

Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

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

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

State Response:

MD CHESSIE is Maryland's system of record for children who receive child welfare service through the State's Local Departments of Social Services (LDSS) agencies. Reports are distributed monthly from MD CHESSIE that identifies the following:

- **Status** – The status of all children in care is captured monthly on the following report:
 - Maryland Child Welfare Data Report captures the Out-of-Home Placements by type, Exit Reason, and Children/Youth in Out-of-Home (OOH) Care initially placed via Voluntary Placement Agreement (see CFSR.Appendix A. Item 19. CPS Trend Data)
- **Demographic Characteristics** – The demographic characteristics of children and youth in OOH is reported monthly. The demographics include age, gender, and ethnicity; by jurisdiction and percentage (see CFSR.Appendix B. Item 19. Maryland Child Welfare Services Data – Children/Youth in OOH Care, by Gender, Race, Ethnicity, and LDSS)
- **Location** – The location of all children in OOH care is reported on the RE858R Weekly Out-of-Home Detail Report. For the reporting period ending March 31, 2016, 93 clients were unknown to MD CHESSIE. This number represents 1.9% of the total population in care (4,925), and is usually associated with lack of data documentation. (see CFSR.Appendix C. Location Data Report - February 2016 Maryland Child Welfare Services Data)
- **Goals for the Placement of Every Child Who is in Foster Care** – The RE858R Weekly Out-of-Home Detail Report, and the RE858R Out-of-Home End of Month Detail Report. As of March 15, 2016, 92.2% of all children placed in OOH care have a Permanency Plan. Those children not having a Permanency Plan are usually children who have recently entered foster care.

There are several observations available from a review of the reports that are available for State and LDSS use:

Child Protective Services and In-Home Services:

- Maryland receives 4,300 average monthly reports of alleged child maltreatment, wherein five jurisdictions: Montgomery County, Baltimore City, Prince George's, Baltimore County, and Anne Arundel represent the majority of the reports (54%).
- The average daily caseload for Investigative Response is 1,650, and for Alternative Response is 1,200.
- The average daily caseload for In-Home services is 2,900 (families in service).

- During the last year the average daily foster care census has been 4,800 (children in foster care), wherein only two jurisdictions represent the majority of foster children: Baltimore City and Baltimore County (52%), with sizable proportions coming from Prince George’s and Montgomery counties (10% and 8%, respectively).
- Among children served in foster care:
 - Children ages 0-4 comprise 24% while youth ages 14-20 is nearly half (48%).
 - Gender is evenly distributed, wherein Males represent 51% and Females, 49%.
 - Race breakdowns reveal a national observation—Blacks/African Americans are over-represented (31% of all children under 18, but 62% of foster children); while Whites are under-represented (52% of all children, and only 31% of foster children).
 - Children are served predominately (71%) in family homes, versus 10% served in Group Homes and only 4% in Residential Treatment Centers.
 - Among children exiting foster care, 80% are exiting to permanency—reunification, adoption, or guardianship.

Over the years, Maryland has issued exception reports for children placed in foster care, to assure that certain aspects of the cases are addressed and data errors are minimized. The exception reports are the following:

1. Details Of Clients With An Active Out Of Home Program Assignment But No Active Placement Or Living Arrangement as of end of month
2. Details Of Clients With An Active Out Of Home Removal Episode But No Active Program Assignment of OOH as of end of month
3. Details Of Clients With A Living Arrangement Start Date but without Living Arrangement Name as of end of month
4. Details of all Children with an open Program Assignment of OOH but no removal in MD CHESSIE as of end of month
5. Details of all Children with more than one open removal episode in MD CHESSIE as of end of month
6. Details Of All The Children with an Active Program Assignment of OOH and an Active Placement/Living Arrangement But who are 21yrs or Older as of end of month
7. Details of Children in OOH with Living Arrangement of Unknown Whereabouts
8. Children having placement open and also a living arrangement of THV, runaway, hospitalization, TVH, Mother’s Home, Father and Stepmother, Father’s Home, Mother and Father’s Home, Mother and Stepfather, Relative Home for over 30 days
9. Children having no active placement and a LA of other or THV or mother/father/paramour...relative home, or runaway greater than 6 months

These reports have been very useful for cleaning up foster care case records in MD CHESSIE data. LDSS offices have used the reports to learn where documentation in MD CHESSIE needs improvement, and the State has worked with LDSS offices needing improvement, through phone, on-site, and training.

In addition, the State has begun issuing Milestone Reports weekly to LDSS offices. These reports contain information at a case level for Child Protective Services, In-Home, and Out-of-Home services, and are used by caseworkers and supervisors as tools use to ensure timely documentation of their efforts, monitor documentation compliance proactively, and take corrective actions. These reports contain pertinent details about active cases, and so if there are problems about the case overall (e.g. LDSS reports that a case does not belong to them), or documentation problems exist, the LDSS can alert the supervisor and caseworker quickly to avert or correct the documentation problem. The milestone reports will also assist the State in making improvements in MD CHESSIE, based on feedback received

from LDSS offices about problematic data elements that must be documented consistently, to improve the functionality of the statewide system.

Item 20: Written Case Plan

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

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

State Response:

Data Assessment

The table below shows that Maryland is at 62% in documenting a parent’s signature for the written case plan for each child in Out-of-Home Placement. Maryland believes that this percentage should be higher and the 62% is due to the lack of correct documentation in MD CHESSIE.

Item 20: Approved Case Plans by State Fiscal Year			
Statewide	Plans Approved	Parent Signature	Percent
SFY 2016	2,607	1,612	62%
<i>Source: MD CHESSIE</i>			

It should be noted that having a signature on the case plan is not a guarantee that the case plan was developed jointly between the parent(s) and LDSS. The State has developed a data plan in order to improve the documentation for the written case plan that should be developed jointly:

- The State will update policy to include an instruction for LDSS to designate, in the approved Case Plan, the date of the Contact recorded in MD CHESSIE containing details about how it was developed and whether it was developed jointly with the parent(s) and foster children as appropriate.
- The State will issue instructions on how to document the written case plan in MD CHESSIE and produce a monthly report indicating progress on approved case plans, so that the LDSS offices can examine the improvements they are making in creating jointly developed case plans.

Finally, DHR will train LDSS staff on the correct way to document this in MD CHESSIE. Data will be pulled quarterly and reviewed by DHR staff.

Quality Assurance / Case Plan Reviews

A new comprehensive statewide case review system was adopted in January 2016 as part of the revised Quality Assurance system. The case reviews provide a direct overview of an agency’s outcomes and services being provided to children and their families based on information being documented in the case records, as well as direct feedback from parties associated to the cases being reviewed. Listening to and involving the agency’s clients in assessing quality, as well as obtaining input from external stakeholders in the community, is an integral part of the Continuous Quality Improvement (CQI) process. Case-related interviews will be conducted with children, families, caseworkers, supervisors, attorneys, therapists and other key stakeholders involved with the case to further identify and clarify possible underlying causes for the trends and performance issues (both positive and negative). These interviews

will focus on the services being provided in relation to the specific cases being reviewed in an effort to gain a global perspective of the LDSS' interactions with stakeholders.

Case reviews also serve as a means to assess compliance and quality case work practice by reviewing the documented assessments and planning decisions made for children and families. Prior to the onsite review, the CQI Team will conduct case reviews on a randomly selected group of cases from MD CHESSIE using an online tool developed by the Children's Bureau. The tool will be used to review the case information documented in prescribed MD CHESSIE sections.

Program Reviews Planned for 2016-2017

Quarterly, the Social Services Administration (SSA) will review the data on written case plans. This data will be reviewed with Assistant Directors of Services of Local Departments of Social Services (LDSS) at their monthly meeting and discussion will be held about any local department's struggles with maintaining written case plans. SSA will also compare local departments' data in relation to low percentages of written case plans to length of stay in care and achieving permanency. This comparison will allow SSA to determine if the lack of written case plans impact the local departments from achieving permanency for the children. SSA will provide technical assistance to the local departments with low percentages of written case plans. SSA will also develop training on case plan compliance which will be implemented during the fall 2016.

Case Plan Process

The State of Maryland Case plan for children is intended to meet the permanency, safety, and well-being needs of children in Out-of-Home Placement. Within 60 days of a child entering Maryland's foster care system a written case plan must be jointly developed and finalized between the Local Department of Social Services (LDSS) and the parents. The case plan shall be reassessed within 120 days of the initial plan and every 180 days after that. The LDSS amends the case plans, as necessary, in light of the child's situation and of any court orders that affect the child. Case plans are developed jointly with the parent and children when age appropriate. The goal is to establish a permanency plan with specific tasks for all parties to achieve within a period a time. The progress of the plan includes child's safety, permanency, and well being that is signed by all parties.

Case plans are first introduced and discussed during the initial Family Involvement Meeting (FIM). FIMs are convened to engage youth and families in making critical decisions and to provide a forum for youth and families to be active partners in discussing child welfare involvement.

All case plans include:

- Description of the circumstances that make placement necessary.
- Whom the child was living before placement and their relationship to the child.
- Efforts that were made but were unsuccessful in preventing or eliminating the need for removal from the child's home, including the consideration of both in-State and out-of-State placement options, or why such efforts were not possible.
- A plan for working to ensure that services are provided to the child, parents, and resource parents to improve the conditions in the parents' home and to facilitate the child's return to his or her own safe home or other safe and appropriate permanent placement.
- A description of how the LDSS plans to carry out specific court orders, if any, pertaining to the child
- A plan for ensuring that the child receives safe and appropriate care.
- A plan for working to ensure that services are provided to the child and foster parents to

- address the needs of the child while in foster care
- For a child age 14 or older, a written description of the life skills training that will help the child prepare for independent living.

Transitional Case Planning Process

Maryland provides personalized comprehensive written case plans for all youth 14 to 21 years of age that prepare youth to transition from Out-of-Home Placement to adulthood. Beginning at age 14, the Maryland Youth Transitional Plan is developed jointly by the caseworker and youth. The plan should focus on the six core areas of service which are education, employment, health/mental health, housing, financial literacy/resources, and family/friends support. The caseworker and youth are to review and revise the transitional plan every 180 days. These plans are established, reviewed and revised and ensures that the youth is participating in age appropriate or developmentally appropriate activities.

Transitional planning is the responsibility of the caseworker to ensure that the youth has acquired skills and has overcome barriers to complete school, obtain and maintain gainful employment, find adequate and affordable housing, financial literacy, identifying family/friend support, self care, and access health and mental health care. Transitional planning also ensures that the youth is participating in age appropriate or developmentally appropriate activities.

Another Planned Permanency Living Arrangement (APPLA) population

Case plans of APPLA and case planning activities require that each case plan of APPLA is reviewed by the caseworker and supervisor during supervision at the time of the completion of the court report and at each case reconsideration. Case plan and court report are documented that the youth is fully engaged in the case planning process and the process has been explained to the youth in an age or developmentally-appropriate manner.

Each court report and case plan outlines the ongoing efforts the caseworker has made during the most recent reporting period to place the youth with a parent, relative (including adult siblings), or in a guardianship or adoptive placement. The individual needs of the youth's case plans include educational plan, health, emotional stability, and physical placement.

