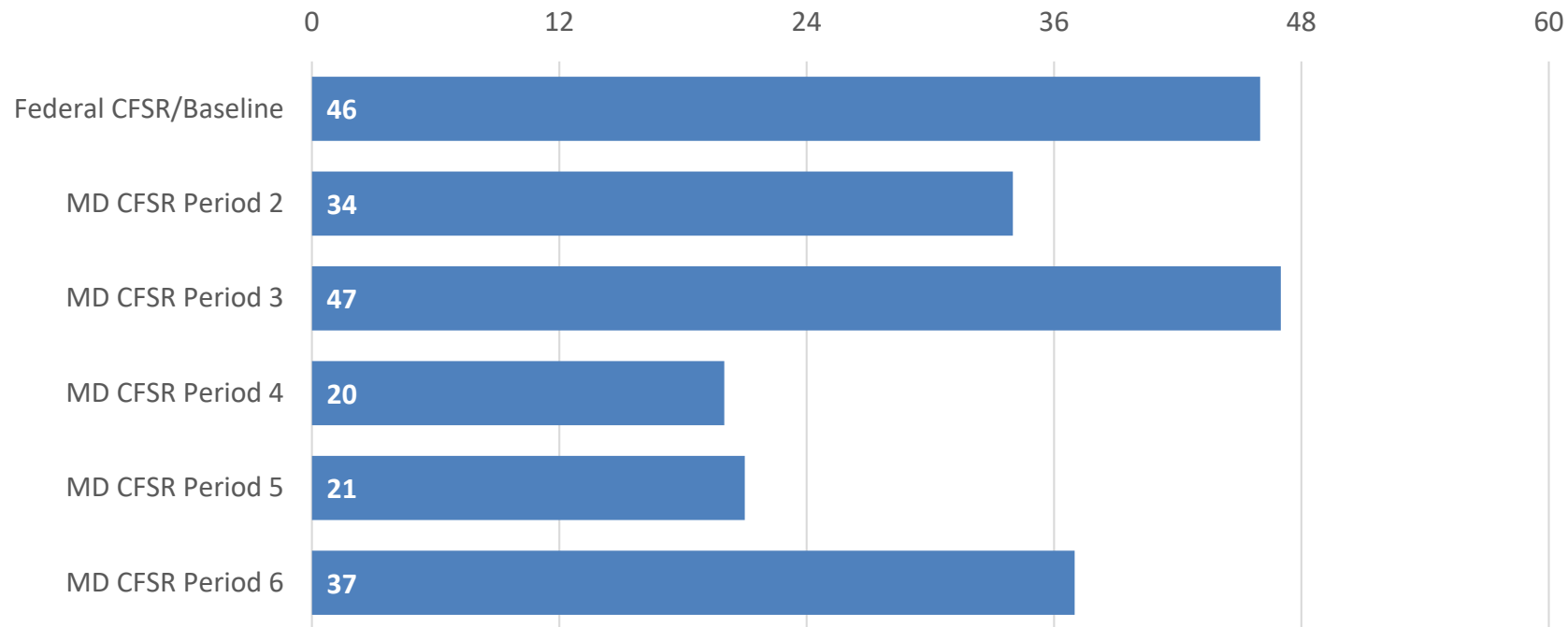
Represents trend data from Federal CFSR (Baseline) through PIP monitoring (MD CFSR Periods 2-6).

Agency has not consistently filed or joined a termination of parental rights (TPR) petition before the period under review (PUR) or in a timely manner during the PUR for cases where the child has been in care for 15 of the last 22 months and there were no exceptions to TPR.



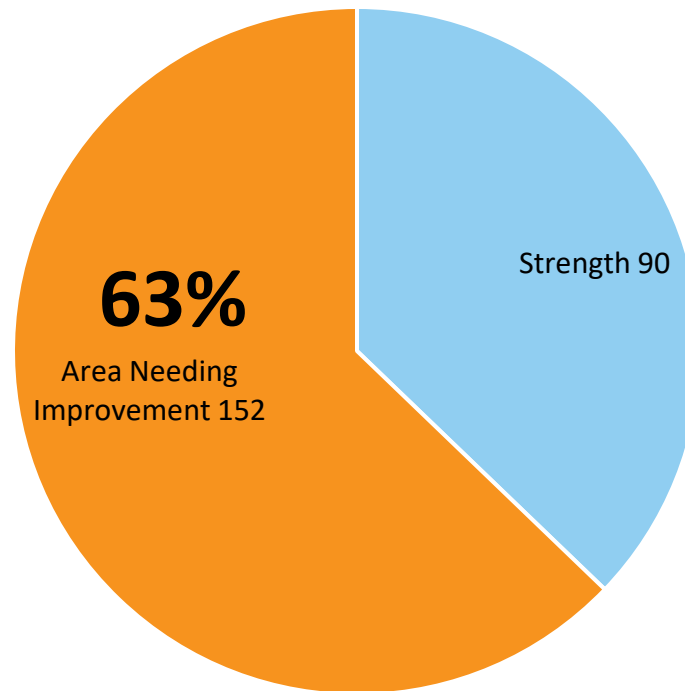
Represents trend data from Federal CFSR (Baseline) through PIP monitoring (MD CFSR Periods 2-6).

Average time children are in foster care (in months) at the time of the onsite review from Federal CFSR Baseline and MD CFSR Periods 2 through 6 statewide

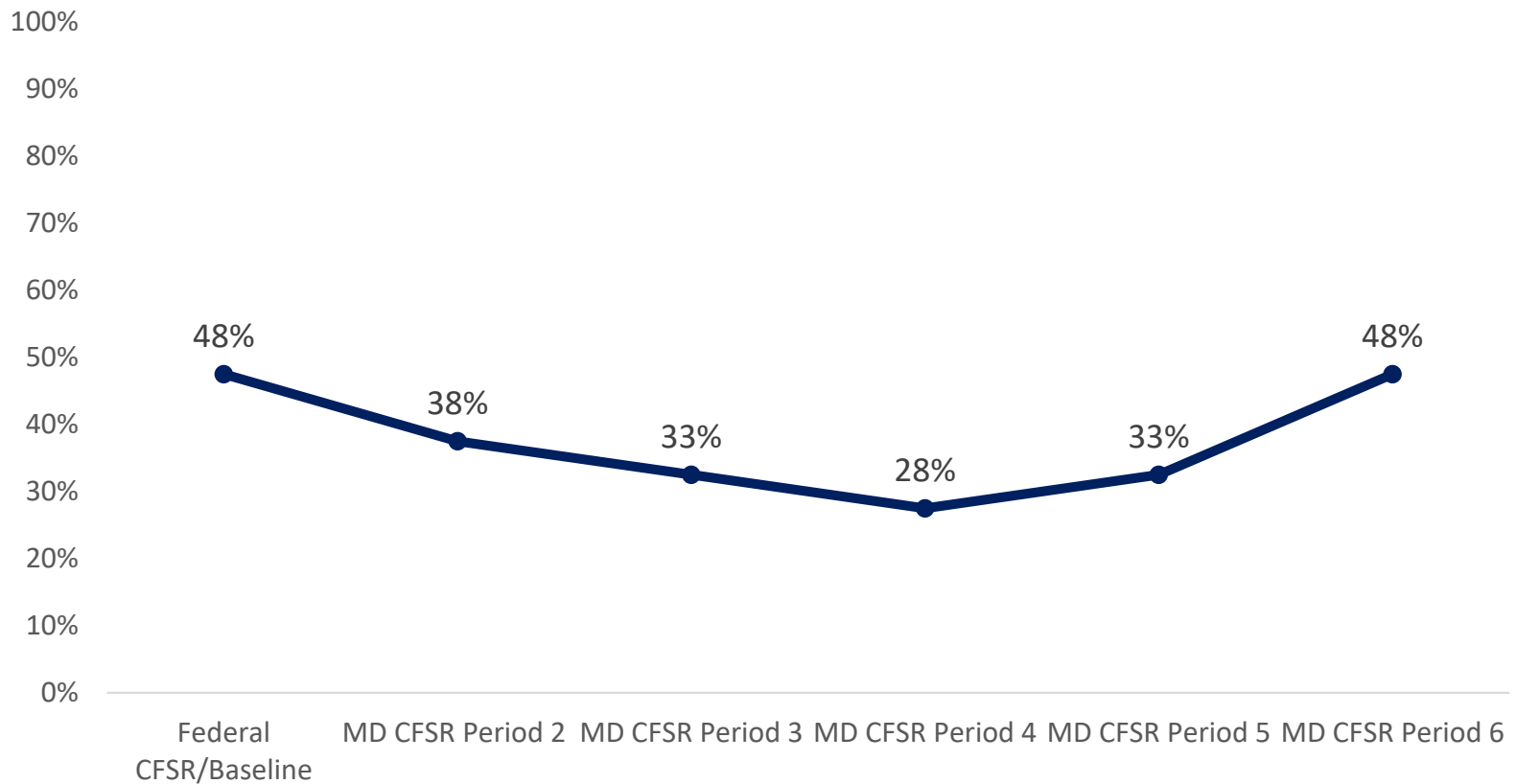


Represents trend data from Federal CFSR (Baseline) through PIP monitoring (MD CFSR Periods 2-6).

63% of cases rated for permanency goal for the child (Item 5), in Federal CFSR/Baseline and MD CFSR Periods 2 through 6 across the state were **rated as an area needing improvement**.

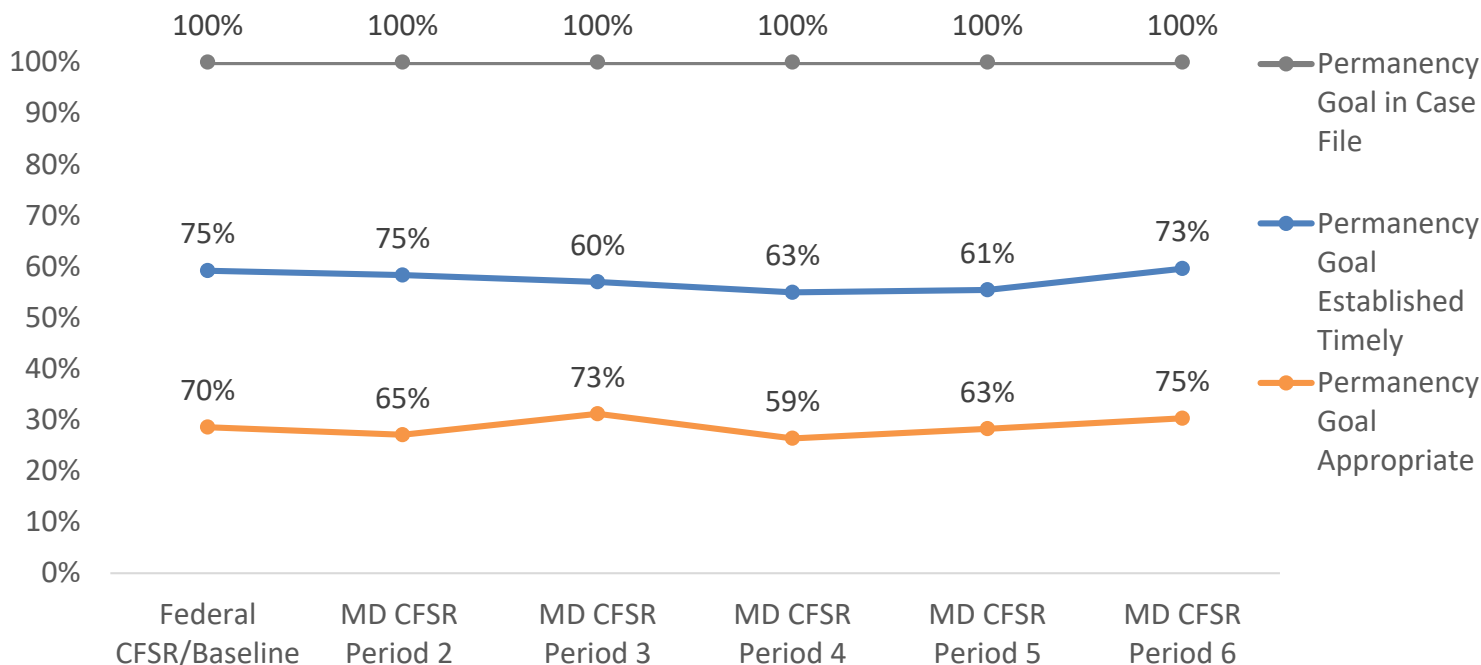


Of cases rated for permanency goal for the child (Item 5), the percentage **rated as a strength** statewide.



Represents trend data from Federal CFSR (Baseline) through PIP monitoring (MD CFSR Periods 2-6).

Percent of cases with **appropriate** permanency goals and percent **established timely** statewide.



Represents trend data from Federal CFSR (Baseline) through PIP monitoring (MD CFSR Periods 2-6).

LDSS Improvement Strategies

Address inconsistent establishment of concurrent permanency goals at the onset of foster care cases and identification of appropriate permanency goals based on case circumstances.



Educate permanency staff on Maryland's concurrent permanency planning policy.



Train permanency staff on establishing the most beneficial permanency goals for foster care youth that ensure they have a supportive network during and after they exit foster care.



CCDSS attorney as liaison between agency and court to ensure case-specific permanency goals established at onset of case



LDSS Improvement Strategies

Improve permanency planning by filing TPR/documenting exceptions at 15/22 month mark.



Foster Care Social Worker will document in court reports the efforts to achieve permanency plan and identify & formalize a permanent living arrangement when the plan is APPLA.



LDSS will work with SSA in the Permanency Pilot workgroup to focus on the cases with goals of guardianship/adoption.



LDSS will share headline indicators of data with the community partners from the CIP planning process.



LDSS will work with agency attorney and Judge to schedule annual or bi-annual meetings to discuss policy updates and target goals being requested from SSA. LDSS will share quarterly data with legal partners & convene bi-annual to discuss successes & challenges related to permanency outcomes

Examples from jurisdictional Continuous Improvement Plan.



