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Improve worker documentation of youth needs and placement histories. 1. Enhance the accuracy of documentation on the needs and placement histories of children and youth, particularly those with hospital overstays and stays in offices and hotels (whose data was captured outside of CJAMS and had significant data quality issues). Data quality was a significant problem encountered during the assessment which impeded the assessment team's and case reviewers' ability to precisely identify child and youth needs and reasons for adverse outcomes such as hospital overstays and stays in hotels and offices. Below are four strategies to consider: ● Implement quality assurance protocols, such as secondary reviews and/or closer reviews by supervisors before approving documentation. These strategies will increase accurate documentation of placements, child needs, content on child placement and referral forms, and critical mental and physical health characteristics such as diagnoses and medications. ● Reduce or eliminate the use of external tracking forms (e.g., spreadsheets outside of CJAMS) by updating CJAMS to accommodate this information. If external tracking forms must be used, add data validation checks, formulas, look-up functions, and quality assurance protocols to increase the accuracy of information entered. ● Routinely track and report to a data quality assurance or CQI team on data quality problems in CJAMS related to placement histories so the data can be corrected and workers and supervisors trained on proper documentation. Appendix A of the assessment report lists several data quality checks to consider, which include children with duplicate placement entries, placements whose dates overlap (suggesting the child is in two places at the same time, and placements missing start and end dates ● Provide additional worker and supervisor training on placement planning and needs documentation, emphasizing the critical value of this information to ensure continuity of care across different caregivers and workers, provider	SSA has shared this report, this specific recommendation and Appendix A with the DHS Data Office and MDTHINK/CJAMS leadership for review. This team will make recommendations to SSA ED on how CJAMS can be updated to address the issues in the report. **Targeted Completion: December 2025** **Targeted Implementation: Summer 2026**

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understanding of child needs and history, and MDHHS' ability to understand the placement needs and experiences of children in its custody.	
Placement Review Panel 2. To address the complex challenges for children experiencing placement disruption, hospital overstays, hotel stays, and office stays, MDHHS should establish a Placement Review Panel. This multidisciplinary team would be modeled after child fatality review boards, focusing on case-level analysis and systemic recommendations to prevent these kinds of stays and improve placement outcomes. The Placement Review Panel would: a. Analyze Cases: Review individual cases of children who experience significant placement disruptions or extended hospital, hotel, or office stays to identify root causes and determine whether these events were preventable. b. Support Placement Efforts: Collaborate with caseworkers, providers, and other stakeholders to expedite placement finding and ensure alignment with the child's needs and preferences. c. Propose Systemic Improvements: Develop recommendations for MDHHS leadership to address recurring issues, such as provider accountability, resource gaps, and systemic barriers.	SSA is currently working with a small group of LDSS Directors, Assistant Directors and frontline staff to outline process and protocol for a Review Panel. **Targeted Completion: June 2025** **Targeted Implementation: October 2025**
Placement Assessments and Impact on Service Array 3. Assessing MDHHS' placement array and provider capacity was not part of the scope of this placement needs assessment. This exclusion made it difficult to examine how much provider capacity, as opposed to other factors (like insufficient placement efforts, youth preference, or providers' inappropriately rejecting referrals), contributed to hospital overstays and stays in hotels and offices. The case review method attempted to discern some of this, but the poor documentation reviewers noted on placement forms limited their ability to fully understand reasons for these stays. However, the data was sufficient to show that youth aged 14 – 17 and those with complex behavioral or psychological needs constituted the majority of hospital overstays and stays in hotels and offices. If lack of provider capacity proves to be a key factor in hospital overstays and stays in	SSA released a recent policy regarding hotel stays and hospital overstays which will become effective on **March 1, 2025**. SSA is currently working on the release of a Statement of Need which will include short-term psychiatric respite and other options for continuum of care.

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hotels and offices, MDHHS should focus on expanding specialized placement options: a. Phase Out Office Stays: Develop protocols that eliminate office stays by requiring immediate coordination between caseworkers and providers to find appropriate placements. b. Minimize Hotel Dependence: Prioritize expanding treatment foster care and emergency shelter options, as appropriate, to eliminate reliance on hotels as a placement option. c. Pilot Crisis Stabilization Units: Establish short-term crisis stabilization facilities as alternatives to hospital overstays, hotel, and office stays, providing immediate care in a more suitable setting while longer-term placements are secured. d. Create Step-Down Programs: Design transitional placements for youth leaving intensive care settings (e.g., hospitals) to prepare them for family-based or less restrictive environments	
Address Placement Disruptions, Matching, and Measurement of Placement Stability	
4. Strengthen Placement Matching Tools: Implement evidence-based and standardized decision-support tools to match children with appropriate placements based on detailed assessments of their needs and the characteristics and current capacity of providers. It was not evident from this assessment that any such tools are being used. Although the CANS can be used to support placement decisions, it was beyond the scope of this assessment to examine the extent to which the CANS is actively being used to inform placement decisions, or to inform ongoing needs for the child during their placement.	SSA will explore this recommendation at a later date to ensure that adequate time and capacity of resources can be committed as well as to ensure time for change management for other initiatives that are currently underway. **Targeted Completion: TBD** **Targeted Implementation: TBD**
5. Support Kinship Placements: Invest in training and financial support for relative caregivers to reduce initial placements in non-relative settings and improve stability.	DHS and BCDSS have made major investments in this area of work, that is producing results.