In case planning, workers document why APPLA is the most appropriate permanency plan and why it is in the youth's best interest to adopt or continue with the permanency plan of APPLA. At any time, if a more desirable permanency plan can be adopted, the LDSS shall request a change in the permanency plan. The supervisor ensures that the federal requirements for APPLA questions are answered in writing and are retained in the case record (Case Plan 3-APPLA).

Item 21: Periodic Reviews

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

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

State Response:

Process

Maryland’s LDSS offices currently update the case plan for every child in Out-of-Home Placement every 180 days. During case planning process all aspects of the child are reviewed with an emphasis on safety, permanency, and well-being. A part of the case review is for the child welfare case worker to complete a Maryland Child and Adolescent Needs and Strengths (CANS) assessment, which assesses the needs and strengths of children (and their caregivers) in Out-of-Home Placement. Another form of case review is completed by the courts through Permanency Plan Hearings and Guardianship Review Hearings which are held every 6 months on all youth in Out-of-Home Placement. All court hearings are entered in MD CHESSIE.

Data Assessment and State Response:

Every child who has been in foster care for at least seven months should have an initial periodic review and ongoing reviews every 180 days. Based on data submitted for AFCARS (Adoption and Foster Care Analysis Reporting System), Maryland is up to date with documentation of periodic reviews, as evidenced by the most recent AFCARS submissions:

Items 21 Periodic Reviews – AFCARS Submissions			
Statewide	Client Count	Errors	Up to Date
FFY 2015B	4,685	155	96.7%
FFY 2016A	4,593	320	93.0%
Source: MD CHESSIE (AFCARS Submission)			

It should be noted that the increase in errors concerning the periodic reviews is being analyzed with the MD CHESSIE AFCARS technical team to determine if database changes has impacted this submission, as the State has no reason to believe that LDSS offices are falling short in recording periodic reviews. These reviews are monitored monthly as part of AFCARS data review and LDSS offices are notified if reviews are not being documented properly.

In Maryland periodic reviews usually include a review of the child’s permanency plan or guardianship review as applicable. The Maryland Courts have started producing reports that can be used to help the State and jurisdictions to review its progress in conducting initial permanency reviews and periodic permanency reviews after the initial review.

It is evident that Maryland has been taking seriously the need to provide periodic reviews for foster children, and the State will continue to monitor these benchmarks. DHR also collaborates with the MD Foster Care Improvement project to evaluate timeliness on court hearings. DHR will continue to solicit feedback from the court system and local department of social services in order to continue to identify any barriers and expedite the scheduling of court hearings.

Item 22: Permanency Hearings

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

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

State Response:

During the period May 2015 through April 2016, the Maryland Courts’ report contains the following information about the time to first permanency hearing:

Foster Care: Time to First Permanency Hearing	
Reporting Period: 5/1/2015 through 4/30/2016	
Median Time (in days)	306.5
Average Time (in days)	341.0
Cases Compliant (first permanency hearing within 12 months)	75.9%
<i>Source: Foster Care Court Improvement Program</i>	

In addition, Maryland’s Courts also produce a report containing the following information about subsequent permanency hearings, which, depending on the foster child, might be the initial hearing to the second hearing, or between the third and fourth hearings (depending on the time frame experienced by each case during the report time frame):

Foster Care: Time to Subsequent Permanency Hearing	
Reporting Period: 5/1/2015 through 4/30/2016	
Median Time (in days)	154.0
Average Time (in days)	167.4
<i>Source: Foster Care Court Improvement Program</i>	

This table demonstrates that the permanency hearing, which in Maryland usually accompanies the periodic court review, occurs on average within the 180 compliance interval.

Finally, the Maryland Courts produce a report concerning the percent of cases meeting compliance reaching the permanency or guardianship review after the initial review, as follows:

<i>Foster Care: Time from Initial to First Review Hearing</i>	
Reporting Period: 5/1/2015 through 4/30/2016	
Permanency Cases Compliant (Initial to First Review Hearing)	84.5%
Guardianship Cases Compliant (Initial to First Review Hearing)	98.2%
<i>Source: Foster Care Court Improvement Program</i>	

It is evident that Maryland has been focusing on the need to provide permanency reviews for foster children, and the State will continue to monitor these benchmarks. DHR also collaborates with the MD Foster Care Improvement project to evaluate timeliness on court hearings. DHR will continue to solicit feedback from the court system and local department of social services in order to continue to identify any barriers and expedite the scheduling of court hearings.

Item 23: Termination of Parental Rights

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

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

State Response:

Permanency planning under the Adoption and Safe Family Act (ASFA) requires that a petition to Terminate Parental Rights (TPR) be filed when a child has been in foster care 15 or more of the most recent 22 months. If a LDSS chooses not to file a TPR petition, the LDSS must document the “compelling reason” why they are not filling a petition. A TPR petition can be filed earlier if a legal ground for termination of parental rights exists or if the parents are willing to consent to the TPR. Once the court has changed the permanency plan to adoption the LDSS must file a TPR petition within 30 days. If the court changes the plan to adoption against the recommendation of the LDSS, the LDSS has 60 days to file the TPR.

During the period May 2015 through April 2016, there were 1,021 children who reached the point of having been in foster care 15 or more of the most recent 22 months. Among those, 202 (20%) had left foster care, 114 (11%) have remained in foster care and had their parental rights terminated, and the remaining 705 children in foster care (69%) have not had their parental rights terminated. The table below provides permanency plan details about these 705 children by age group.

Foster Children in Care 15 of last 22 Months who have not left care nor have parental rights terminated May 2015 - April 2016	Age Groups		
	Under 14	14 and Older	Total Count
Primary Permanency Plan			
Adoption by a non-relative	79	9	88
Another Planned Permanent Living Arrangement (APPLA)	0	91	91
APPLA - Child Requires Long Term Care	0	6	6
Guardianship by a non-relative	30	21	51
Placement with a relative for adoption or custody and guardianship	70	18	88
Reunification with the parent or legal guardian	224	156	380
Missing	0	1	1
Total Count	403	302	705

Data Source: MD CHESSIE

More than half of foster children who have not had parental rights terminated are under 14 years old (57%), while 43% are ages 14 and older. Among those under age 14, 79 foster children (20% for that age group) have a permanency plan of adoption and should have their parental rights terminated. The other 80% either have guardianship, placement with a relative for adoption/guardianship, or reunification as their primary permanency plan. For these younger children, it is important for the State to provide

ongoing reminders to LDSS staff in order to focus attention on these cases and find a way to move them to permanency. The method for this will be through the use of the Out-of-Home (OOH) Milestones report that has been implemented during the last year.

Among those children ages 14 and older, a different picture emerges, compared to the younger age group: only 3% have adoption as their permanency plan; only 65% have guardianship, placement with a relative for adoption/guardianship, or reunification as their permanency plan; and nearly one-third (32%) have APPLA (Another Planned Permanent Living Arrangement) as their permanency plan. It should be noted that Maryland law requires consent for adoption for all children over the age of 14 years old. Prior to filing for termination of parental rights for a child over the age of 14, the LDSS staff in conjunction with the children's mental health provider discuss the option of permanency including adoption with the child. If the child is not in a pre-adopt placement or is in a pre-adopt placement and does not wish to be adopted, the LDSS will not proceed with filing termination of parental rights. This remains the case if the child is placed with relatives but the relatives do not wish to adopt the child. In this case, Maryland seeks guardianship on behalf of the child. Children 14 years of age or older have the right to consent to an adoption, many of these children have varying reasons for not desiring to be adopted; and in these instances, the child is offered adoption counseling and education regarding permanency.

Maryland promotes adoption of older children: each year Maryland finalizes many adoptions for children over the age of 14. During the last reporting period (May 2015 through April 2016), 15 youth over the age of were adopted and nearly 73 youth over the age of 14 exited care to guardianship. Cases involving children over the age of 14 are reviewed by LDSS staff and administration. To facilitate monthly reviews for these older children, the State will provide monthly reminders about their cases, in order to avoid long-term foster care episodes.

SSA plans to use the OOH Milestones Report to display TPR information along with information indicating whether the child has been in care 15 or more months out of the last 22 months, to be reviewed monthly by the LDSS to focus on these cases and put emphasis on achieving permanency or obtaining TPR. SSA will review the TPR data quarterly to determine progress that is being made for these foster children in care 15 or more of the past 22 months, and support LDSS offices that are not making progress.

Item 24: Notice of Hearings and Reviews to Caregivers

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

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

State Response:

Maryland law requires the Local Departments of Social Services (LDSS) to send notices of Hearings and Reviews to Caregivers. SSA will be providing training to LDSS staff on how to enter the information into MD CHESSIE in order for Maryland to be able to track notification sent to caregivers. A tip sheet for MD CHESSIE data entry will be developed and sent to LDSS staff by July 2016 with follow up training after July 2016.

Surveys are sent to caregivers as an additional way to receive feedback. The Department of Human Resources Foster Parent Ombudsman sent a survey to LDSS resource parents in 2011 and 2014. (For a summary of the 2014 report results, see CFSR.Appendix D, FosterParentSurvey-2014; for the 2011 results, CFSR.Appendix.E.2011 results; for the survey questions for the 2014 survey, CFSR.Appendix F, 2014 LDSS Assessment electronic questions). 625 responses were received in 2011 and 692 responses were received in 2014. The survey question regarding receipt of written notification of hearing notices dropped slightly from 2011 to 2014, from 48% to 45%. Maryland plans to review the data for root causes and to determine other methods to improve the receipt of notification. The next survey is planned for 2017.

Item 25: Quality Assurance System -

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

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

State Response:

Maryland’s Continuous Quality Improvement (CQI) process began January 2016. Maryland has plans to complete the entire CQI process with each Local Department every two years, as shown in the schedule below. Maryland has created and is finalizing a Desk Reference guide for the purpose of ensuring fidelity with the new CQI process. This tool will help answer questions about the process and be used to train staff who assist with the process or new hires to the CQI team. Maryland will collaborate with the Children’s Bureau over the next year to ensure the process meets the requirements for a state-conducted CFSR.

