

Maryland Department of Human Resources

Title IV-B Child and Family Services Plan 2016 Annual Progress and Services Report



In Places that Matter



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ACRONYMS

ACCWIC - Atlantic Coast Child Welfare Implementation Center
ACF - Administration for Children and Families
ADHD - Attention-deficit/hyperactivity disorder
AECF - Annie E. Casey Foundation
AFCARS - Adoption and Foster Care Analysis Reporting System
AFS – Automated Fiscal Systems
APD – Advance Planning Documents
APPLA – Another Planned Permanency Living Arrangement
APSR – Annual Program Services Review
AR – Alternative Response
ARC - American Red Cross
ASCRS – Adoption Search, Contact and Reunion Services
ASFA – Adoption and Safe Family Act
BSFT - Brief Strategic Family Therapy
CANS - Child and Adolescent Needs and Strengths
CA/N - child abuse/neglect
CANS – F Child and Adolescent Needs and Strength - Family
CAPTA – Child Abuse Prevention and Treatment Act
CASA – Court Appointed Special Advocates
CB – Children’s Bureau
CBCAP - Community-Based Child Abuse and Prevention
CCIF - Children’s Cabinet Interagency Fund
CCO - Coordination Organization
CFSR – Child and Family Services Review
CFP – Casey Family Programs
CIHS - Consolidated In-Home Services
CINA - Children in Need Of Assistance
CIP - Continuous Improvement Plan
CIS - Client Information System
CME - Care Management Entities
CQI – Continuous Quality Improvement
CRBC - Citizens Review Board for Children
CRC - Children’s Research Center
CSA - Core Service Agencies
COOP - Continuity of Operations Plan
CPS - Child Protective Services
CSOMS - Children's Services Outcome Measurement System
CWA – Child Welfare Academy
CY – Calendar Year
DDA - Developmental Disabilities Administration
DEN - Drug-Exposed Newborn
DHMH - Department of Health and Mental Hygiene
DHR - The Maryland Department of Human Resources
DJS – Department of Juvenile Services
DOB - Date of Birth
ECE - Early care and education

ECMHC - Early Childhood Mental Health Consultation
EFT - Electronic Funds Transfers
EP - Emergency Preparation
ESOL - English for Speakers of Other Languages
EPSDT - Early and Periodic Screening, Diagnosis, and Treatment Program
ESF - Emergency Support Function
EA VPA - Enhanced After Care Voluntary Placement Agreement
FASD Fetal Alcohol Spectrum Disorder
FAST - Family Advocacy and Support Tool
FC2S – Foster Care to Success
FEMA - Federal Emergency Management Agency
FBI-CJIS - Federal Bureau of Investigation reports
FFT - Functional Family Therapy
FCCIP – Foster Care Court Improvement Project
FCP – Family Centered Practice
FEMA - Federal Emergency Management Agency
FIM- Family Involvement Meetings FPL - Federal Poverty Level
FMIS - Financial Management Information System
FSC - Family Support Center
GAP - Guardianship Assistance Program
GAPMA - Guardianship Assistance Program Medical Assistance
GEAR – Growth, Empowerment, Advancement, Recognition
GED - General Educational Development
GOC - Governor’s Office for Children
GOCCP - Governor’s Office of Crime Control & Prevention
IAR – Institute of Applied Research
ICPC Interstate Compact on the Placement of Children
ICAMA - Interstate Compact on Adoption and Medical Assistance
IDEA - State Interagency Coordinating Council for the Individuals with Disabilities Education Act
IEP - Individualized Education Programs
IFPS - Inter-Agency Family Preservation Services
ILC – Independent Living Coordinator
IR – Investigative Response
LDSS – Local Department of Social Services
LGBTQ - Lesbian, Gay, Bi-sexual, Transgender, Questioning
LIFT - Launching Individual Futures Together
MAF – Mission Asset Fund
MEMA - Maryland Emergency Management Agency
MEPP - Maryland Emergency Preparedness Program
MFRA - Maryland Family Risk Assessment
MATCH – Making All The Children Healthy
MCO - Managed Care Organizations
MD-CJIS - Maryland Criminal Justice Information System
MFN - Maryland Family Network, Inc.
MHA - Mental Health Access
MHEC – Maryland Higher Education Commission
MI - Motivational Interviewing
MRPA - Maryland Resource Parent Association