Practice Strategies Identified in the PIP for Improved Permanency Efforts



PIP Goal 1

Empower families of origin and youth to be partners in their child welfare experiences



PIP Goal 2

Prepare the workforce with the knowledge, skills, and strategies they need **to support implementation of MD's IPM**



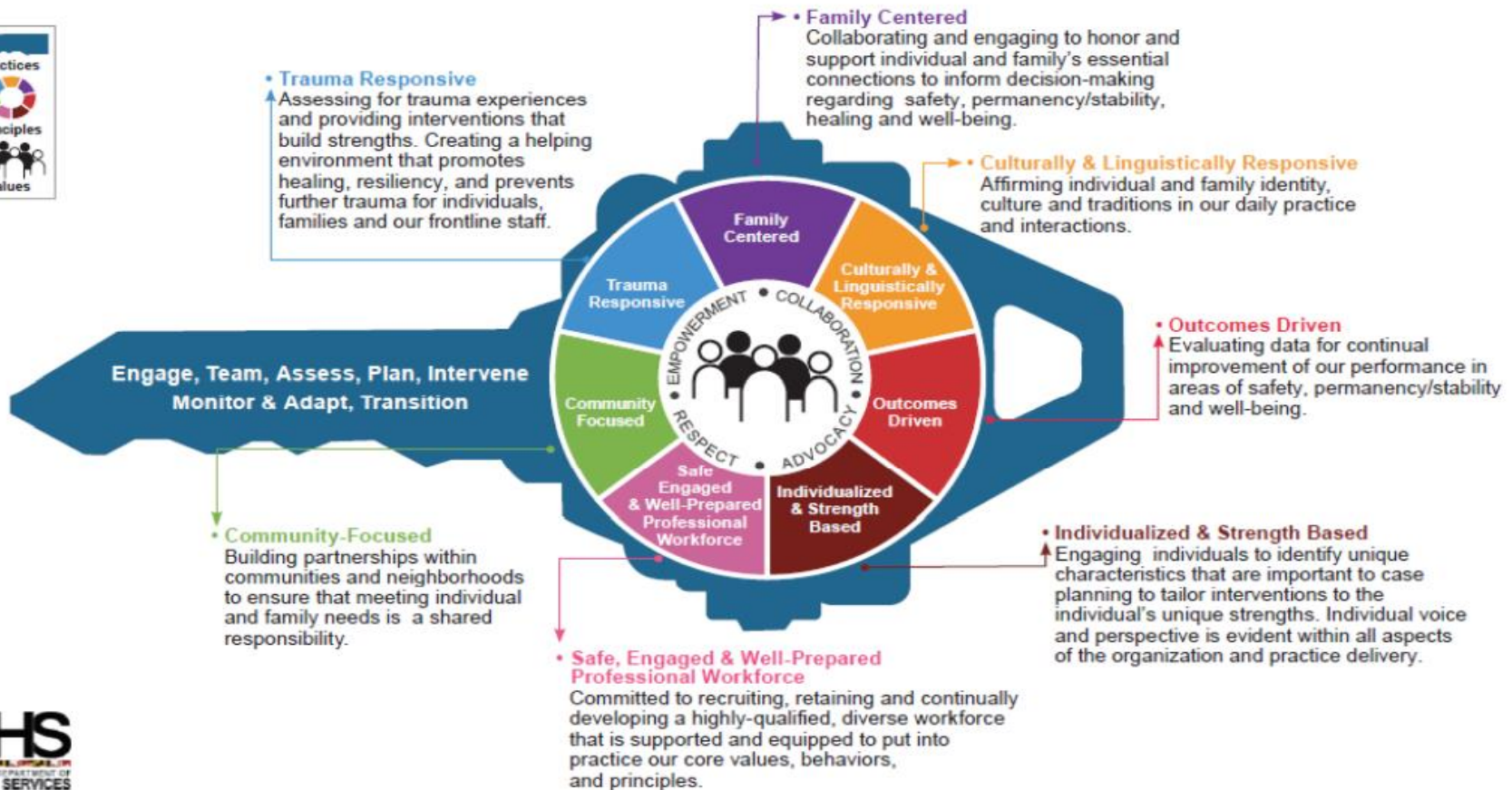
PIP Goal 3

Prepare court and legal professionals with the knowledge, skills, and strategies **to support implementation of MD's IPM** and enhance collaborative child welfare work with families, youth, and partners

Which IPM practices are critical to improve timeliness and appropriateness of permanency goals (item5)?

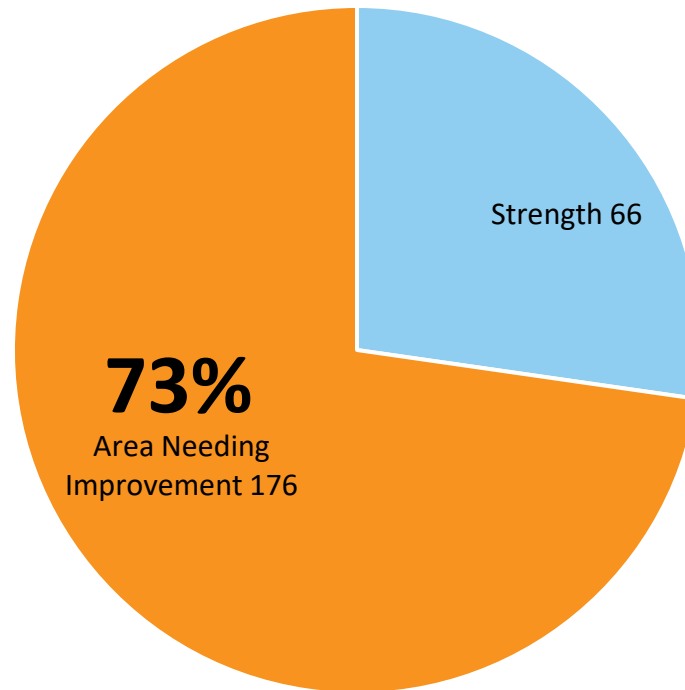
Maryland's Integrated Practice Model: The Key to SSA's Strategic Vision

Our Core Practices, Principles & Values

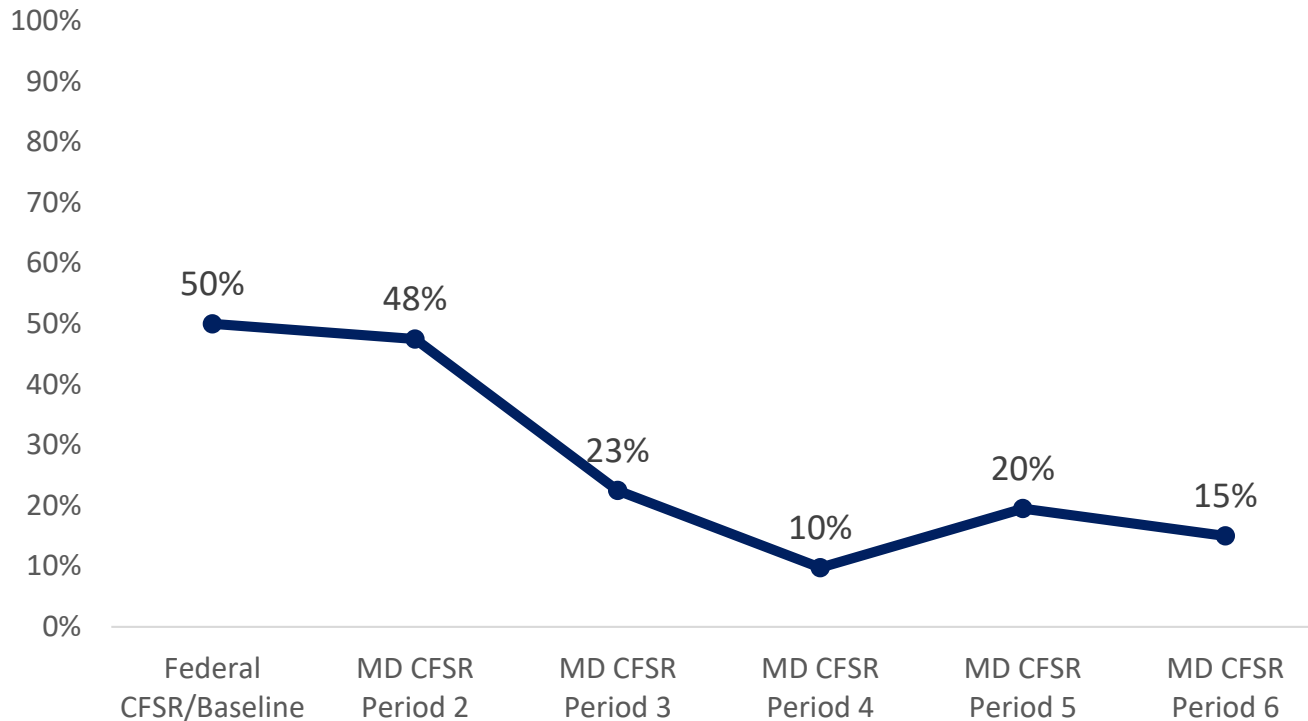


Analysis of Efforts to Achieve Permanency Goals (Item 6)

73% of cases rated for item 6, achieving reunification, guardianship, adoption, or other planned permanent living arrangement, in Federal CFSR/Baseline and MD CFSR Periods 2 through 6 across the state were **rated as an area needing improvement**.

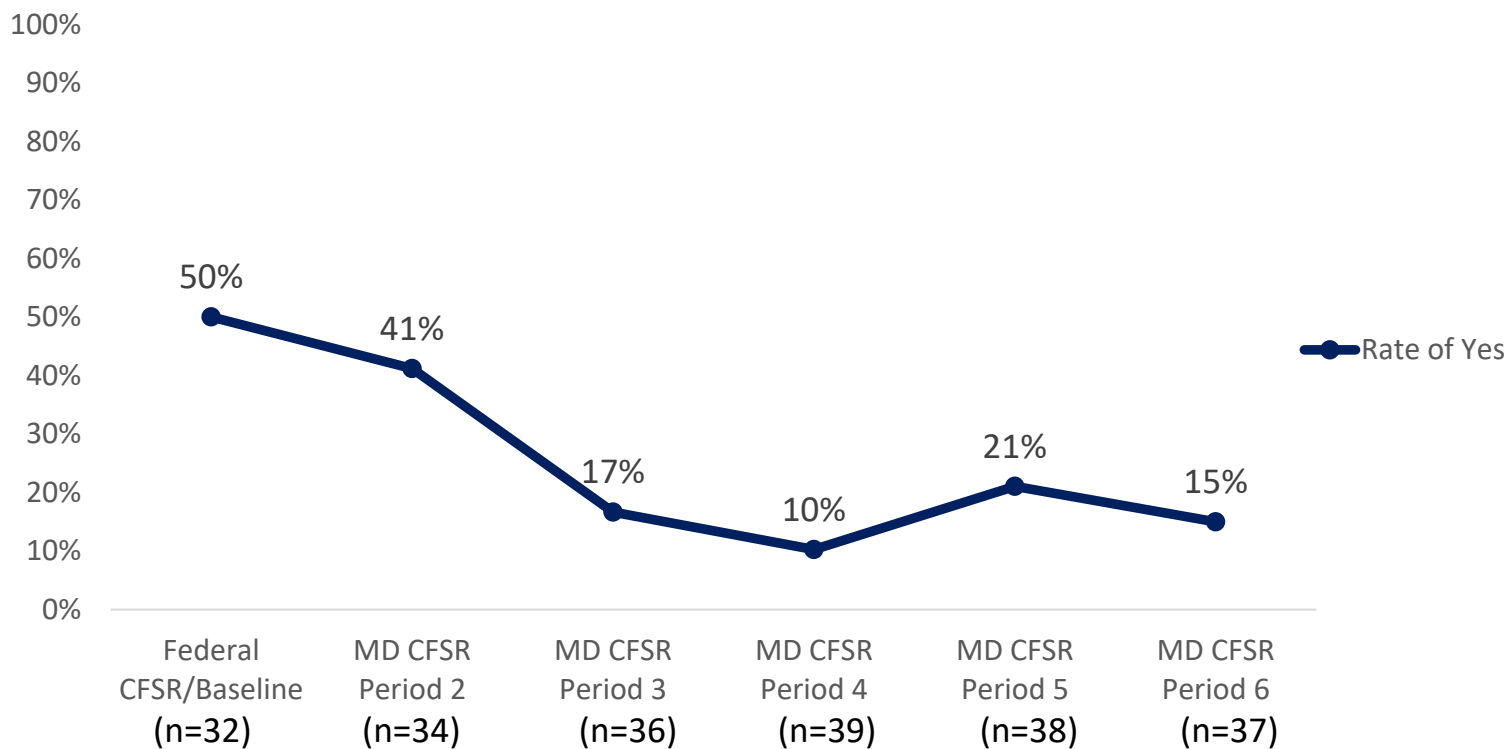


Of cases rated for efforts to achieve permanency goals (Item 6), the percentage **rated as a strength** statewide.



Represents trend data from Federal CFSR (Baseline) through PIP monitoring (MD CFSR Periods 2-6).

Percentage of cases reviewed in that the LDSS and court made concerted efforts to achieve permanency in a timely manner during the periods under review.



Represents trend data from Federal CFSR (Baseline) through PIP monitoring (MD CFSR Periods 2-6).

Practice Strategies Identified in the PIP for Improved Permanency Efforts



PIP Goal 1

Empower families of origin and youth to be partners in their child welfare experiences



PIP Goal 2

Prepare the workforce with the knowledge, skills, and strategies they need **to support implementation of MD's IPM**



PIP Goal 3

Prepare court and legal professionals with the knowledge, skills, and strategies **to support implementation of MD's IPM** and enhance collaborative child welfare work with families, youth, and partners

LDSS Improvement Strategies

Improved efforts to achieve permanency for children with complex trauma, significant behavioral and mental health needs, and chronic and pervasive medical conditions.



**Increase utilization of Family Find through the course of a case.
Rerun Family Find Searches every 6 months**



Utilization of Family Team Decision Making to review permanency and service planning.

Examples from jurisdictional Continuous Improvement Plan.



LDSS Improvement Strategies

Improved efforts to engage with court partners and families and assess permanency goals on ongoing basis



For Safe Babies Court Team cases, LDSS will hold monthly family team meetings and stakeholder meetings to discuss child's permanency and timeframe to permanency.



All contested permanency plan changes will be heard in front of a judge instead of being held in front of a magistrate to avoid delays due to exceptions

Examples from jurisdictional Continuous Improvement Plan.



LDSS Improvement Strategies

Strategy to support timely filing of permanency plan changes to improve efforts to achieve permanency



Prior to establishing permanency plan, have discussion with the mother, father, supervisor, worker, agency attorney and all family members about the permanency goal.



File motions for permanency plan change at appropriate timeframes and provide testimony on the agency's position regardless of agreements wanting to be made by counsel and courts.



If change in permanency plan is not appropriate, file exceptions. Document all efforts to change permanency plans including Family Involvement Meetings

Examples from jurisdictional Continuous Improvement Plan.



LDSS Improvement Strategies

Enhanced partnerships with courts and permanency resource parents to improve efforts to achieve permanency.