Quality Assurance / Continuous Improvement Schedule

Local Department	CHESSIE Case Reviews	Orientation	Self-Assessment Due	On-Site Review	Continuous Improvement Plan (CIP)	CIP Monitoring
Wicomico	January	January 2016	February 2016	April 2016	July 2016	January 2017
Worcester	January	February 2016	March 2016	May 2016	August 2016	February 2017
Caroline	February	March 2016	April 2016	June 2016	September 2016	March 2017
Talbot	February	April 2016	May 2016	July 2016	October 2016	April 2017
St. Mary’s	March	May 2016	June 2016	August 2016	November 2016	May 2017
Harford	March	June 2016	July 2016	September 2016	December 2016	June 2017
Somerset	April	July 2016	August 2016	October 2016	January 2017	July 2017
Dorchester	April	August 2016	September 2016	November 2016	February 2017	August 2017
Calvert	May	September 2016	October 2016	December 2016	March 2017	September 2017
Cecil	May	October 2016	November 2016	January 2017	April 2017	October 2017
Kent	June	November 2016	December 2016	February 2017	May 2017	November 2017
Prince George’s	May/June	December 2016	January 2017	March 2017	June 2017	December 2017
Allegany	July	January 2017	February 2017	April 2017	July 2017	January 2018
Frederick	July	February 2017	March 2017	May 2017	August 2017	February 2018
Howard	August	March 2017	April 2017	June 2017	September 2017	March 2018
Montgomery	August	April 2017	May 2017	July 2017	October 2017	April 2018
Garrett	September	May 2017	June 2017	August 2017	November 2017	May 2018
Washington	September	June 2017	July 2017	September 2017	December 2017	June 2018
Baltimore Co	October/November	July 2017	August 2017	October 2017	January 2018	July 2018
Carroll	October	August 2017	September 2017	November 2017	February 2018	August 2018
Anne Arundel	November	September 2017	October 2017	December 2017	March 2018	September 2018
Queen Anne’s	December	October 2017	November 2017	January 2018	April 2018	October 2018
Charles	December	November 2017	December 2017	February 2018	May 2018	November 2018
Baltimore City	Every Month	December 2017	January 2018	March 2018	June 2018	December 2018

The CQI process will start for each Local Department with an orientation meeting to go over the details of the process and addresses any concerns the local department may have. At the completion of the orientation, the Local Department is sent an electronic link to complete the self assessment. The case reviews are conducted during the time before and after the orientation meeting.

Approximately 90 days post orientation meeting the CQI team conducts the onsite review at the Local Department. The continuous improvement plan is drafted by the CQI team and finalized in collaboration with the Local Department during a meeting approximately 90 days after the onsite review.

The final phase is the CIP monitoring which occurs at 6 month intervals from the date of the CIP meeting. Maryland's CQI team will use the Onsite Review Instrument created by the Children's Bureau (OSRI) to conduct case reviews. There will be quality assurance over sight of the tool by the CQI team supervisor as well as oversight by the CQI manager. Maryland has not begun to generate specific reports from the data collected as a result of the process.

Staff and Provider Training

Item 26: Initial Staff Training

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

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

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

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

State Response:

The Child Welfare Academy (CWA) at the University of Maryland School of Social Work continues to have a contractual partnership with the Social Services Administration (SSA) to deliver statewide child welfare training. Through this partnership, the CWA delivers pre-service training for new employees and administers the competency examination. The CWA continues to deliver in-service continuing education workshops for the overall child welfare workforce. In addition to the CWA partnership, SSA also has a contractual relationship with University of Maryland Baltimore (UMB) for the Title IV-E Education in Public Child Welfare Program to offer specialized child welfare training for Masters of Social Work (MSW) and Bachelors of Social Work (BSW) degree candidates to maintain the capacity for a highly skilled child welfare workforce in Maryland.

Pre-Service Training

In partnership with the University of Maryland Child Welfare Academy (CWA), Maryland has designed a training practicum for new hires and child welfare staff. Maryland has a mandatory Pre-Service track in place for new hires. The Pre-Service track consists of 6 modules over a six week period. These trainings are offered in the classroom and on-line. At the completion of the training new hires must pass a comprehensive exam and a score of 70% or higher. At the completion of Pre-Service training, staff members are then assigned to a mandatory In-Service track depending on their program assignment.

The outcomes of the assessment related to if the training enhanced ability to complete the work based on Pre-Service training can be seen in the figure below. Generally, a majority of new staff members respond positively about the value of Pre-Service training and agree with statements that Pre-Service helps to prepare them for their jobs. The question about the length of Pre-Service agreement received the most disagreement, as nearly 21% of respondents felt that Pre-Service training was too long. These comments help the training staff to identify possible improvements for the next round of training.

Table 2: Caseworker Assessment of Pre-Service Training

Question (Caseworkers)	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	n	Mean Score (Range 1-5)
Pre-service training provides new child welfare workers with a good foundation of needed knowledge and skills.	2.26% 6	5.64% 15	13.91% 37	57.52% 153	20.68% 55	266	4
All new workers should be required to attend pre-service training.	1.12% 3	8.21% 22	15.30% 41	41.79% 112	33.58% 90	268	4
Pre-service training covers information that is important and relevant to child welfare practice.	.75% 2	3.75% 10	11.99% 32	59.93% 160	23.60% 63	267	4
The length of pre-service training is appropriate.	5.64% 15	20.68% 55	25.94% 69	37.59% 100	10.15% 27	266	3
The content and difficulty level of pre-service training is appropriate for new child welfare workers.	1.89% 5	6.79% 18	27.17% 72	51.07% 137	12.45% 33	265	4
Pre-service training has improved my ability to do my job.	1.86% 5	10.04% 27	30.48% 82	46.10% 124	11.52% 31	269	4
Overall, pre-service training is meaningful and worthwhile.	1.87% 5	4.87% 13	26.22% 70	50.94% 136	16.10% 43	267	4

SFY2015

During SFY2015, the Child Welfare Academy administered 142 competency exams to pre-service training participants. Only 6 out of the 142 (4%) participants failed the exam on the first attempt. There was only one pre-service training participant who repeated the exam three times before successful completion. Compared to SFY2014, 10 out of 122 (8%) participants did not pass during the initial exam. Of the 37 Title IV-E students taking the exam in May 2015, all except two students passed during the first attempt. A total of 10 new employees were approved for the pre-service exemption. All 10 of those employees passed the competency examination and were exempt from the pre-service training modules; however, those employees were still mandated to participate in the foundation courses and MD CHESIE training.

Child Welfare Training Academy Pre-Service Training Activity					
	SFY2011	SFY2012	SFY2013	SFY2014	SFY2015

Number of New Employee Participants	134	103	92	122	142
Number of Title IV-E MSW Graduates	43	56	26	29	37

Child Welfare Training Academy Pre-Service Competency Exam					
	SFY2011	SFY2012	SFY2013	SFY2014	SFY2015
Number of Participants Administered Competency Exam	143	89	88	112	140
Average Passing Score	89%	96%	94%	94%	83%

Assessment

The CWA and SSA met in January 2016 to assess the joint training model to integrate MD CHESSE application into the pre-service training curriculum. Feedback from local departments suggests that MD CHESSE training continues to be a broad overview of the practice application. Minor revisions were made to reinforce the technical requirements to conduct assessment and enter case documents. Participant evaluations are completed after pre-service training. In addition, SSA solicits feedback from the local administrators during their monthly meetings. The CWA and SSA will reconvene in July 2016 to review the feedback on the changes that have already been adopted. In addition, SSA is developing transfer of learning options to offer more concrete topics to reinforce the pre-service skills and provide an assessment mechanism for supervisors to coach new employees. This assessment mechanism will include a feedback loop for supervisors to share recommendations for any further pre-service training needs or gaps.

Supervision Matters

A new Supervision Matters cohort started in September 2015 for supervisors with less than five years of experience. A total of 24 supervisors representing 7 jurisdictions participated in this cohort. There were 11 local administrators participating in the companion Supervision Matters Administrator Transfer of Learning course. Assigning coaches at the end of modules as opposed concurrently was a positive change based on feedback from the SFY15 participants. The coaches will be assigned in May 2016 to begin their six month coaching engagement with the supervisors. Recruiting coaches continues to be a challenge with targeted outreach as an ongoing effort. Strategies to increase coaching capacity are outlined in this report as part of Recommendation #4 in response January 2015 needs assessment strategies.

Assessment

According to the June 2014 Supervision Matters survey results, the majority of the participants felt that they had increased their skills. However, they expressed less certainty in having knowledge. The evaluator suggested that these were common responses that would change as the participants gain more experience and confidence in their roles as supervisors. Technical difficulty was encountered with the link between the pre- and post-training surveys. This difficulty substantiates the rationale for developing post-training peer support to boost the confidence levels of the new supervisors as they acquire more experience in their roles.

Title IV-E Education in Public Child Welfare Program

The University of Maryland School of Social Work (UMB) was awarded the contract to continue overseeing the program as well as offering Masters of Social Work (MSW) stipends. UMB subcontracted with University of Maryland, Baltimore County, Morgan State University and Salisbury University to offer stipends to Bachelors of Social Work (BSW) and MSW degree candidates. The Department of Human Resources (DHR) and the consortium universities explored ways to support the workforce needs and develop competent public child welfare professionals.

During SFY2015, there were 58 students who graduated from all the consortium schools. There were fifty-one (51) MSW graduates and seven (7) BSW graduates. Out of the 51 MSW graduates, 15 were DHR employees. All seven of the BSW deferred employment to pursue MSW degrees. All of the graduates accepted or continued child welfare employment.

Participants in Title IV-E Program					
	SFY2011	SFY2012	SFY2013	SFY2014	SFY2015
BSW Students	25	15	10	9	7
MSW Students	76	71	65	76	81
Current DHR Employees (Included in MSW Count)	n/a	n/a	28	26	28

Priority consideration continues to be given to current DHR employees who are interested in pursuing graduate social work education. The remaining slots will continue to be offered to prospective employees who are interested in pursuing a career in public child welfare.

Title IV-E on boarding Series (renamed from Title IV-E Transition/Retention Workshops introduced in last year’s report) is a retention forum for recent Title IV-E graduates as they embark on their child welfare careers. The inaugural series started in August 2015. The series will offer topics structured to support the transition for students to full-time child welfare employees. The goal is to help maintain peer relationships developed while in social work school, but to offer reassurance and coping strategies for

managing their experiences as public child welfare workers.

Starting in SFY2017 with the most recent Title IV-E graduates, an administrative component similar to Supervision Matters will be adopted. There will be a kick-off event for the newly minted MSWs and their respective supervisors. Although the Title IV-E graduates received the specialized training and are highly prepared to assume their child welfare duties, the component for their supervisors will ensure that the Title IV-E graduates will receive appropriate supervisory support and guidance as they transition from students to child welfare professionals. Reinforcing the supervisory support and guidance will mitigate any job dissatisfaction variables that would potentially compromise retention trends. A Title IV-E reunion and panel is being planned to give the recent graduates an opportunity to hear from the tenured graduates who continue to work in a variety of direct service and administrative roles since completing the program. Another priority for SFY2017 is to update the evaluation plan to further incorporate the retention and satisfaction outcome for employees after their employment.

Item 27: Ongoing Staff Training

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

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

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

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

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

The current In-Service tracks are In Home services and Out of Home Services. In addition, there are In-Service trainings offered with varying topics for staff to choose from once the Pre-Service and In-Service requirements are fulfilled.

At the beginning of each fiscal year the Local Departments are given an allotment of training slots so staff can take advantage of In-Service training. An example of the allotment for Local Departments for the fall of 2016 is displayed below. The allotment is based on the size of the staff in the Local Department and the numbers will fluctuate. If a staff member transfers program areas they have an opportunity to take trainings related to the new area so they carry out their new duties. A supervisor may also require staff to attend an In-Service training if it is determined that more knowledge/skill development is needed. Staff also has the option of registering for training facilitated by DHR/HRDT via the HUB. The HUB is a web based training site that gives a variety of training throughout the state both web based and in the classroom.