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6. Create processes for consistently incorporating youth preferences into placement decisions, ensuring these preferences are considered unless safety is at risk.	LDSS staff engage youth, when age appropriate, to understand their preference for placement. There are instances where a placement has been secured but the youth refuses the placement and requests to remain in a hotel setting. SSA will work with local department staff to ensure that youth voice is adequately captured.
7. In addition to tracking placement instability per the federal CFSR statewide indicator (i.e., moves per 1,000 days of care), MDHHS should begin to track and report on the types of moves children experience (e.g., least restrictive, lateral, or more restrictive) and set performance targets. In July 2024, Chapin Hall submitted to SSA's data team a recommended way to measure the frequency and type of moves.1	SSA will explore this recommendation at a later date to ensure that adequate time and capacity of resources can be committed as well as to ensure time for change management for other initiatives that are currently underway. **Targeted Completion: TBD** **Targeted Implementation: TBD**
8. Increase Caseworker Training: Train caseworkers to: a. identify and respond to early warning signs of placement instability; b. incorporate trauma-informed care, cultural competence, and developmentally appropriate approaches to improve their understanding of youth behavior and needs; c. contextualize youth behaviors, including runaways, as communication of unmet needs or preferences rather than pathologizing such actions;	SSA will host a Spring 2025 Placement Learning Lab that will include representation from all 24 LDSS, hospital social workers, providers, and SSA to discuss current barriers and trends with placement. There will also be hands on practical application of completing placement referrals.
9. Explore the use of CJAMS alerts that notify workers and supervisors of early warning signs of placement stability, in which early intervention may prevent a disruption. These alerts could be based on many possible events, including repeated provider-initiated communication (e.g., multiple calls or emails from providers regarding a child's behavior within a specified timeframe); documentation of repeated runaway incidents or youth expressing dissatisfaction with the current placement; youth-reported placement	SSA will explore this recommendation at a later date to ensure that adequate time and capacity of resources can be committed as well as to ensure time for change management for other initiatives that are currently underway. **Targeted Completion: TBD**

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dissatisfaction or requests for placement changes during visits; sudden changes in school attendance or reports of behavioral issues; unresolved placement requests or placement search delays (e.g., extended time between placement referral initiation and successful placement); multiple placement moves within a short period; behavioral and emotional indicators (e.g., frequent hospitalizations; documentation of escalating behaviors such as aggression, self-harm, or property damage), family and caregiver factors (e.g., repeated caregiver complaints, sibling separation, and multiple requests for respite care by foster parents or relative caregivers).	**Targeted Implementation: TBD**
Improve Understanding of Efforts to Secure Placement	
10. During the case review, the Chapin Hall assessment team discovered a form completed for some children called, Effort to Secure Placement, wherein the worker documents each facility or program to whom a placement referral was submitted, the date it was accepted or rejected, and the reason for rejection. SSA indicated that this form was recently introduced to workers. MDHHS should begin a systematic analysis of these forms to determine the extent to which they are being used and to quantify the nature of rejection reasons. This information will help MDHHS determine how often workers' efforts to secure placements are sufficient, common reasons for provider rejections, and whether provider rejections align with the providers' contractual requirements or indicate a genuine capacity problem.	SSA will explore this recommendation at a later date to ensure that adequate time and capacity of resources can be committed as well as to ensure time for change management for other initiatives that are currently underway. **Targeted Completion: TBD** **Targeted Implementation: TBD**
11. Require providers to respond to placement referrals with reasons for acceptance or denial, improving transparency and accountability.	New contract language for residential, TFC and ILP providers addresses this issue.
12. Require providers to demonstrate their capacity to manage behaviors listed in their service profiles and avoid unnecessary rejections or discharges.	New contract language for residential, TFC and ILP providers addresses this issue.
Support Older Youth and High-Need Populations	
13. Develop Targeted Programs: Create specialized programs for older youth (14–17) addressing behavioral challenges, substance use, and independent living skills.	• On October 1, 2024, DHS increased rates for residential care providers across the state to ensure that its provider partners are adequately resourced to