Collaboration with the Court, CASA, Attorneys, foster parents and community providers regarding State mandated time frames around permanency to discuss barriers



Increase frequency of permanency plan court reviews. Implement informal monthly status reviews with child and parent attorneys, DSS, CASA



Implement family finding, improve service delivery for parents and relatives and improve collaboration with the Courts, parent and child attorneys, CASA and service providers

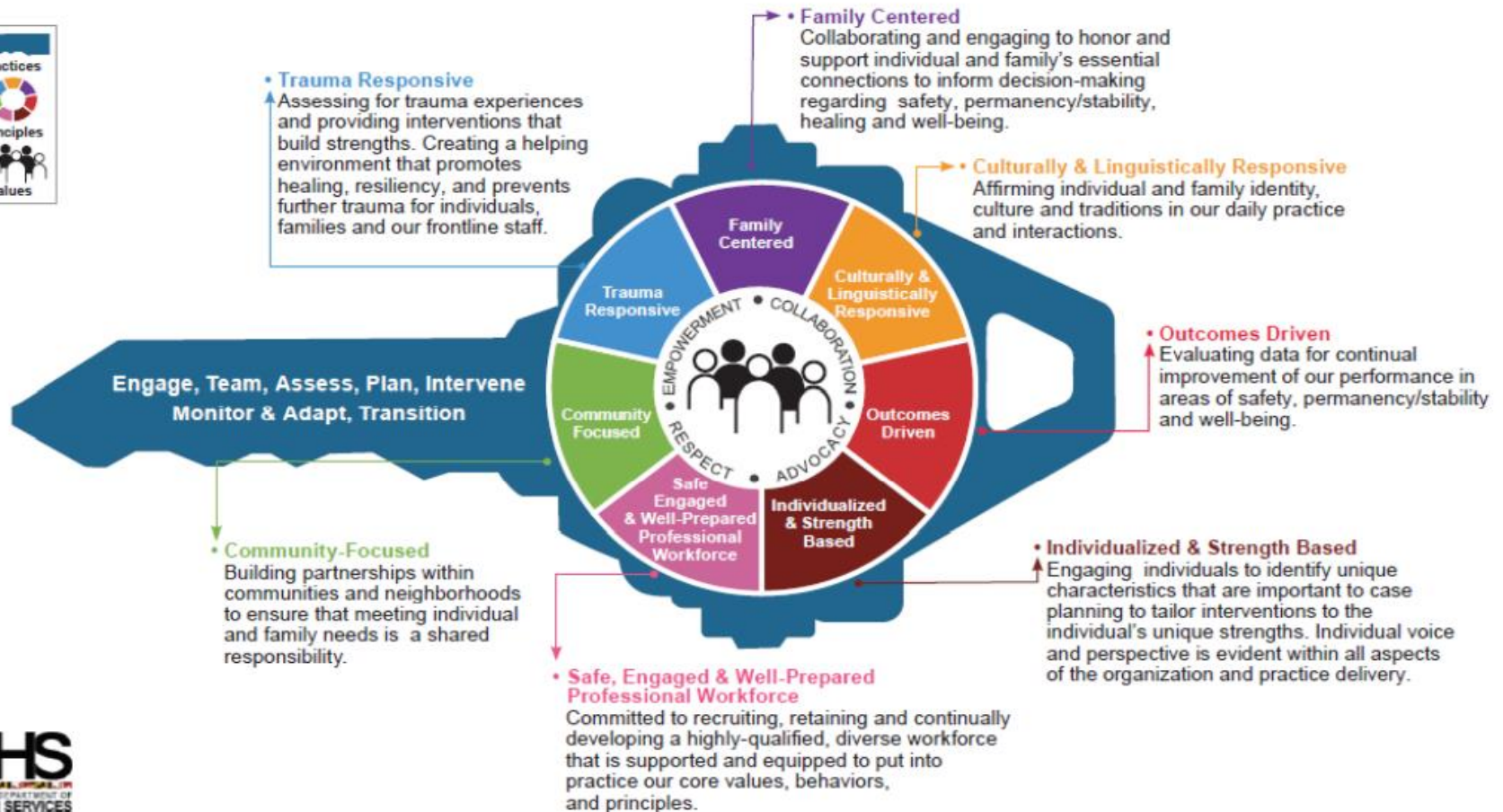
Examples from jurisdictional Continuous Improvement Plan.



Which IPM practices are critical to improve efforts to achieve permanency (item6)?