Allocation of Training Slots for Fall 2016					
Jurisdiction	Spring 2016 Utilization	Fall 2016 Allocation	Used	Available	Request
DHR Central	23	30		30	
Allegany	5	5		5	
Anne Arundel	17	25		25	
Baltimore City	77	150		150	
Baltimore County	32	25		25	
Calvert	1	5		5	
Caroline	2	5		5	
Carroll	5	5		5	
Cecil	6	5		5	
Charles	3	5		5	
Dorchester	0	5		5	
Frederick	20	20		20	
Garrett	0	5		5	
Harford	0	10		10	
Howard	0	10		10	
Kent	0	5		5	
Montgomery	35	40		40	
Prince George's	34	40		40	
Queen Anne's	0	5		5	
Somerset	3	5		5	
St. Mary's	6	5		5	
Talbot	1	5		5	
Washington	7	10		10	
Wicomico	2	5		5	
Worcester	0	5		5	
Total	279	435	0	435	0

There is a standard evaluation given at the conclusion of the trainings offered by the CWA to assess whether staff believe the training enhances their ability to carry out their duties. A needs assessment was completed in 2015 with child welfare staff and supervisors.

At this time there are no required trainings for child welfare staff who are not licensed Social Workers. Maryland Social Workers are required to participate in 20 hours of continuing education per year. These individuals have a job classification of Social Worker I or II and the standards are issued by the Maryland Board of Social Work Examiners. Social Workers must renew their licensure at two year intervals and training information is submitted to the BSWE electronically. DHR has the ability to verify electronically that staff have completed the required trainings and are in “good” standing with the BSWE. Social Workers are also asked to provide a copy of their continuing education units at the end cycle performance appraisal.

Item 28: Foster and Adoptive Parent Training

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

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

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

State Response:

Number of participants

The Child Welfare Academy (CWA) has a designated Resource Parent Training Program Manager to collaborate with the Local Departments of Social Services (LDSS) Maryland Resource Parent Association (MRPA), Maryland’s Foster Parent Ombudsman, and SSA. The Resource Parent Training (RPT) Manager works with stakeholders to develop and coordinate the delivery of training for resource families. The CWA developed an online training calendar and electronic notification of workshops is sent to all resource parents who previously enrolled in courses.

An online training brochure and calendar continue to be available to all resource parents. Training brochures are also sent by the postal service. Additionally, Local Departments of Social Services’ (LDSS’) Assistant Directors continue to receive the schedule to disseminate to their staff and local resource parents. The Foster Parent Ombudsman and Maryland’s Foster Parent Association continue to disseminate the training information as well.

SSA continues to work closely with the Resource Parent Training (RPT) Program Manager at the CWA, the DHR Foster Parent Ombudsman, the Maryland Resource Parent Association (MRPA), and statewide resource parents to identify training needs and training gaps. A total of 1,706 resource parents registered for workshops; however only 1,248 resource parents were actually able to attend the workshops.

Child Welfare Training Academy Resource Parent Training Activity					
	SFY2011	SFY2012	SFY2013	SFY2014	SFY2015
Number of Resource Parent	1,222	1,433	1,595	1,309	1,248

Participants					
Total Number of Workshop Topics	50	48	51 ¹	48	52

Foster and Adoptive Parent Training

Required Training

All resource parents are required to participate in pre-service and in-service training. During the resource parent approval process, twenty-seven hours (27) of pre-service PRIDE training is required. Pre-service training is offered free of charge. The required twenty-seven (27) hours of pre-service training is usually offered in nine (9) sessions. Currently, approved public resource parents are required to complete ten (10) hours of in-service continuing education training per year. In-service continuing education training is offered free of charge by the Child Welfare Training Academy (CWA) in affiliation with the University of Maryland at Baltimore School of Social Work. There is a wide array of training topics offered by the CWA.

Type of Training

Reasonable and Prudent Parent Standard

Beginning in November 2015, over 40 community child welfare providers received training that addressed the “Reasonable and Prudent Parent Standard.” On December 10, 2015, during an Affiliates Meeting, LDSS’ Assistant Directors were provided with Reasonable and Prudent Parent Standard Training and they assisted in partnership with the revision of the applicable policy directives. In addition, on January 20, 2016, the Reasonable and Prudent Parent Standard launched a webinar, training eighty-five (85) LDSS’ Resource Home Unit staff from around the State.

In an effort to include community partners and stakeholders, on January 20, 2016, the Reasonable and Prudent Parent Standard was introduced to the Metropolitan Washington Council of Governments, Foster Care/Adoption Advisory Committee. Additionally, on February 17, 2016, during a Family Centered Practice Oversight Committee Meeting, an overview of the Reasonable and Prudent Parent Standard was presented. There was a favorable response from both Committees.

On March 5, 2016, in collaboration with the Maryland Resource Parent Association and the Child Welfare Academy, a Reasonable and Prudent Parent Standard Workshop was made available to resource parents who attended the Spring 2016 Resource Parent Conference at Chesapeake College, Wye Mills, Maryland. One hundred twenty-two (122) resource parents were trained during the workshop. The Reasonable and Prudent Parent Standard presents a shift in practice and the workshop received favorable reviews. Following the Spring Conference, the Child Welfare Academy will facilitate the distribution of Reasonable and Prudent Parent Training Packets to the twenty-four (24) LDSS’ Resource Home Units.

The Reasonable and Prudent Parent Training Packet consists of a copy of the Compact Disc of the

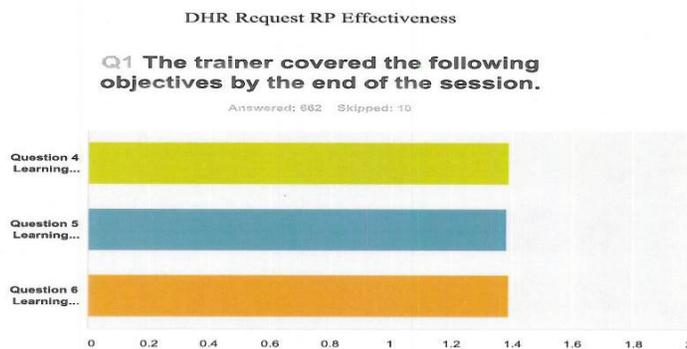
¹ Total number training days reflects additional workshop registrations conducted at the fiscal year.

original Reasonable and Prudent Parent webinar; Implementation Outline; Facilitator Outline; case examples; Policy Directive # 16-16; Policy Directive # 16-17; Reasonable and Prudent Parenting Fact Sheet and Resource Parent Agreement. The Reasonable and Prudent Parent Training Packets are designed to empower the LDSS' staff to facilitate on-going training of new staff, current resource home providers and prospective resource home providers by administering the Training Packet during Pre-service Parent Resource for Information, Development and Education Training (PRIDE Training). During this phase of the Reasonable and Prudent Parent Training process, SSA will provide technical support and assistance on an as needed basis.

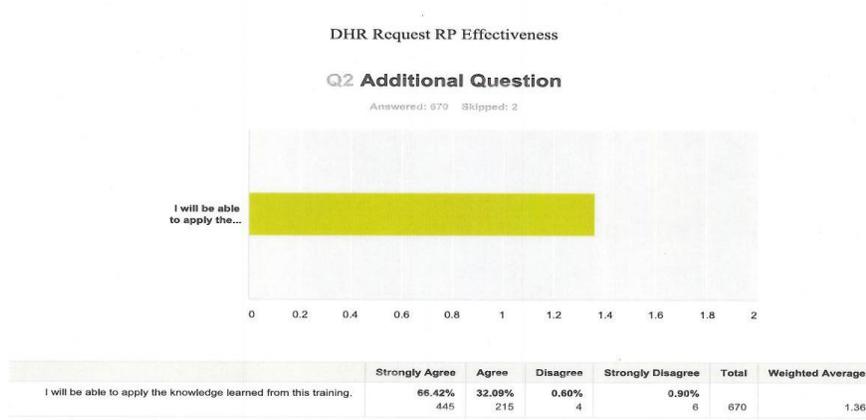
Thus far, the following LDSS' have received Reasonable and Prudent Parent Training Packets and have conducted their own training sessions: Montgomery County, Harford County and Carroll County. There is another twenty-six (26) Reasonable and Prudent Parent Training Sessions scheduled to be completed by July 22, 2016. In the near future LDSS', Out-of-Home Permanency staff will be phased into the Reasonable and Prudent Parent training process. It is anticipated that all applicable LDSS staff will be trained by September 2016.

Resource parents are encouraged to consult with their resource home worker when deciding what training to take. Other training opportunities may be available through LDSS', arranged or conducted by staff, or with guest speakers from such places as community hospitals, schools, local police, fire and health departments. Medical and/or mental health training is widely available to help resource parents understand the emotional needs of their foster child and learn valuable parenting skills. The SSA contracts with the Maryland Resource Parent Association to sponsor two regional conferences annually with planning assistance from local departments, local foster parent associations and DHR/SSA.

DHR measures the quality of the training by the number of resource parents that complete the home study process and the number of youth DHR has placed in regular resource homes. The University of Maryland Child Welfare Academy conducts evaluations after all foster parent trainings. The surveys, such as the examples below, seek to determine the impact of training on foster parents' sense of competency to meet the needs of children in care.



	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
Question 4 Learning Objective 1	64.58% 423	33.59% 220	0.31% 2	1.53% 10	655	1.39
Question 5 Learning Objective 2	65.04% 426	33.28% 218	0.61% 4	1.07% 7	655	1.38
Question 6 Learning Objective 3	63.64% 371	34.31% 200	1.20% 7	0.86% 5	583	1.39



Public Resource Homes

Resource Home approvals are dependent upon 100% completion of the PRIDE in- service resource parent training before any public foster/adoptive resource home can be approved.

Resource parents cannot be re-certified annually unless they complete the required 10 hours of annual in-service trainings. The curriculum for the resource parents is created by SSA Training Department, The University of Maryland School of Social Work, and Maryland resource parents. Aside from the mandatory trainings set forth by COMAR 07.02.25, trainings are developed based on training evaluation feedback form that resource parents are required to complete after pre-service and in-service trainings.

Reporting time period: May 1, 2015 - April 30, 2016									
In-Service				Pre-Service				Total Providers	
	Providers with 10 or more hours training	Total Providers Count	Percentage completing 10 or more hours		Providers with 27 or more hours training	Total Providers Count	Percentage completing 27 or more hours		Total Providers Count
Grand Total	443	1264	35%	Grand Total	179	199	90%	Grand Total	1692

It is important to note that no provider can be approved without meeting the required 27 hours of training; therefore the 35% for in-service training will be assessed. For this reporting period, the 27 hours of required pre-service training compiled is reportedly low. SSA plans to assess this report and provide technical assistance to the local departments to query whether or not the issue is with data entry. Upon reviewing the assessment, SSA will develop a plan to provide

technical assistance to the local departments improve the data input or be placed on a Corrective Action Plan (CAP) if deemed necessary.