MSDE – Maryland State Department of Education
MST - Multi-Systemic Therapy
MTFC - Multi-Dimensional Treatment Foster Care
NCANDS – National Child Abuse and Neglect Data System
NCHCW – National Center on Housing and Child Welfare
NGO - Non-Government Organizations
NRCPRFC- National Resource Center for Permanency and Family Connections
NRCCWDT - National Resource Center for Child Welfare Data and Technology
NYTD - The National Youth in Transition Database
OEO - Office of Emergency Operations
OOH – Out-of-Home
OHP – Out-of-Home Placement
OLM - Office of Licensing and Monitoring
OFA – Orphan Foundation of America
PAC - Providers Advisory Council
PCP – Primary Care Physician
PIP – Program Improvement Plan
PSSF – Promoting Safe and Stable Families
QA – Quality Assurance
RFP – Request for Proposal
RTC- Residential Treatment Center
RTT-ELC - Race-to-the-Top Early Learning Challenge
SACWIS - Statewide Automated Child Welfare Information System Assessment Reviews
SAFE - Structured Analysis Family Evaluation
SAMHSA - Substance Abuse and Mental Health Services Administration
SARGE - State Automated Child Welfare Information System Review Guide
SCCAN - State Council on Child Abuse and Neglect
SCYFIS - State Children, Youth and Family Information System
SDM – Structure Decision Making
SED - Serious emotional disturbance
SEFEL - Social Emotional Foundations of Early Learning
SEN – Substance Exposed Newborn
SFC-I - Services to Families with Children-Intake
SILA – Semi Independent Living Arrangements
SMO - Shelter Management/Operations
SOCTI – System of Care Training Institute
SoS – Signs of Safety
SROP - State Response Operations Plan
SSA – Social Services Administration
SSI - Supplemental Security Income
SSTS – Social Services Time Study
SYAB – State Youth Advisory Board
US DOJ, FBI-CJIS – United States Department of Justice, Federal Bureau of Investigation
TANF – Temporary Assistance to Need Families
TAY - Transition Age Youth
TFCBT - Trauma-Focused Cognitive Behavioral Therapy
TPR – Termination of Parental Rights
UMB – University of Maryland, Baltimore

VPA – Voluntary Placement Agreement
VPN – Virtual Private Network
WIC - Women, Children and Infants
WWF - Wireless Web Form

SECTION I: MARYLAND'S CHILD WELFARE SYSTEM

INTRODUCTION

The Maryland Department of Human Resources (DHR) is designated by the Governor as the agency to administer the Social Services Block Grant (Title XX), Title IV-B and Title IV-E Programs. DHR administers the IV-B, subpart two, Promoting Safe and Stable Families plan and oversees services provided by the 24 Local Departments and those purchased through community service providers. The Social Services Administration (SSA) under the Executive Director, has primary responsibility for the social service components of the Title IV-E plan and programs that include: A) Chafee Foster Care Independence Program, B) the Title IV-B plan and programs for children and their families funded through the Social Services Block Grant, and C) the Child Abuse Prevention and Treatment Act (CAPTA). To view the Social Services Administration's organizational structure, see Appendix A.

Vision: The Maryland Department of Human Resources, Social Services Administration envisions a Maryland where all children are safe from abuse and neglect, where children have permanent homes and where families are able to meet their own needs.

Mission: To lead, support and enable Local Departments of Social Services in employing strategies to prevent child abuse and neglect, protect vulnerable children, preserve and strengthen families, by collaborating with state and community partners.

Maryland works to fulfill the vision and mission by building a system that improves family and child well-being through the provision of family-centered, child-focused, community-based services. DHR, Maryland's human services and child welfare agency, is a member of Maryland's Children's Cabinet which, for more than 30 years, has provided leadership for and commitment to achieving a collaborative system of care for Maryland's children and families. The Children's Cabinet is comprised of the Secretaries of the Department of Health and Mental Hygiene (DHMH), DHR, Department of Juvenile Services (DJS), and Maryland Department of Disabilities (MDOD), the Superintendent of the Maryland State Department of Education and the Executive Director of the Governor's Office for Children. The Children's Cabinet provides a vehicle for interagency planning and collaboration on behalf of children and families with the most complex and challenging needs.

Since 2007, Maryland has been systematically enhancing and improving its child welfare system through broad initiatives (Place Matters, Ready by 21), practice model improvements (Family Centered Practice, Alternative Response), program improvement policies (Guardianship Assistance Program, Tuition Waivers, Kinship Navigators), and innovative and evidence-based programmatic improvements (Family Finding, Family Involvement Meetings, Family Unification Program Vouchers). These enhancements and initiatives have been the driving forces behind the decrease in Out-of-Home Placements, a record low of 4,735 (see Figure 1.1, Children in Out-of-Home Care). Maryland recognizes that although there has been a decrease in Out-of-Home Placements in the State, the challenge is to focus on a continued reduction of entries into foster care by determining the factors that lead to placement and the services required to prevent reentry. **Families Blossom in Places that Matter** is the Title IV-E Waiver Demonstration that will allow Maryland to continue reducing Out-of-Home Placements with the implementation of trauma-informed and evidence-based services. **Families Blossom in Places that Matter** was launched in July 2015 with implementation of the Child and Adolescent Needs and Strength - Family (CANS-F), an instrument to assist caseworkers to build on families' strengths. Evidence-based practices, Parenting Models, Child Mental Health/Behavioral Health Models and Local Departments of Social Services Service

Models will launch in the next year. The work and future successes of **Families Blossom in Places that Matter** are possible because of the solid base of Maryland's successful initiatives and practice models, Place Matters, Family Center Practice, Alternative Response and Ready by 21.