Maryland's Integrated Practice Model: The Key to SSA's Strategic Vision

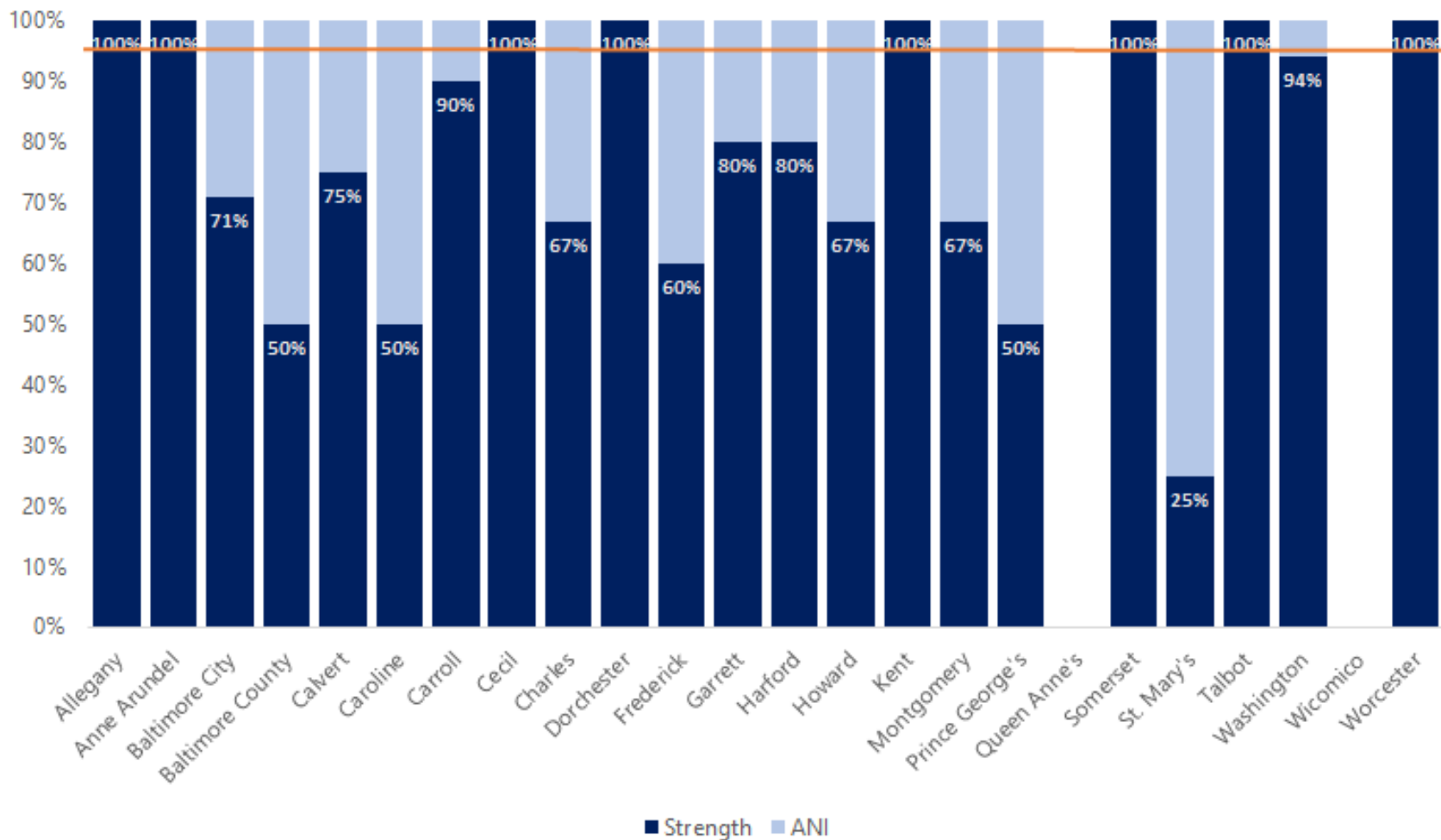
Our Core Practices, Principles & Values



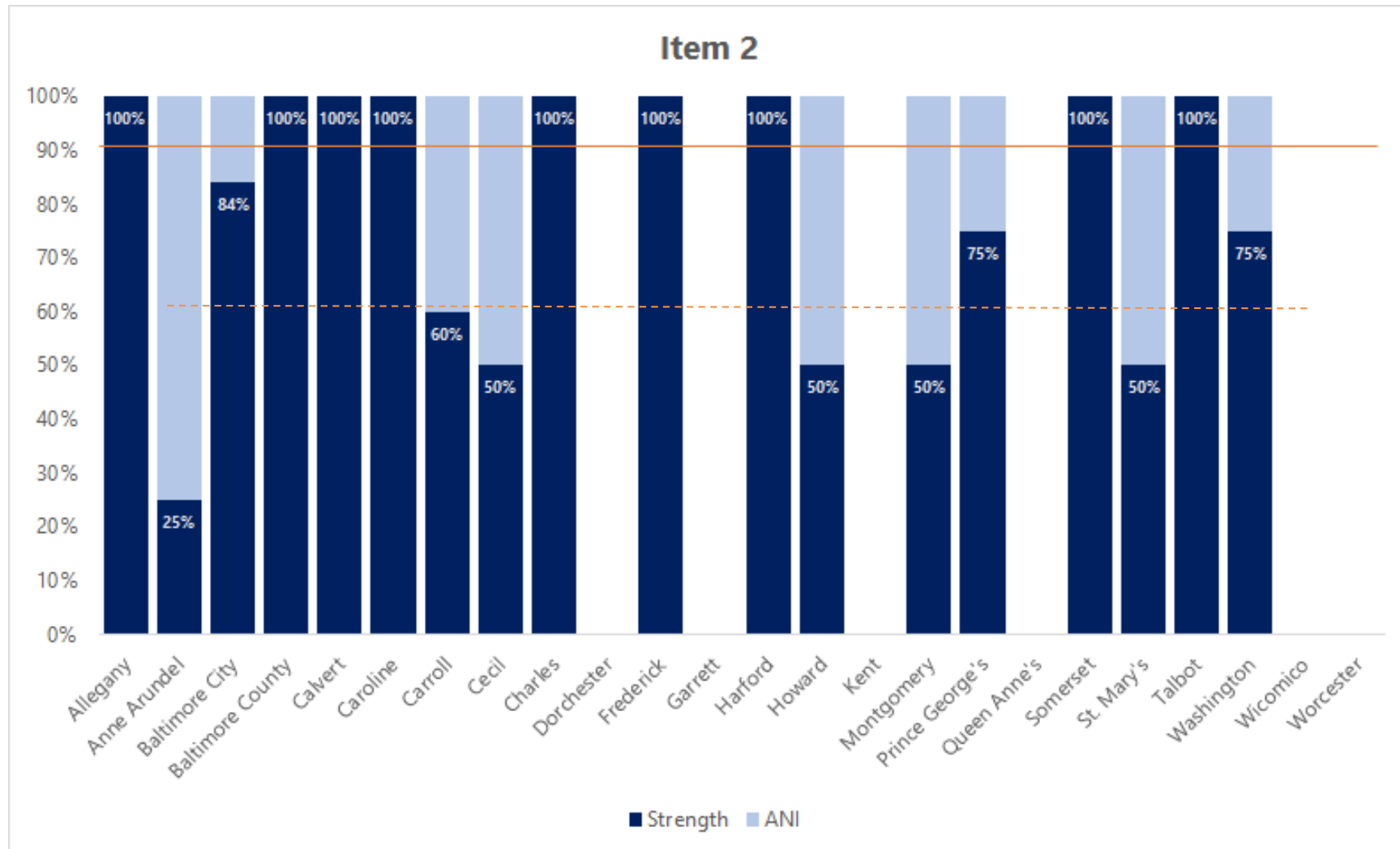
Jurisdiction Item Performance

Timeliness of initial face-to-face contact

Item 1

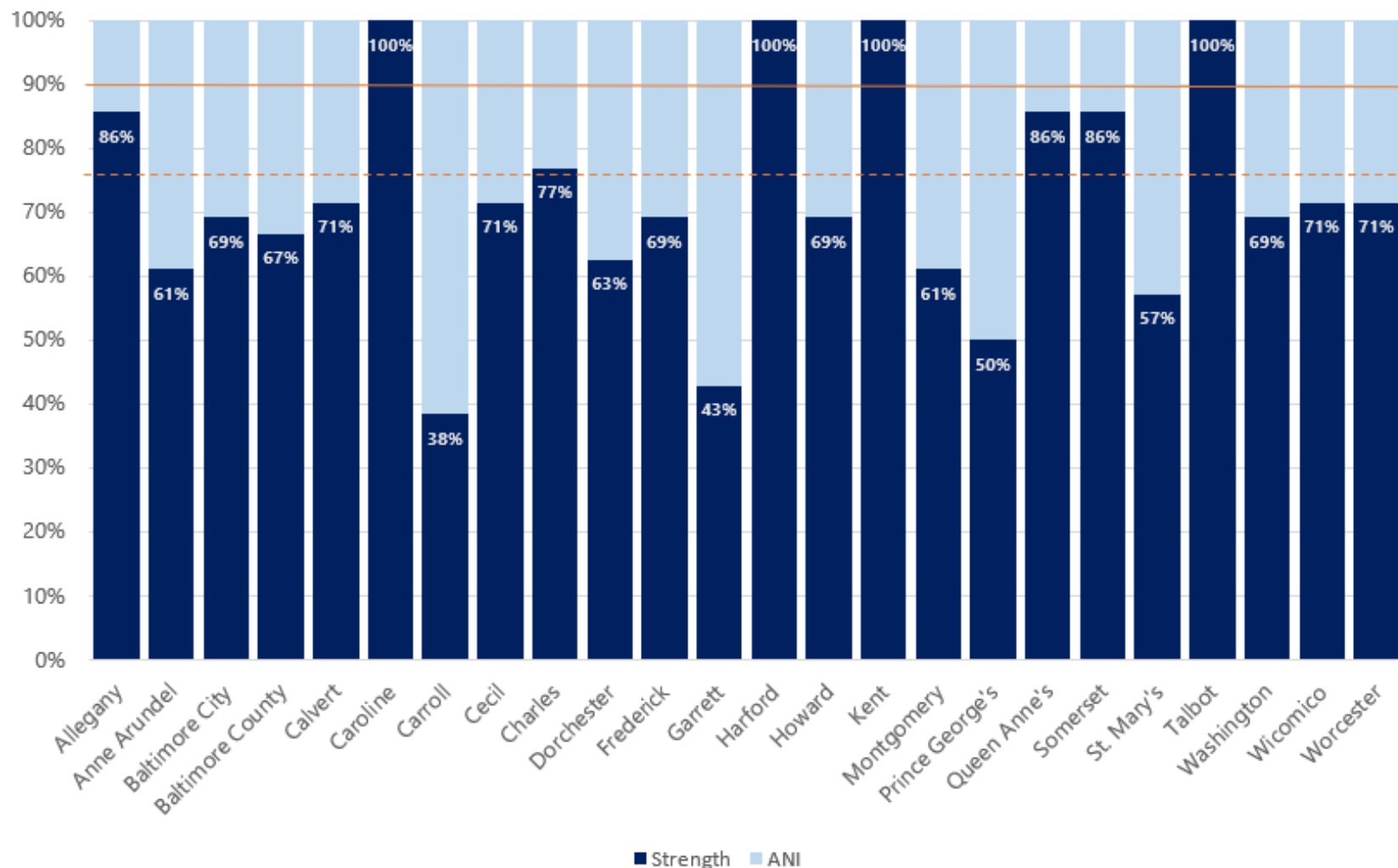


Services to prevent entry/re-entry into foster care



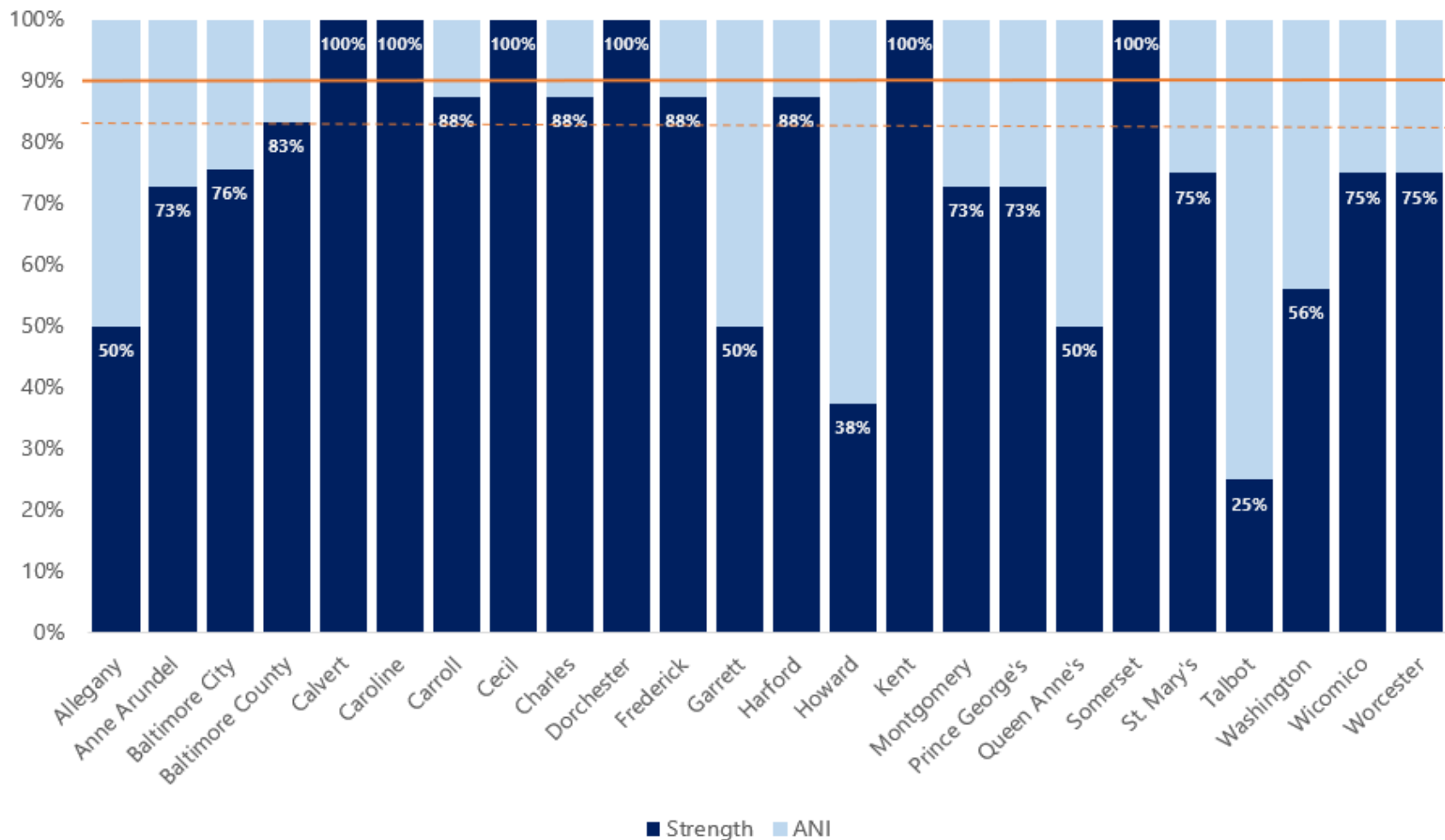
Risk and safety assessment and management