All approved public providers must obtain 10 hours of in-service training annually. The 90% reported is an indication of public providers meeting this requirement. SSA plans to provide technical assistance to the local departments that have fallen short in this area to determine if this is also an issue with data entry or again if they require a CAP.

Sample Learning Objectives from Resource Parent Trainings May 2015 – August 2016

Attachment & Behavior

- *Learn about the development of healthy attachment, and the kinds of trauma that can cause disrupted attachment.*
- *Learn how attachment issues in foster youth can directly cause challenging behaviors.*
- *Learn specific tools and therapeutic discipline to address challenging behaviors caused by disrupted attachment.*

Caring for Drug-Affected Infants

- *Participants will be able to identify characteristics of prenatal and postnatal substance exposure.*
- *Participants will learn to promote healthy child development.*
- *Participants will gain an increased understanding of treatment resources and supports available.*

Discipline: Finding Children's Strengths

- *Participants will be able to understand the benefits and differences between natural and logical consequences.*
- *Participants will learn how to look at children's behaviors from a strengths perspective.*
- *Participants will learn tangible disciplinary techniques.*

Emergency Preparedness for Resource Parents

- *Participants will learn how to build a 72-hour "GO-KIT".*
- *Participants will learn how to create an evacuation and communication plan.*
- *Participants will be able to identify the signs and symptoms of psychological stress in children.*

Getting Connected: Linking Prospective Adoptive Families with the Children Who Are Waiting

- *Participants will learn who the children are that are available for adoption.*
- *Participants will learn who the families are who adopt children from foster care.*
- *Participants will learn how families can identify and connect with the children who wait.*

Healing Traumatized Children (Without Losing Your Sanity)

- *Participants will learn about the impact of trauma and early attachment on a child's ability to build relationships.*
- *Participants will learn about the PLACE model for parenting youth in care.*
- *Participants will recognize the importance of and create a personalized, realistic, self-care plan to minimize secondary trauma and burnout.*

How Electronics Affect Children's Thinking, Feeling, & Behavior

- *Participants will describe how television impacts attention skills.*
- *Participants will list three properties of addictive objects that apply to the video games.*
- *Participants will identify four interventions to limit the negative impacts of television watching*

Lord Help Me Love This Child: When Loving Hurt Children, Hurts the Family

- *Trainer will facilitate a discussion about self-care for parents and siblings who work with children in foster care.*
- *Trainer will facilitate a discussion and share a "bill of rights" for parents caring for children in foster and kinship care.*
- *Parents will be able to identify ways to reduce the impact of secondary trauma.*

Navigating the Challenges of the Educational System

- *Participants will gain a basic understanding of the special education laws.*
- *Participants will understand what steps to take to protect a child's right to an education.*
- *Participants will understand the meaning of special education terms.*

Infant Youth and Adult CPR

- *Participants will learn the importance of performing CPR in an emergency.*
- *Participants will learn how to perform CPR on infant, youths and adults.*

In Service Training Evaluations:

Each training has three learning objectives that are specific to the training content in Questions 1-6. Questions 7-14 are standard questions for each trainings evaluation.

The trainer identified the following objectives at the beginning of the session.

1. Participants will learn
2. Participants will learn
3. Participants will be able to

The trainer covered the following objectives by the end of the session.

4. Participants will learn
5. Participants will learn
6. Participants will be able to

Additional Questions

7. The training was interesting and held my attention.

8. I will be able to apply the knowledge learned from this training.
9. The trainer demonstrated a professional level of knowledge and competence related to the topic.
10. The hand-outs / materials enhanced my learning.
11. The audio / visual aids enhanced my learning.
12. The trainer encouraged questions that assisted my learning.
13. The trainer met my expectations.
14. The time allotted for the training was sufficient.

Qualitative/Recommendations from the Evaluations

15. Please include any additional comments about the trainer(s).
16. What changes, if any, would you suggest for this training?
17. I would like to attend trainings related to... (Please, be specific as to the topic or content.) If you are a resource or kinship parent, we would appreciate if you would also answer question 18.
18. Please identify ways your local department of social services office can help strengthen your role as a caregiver

State Plan:

The objectives of the trainings are to ensure that the resource parents obtained the required skills and knowledge needed to parent foster youth in their care. Resource parents are asked if the training was beneficial to them and in what ways the training could be improved. DHR plans to collaborate with the University to ensure that the data obtained from the training evaluations are measured quantitatively and report in the next reporting period. Question#8 will also be put in quantitative data for the next reporting period. Data will be compiled biannually and reported to DHR (the first report is expected January 2017). DHR will review the data and assess for reporting purposes and to see if the classes are appropriate for the needs of the resource parents by March 2017. At that time, DHR will review any concerns with the University. If any changes are needed, they will be planned for June 2017.

Private

All licensed Residential Child Care (RCC) Providers and Child Placement Agencies (CPA) are monitored for compliance with training of all staff and treatment foster parents according to COMAR. Depending on the position of the staff person they receive different levels of training.

RCC Direct care staff receive 40 training hours in the following areas: emergency preparedness and general safety practices, cardiopulmonary resuscitation leading to certification, annual first-aid training by either the American Red Cross or a certified instructor, child abuse and neglect, suicide, discipline and behavior management, medication management, infection control and blood borne pathogens, parenting and family support, psychosocial and emotional needs of children, special needs of the population served, child development, the role of the child care employee, food preparation and nutrition, communication skills. All staff training curriculum must be approved by the licensing agency.

COMAR 14.31.06.05 F (3)

In addition, as of October 1, 2015, all Residential Child Care direct care staff was required to become certified as Residential Child & Youth Care Practitioner (RCYCP). Those that were unable to be grandfathered in needed to obtain 25 training hours in the following areas: introduction to the field of child and youth care for 3 credit hours or 45 contact hours of training; life skills development for 3 credit hours or 45 contact hours of training; child and youth growth and development for 3 credit hours or 45 contact hours of training; standards of health and safety in child and youth care services for 3 credit hours or 45 contact hours of training; interviewing and counseling techniques for child and youth services for 3 credit hours or 45 contact hours of training; behavior management and crisis intervention in youth for 3 credit hours or 45 contact hours of training; legal and ethical issues in child and youth care for 3 credit hours or 45 contact hours of training; and an internship for 4 credit hours or 60 contact hours. After completion of training, an applicant shall pass a Residential Child Care Program Professionals (RCCPP) Board approved written examination before certification and receive a minimum passing score of 75 percent on the examination. COMAR 10.57.03.03 A (2) The Residential Child Care Program Professionals (RCCPP) Board forwards a list of certified Residential Child & Youth Care Program Professionals to the Office of Licensing and Monitoring. This list is reviewed by the each Licensing Coordinator to ensure that all direct care staff working with youth have become certified.

RCC Program Administrators are required to become certified and receive training hours as well. As a part of becoming recertified, they must obtain 40 hours of training every 2 years. Documentation of training is maintained in the employee record and reviewed by the OLM licensing coordinator. Furthermore, the training documentation is submitted as part of the recertification application to the Residential Child Care Program Professionals (RCCPP) Board.

Supervisors and Child Placement Workers employed by Child Placement Agencies are required to receive at least 20 hours of training activities during each employment year. They receive training in the following areas: the agency's administrative procedures and program goals; casework skills development in interviewing; case planning, case management and case review; principles and practices of child placement and child care; understanding children's emotional needs; family relationships and the impact of separation; substance abuse; child abuse and neglect; principles and practices of supervision; and state requirements for child placement agencies, COMAR 07.05.01.16 B (1). The chief administrator annually receives at least 10 hours of training as well; COMAR 07.05.01.16 B (3). Child Placement Agencies must provide 20 hours of training to all foster parent applicants. The agency must document the foster parent applicant's understanding of the training and material. In addition they must receive an additional 20 hours of training every year prior to being recertified as a treatment foster parent. COMAR 07.05.01.02.12 Failure by the foster parent to complete the annual training hours may cause their certification to be suspended or denied, COMAR 07.05.01.02.16 (G), COMAR 07.02.21.10 (C).

Child Placement Agencies are required to submit a monthly safety report to the Office of Licensing and Monitoring which documents the status of all certified treatment foster parents. This report documents the date of the treatment foster parents certification and recertification. This action, as stated above, could not have been completed if the training hours were not met.

All programs are monitored quarterly by the Office of Licensing and Monitoring. Documentation must be in each employee's and certified treatment foster parent's record demonstrating that the appropriate trainings were provided and obtained. Furthermore, Licensing Coordinators interview a random sample of staff and certified treatment foster parents on various subjects, including training. They are questioned as to whether they have received the necessary training to perform their job duties or to care for the youth in their home and whether or not they felt that the training was useful. Programs that have not provided the required training are cited and must complete a corrective action plan.

The Office of Licensing and Monitoring holds quarterly meetings with all of the licensed providers (RCC and CPA). These quarterly meetings provide training on COMAR requirements, current trends, youth needs, etc. (ex. Reasonable and Prudent Parenting, Grief and Loss) The Office of Licensing and Monitoring has completed the process to be approved to provide CEU's through the Maryland Board of Social Work Examiners. As a part of this process, evaluations are required and completed by the attendees.

As of April 30, 2016, there are approximately 1915 certified CPA homes by Child Placement Agencies. All programs are monitored quarterly by the Office of Licensing and Monitoring. Annually, a random sample of CPA home records is reviewed by licensing coordinators. During Quarter 3 of Fiscal Year 2016, 5 CPA home records were found to be non-compliant for training.

E. Service Array and Resource Development

Item 29: Array of Services

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

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

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

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

State Response:

Child and Adolescent Needs and Strengths Assessment-Family (CANS –F)

During the reporting period Maryland trained In-Home Services staff on the use of the CANS-F. This assessment tool requires caseworkers to assess multiple areas of family functioning and determine where strengths and needs exist. Areas of need scoring the highest are to be addressed in Service Planning sessions with the family and be identified on the negotiated Service Plan. Service plans are to address the specific service need of individuals (children or adults) in the family and the provider of the service designed to address the need. This can include the local department worker of a community resource. Appendix I shows the number of local department staff trained on CANS-F by jurisdiction and the number who passed the certification test following training.

The data collected on CANS-F is in progress and will be available in August 2016 and reported in next year's report. This data includes detailed reporting on individual completed CANS-F's by jurisdiction, the areas identified as strengths and needs by family member, providers of the needed service and aggregate reports on overall strengths and needs identified for the state.

The goal of adding the CANS-F to the comprehensive assessment tools used by local department staff is to target both the strengths and needs of children and families allowing for a very targeted approach to reducing safety concerns and risk of child maltreatment for children thereby reducing repeat

maltreatment and creating safer home environments. At this point the time that the tool has been in use does not allow for analysis to determine if this very targeted approach to service planning and delivery reduces maltreatment and increases safety. This type of analysis will be conducted during the upcoming year as cases where the CANS-F was used are closed and families function without continued local department involvement. The analysis will be available in March 2017.