Place Matters, in place since 2007 promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of Place Matters is designed to improve the continuum of services for children and families, and places emphasis on preventing children from coming into care when possible, while ensuring that children are appropriately placed when they enter care. Place Matters also shortens the length of time youth are placed in Out-of-Home care.

Family Centered Practice: DHR attributes much of the success to its Family Centered Practice (FCP) model, which is at the core of Maryland's child welfare model. FCP includes the utilization of the Family Involvement Meeting (FIM) to encourage children, family members and community partners to be actively involved in case planning decisions. Maryland has partnered with families, including kin and fictive kin, to move children out of foster care and into permanency. More than 21,000 children have moved to permanent homes through reunification, adoption, or guardianship since 2007.

Alternative Response: In July 2012, Maryland passed landmark legislation permitting the development and implementation of an alternative response system to address low risk cases of child abuse and neglect. **Alternative Response** permits DHR to intervene to ensure safety and address risk without the stigma of a finding of maltreatment being attached to the parent. The cornerstone of Alternative Response is family engagement; families work with DHR to address the issues that place children at-risk. Maryland provides Consolidated In-Home Services to families where risk of maltreatment is identified, and the availability of targeted community services to meet the needs of families and children is integral to the success of Alternative Response.

Ready by 21: Nearly half of the youth in care in Maryland are between the ages of 14-20, with almost 30% of youth in care aged 18-20. This group of youth presents unique needs as they prepare to transition from foster care to young adulthood. **Ready by 21** is Maryland's initiative to ensure that youth are prepared for the transition into adulthood. Focusing on the five core areas of housing, education, finances, health, and mentoring, Ready by 21 provides a framework and key strategies that are implemented at the local level by the LDSS and their community partners. Ready by 21 is designed to ensure that youth have the necessary skills and resources to integrate back into their homes and communities when they reunify with the families or to be successful if they emancipate from care at 21.



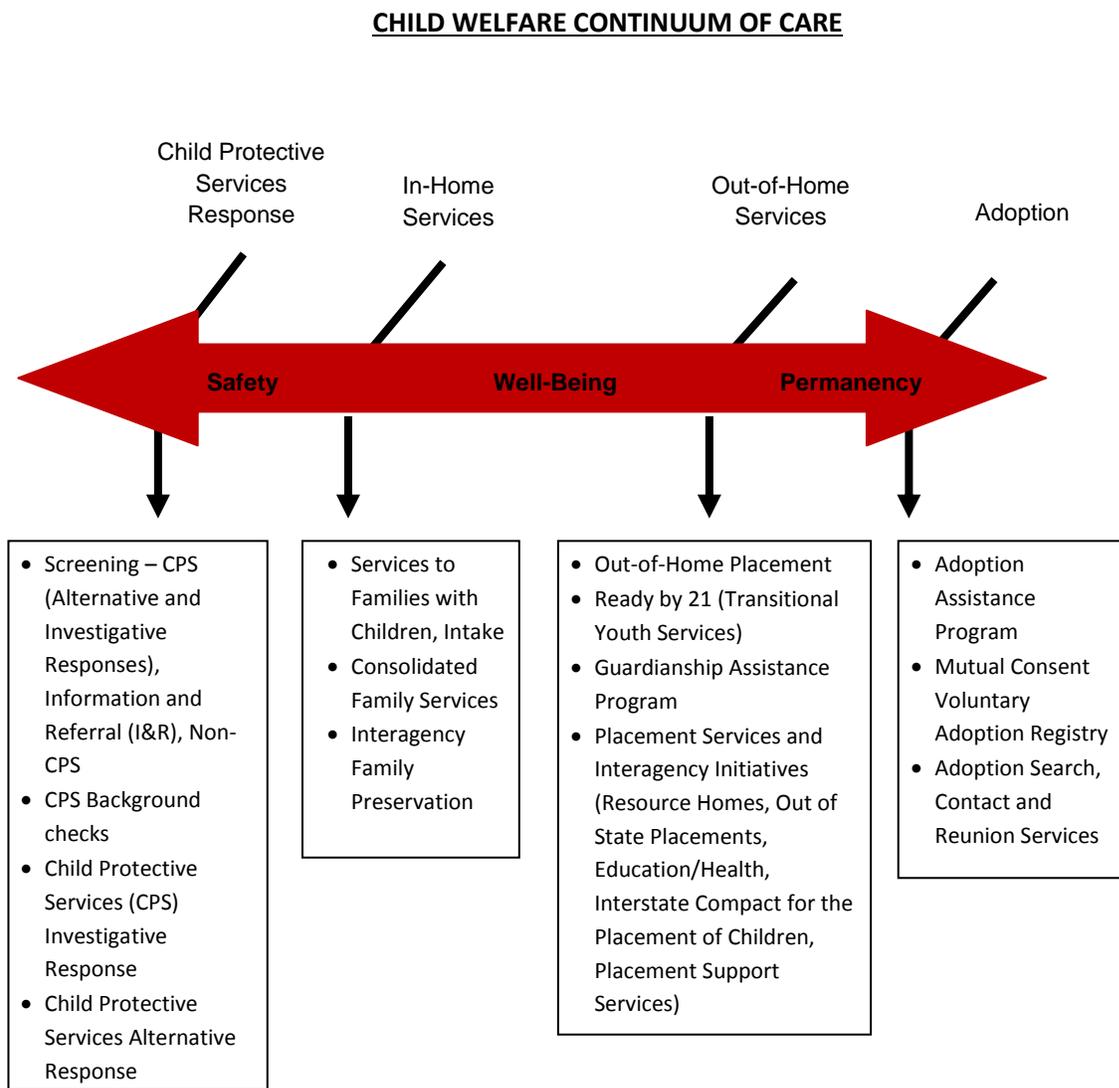
Maryland has been innovative in its work with transition-aged youth, recognizing that the supports that are provided to youth ages 14-17 has an impact on their permanency and well-being as they move into adulthood. While some states are only just starting to expand foster care up through age 21, Maryland permitted youth to remain in foster care up to their 21st birthday for over 25 years if they do not reunify with their families or enter guardianship or adoption prior to their 18th birthday. While the child welfare system is no substitute for a family, the