Item 3



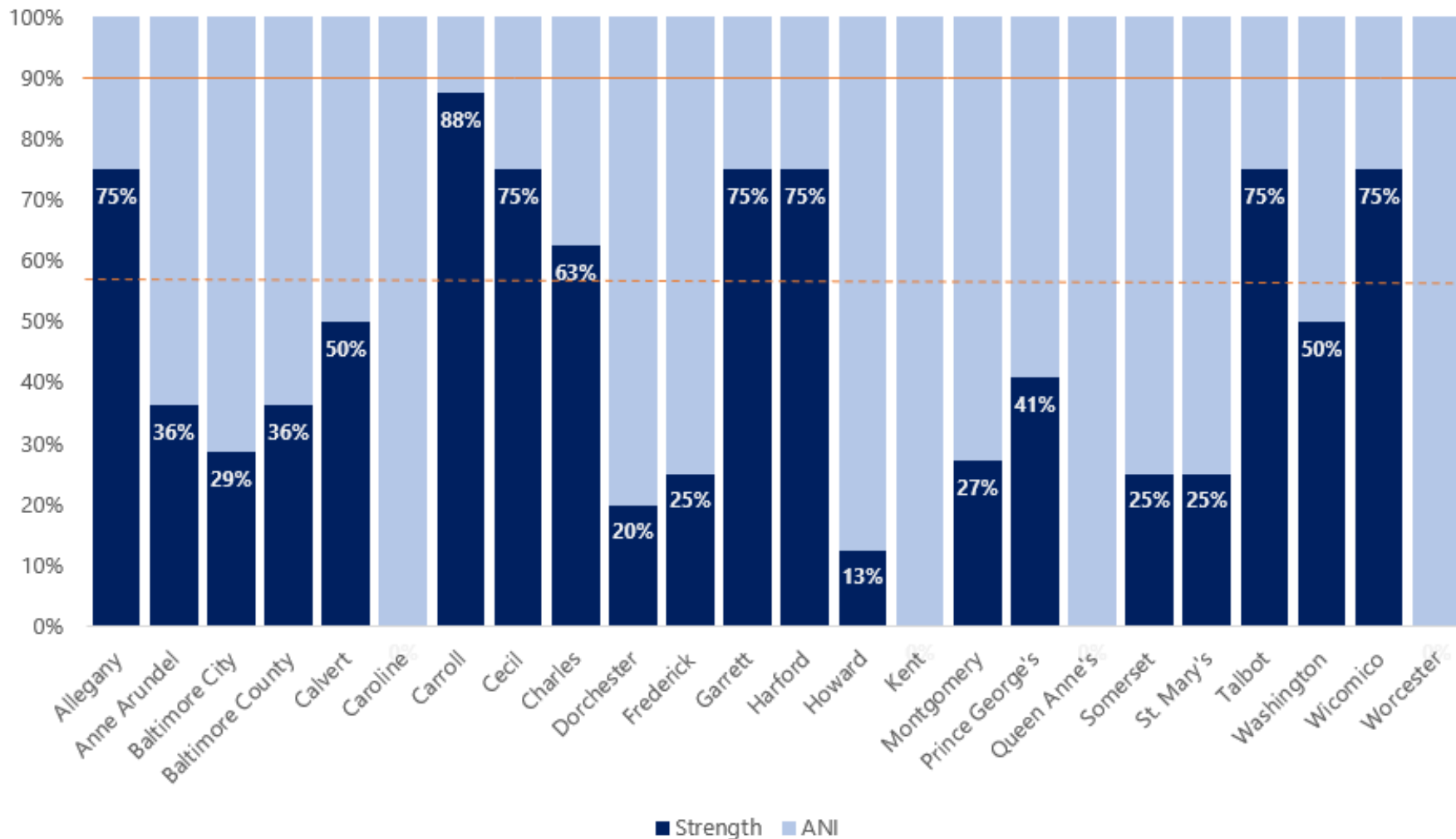
Stability of foster care placement

Item 4



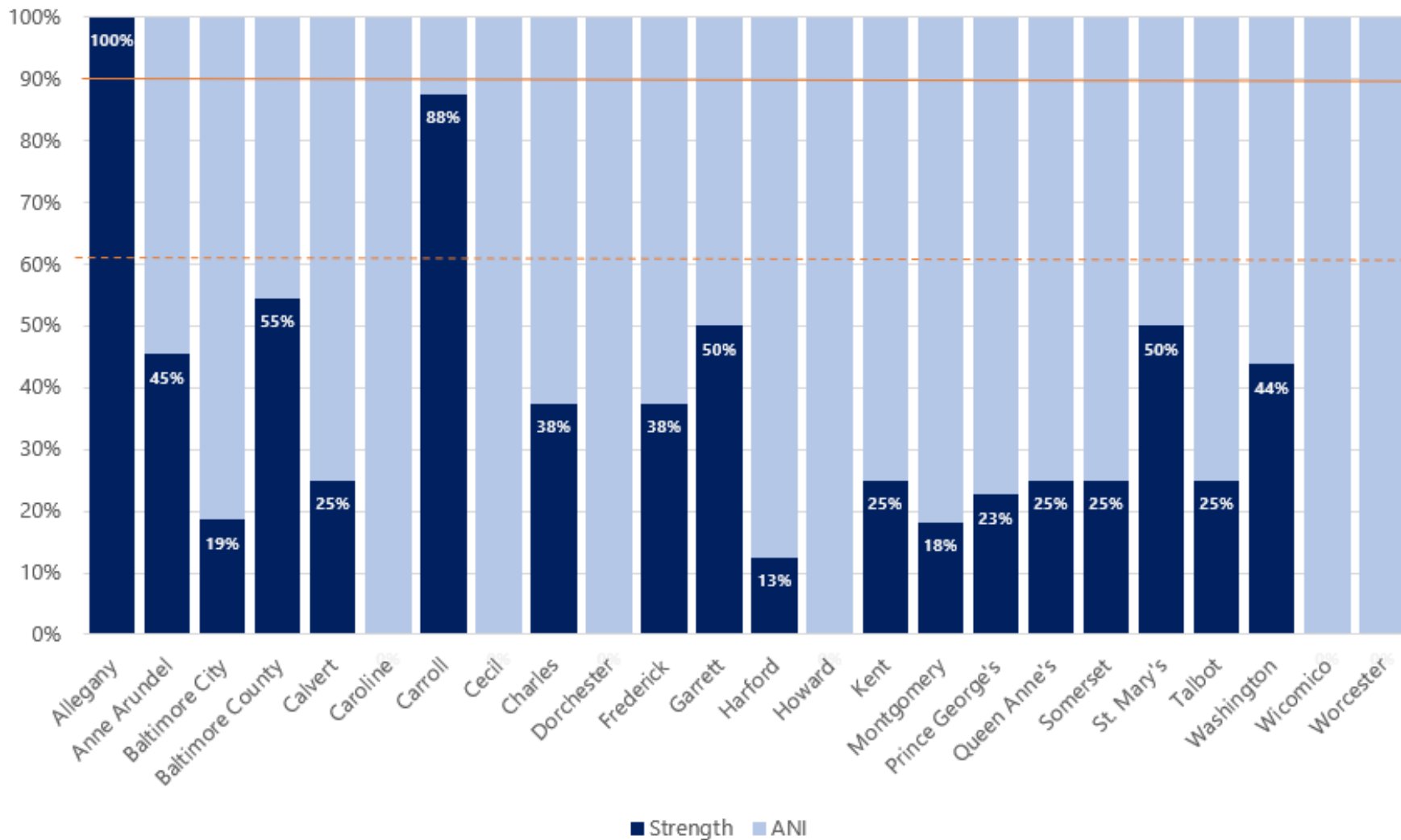
Permanency goal for child

Item 5



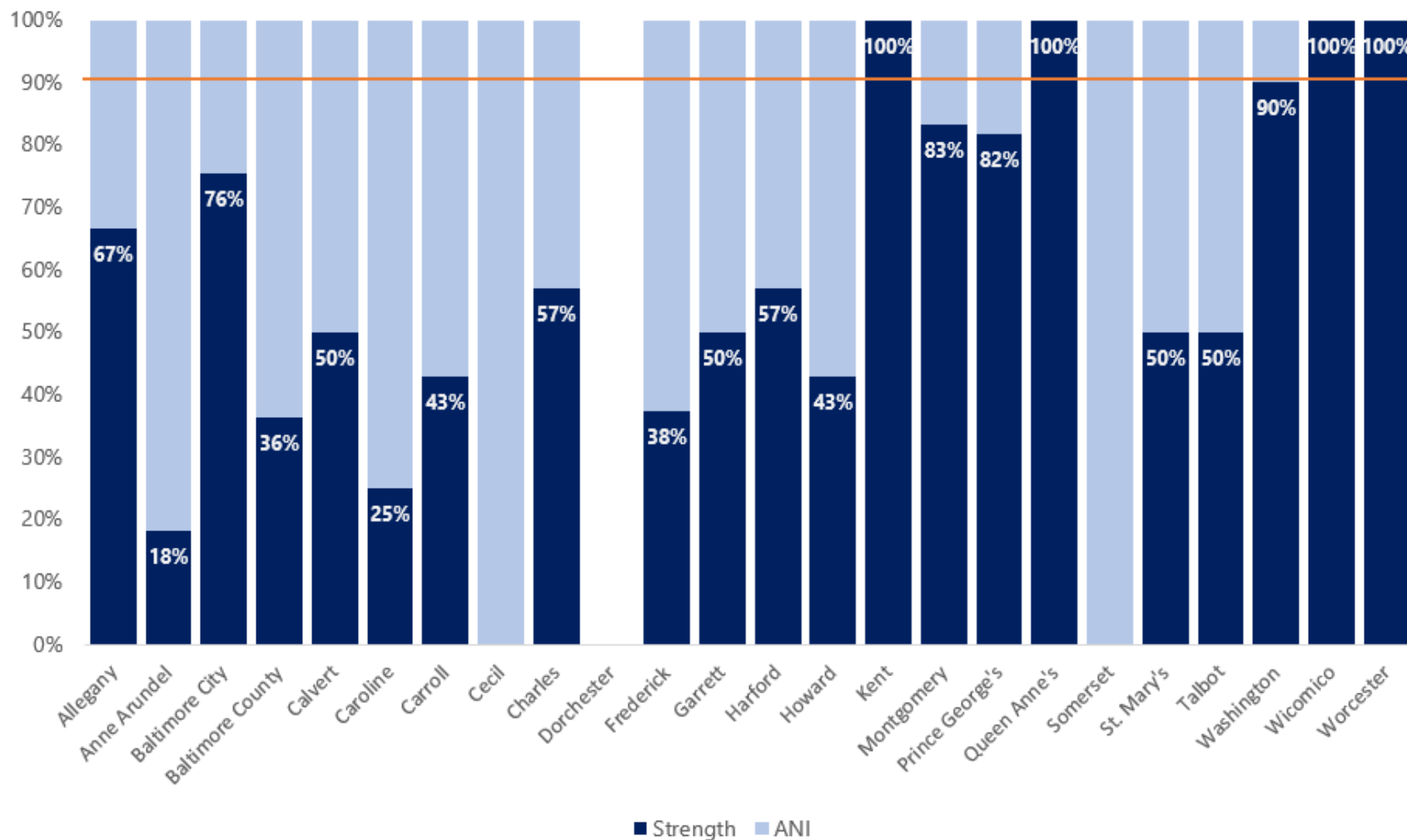
Achieving Permanency

Item 6



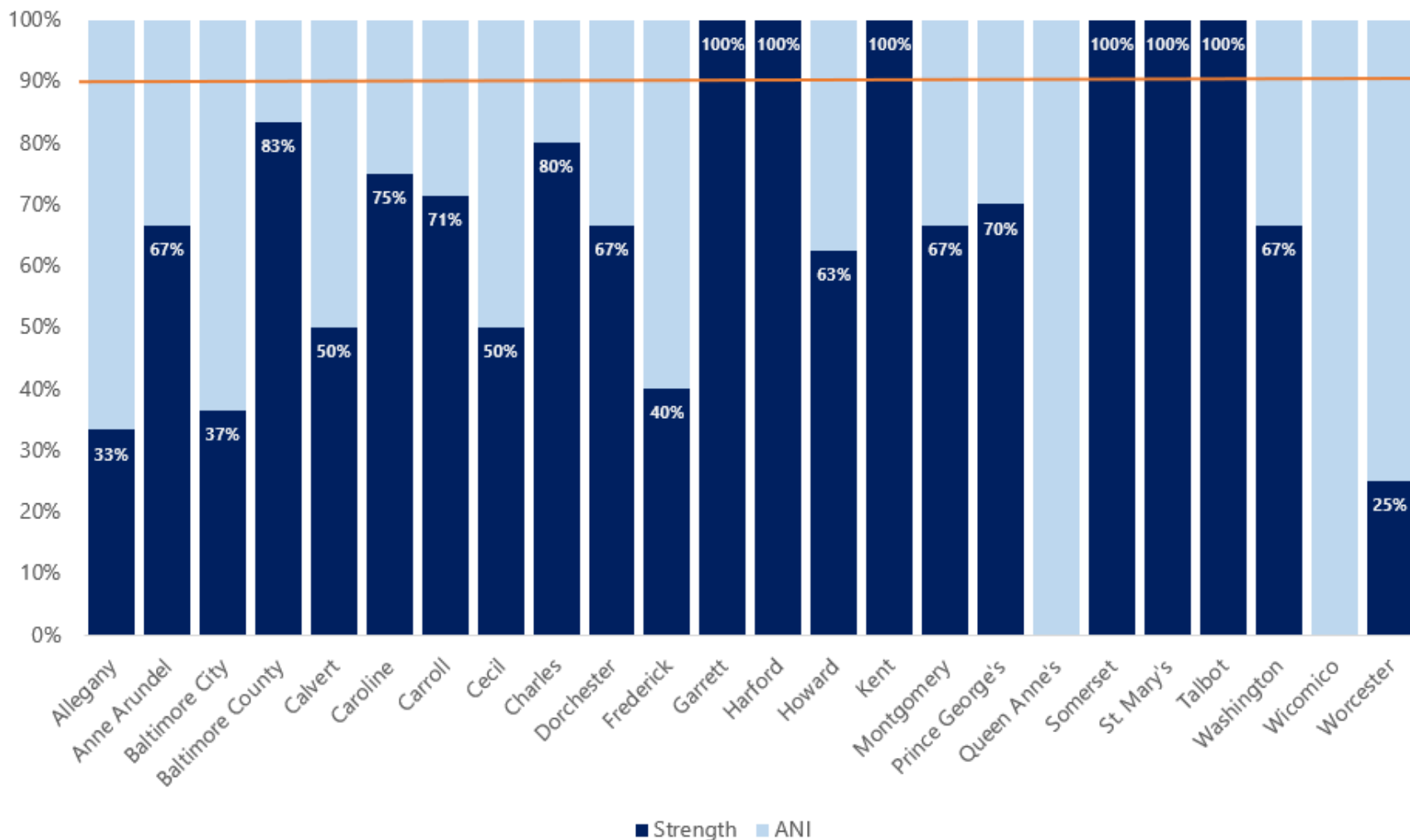
Placement with siblings

Item 7



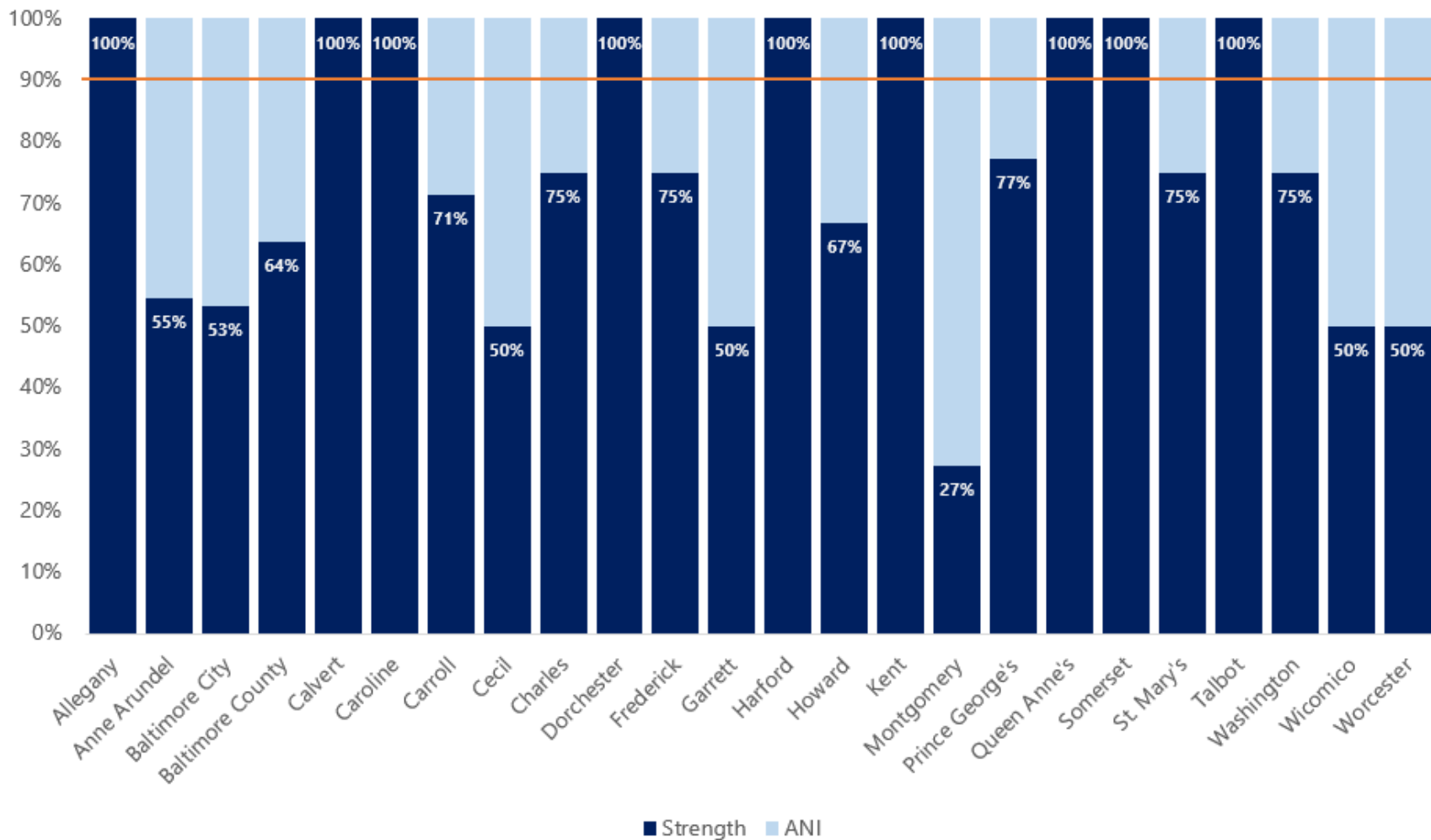
Visiting with parents and siblings in foster care