Gaps in Services

A needs and readiness assessment process was conducted by DHR in 2015. The Readiness Assessment tool was comprised of two parts, a Population Needs Assessment and an Infrastructure Assessment. Both were completed using jurisdictional/regional data provided by DHR and information collected within each of the jurisdictions/regions. Jurisdictions chose to complete the Readiness Assessment individually or through coordination with neighboring jurisdictions for a regional approach (particularly if those jurisdictions share resources routinely).

- The **Population Needs Assessment** strived to identify the areas of greatest need and the availability of trauma-informed evidence-based and/or promising practices. The assessment asked jurisdictions to identify gaps in the existing service array and provide suggestions for services that may meet the needs of the Title IV-E Waiver Demonstration Project’s prioritized populations—new entries and re-entries into Out-of-Home care.
- The **Infrastructure Assessment** focused on the necessary components for developing a trauma-informed agency as well as identifying the implementation infrastructure needed to support Evidence-based Practices (EBP) and/or promising practice implementation.

Information from the Readiness Assessments was analyzed to identify jurisdictions with common needs, those most ready for implementation of IV-E interventions and those that could provide the greatest impact related to the reduction of out of home placements. This assessment process also provided Local Departments of Social Services (LDSSs) with the opportunity to engage with local stakeholders to identify and prioritize opportunities to better serve children and youth in their homes and communities.

All 24 LDSS completed the readiness assessment, with 18 LDSS submitting individual assessments and 5 LDSS submitting a single assessment for their region. Each LDSS was instructed to assemble a team of internal and external stakeholders to complete the readiness assessment. Team members included:

- LDSS staff, including LDSS Directors, Assistant Directors, and supervisors (41% of participants),
- community partners, including representatives from family organizations, community organizations, and private providers (19%), and
- other child- and family-serving agencies, including Local Management Boards, Core Service Agencies, private providers, schools, and local Departments of Juvenile Services (40%).

A total of 205 stakeholders across Maryland participated in the Title IV-E readiness assessment, in addition to a worker survey which was distributed to front-line caseworkers.

The results of the Readiness Assessment provided DHR with a “blueprint” to inform selection of regions/jurisdictions that are ready to implement interventions associated with the Title IV-E Demonstration Project successfully. The core areas of need that were identified through this process were:

- Parental Substance Abuse and Parental Mental Health, particularly for children ages 0-8 at risk for entering care (new entries and re-entries);
- Child Behavioral Health, particularly for 14-17 year olds at risk for entering out of home care (new entries and re-entries);
- Trauma-informed workforce development; and
- Trauma-informed interventions and practices.

Quality Assurance (QA)

The QA self-assessment is Local Department of Social Services' (LDSS') opportunity to evaluate the effectiveness of its programs, relying on aggregate data and input from its stakeholders. This self-assessment is an essential first step in the CQI process, as this lays the groundwork for identifying which are strengths to be built upon and which practice areas need improvement. The self-assessment also encourages the LDSS to explore the impact of the jurisdiction's unique population and local environment on child welfare, analyze the community's unique needs and allows for the local department to report how they feel their current quality of practice reflects their outcomes.

The Family Involvement Meeting (FIM) Feedback Survey will continue to be an opportunity to review the service array in practice as part of the QA reviews. The FIM Feedback Survey evaluates the model fidelity, participant satisfaction, and outcomes based on participant's feedback. The survey will also assess the child welfare outcomes of safety, permanency, and well-being and FIM process outcomes such as number of participants at family meetings and demographics for every jurisdiction. The administration of the FIM Feedback Surveys will be another qualitative measure for determining the extent to which stakeholders perceive being actively engaged in the decision making process.

Item 30: Individualizing Services

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

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

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

State Response:

In Item 29 there was discussion regarding the use of the CANS-F tool for identifying and targeting services to address areas of need for children and families serviced by local department In-Home services staff. The tool enables local department staff to be very specific regarding an identified service need that then can be discussed with the family and incorporated into a service plan. The tool requires assessment of each family member and the resulting service plan (if needed) can be tailored to the specific need of that individual. For example, if the assessment shows that a teen is having adjustment problems in school (skipping classes, getting into fights with other students, being combative with staff) because of cultural or religious issues the service identified for the teen needs to be selected on their ability to address the issue. It is realized that a needed service will not always be readily accessible. When a service is not available that fact will be captured in the case record (MD CHESSE) and available when working with stakeholders on expanding the service array for a given community.

Incorporating CANS-F into the work of local department staff is a joint effort between the Department and Innovations at the University of Maryland School of Social Work. Innovations staff conducted the initial training and it is now incorporated into the pre-service training for all In-Home staff through the Child Welfare Training Academy. Item 29 gives details for the availability of the data.

Data Assessment:

Due to the unique and specific needs and strengths that the assessments will identify for any given child and family, and the challenge of demonstrating how the service plan will be individualized for any given children and families, the State will seek to create a randomly selected set of cases to analyze in order to gather the data needed to link the results of CANS-F to the specificity of the service plan for the children and families receiving in-home services.

At this time, the IV-E Waiver evaluation will focus attention on this topic, and will randomly select sample of at least 60 In-Home families with CANS-F assessments completed over at least two time points to identify the extent to which needs identified by the CANS-F were addressed through referrals to services or other caseworker actions, in order to ascertain the degree to which services were individualized. This evaluative effort will also review changes in functioning and well-being to

help determine, for the families selected, whether levels of need decreased between CANS-F assessment time points.

The steps for this undertaking this work will begin in the fall of 2016 and will include:

- Consultation with the IV-E evaluation team on the method used to review the service case review plan in order to compare the needs and strengths identified in the CANS-F to the services developed for the child and family, with particular attention to individualizing services based on needs or circumstances facing the child and family.
- An assessment by the CQI Team for individualized services for families and children through the stakeholder interview process. This process consists of focus groups and individual case related interviews. Services offered to families and children in In-Home and Out-of-Home will be identified and assessed to evaluate if individual needs were met.

F. Agency Responsiveness to the Community

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

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

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

State Response:

As stated in the Annual Services and Progress Review report, Maryland has collaborations with state/county agencies, stakeholders, non-profits, community organizations and the courts to review and improve outcomes for children. Through these partnerships DHR has engaged in meaningful discussions that have shaped the development of services and policy. These partnerships will support the implementation and ongoing evaluation of the goals, objectives, and measures established to ensure the safety, permanency, and well-being of children in the child welfare system.

Please see the APSR; Collaborations, Goals and Consultation & Consultation Between States And Tribes/ Agency Responsiveness To The Community

Item 32: Coordination of CFSP Services With Other Federal Programs

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

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

State Response:

SSA coordinates CFSP Services with a myriad of agencies to assist families and children. Information is also regularly shared with sister agencies and as part of collaboration and to support services that other agencies offer.

Information and data sharing:

- University of Maryland Baltimore School of Social Work – Information is shared between the two entities; Receives copy of MD CHESSE 15th of every month as part of SSA contract supporting child welfare data, evaluation, and research efforts
- Governor's Office for Children (GOC) - SSA sends Out-of-Home (OOH) Placement, OOH cost data, and family preservation statistics annually for the Joint Chairmen's Report (JCR)
- GOC - SSA sends Maltreatment indicator information annually for the Results for Child Well-Being report
- Family Investment Administration (FIA) SSA sends data annually about current/former foster children who range in age from 18 to 25 for an FIA report on employment (in conjunction with University of Baltimore)
- Department of Health and Mental Hygiene (DHMH) - SSA sends child maltreatment statistics annually for DHMH healthy outcomes report
- Department of Health and Mental Hygiene (DHMH) - SSA sends annually a list of children receiving adoption and guardianship subsidies for DHMH report on Medicaid foster care recipients
- Department of Health and Mental Hygiene (DHMH)– SSA sends weekly data about parents whose parental rights were terminated due to indicated maltreatment within the last 5 years and receives birth match data in return about new babies born to those parents, in order to conduct a safety check
- Maryland Higher Education Commission (MHEC) – SSA sends semi-annual data about foster children and adoption subsidies and in return receives information about tuition waivers
- Department of Health and Mental Hygiene (DHMH) – Developmental Disabilities Administration (DDA) sends information about children eligible to receive DDA services and SSA returns information about foster children who match in order to begin DDA transition services
- Maryland State Department of Education (MSDE)– SSA sends monthly information about foster care children to assist in identifying students eligible for free lunch program
- Federal Children's Bureau - SSA sends Federal Reports:

- Child Welfare: NCANDS (National Child Abuse and Neglect Data System) - Annually, AFCARS (Adoptions and Foster Care Analysis and Reporting System) - Semi-Annually, Caseworker Visitation - Annually, NYTD (National Youth in Transition Database) - Semi-Annually
- Social Services Block Grant (SSBG) Pre-Expenditure and Post-Expenditure Reports – for Child Welfare and Adult Services - Annually
- State Legislative Reports
 - Managing for Results (MFR) - Annually
 - Child Welfare and Adult Services Caseload data – Annually

Other programs:

Family Unification Program

Family Unification Program (FUP) is a program under which Housing Choice Vouchers (HCVs) are provided to families for whom the lack of adequate housing is a primary factor in either:

- The imminent placement of the family’s child or children in Out-of-Home care.
- The delay in the discharge of the child or children to the family from Out-of-Home care.

In 2016, 100 FUP vouchers are utilized in Baltimore City with an additional 185 FUP vouchers used throughout the State.

As part of Goal 3, Strengthen the Well-Being For Infants, Children And Youth In Foster Care Health Services (see APSR, Goal 3, Measures 2, 3, and 4), SSA is partnering with DHMH to increase the availability of dental providers that accept Medicaid across the State.

Performance Measure	2010	2011	2012	2013	2014	2015
Annual Dental Assessment for foster children in care throughout the year	51%	46%	42%	48%	53%	48%

Data Source: MD CHESSIE

SSA will review the barriers to services and continue to collaborate with DHMH. DHR met with Medicaid in February 2016 to explore collaboration and data exchange. Also, collaboration with Medicaid and dental providers across the state will increase the LDSS access to dental providers for children. Collaborating with Medicaid on a regular basis will ensure that providers across the State are aware of the services that foster children need. DHR is currently collaborating with DHMH on a regular basis.

Maryland Family Network (Please see APSR for more details)

Community-Based Child Abuse and Prevention (CBCAP)

Maryland Family Network (MFN), an independent non-profit organization is Maryland’s lead agency for the Community-Based Child Abuse and Prevention (CBCAP) program. The organization’s mission is to ensure that young children and their families have the resources to succeed.