resources and supports that DHR provides to these youth as they move into adulthood serve as a critical safety net.

As illustrated by the Graphic Child Welfare Continuum of Care in Figure 1.0, the programs under the Social Services Administration provide a continuum of care for the goals of Safety, Permanence and Well-being.

Going Forward: Maryland built a solid base of practice with Place Matters, Family Centered Practice, Alternative Response and Ready by 21. The trauma-informed enhancements for community-based services and evidence-based practices for children and families with Families Blossom in Places that Matter, the Title IV-E Waiver Demonstration will continue to shape future practice to improve children’s and families’ safety, permanence and well-being.

Figure 1.0



PLACE MATTERS

The Maryland DHR made a deliberate and focused shift in its practice, policy and service delivery with the July 2007 statewide rollout of the “Place Matters” initiative, which promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of “Place Matters”, designed to improve the continuum of services for Maryland’s children and families, places emphasis on preventing children from coming into care when possible, ensuring that children are appropriately placed when they enter care, and shortening the length of time youth are placed in out-of-home care. The goals of the Place Matters Initiative are:

- **Keep children in families first** - Place more children who enter care with relatives or in resource families as appropriate and decrease the numbers of children in congregate care.
- **Maintain children in their communities** - Keep children at home with their families and offer more services in their communities, across all levels of care.
- **Reduce reliance on out-of-home care** - Provide more in-home supports to help maintain children in their families.
- **Minimize the length of stay** - Reduce length of stay in out-of-home care and increase reunification.
- **Manage with data and redirect resources** - Ensure that managers have relevant data to improve decision-making, oversight, and accountability. Shift resources from the back-end to the front-end of services.

Since July 2007, through March 2016 DHR’s Place Matters Initiative Maryland has reduced the total number of children in out-of-home care by 54%; decreased the proportion of total youth in group home placements from 19% to 11%, which is a slight increase from last year by 1 point due to the reentry rate into care; the proportion of total family home placements remain the same from last year at 71%. In addition, the proportion of children exiting to reunification, guardianship, and adoption increased from 66% during state fiscal year 2008 to 79% for state fiscal year 2014, and overall remains at 77%.