Item 8



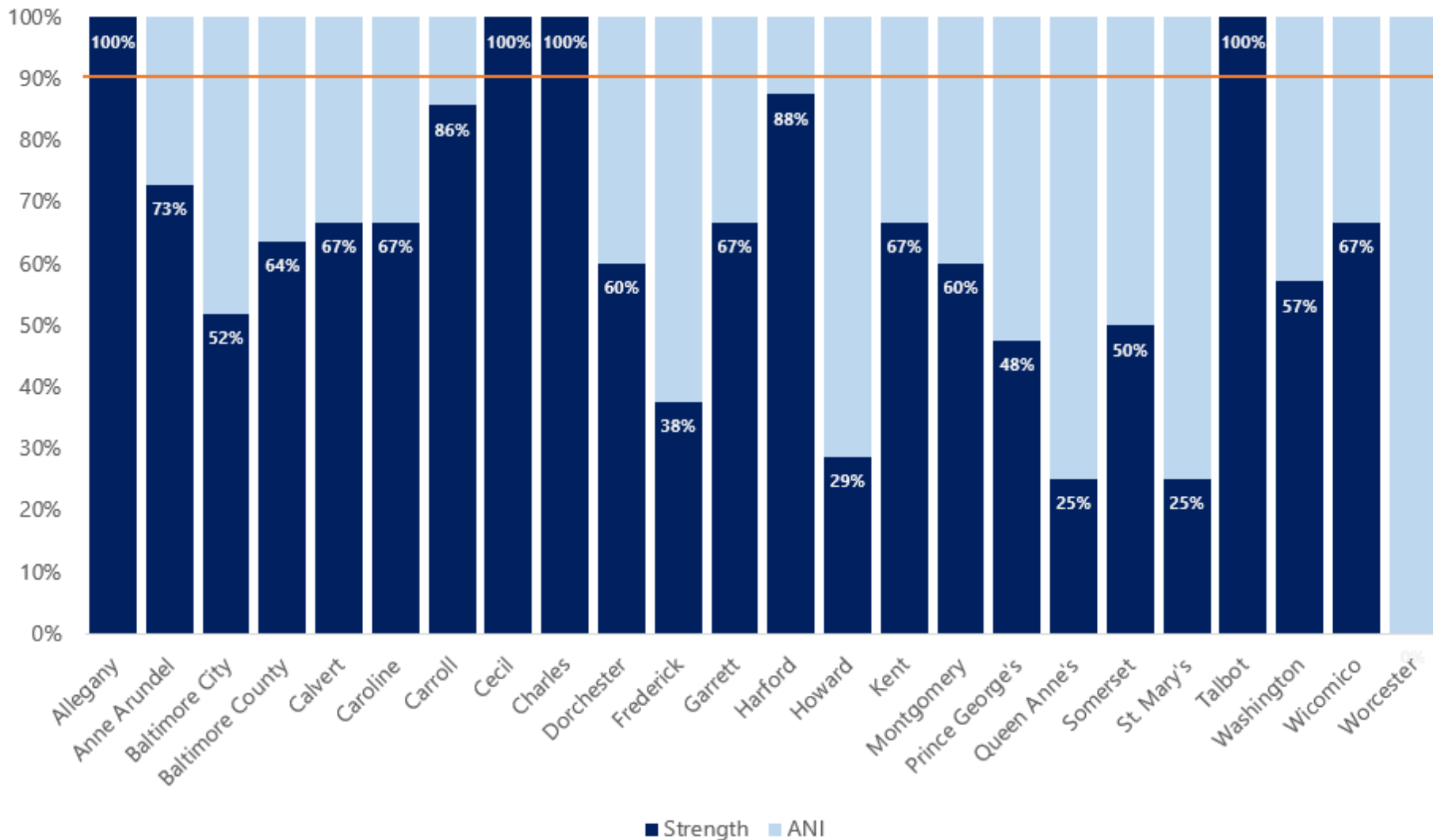
Preserving connections

Item 9



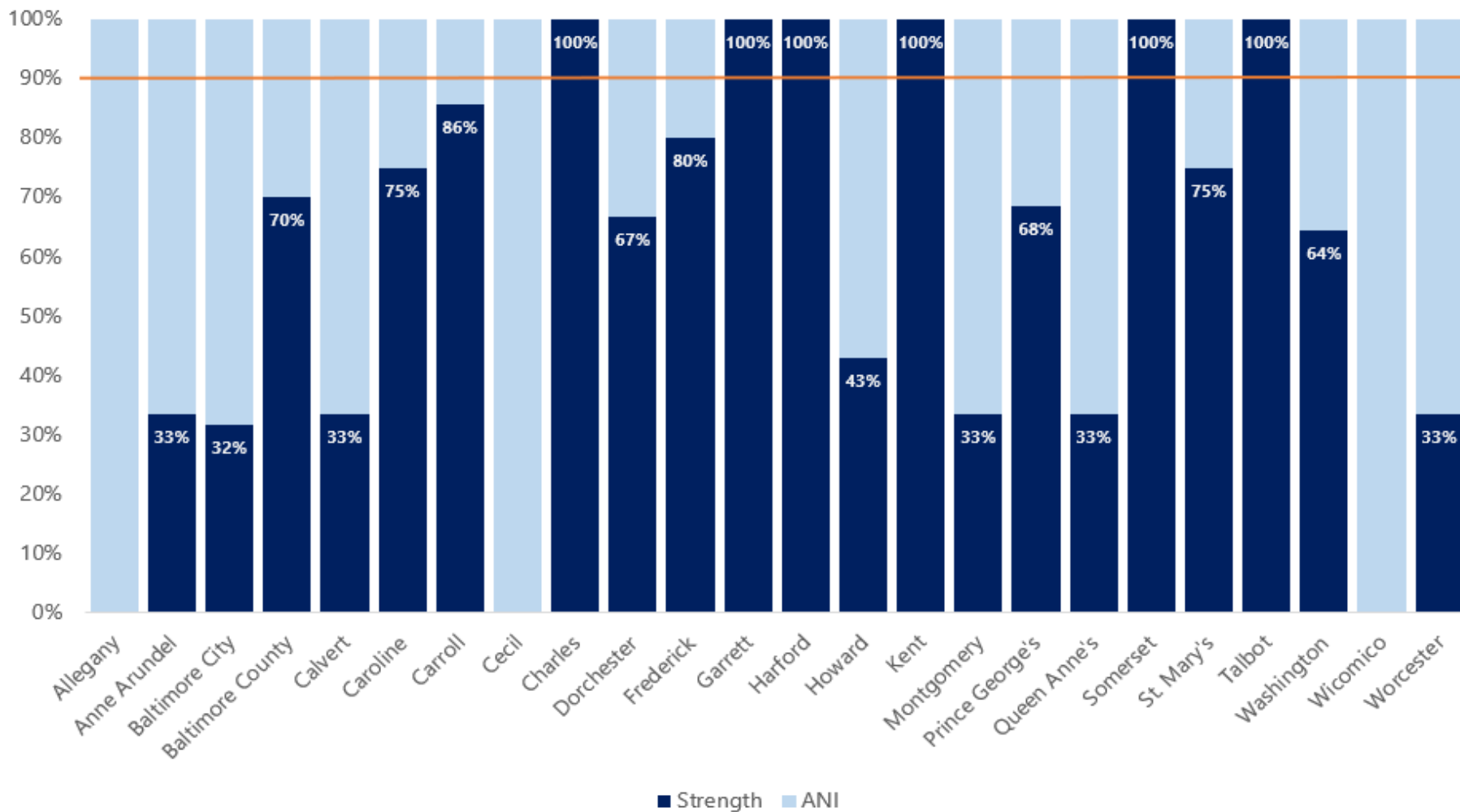
Relative placement

Item 10



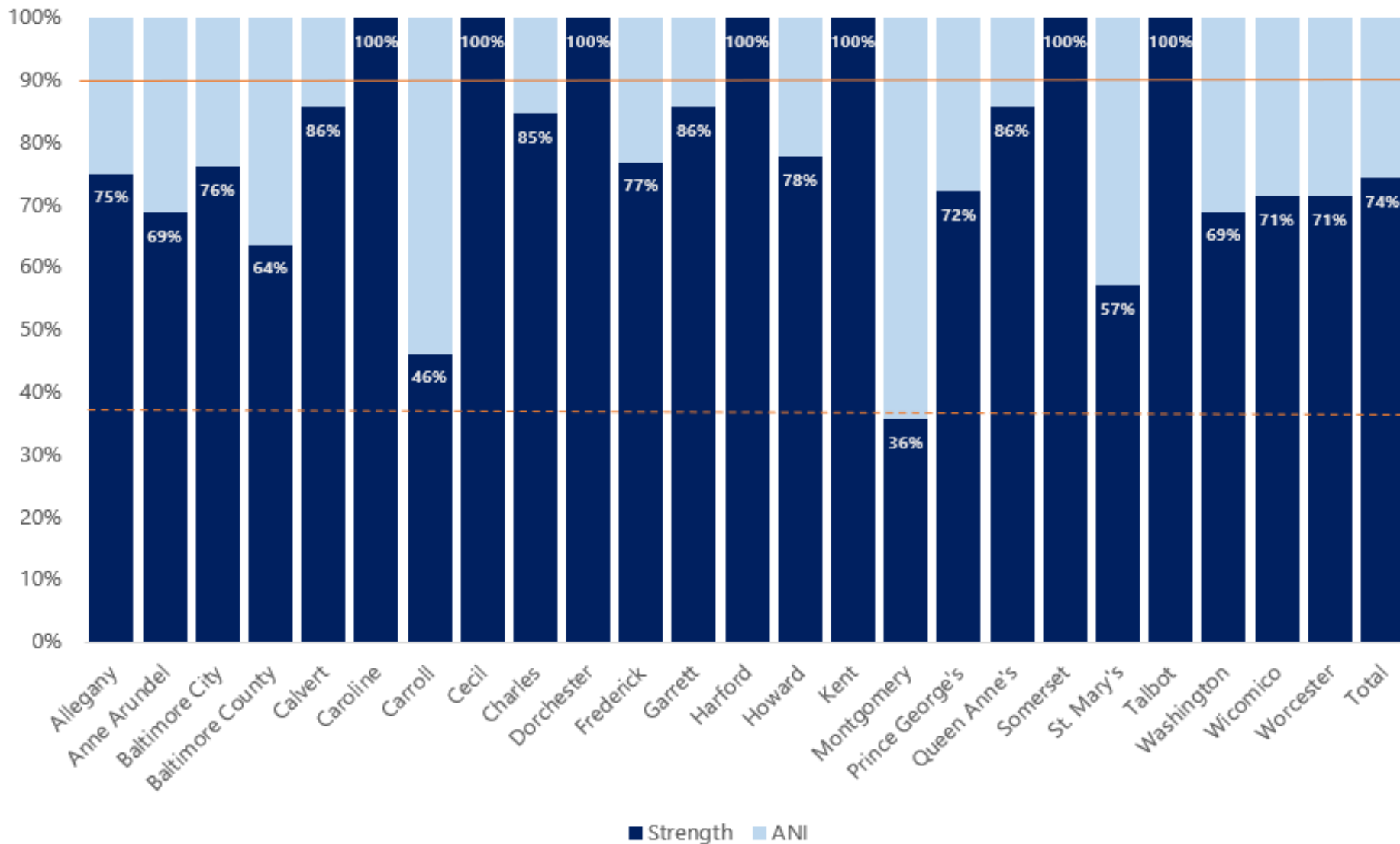
Relationship of child in care with parents

Item 11



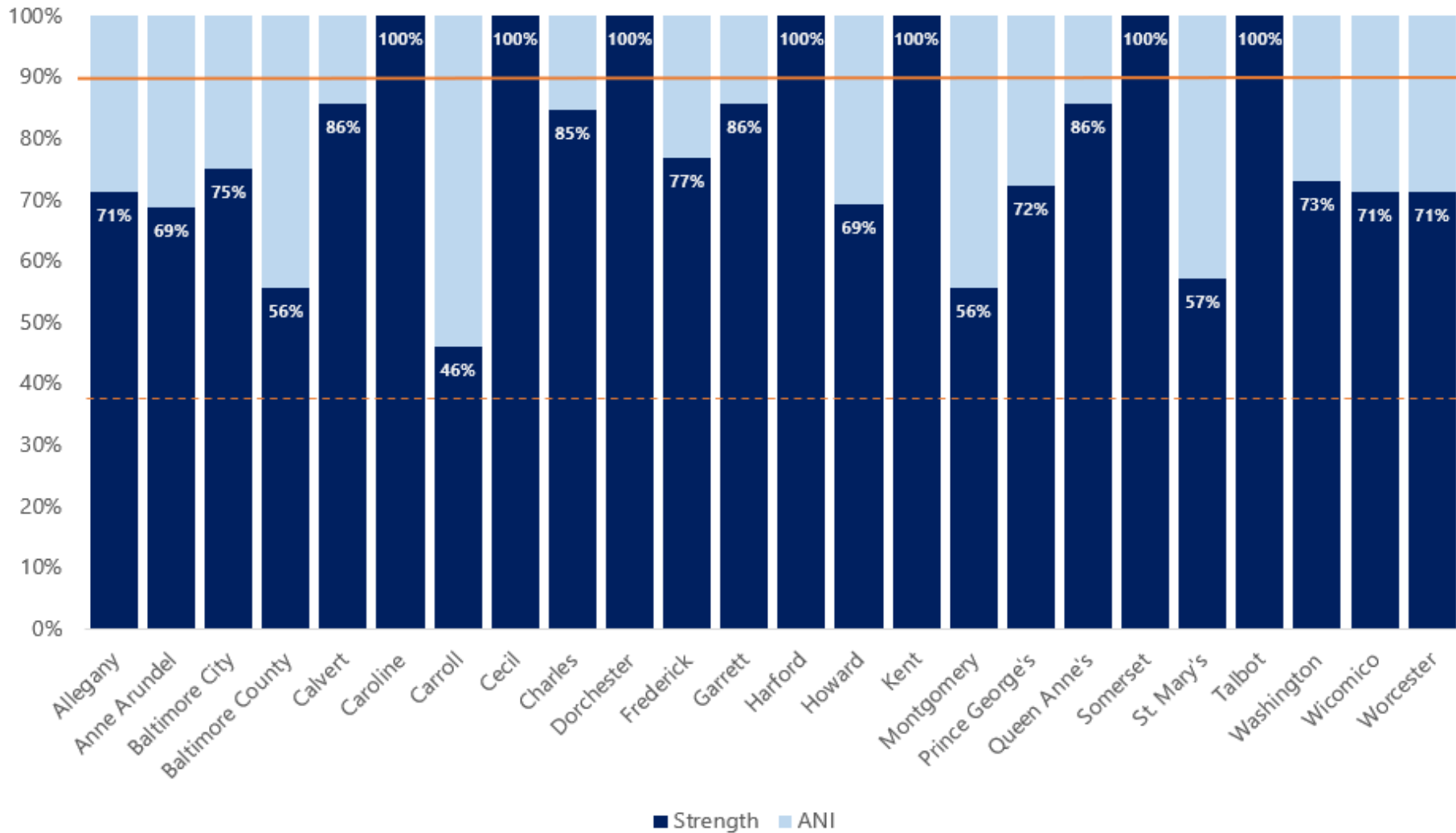
Needs and services of child, parents, and foster parents

Item 12



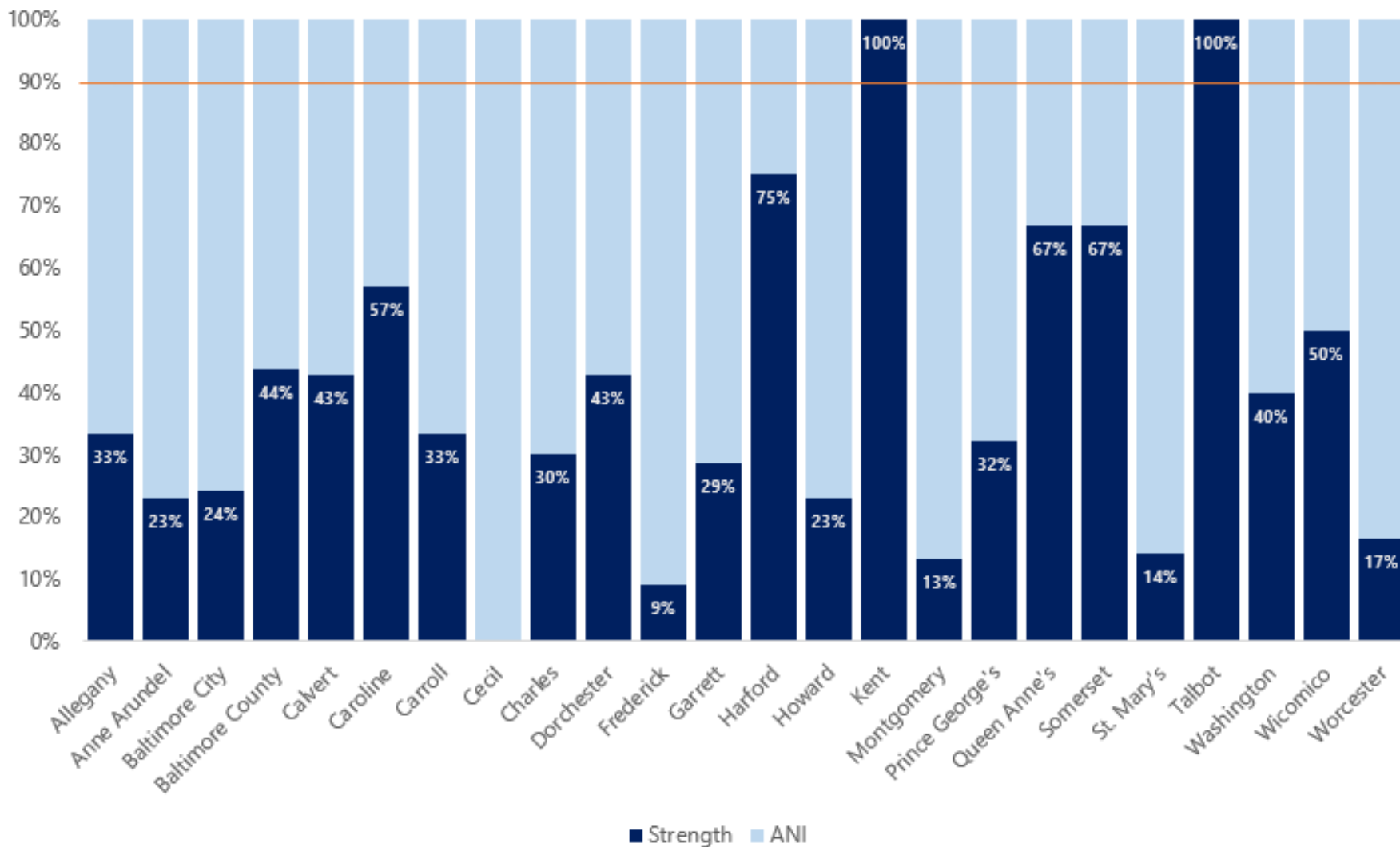
Needs assessment and services to children