- Comprehensive, preventive services were provided to pregnant women and young families with children under age four, together. Prevention services delivered to over 4,000 individuals/2,000 families common to all 26 programs included: parent education and respite, infant/toddler programs, self-sufficiency programs, home visiting, service coordination, health education, parent involvement, and resource development.
- As part of the services offered through MFN, in SFY2015, 96.2% of all children participating were fully immunized; 97% of all children received at least one developmental screening using the *Ages and Stages Questionnaire*, compared to 31% (national figure, 2011/13 for children age 10 months to 5 years). Of these, over 96% were at or above the expected level of performance on each of the measures. The remaining 4% were referred to the Local Infants and Toddlers Program for additional screening and assessment; all continued to receive services at the Centers. Eighty-nine percent (89%) of all families attended regularly developed Family Partnership Agreements; 96.1% of families made progress on their personal goals that were established through the formal Family Partnership Agreement process. In SFY 2015, 859 participants took part in adult education services at FSCs including Adult Basic Education (ABE), General Educational Development (GED), English for Speakers of Other Languages (ESOL), Alternative High School, and the External Diploma Program.
- Maryland Family Network secured additional federal funding to expand Early Head Start (EHS) services to 107 children and families in five Maryland jurisdictions, in partnership with six community-based partners.
- MFN established and coordinates the operation of Child Care Resource Centers (CCRCs) that provide training and technical assistance each year to approximately 26,000 child care professionals.
- LOCATE: Child Care, provides one-on-one counseling that helps parents find and evaluate child care. It is a statewide database service housed at MFN, which provided phone counseling to approximately 5,500 parents a year seeking child care for about 7,700 children.
- MFN has trained hundreds of Maryland child care providers, human services workers, and others on the Strengthening Families/Protective Factors approach to service delivery. In SFY 2015, MFN provided 53 Strengthening Families Parent Cafes to parents and providers in Baltimore City, Anne Arundel, Caroline, Montgomery, Prince George's, and Washington Counties.
- Over 2,000 infants and toddlers were provided with developmentally appropriate and individualized programming to maximize the child's development and foster positive parent/child relationships that lay the foundation for success in future settings.

Maryland Department of Labor, Licensing, & Regulations (DLLR): WIOA Youth Services and Partnerships Workgroup

The statewide plan identifies specific standards that enable workforce programs to focus efforts on serving the person and not the performance measure. For the first time, Maryland's workforce system is required to combine purposefully the services to meet the special needs of vulnerable young adults. This means that DHR will be able to leverage a myriad of opportunities that the WIOA Partners will offer to strengthen the employment and training trajectories of youth in foster care in Maryland, specifically for out-of-school older youth (17-21 years old) in foster care. These youth will be among those targeted populations listed under WIOA's "Priority of Service."

Homelessness Prevention

Maryland partners with the Runaway and Homeless Youth Act (RHYA) grantees either contracted providers or partners. Four agencies were awarded grants from the Runaway and Homeless Youth Act (RHYA) to work with the Department of Human Resources / Social Services Administration:

1. Loving Arms-Basic Center and Street Outreach.
2. St. Ann's Center for Children, Youth and Families- Maternity Group Home Program and Transitional Housing Program for pregnant young mothers.
3. AIDS Interfaith Residential Services (AIRS)-Transitional Living Program for homeless youth 18-24 years old.
4. Hearts & Homes for Youth (Transitional Housing)

DHR has a strong partnership with AIRS/City Steps (RHYA Contract Recipient) but is not in a contract with AIRS/City Steps. DHR ensures Aids Inter-faith Residential Services (AIRS)/City Steps fully understands that homeless youth 17 and under coming to their City Steps Youth Resource Center looking for housing shelter needs to be referred to the LDSS to be screened for neglect/abuse.

Youth Reach (APSR, Chafee Section)

Youth REACH MD is an unaccompanied homeless youth and young adult count demonstration project (a uniform survey via street outreach, magnet events, and service and shelter provider locations).

The Maryland Legislature identified the Maryland Department of Housing and Community Development (DHCD) as the lead government agency overseeing the Demonstration Project.

Youth REACH MD identified 834 unaccompanied homeless youth in eight jurisdictions in Maryland, which increased to 1,715 when incorporating data from Baltimore City’s Homeless Management Information System (HMIS). The US Department of Housing and Urban Development (HUD) estimated that there are 481 unaccompanied homeless youth in the entire State based on the Point-in-Time (PIT) Count (Henry, Shivii, deSousa, & Cohen, 2015).

Continuum of Care	# of Unaccompanied Homeless Youth according to Youth REACH MD definition	# of Unaccompanied Homeless Youth according to HUD definition
Annapolis/Anne Arundel	46	4
Baltimore City	540	166
Baltimore County	54	17
Lower Shore	30	7
Prince George's County	122	28
Washington County/Hagerstown	42	6
Total	834	228

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-8 or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-8 or IV-E funds.

State Response:

The licensing, recruitment and retention of public resource homes are handled by the Local Departments of Social Services. DHR/SSA provides the guidance, policies and technical assistance to the local departments to ensure they are following regulations. Maryland licensed Child Placement Agencies (CPA) license, recruit and retain the treatment resource homes. CPAs are monitored by the Office of Licensing and Monitoring within DHR.

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

Maryland law requires State and federal criminal background investigations and Child Protective Services Clearances, as mandated in COMAR 07.02.25.04, of applicants seeking approval as resource parents and as employees at specified facilities that care for children. Before a resource home may be approved, an applicant and all household members 18 years and older must undergo a State and federal criminal background investigation. Once the resource home is approved, if any new members 18 years or older join the household or if any household member turns 18, they shall apply for a criminal background investigation within 30 days of their 18th birthday or of moving into the household. The department may not approve or continue to approve as a resource home any home in which an adult in the household:

- (1) Has a felony conviction for child abuse or neglect, spousal abuse, a crime against a child or children including child pornography, or a crime of violence including rape, sexual assault, human trafficking or homicide, but not including other physical assault or battery;
- (2) In the 5 years before the date of application, has a felony conviction involving physical assault, battery, or a drug-related offense.

The local Director shall review charges, investigations, convictions, or findings related to any other crime(s) of any household member, to determine the possible effect on:

- 1) The applicant's ability to execute the responsibilities of a resource parent;
- 2) The ability of the local department to achieve its goals in providing service to children in care;
and
- 3) The safety of children in out-of-home care.

Based on this review, the local Director has the authority to approve, deny, suspend, or revoke resource home approval. Before a resource home is approved, the local department shall request information from the child abuse and neglect registry maintained by any state in which an applicant or another adult in the household has lived within the past five years to determine whether an individual in the household has a prior finding of abuse or neglect. If the review of the records reveals a pending investigation, a decision may not be made as to the use of the home until the investigation is complete. The department may not approve or continue to approve as a resource home any home in which an individual has an indicated child abuse or neglect finding, unless a waiver is granted in writing by the local Director.

SSA is revising the Resource Home Quality Assurance (QA) process. The revision of questions and the addition of stakeholder interviews are being discussed. SSA plans to implement the new revised Resource Home QA in 2016. DHR/SSA conducted a 100% review of LDSS resource home in preparation for the Title IV-E audit in August 2014. This data was compiled and reported from MD CHESSIE. The review found that LDSS were in compliance with ensuring all members of the household 18 years and older had CPS clearance and criminal background checks.

State Plan:

As part of the monitoring of this documentation, this data is pulled biannually to ensure compliance. DHR will be monitor for the Child Information System (CIS) and Federal/State Criminal Background Clearances biannually to ensure compliance from MD CHESSIE. Data will be compiled and is expected to be available by January 2017 to compare percentages of compliance and to ensure that documentation is maintained both in the case record and in MD CHESSIE. Data will be reviewed and assessed by March 2017 and technical assistance will be provided to the local departments beginning May 2017 to ensure documentation meets compliance. In June 2017, DHR will monitor local department back ground clearance and CIS information to ensure compliance for the next reporting period. Results during the cycle will be reported in next year's report.

Private Resource Homes:

All licensed Residential Child Care Providers and Child Placement Agencies are monitored for compliance with regards to licensure of their program and certification of foster parents. These requirements are applied equally and there are no instances of exceptions or waivers in regards to the RCC licenses or the CPA home certifications.

Child Placement Agencies are required to submit a monthly safety report to the Office of Licensing and Monitoring which documents the status of all certified treatment foster parents. This report documents the date of the treatment foster parents certification and recertification. This action, as stated above,

could not have been completed if the COMAR requirements were not met.

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

The Office of Licensing and Monitoring holds quarterly meetings with all of the licensed providers (RCC and CPA). These quarterly meetings provide clarification and training on COMAR requirements and their implementation.

As of April 30, 2016, there are approximately 1915 certified CPA homes by Child Placement Agencies. All programs are monitored quarterly by the Office of Licensing and Monitoring and monthly reports are reviewed by Quality Assurance staff. Annually, a random sample of CPA home records is reviewed by licensing coordinators. During Quarter 3 of Fiscal Year 2016, 26 CPA home records were found to be non-compliant for initial or annual certification.

Strengths

Local Department of Social Services (LDSS) staff monitors the resource homes which are approved by them. The LDSS consistently follow the requirements to complete the Child Protective Services (CPS) clearances and federal and state criminal background checks. This data is documented and MD CHESSIE and data is pulled to ensure compliance. The Office of Licensing and Monitoring (OLM) is responsible for ensuring that group homes and child placement agencies are in compliance with the safety requirements. There are strict guidelines in place to ensure compliance and sanctions if the agencies are found to be out of compliance. OLM provides quarterly reports to SSA/Contracts unit regarding compliance with the safety requirements.

Concerns

An area of concern from the 2015 APSR report was that LDSS staff does not scan the documents for the criminal background check into the MD CHESSIE file cabinet. Some omissions are due to the available technology within the local department. During the past reporting period, technology was improved in the local departments with printers with built in scanners. SSA will continue to monitor this issue to ensure that documents are scanned into the MD CHESSIE file cabinet. Local Departments also maintain the hard copies in the paper file. Also in those instances, where the local department Director has approved an exception for a home where there was a prior CPS finding or criminal background check, the written documentation of the approval must also be placed in the file cabinet.

Item 34: Requirements for Criminal Background Checks

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

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

State Response:

Maryland is 100% compliant with background checks completed for resource home providers. In order for a resource home to be approved by administrations in the Local Departments of Social Services (LDSS') all criminal background checks must be completed and approved. The LDSS' cannot approve a resource home without criminal background checks completed by all household members ages 18 and over.

COMAR / Process

Thus, Maryland law, as mandated in COMAR 07.02.25.04, requires State and federal criminal background investigations and Child Protective Services Clearances of applicants seeking approval as foster and/adoptive parents. Before a resource home may be approved, an applicant and all household members age eighteen (18) and older must apply for a State and federal criminal background investigation. Once the resource home is approved, if any new members of the household, 18 years and older join the house, they shall apply for a criminal background investigation within thirty (30) days of moving into the household. If any household members of the household turn 18, they shall apply for a criminal background investigation within 30 days of their 18th birthday. DHR may not approve or continue to approve a foster and/or adoptive home in which an adult in the household has:

- A felony conviction for child abuse or neglect; spousal abuse; a crime against a child or children including child pornography; human trafficking; a crime of violence including rape; sexual assault, or homicide, but not including other physical assault or battery; or
- In the five (5) years before the date of application, has a felony conviction involving physical assault, battery, or a drug-related offense.