Figure 1.1

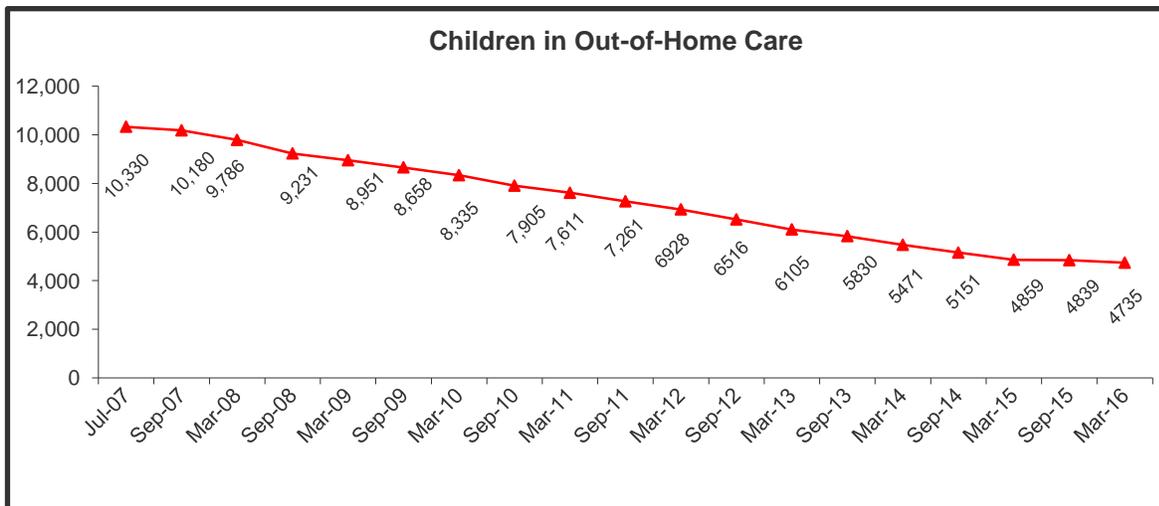


Figure 1.2

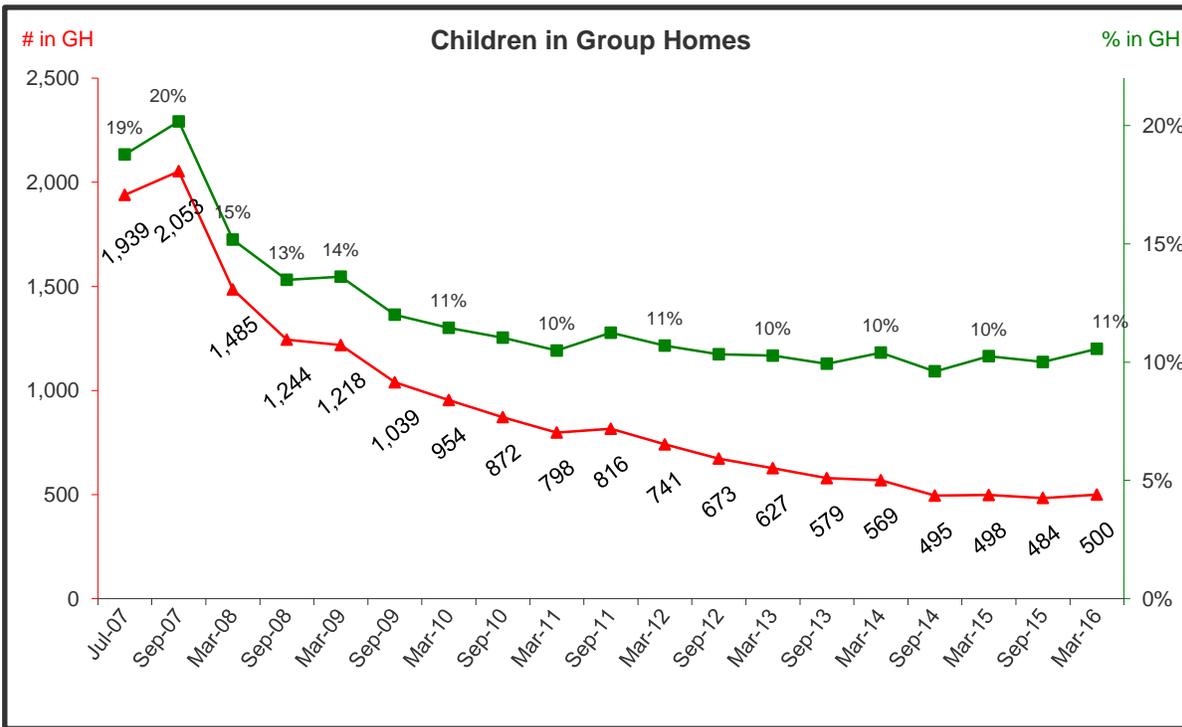


Figure 1.3

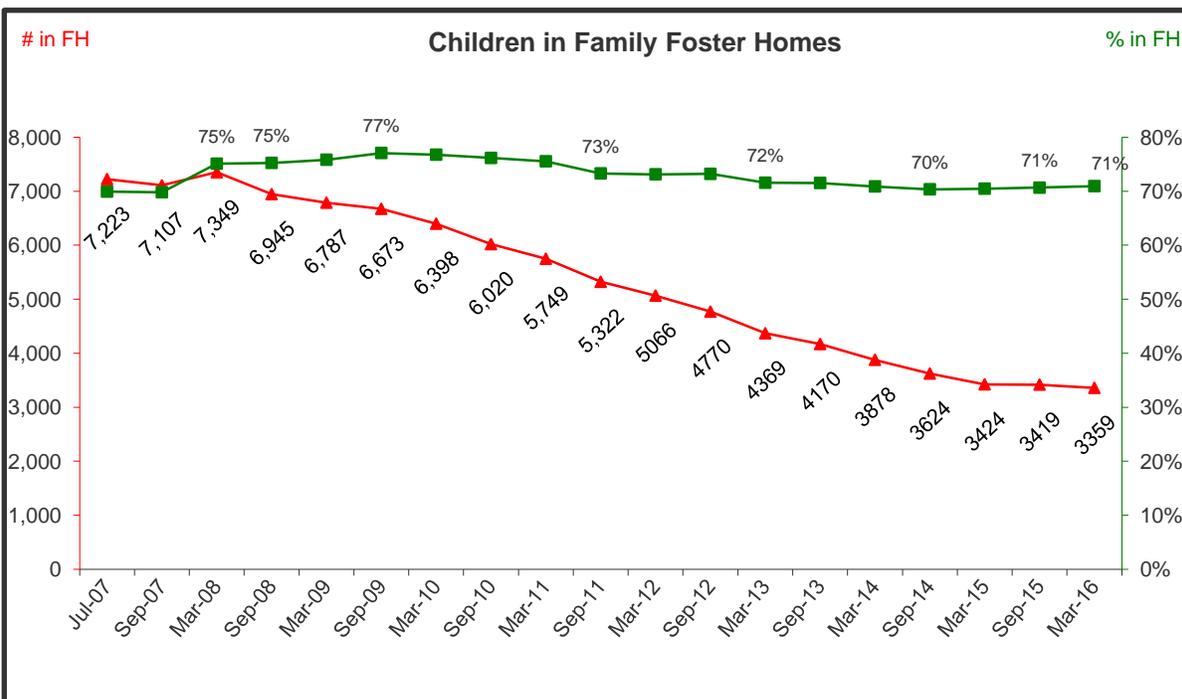


Figure 1.4

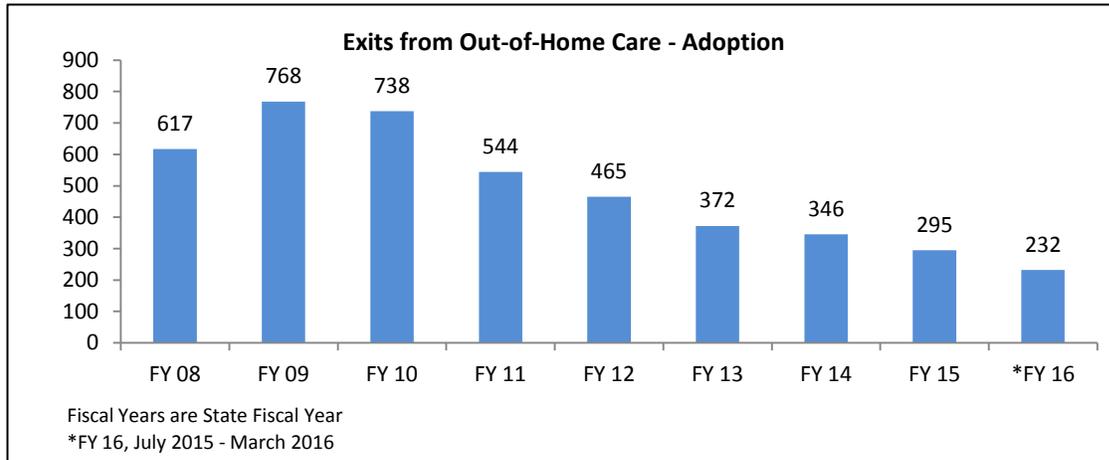


Figure 1.5

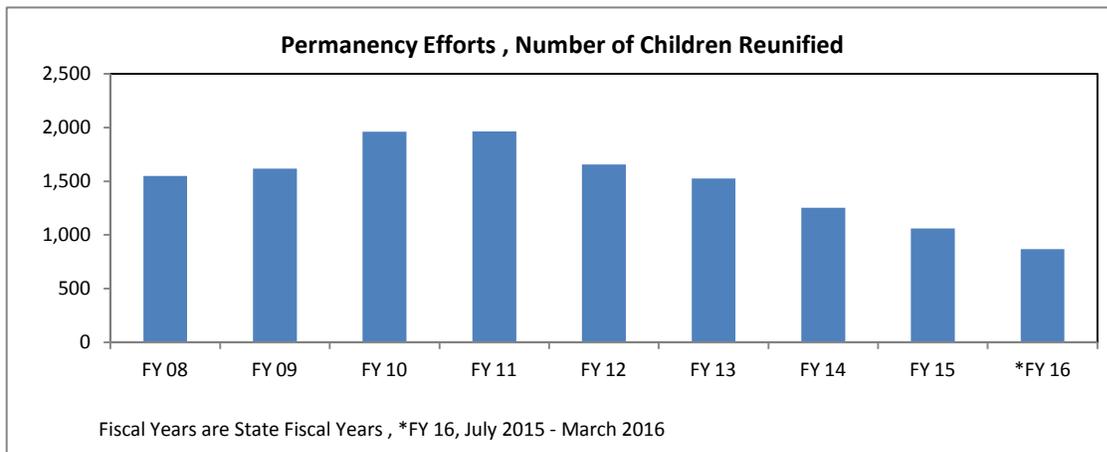
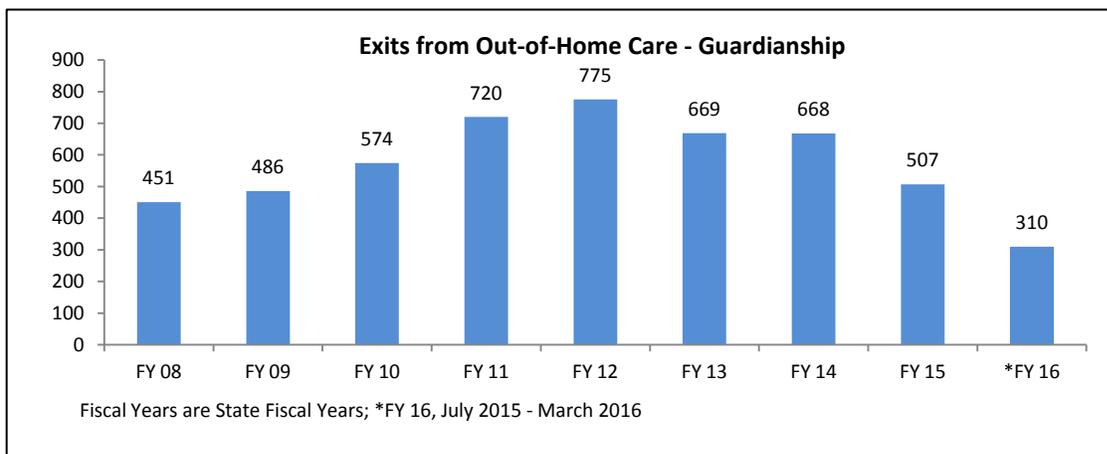


Figure 1.6



SECTION II: GENERAL INFORMATION

COLLABORATIONS

Maryland has developed 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. (For collaborations specific to goals and objectives, please review the Update on Assessment of Performance / Update to Plan for Improvement, Goals and Objectives.)

Strengths

DHR/SSA's partners are active partners in projects, initiatives and discussions to move the Department forward in developing and monitoring better outcomes for children. Many of the organizations are represented on more than one committee or initiative, thus giving a linkage to the whole child welfare system, rather than viewing the outcomes from a single program or agency.