Item 12A



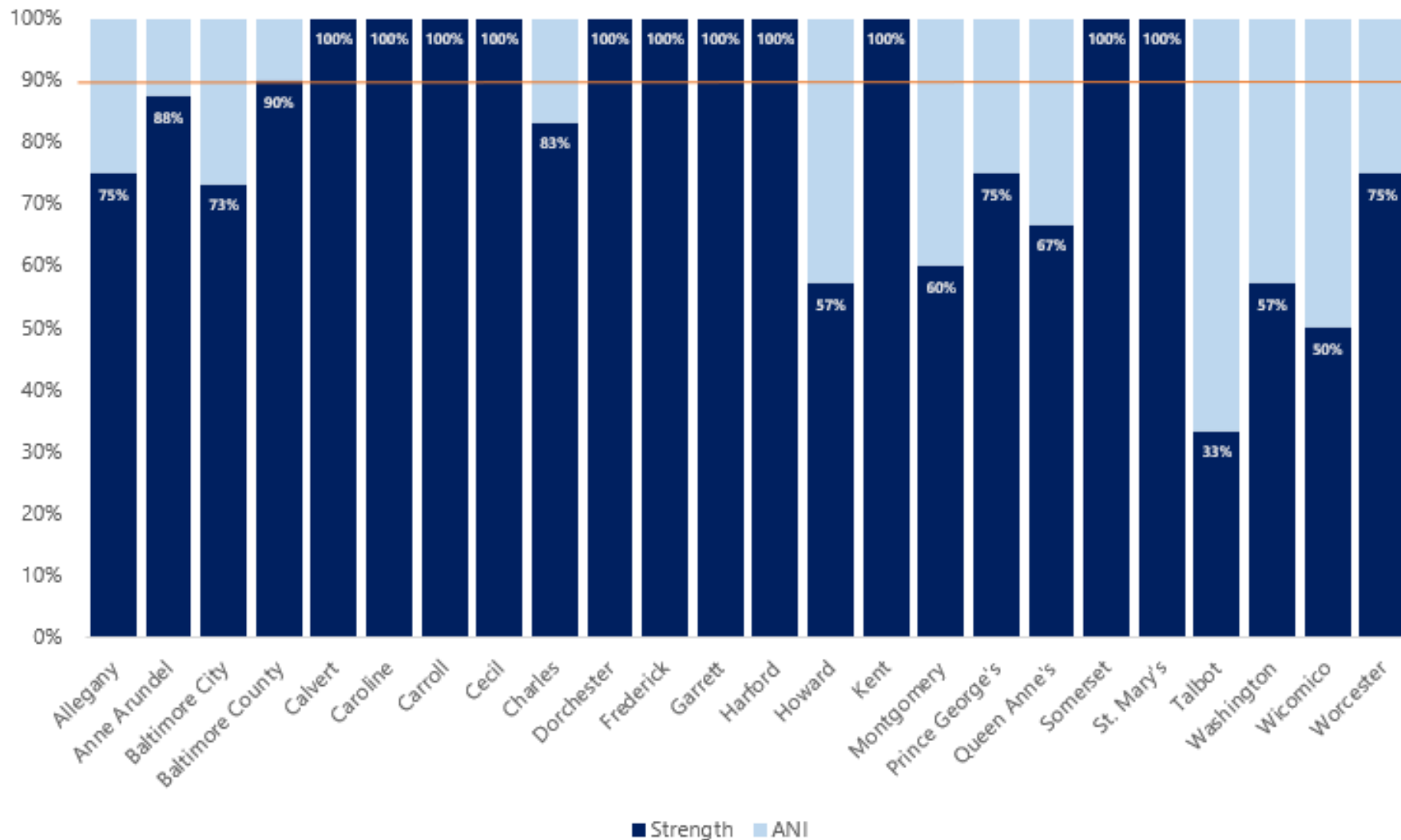
Needs assessment and services to parents

Item 12B



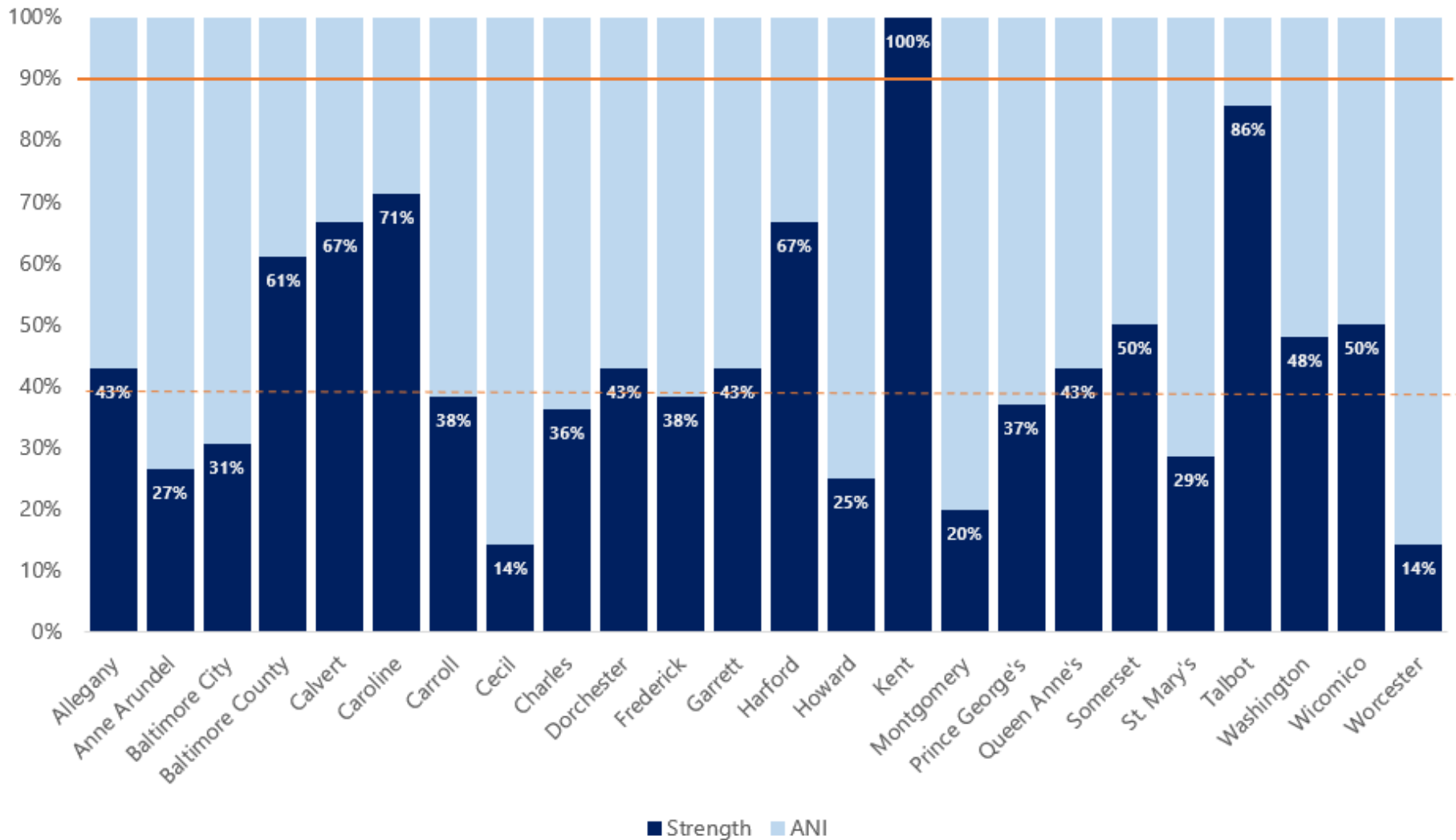
Needs assessment and services to foster parents

Item 12C



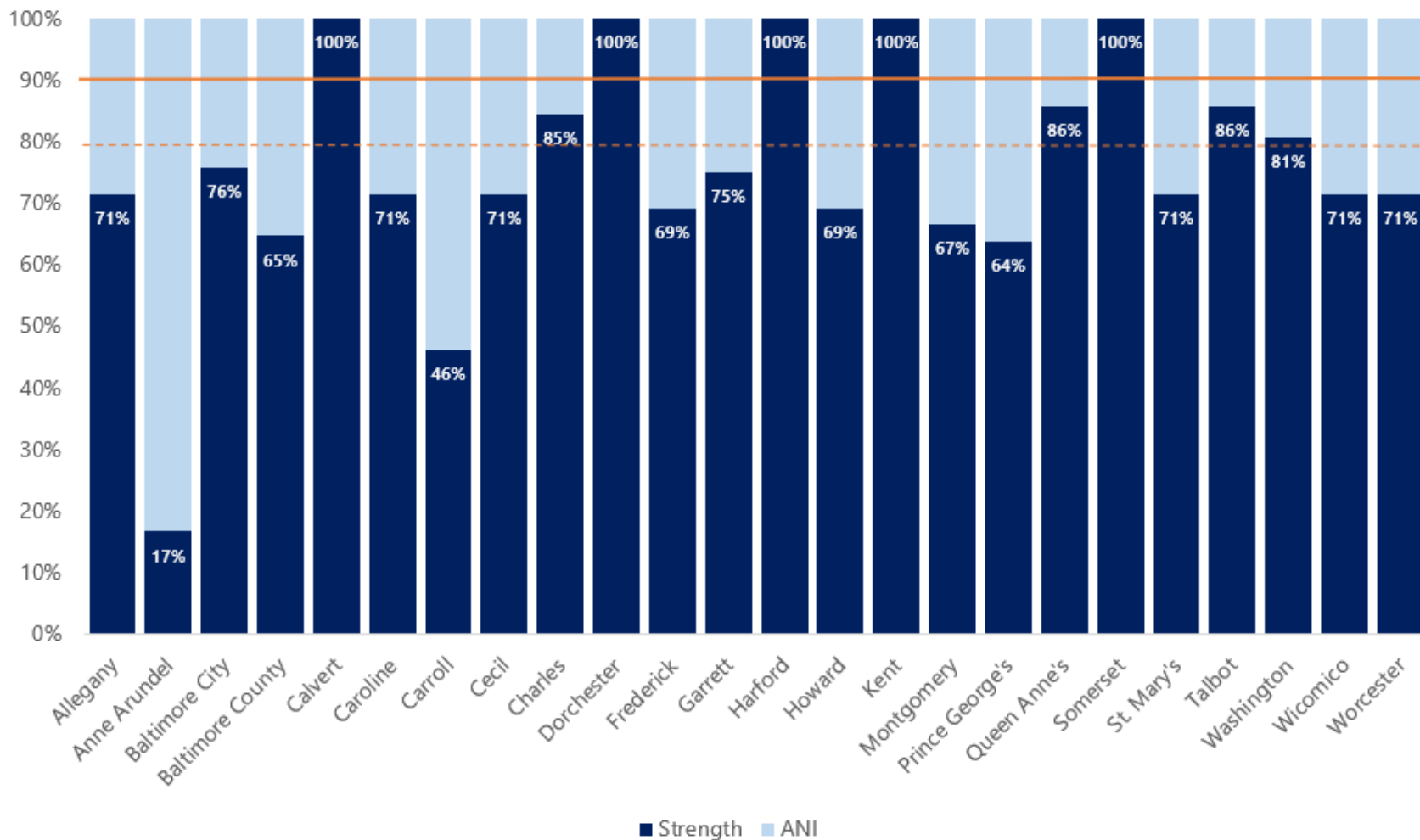
Child and family involvement in case planning