The Local Department of Social Services (LDSS) Director shall review charges, investigations, convictions or findings related to any other crime(s) of any household member, to determine the possible effect on:

- The applicant's ability to execute the responsibilities of a resource parent,
- The ability of the LDSS to achieve its goals in providing service to children in out Out-of-Home Placement, and
- The safety of children in Out-of-Home Placement.

Based upon this review, the LDSS Director has the authority to grant, deny, suspend, or revoke resource home approval.

Additional screening tools utilized by the Maryland Department of Human Resources (DHR) to maintain compliance with federal and Maryland regulations Criminal and Protective Services include the Enhanced FBI Clearance Report Child Abuse and Neglect Registry; Maryland Sex Offender Registry; the Motor Vehicle Administration; Investigative Search Engines and the Maryland Judiciary Case Search. In October 2010, Maryland Local Department of Social Services' began receiving complete federal rap sheets from the FBI, when fingerprints were submitted for anyone in the State of Maryland who works with children. Before a resource home can be approved, the LDSS requests information from the Child Abuse and Neglect Registry, which is maintained by the State of Maryland. The Registry determines whether a foster/adoptive applicant or any adult household member that has resided in the household for the past five (5) has a prior finding of abuse and/or neglect.

The criminal background investigation must be requested of the Criminal Records Central Repository before a foster or adoptive home can be approved for the placement of a child. Children in relative placements may often already be residing with the caretaker relative at the time the investigation is requested. Every individual required to obtain a criminal background investigation must complete a sworn disclosure statement and fingerprint card. The request for the background check must be documented in the case record.

Regarding resource home applications submitted by relative caregivers, if every other part of the home study application has been satisfactorily completed and there are no questions regarding the appropriateness of the home, a child may be placed in the home prior to receipt of the completed background investigations, provided that the required Application for Criminal Background Check and Disclosure Statements have been signed, forwarded to the central Repository and acknowledgement of receipt returned to the Local Department of Social Services.

An individual who fails to disclose a conviction or the existence of pending charges for a criminal offense is guilty of perjury and may be prosecuted. If the individual is a foster parent applicant, an adoptive parent applicant or a relative with whom the child has been placed pending receipt of the criminal background investigation, the child must be removed from the home.

The Maryland COMAR Regulations that apply to provisions for addressing the safety of foster care and adoptive placements for children are COMAR 07.02.25.15, Annual Reconsideration; COMAR 07.02.25.16, Complaints Regarding Abuse and Neglect, or Both, in Approved Resource Homes and COMAR 07.02.25.17, Suspension and Revocation.

State Plan:

As cited in Item #33, DHR plans to compile data on a biannual basis to ensure compliance with Criminal Background Clearances.

Private Resource Homes

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

RCC personnel records must contain documentation of the criminal background check request and a copy of the initial outcome and any periodic updates. Employees are not allowed to have unsupervised contact with the children until the RCC provider has received the results of the criminal background check. COMAR 14.31.06.06

Child Placement Agencies are required to receive the results of the criminal background check before an employee, volunteer, or governing board member who has close proximity to children, are approved for employment or volunteer work. COMAR 07.05.01.09

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

Q3 FY16 SSA Report for RCC:

48 RCC Agencies

2 Closed

46

4 Without Contracts

42 Contracted programs

6 Late

36

4 Non-Compliance

32 RCC Agencies in Compliance

91% Compliance for CJIS (42 Contracted programs and 4 Non-Compliant for CJIS)

Q3 FY16 SSA Report for CPA:

Treatment Foster Care (TFC) and Independent Living Providers (ILP):

11 ILP (All DHR contracted) Provider Agencies

Compliant agencies – 11 100%

Non-compliant agencies - 0 0%

30 TFC (DHR Contracted) Provider Agencies

Compliant agencies - 27 90%

Non-compliant agencies – 3 10%

6 TFC, including 1 RFC (non-DHR Contracted) Provider Agencies
Compliant agencies – 4 67%
Non-compliant agencies – 2 33%

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

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

State Response:

Per MD CHESSIE data, 61% of Maryland's 2,486 youth reside in public resource homes with at least one resource parent of the same race.

The racial composition of youth in care who reside with at least one provider of the same race:

55% of the 163 Hispanic children in care are with at least one provider of the same race
74% of the 1349 African American children in care are with at least one provider of the same race
50% of the 2 American Indian children in care are with at least one provider of the same race
45% of the 828 White children in care are with at least one provider of the same race
62% of the 13 Asian children in care are with at least one provider of the same race

It should be noted that race/ethnicity was not determined for 131 children.

This information is needed to inform the LDSSs to determine the needs of the number of resource parents each individual jurisdiction should recruit in relation to the number of children in care by race/ethnicity.

Plan:

In Fall 2016, SSA plans to utilize the data above to provide technical assistance to the local departments to ensure resource parents are being recruited to ensure racial and ethnic diversity. The number of resource parents recruited will be tracked via MD CHESSIE. DHR will compile data on the ethnic composition of resource parents on a quarterly basis to assess the racial/ethnic composition of resource parents in the 24 local departments in comparison to Maryland's population of foster youth. After assessing the data of the current resource parents and youth quarterly, SSA Resource Home staff will report the findings to the local departments and provide technical assistance in recruitment/retention of resource parents to ensure that the ethnic/racial composition of resource parents are appropriate for the needs of foster youth in care.

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

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

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

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

State Response:

Interstate Compact on the Placement of Children (ICPC) ensures that children from other U.S. states in need of Out-of-Home Placement in Maryland receive the same protections guaranteed to the children placed in care within Maryland. The law 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. In calendar year 2015, 554 Maryland children (through public, private agency or parent-initiated private referral) were approved for placement in out-of-state ICPC placements (per quarterly report statistics, 1st, 2nd, 3rd & 4th quarter data forms sent to AAICPC) with 14 children denied such placements out-of-state. The majority of children placed out-of-state are placed with relatives or parent initiated referrals to Residential Treatment Centers (RTC). Maryland continues to decrease the number of children placed in out-of-state RTCs and group homes.

In the reverse direction (i.e., other States’ children coming to Maryland), in calendar year 2015, 893 children were approved for placement into Maryland and 19 denied placement), the majority of those children coming from Washington, D.C. With the approval of the DC-MD Border Agreement with Washington, DC, there has been a decrease in the number of DC to MD referrals; the number of DC children coming into Maryland placed via Border Agreement has now averaged 571 per month in 2015.

These placement numbers include the full array of parent, relative, foster, adoptive and residential placements of children. Interstate Compact on Adoption and Medical Assistance (ICAMA), as well as IV-E eligible Guardianship Assistance Program Medical Assistance (GAPMA) provides a framework for interstate coordination specifically related to adoption and permanency established with custody and guardianship awarded to out-of-state IV-E eligible Foster Parents. The ICPC and ICAMA Compacts work to remove barriers to the adoption of children with special needs and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states.

TIMELY HOME STUDIES REPORTING AND DATA

Safe and Timely Placement Act of 2006 (P.L. 109-239) In 2015, 38% of all INCOMING home study

reports were completed in 0-60 days, 62% were completed in 61-90-or longer days.

The reasons why the extended compliance period was needed range as follows:

- Delay in completion and receipt of required State criminal history background clearances (i.e., Maryland Criminal Justice Information System (MD-CJIS) reports), of required Federal Bureau of Investigation reports (FBI-CJIS), of required United States Department of Justice, Federal Bureau of Investigation (US DOJ, FBI-CJIS) reports when additionally indicated and of required Adam Walsh P.L. 109-248 Child Protective Services (CPS) Clearances when also indicated.
- Delay in completion of required home health/fire inspection.
- Delay in completion or return of required medical evaluations from the prospective caregiver.
- Delay in completion of PRIDE pre-service Foster parent training.
- Prospective caregiver's lack of timely response to offered home study despite being informed of P.L. 109-239's 60-day deadline.
- Lack of technology and resources to complete the home studies timely (i.e., lack of Statewide availability of Livescan, lack of statewide availability of scanners and associated support staff to operate this equipment, lack of "paperless technology systems").
- While also preparing and completing in-coming ICPC referrals, the out-going ICPC referral work must be completed, as well. As stated in above, in 2015 the Maryland Local Departments of Social Services staff and DHR/MD-ICPC staff also simultaneously completed 554 out-going Interstate referrals for Maryland children proposed to be placed into another State's jurisdiction (554 eventually approved, 14 eventually denied). This casework service and ICPC administrative processing must be completed for each Interstate case, as well.
- The ICPC unit was down one (1) full-time ICPC/ICAMA Specialist position from 8/27/15 – present time by reason of staff transfer. Recruitment is expected to be completed by June 2016.

The 15-day extension required (i.e., from the required 60-day deadline, per section 471 (a) 26, to the 75 day deadline) resulted in virtually no additional home studies being completed within the 15 day extension period. Note that the 15-day extension permitted under P.L. 109-239 expired on 9/30/08 (now fully 7 ½ years ago), per the P.L. 109-239 legislation.

The actions taken by the State of Maryland in 2015 to resolve the need for an extended compliance period included:

- Educating staff as to the "provisional" home study recommendation option available, per PL 109-239, when only pre-service Foster parent training/education remains to be completed. Note, however, that IV-E funds cannot be utilized in only "provisionally approved" placements and never in the placement of MD children in out-of-state homes – only fully approved placements are IV-E fundable and fully deemed safe and suitable for MD children's placement.
- Sharing of Foster Parent training resource classes between jurisdictions, when possible.
- Making use of electronic criminal history record checks, (i.e., Livescan), when possible.
- Continuing to staff four (4) ICPC/ICAMA Specialist staff at State Central Office in 2016 (3 ICPC/ICAMA Specialists now in Office) to increase processing efficiency, however, Administrative Assistant support staff capped at 1.5 full-time positions.
- Finalizing the Maryland and Washington, DC "Limited Border Agreement" affecting DC public agency initiated MD private child placing agency (CPA) contracts versus request for public agency work on February 7, 2013. The DC-MD Border Agreement has significantly increased the speed of DC placements into MD (and daily average of DC children in MD has been reduced to an average of 571 children per month in 2015) as well as reduced the amount of time MD-ICPC

office spends in processing DC-proposed placements into MD. Only final ICPC permanency proposals on DC to MD cases are processed now, per the Border Agreement.

- All new ICAMA cases are now processed via the AAICAMA website and all 24 MD Locals process ICAMA referral work via the website. Only “older”, pre-existing ICAMA referrals opened via 6.01 ICAMA form are managed by a non-website basis.

APPENDICES

CFSR.Appendix A	Item 19. CPS Trend Data
CFSR.Appendix B	Item 19 Maryland Child Welfare Services Data
CFSR.Appendix C	Location Data Report - February 2016 Maryland Child Welfare Services Data
Appendix B	CRBC-FY2015-Annual-Report-Final
CFSR.Appendix D	FosterParentSurvey-2014
CFSR.Appendix E	2011 results
CFSR.Appendix F	2014 LDSS Assessment electronic questions
CFSR.Appendix G	Item 25 QA Desk Reference Guide
CFSR.Appendix H	FY2016 Training Updates (July 2015-June 2016) Final
Appendix S	Foster and Adoptive Diligent Recruitment Plan