The strength of DHR/SSA's collaborations is the direct contact with DHR/SSA's partners. The partners are able to give direct feedback and comment on data and evaluations regarding programs and policies for revision, development and outcomes through meetings and discussions.

SSA also meets regularly face-to-face with local Directors and Assistant Directors of the Local Departments of Social Services, which are also SSA's stakeholders. Review of policies and practices are regular, with opportunities for comment during the drafting of policies and when requested. SSA also gives Local Departments of Social Services (LDSS) opportunities to comment on draft policy, thus enabling SSA to review any noted impacts on the LDSS.

A group process used regularly with SSA meetings is to break larger group meetings into interactive small groups within the meeting. The small groups enable all participants to discuss issues, review data, give feedback and report out the top issues, results, etc. The discussions are captured in reports and distributed back to the larger group. DHR/SSA uses this method regularly, for example, over 300 supervisors attended the spring 2015 Child Welfare Regional Supervisory meeting and provided feedback and recommendations for implementing practices to prevent reentries. Discussions and feedback were also part of the meeting's agenda regarding SSA's data and recently passed Legislation and policy.

The feedback loop of gathering input and information, capturing it and sending the reports back out to stakeholders closes the communication loop. The action items and reporting issues may be used for Action Plans and further discussion. SSA currently receives evaluations for formal meetings. Evaluations are distributed, compiled and reviewed for comments, concerns or suggestions for improvement. DHR will continue to present data, ask for input and information, distribute evaluations, and engage in direct dialogue with stakeholders to evaluate and monitor progress the responsiveness to the community concerns.

Concerns

As data is reviewed, the story behind the data needs to be strengthened to provide clear explanations for what is occurring and drives the data. The contributing factors for data results are nuanced and require that the story behind the data accompanies the data charts.