Item 13



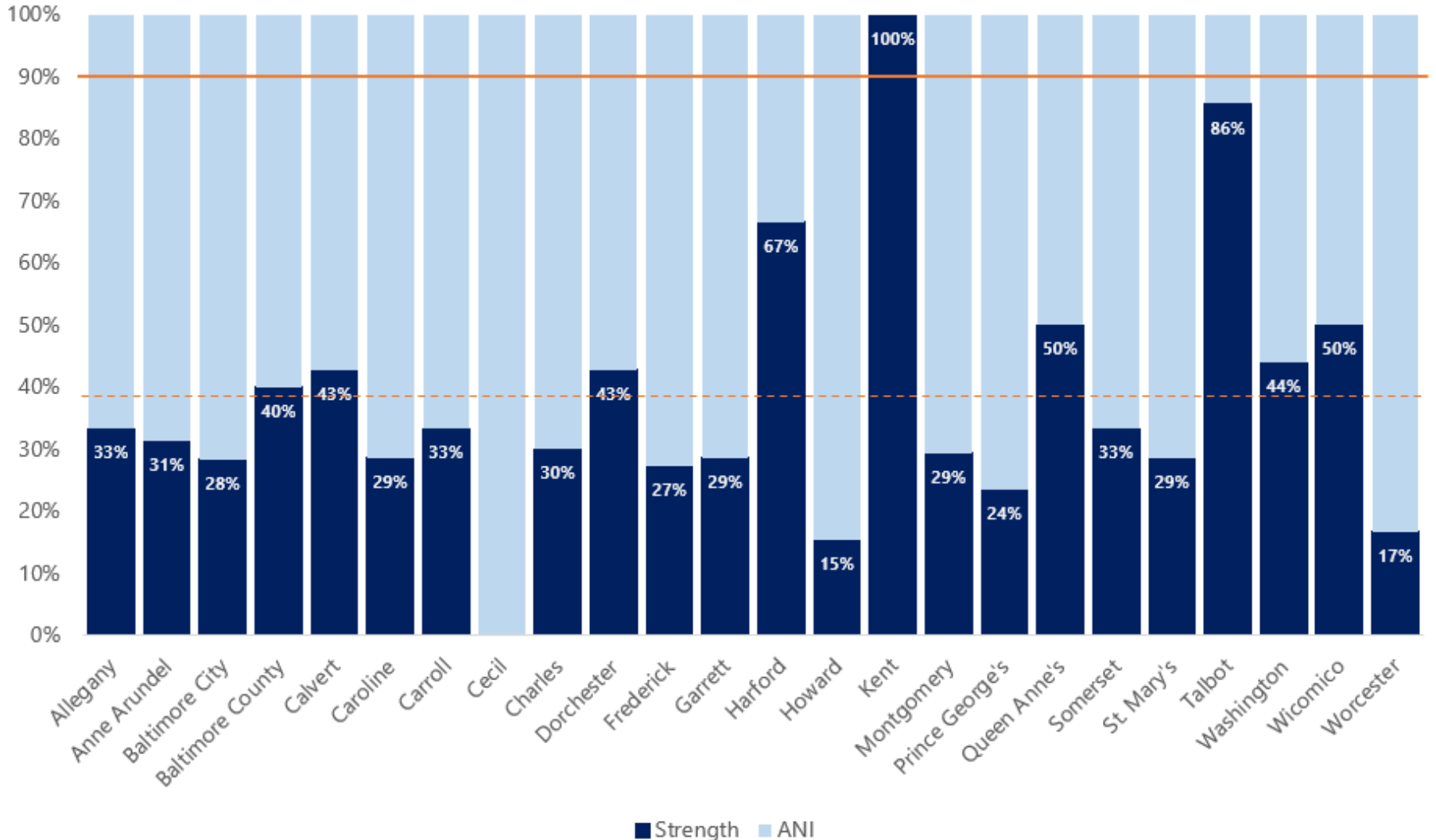
Caseworker visits with child

Item 14



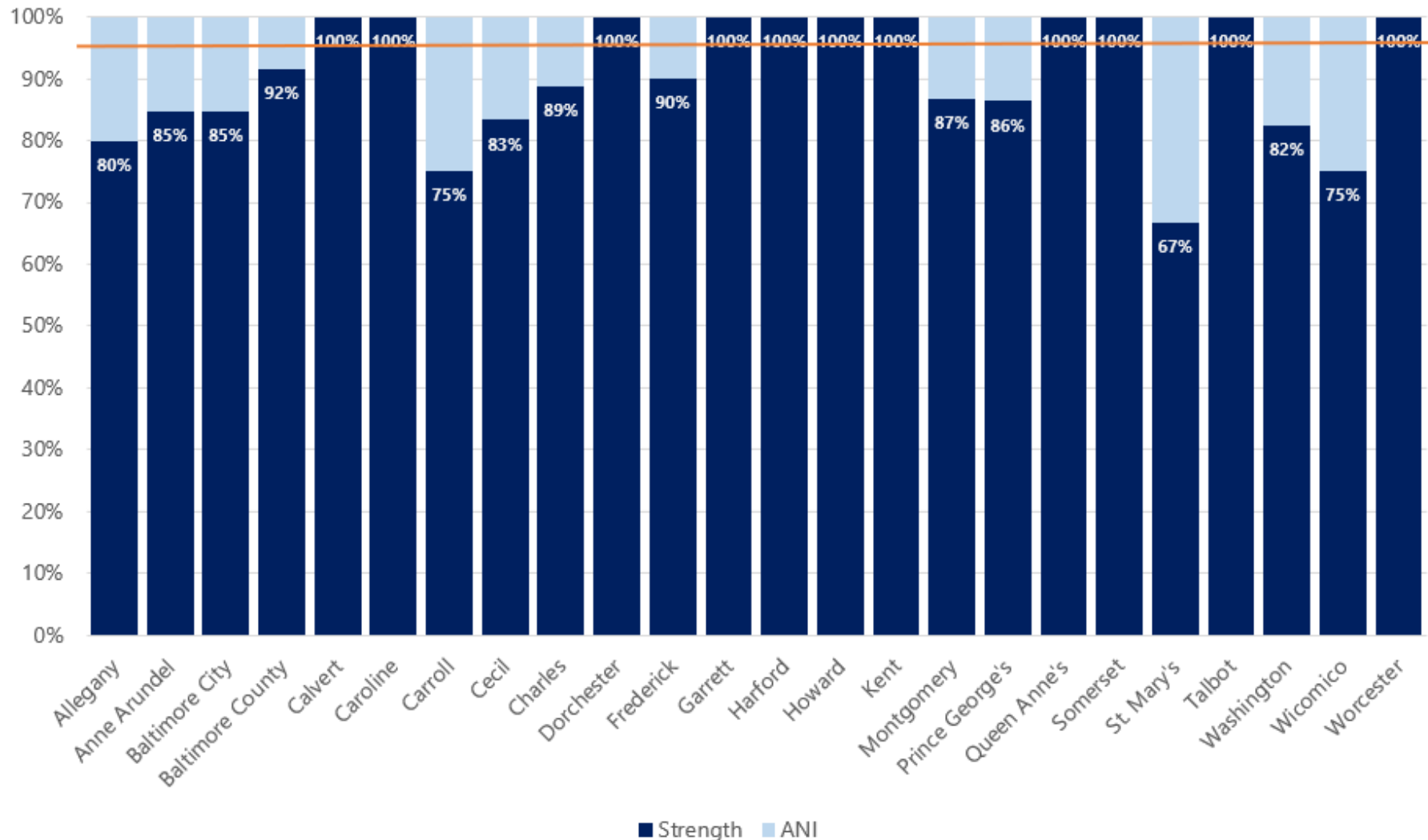
Caseworker visits with parents

Item 15



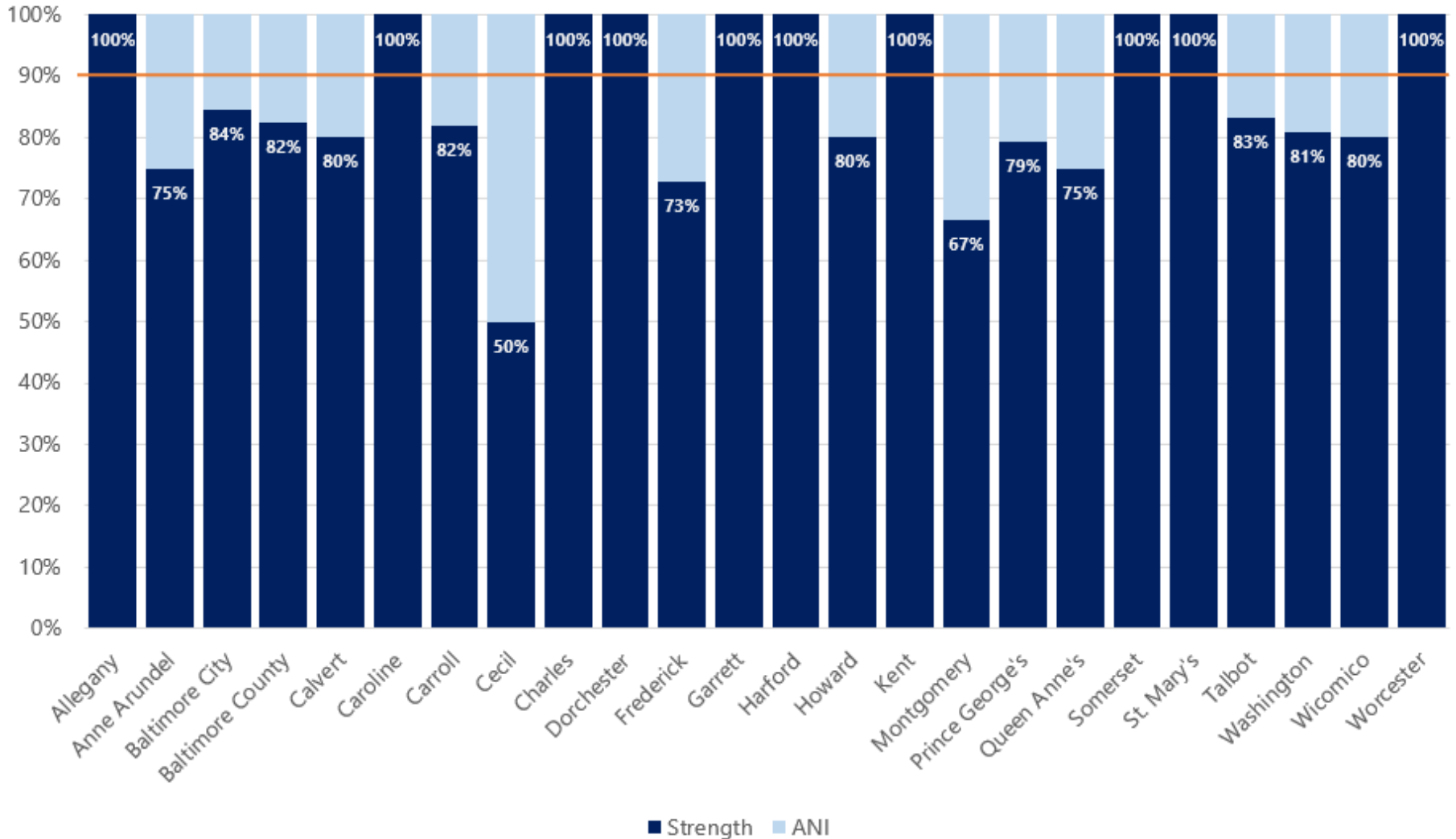
Educational needs of the child

Item 16



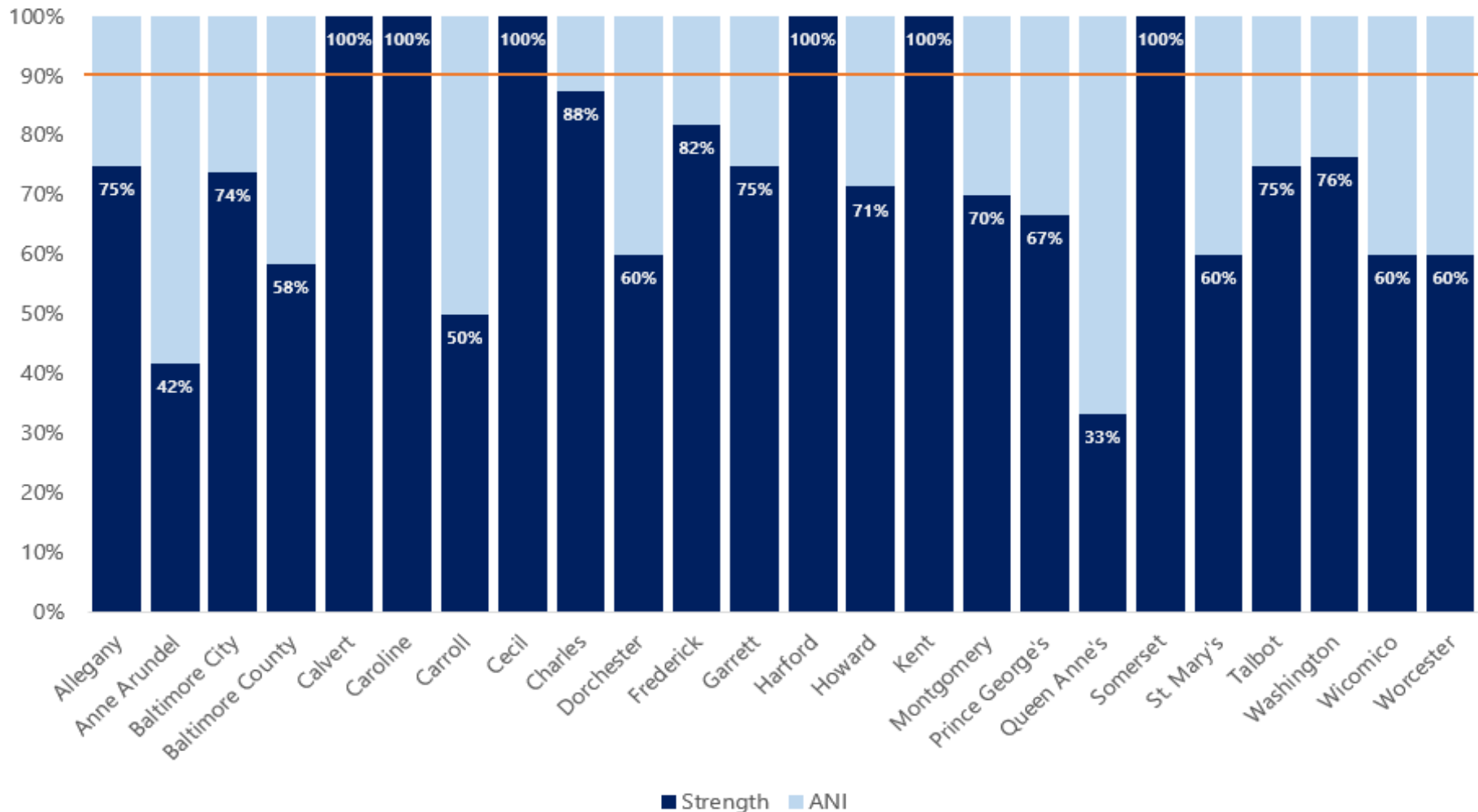
Physical health of the child

Item 17



Mental/behavioral health of the child

Item 18



MD CQI

Qualitative Stakeholder Focus Group Outcomes

October 2020

SSA CQI Unit and UM SSW



Local Department Participation

- Baltimore City
- Caroline
- Charles
- Kent
- Somerset
- Washington

Stakeholders Represented

- Youth
- Biological Caregivers
- Resource Parents
- Caseworkers
- Resource Home Workers
- Supervisors
- Directors and Assistant Directors
- Attorneys
- Judges and Magistrates
- Service Providers

Focus Group Participation

- A total of **16** focus groups were conducted and **69** individuals participated.
 - The average number of participants per group was 7.
 - Actual participation ranged from 2 to 9 individuals per group.
- Overall participation rate for the focus groups was **33%**.
 - Biological parents (2 participants)
 - Youth (**3** participants)
 - Resource parents (4 participants)



Safety Highlights

- Child Welfare Professionals are not consistently **teaming** with families to develop case plans
 - Heavy reliance on the court order to develop case plans
 - Many families are involved in other services and systems.

Safety Highlights

- Child Welfare Professionals recognize the negative perception that communities have and require skills and training to break through this barrier to engage families in the process
 - Difficulty **engaging** families makes it difficult for accurate assessments to be completed. (**assess & intervene**)

Permanency Highlights

- Barriers related to court:
 - Need for education/training for all participants about timelines and expectations; specifically, around filing for TPR. (**plan & monitor**)
 - Participants were unclear on the difference between Permanency Review Hearings and Periodic Review Hearings. (**monitor**)
 - Indian Child Welfare Act (ICWA) was identified as a major barrier due to the length of time for a full inquiry. (**plan & monitor**)

Permanency Highlights

- Family experiences in court:
 - Lack of **engagement** with families can often lead to families being “blindsided” by recommendations for permanency plan changes in court.
 - The practice of notifying resource parents of court hearings is inconsistent. (**plan**)

Permanency Highlights

- Case plans/case goals are heavily tied to court orders
 - Families are not **engaged** in the development of their own case planning goals
- Caseworkers and Supervisors see FTDMs as a valuable resource for case **planning**
- FTDM feedback:
 - It can be difficult to include attorneys due to scheduling constraints (**plan**)
 - Families reported that they do not feel **engaged** in case planning outside of **FTDMs**

Well-Being Highlights

- Caseworkers and other child welfare professionals require further training on how to better **engage** with clients to ensure that their needs are being met.
- Supervisors would benefit from training on providing clinical supervision to caseworkers (**monitor**)
 - Supervisors can provide caseworkers with the opportunity to be self-reflective in supervision and ensure they are integrating what they have learned in training into their practice

Denise Conway, SSA, CQI Manager
Chapin Hall at the University of Chicago
University of Maryland, School of Social Work