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14. Prioritize placement settings for youth aged 14–17 and those with complex behavioral or psychological needs. As mentioned in another recommendation, these characteristics constituted the majority of hospital overstays and stays in hotels and offices.	meet the complex needs of youth in care. • The current Child Placement Agency contracts which include Treatment Foster Care (TFC) and Independent Living Program contracts expire June 30, 2025. SSA will issue a new Expression of Interest (EOI) in Spring 2025 to procure both TFC and ILP placement resources. The new contracts will include a revised scope of work to ensure that placement providers serve the population identified in their contracts, in order to improve placement experiences for youth in care. • In spring 2025, SSA will be issuing a Statement of Need in order to enhance capacity for Residential Child Care providers that serve youth with complex medical or behavioral health needs. After the Statement of Need, the Department will issue an Expression of Interest
15. Address Racial Disparities: Provide culturally responsive services and increase the recruitment of foster families reflective of the racial and ethnic composition of the children in care.	SSA will explore this recommendation at a later date to ensure that adequate time and capacity of resources can be committed as well as to ensure time for change management for other initiatives that are currently underway. **Targeted Completion: TBD** **Targeted Implementation: TBD**
Enhance Interagency Coordination for Children with Hospital Stays due to Complex Medical or Psychiatric Reasons	
16. Formalize Discharge Planning Protocols: Require routine, multidisciplinary discharge planning meetings involving hospitals, caseworkers, and potential placement providers to ensure smooth transitions.	SSA will explore this recommendation at a later date to ensure that adequate time and capacity of resources can be committed as well as to ensure time for change management for other initiatives that are currently

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	underway. **Targeted Completion: TBD** **Targeted Implementation: TBD**
17. Create Warm Handoff Procedures: Improve introductions between families and providers to facilitate engagement and continuity of care post-discharge.	This component is already built into the expectations for QRTP providers. SSA will explore how to scale up this practice across all placement providers. **Targeted Completion: TBD** **Targeted Implementation: TBD**
Promote Prevention and Family Preservation	
18. Expand Primary Prevention Programs: Invest in services addressing root causes of foster care entries, such as substance use, neglect, and family instability, particularly for regions with high entry rates.	SSA extended the 2020-2024 Title IV-E Prevention Plan and will submit the 2025-2029 Prevention Plan as an amendment by June 1, 2025.
19. Support Family Reunification Efforts: Provide specialized services for families of children entering care due to caregiver substance abuse or neglect to expedite reunification.	Sobriety Treatment and Recovery Teams (START) is currently in 6 jurisdictions across Maryland (Anne Arundel, Caroline, Carroll, Frederick, Kent and Washington Counties). SSA will explore ways in which we can scale this evidence-based program in the remaining 18 jurisdictions through FFPSA. **Targeted Completion: TBD** **Targeted Implementation: TBD**
20. Prioritize targeted support for caregivers and family-setting providers with children exhibiting complex needs. Support could include trauma-informed training, readily available respite care, and crisis management resources like mobile crisis units trained to prevent placement disruptions.	This is already a component of Provider Rate Reform that launched on October 1, 2024. SSA will continually explore programming for supportive resources that can be provided to caregivers and will collaborate with MDH as needed. **Targeted Completion: Ongoing**

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	Targeted Implementation: Ongoing
21. Enhance family-based interventions and support to prevent initial foster care placements and reduce caregiver refusals to take children back after crises or hospitalizations.	SSA will explore this recommendation at a later date to ensure that adequate time and capacity of resources can be committed as well as to ensure time for change management for other initiatives that are currently underway. **Targeted Completion: TBD** **Targeted Implementation: TBD**
Monitor and Evaluate Implementation 22. Establish Performance Metrics: Track key indicators like placement stability to include the nature of moves (see related recommendation), lengths of stay in temporary settings, and outcomes for children with complex needs to evaluate the effectiveness of implemented changes.	SSA will explore this recommendation at a later date to ensure that adequate time and capacity of resources can be committed as well as to ensure time for change management for other initiatives that are currently underway. **Targeted Completion: TBD** **Targeted Implementation: TBD**
23. Conduct Regular Needs Assessments: Use annual or biannual placement needs assessments to adapt strategies based on emerging trends and challenges.	Planned
Future Research 24. Conduct in-depth, focused studies on the experience of children and youth with significant placement instability or stays in hospitals, hotels, or offices. The goal is to identify recurring patterns related to placement disruptions, denial practices of providers, factors contributing to each placement move and their course, the availability and adequacy of specialized placement settings, gaps in service provision, and systemic barriers that prevent timely and effective matching of children to appropriate and stable placements. These studies should also explore the root causes of placement instability, including challenges faced by caseworkers, resource limitations, and the extent to which youth preferences and developmental needs were considered in placement decisions.	SSA will explore this recommendation at a later date to ensure that adequate time and capacity of resources can be committed as well as to ensure time for change management for other initiatives that are currently underway. **Targeted Completion: TBD** **Targeted Implementation: TBD**

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