Regular data reviews utilizing Results Based Accountability (Based on the book, Trying Hard is Not Good Enough by Mark Friedman) were not able to begin this year due to transitions in managers and leadership. Looking forward to next year, SSA plans to develop a plan to review data regularly with central staff, LDSS and stakeholders. SSA believes that this process will reinforce the partnerships with stakeholders, strengthen the communication loop and create greater understanding of the measures and the actions required to turn the curves.

As SSA continues to move to more data driven decisions, SSA will work with partners to ensure that the story behind the data is well-conveyed in meaningful, understandable language that would prevent misinterpretation of data or of the message.

Maryland's Children's Cabinet

The Children's Cabinet revitalized its continued commitment to Maryland's children and families by completing the Children's Cabinet 2015 Strategic Direction and Implementation Plan. The Cabinet emphasizes prevention, early intervention, and community-based services for all children and families. Members include the Secretaries from the Departments of Budget and Management, Disabilities, Health and Mental Hygiene, Human Resources, and Juvenile Services, as well as the State Superintendent of Schools for the Maryland State Department of Education. The Executive Director of the Governor's Office for Children chairs the Children's Cabinet.

The Children's Cabinet 2015 Strategic Direction and Implementation Plan's four goals require the agencies' collective efforts to address:

- Goal One: Reduce the Impact of Parental Incarceration on Children, Families and Communities
- Goal Two: Improve Outcomes for Disconnected Youth
- Goal Three: Reduce Childhood Hunger
- Goal four: Reduce Youth Homelessness

Each Agency developed measurements and action plans that will begin to move the State in the right direction towards achieving the goals. To view the full Direction and Implementation Plan, please view: http://goc.maryland.gov/wp-content/uploads/sites/8/2013/11/CC_Strategic_Plan_FINAL.pdf

The agencies meet on a regular basis to review progress on plans and measures. DHR began formulating plans to move Maryland to the Goals. For updates on the ongoing work, please refer information on employment opportunities for youth on page 123.

Collaboration with Courts

The collaboration with the Foster Care Court Improvement Project (FCCIP) and the Department Human Resource (DHR) continues to have a positive impact on the required changes in court practices and findings as required by changes in federal laws, regulations, and program instructions. During the last year, FCCIP assisted DHR on working with the court on the implementation of the federal law PL 113-183, "Preventing Sex Trafficking and Strengthening Families Act". Through this partnership DHR was able to ensure the FCCIP was able to educate the court on the changes that impacted the judges and masters. Most of this education was provided by the FCCIP staff and was related to changes in APPLA

and transitional youth services. FCCIP was instrumental in the Maryland legislation on Another Planned Permanent Living Arrangement (APPLA).

A focus of the FCCIP this year was on kinship care. A subcommittee was formed to which a DHR/SSA representative was appointed as a member. This subcommittee met monthly to explore the area of kinship care in Maryland's foster care program. When children are placed in kinship care, the number of placements decrease, and placement stability increases, thereby allowing permanency to be achieved in a shorter length of time. SSA presented to the committee data showing the currently 32% of foster children who are placed in kinship care, including formal kinship providers and restrictive foster home providers. The committee is considering how kinship care can be expanded and improved in Maryland. During the last year DHR has educated the committee on the Guardianship Assistance Program (GAP), as a way to support kinship providers and to support permanency for the children. GAP has significantly grown over the last 3 years.

DHR partnered with the American Bar Association to present on kinship care on October 22-23, 2015, at the annual Child Abuse Neglect and Delinquency Options (CANDO) conference. This conference is hosted by FCCIP to educate judges and masters on changes in practice and policy related to kinship care. DHR hosted 2 workshops, "Kinship Care, National and Local Perspective," that received positive feedback from attendees, noting the usefulness of the information presented, based on a survey completed at the end of the conference.

Next year the kinship subcommittee work group will continue to look at the services provided to kinship caregivers and how SSA can better support kinship caregivers. This support includes more work with kinship caregivers on the Reasonable and Prudent Parent Standard and psychotropic medication. DHR will train child and parent attorneys at the Legal Aid Annual Conference in June 2016 on child welfare practice and policy which will include the topic of kinship care. This training will educate parent and child attorneys on achieving permanency for children placed in kinship care through the utilization of concurrent permanency planning with an emphasis on reunification and relative placement. The training will also discuss monitoring safety and well being of the children with an emphasis on health, education and parent/child visitation.

Citizen's Review Board

The work of the Citizen's Review Board for Children (CRBC) is an important step to ensuring that the Local Departments of Social Services are working towards permanency for Maryland's children. In accordance with an agreement reached between the Department of Human Resources (DHR) and the CRBC State Board, CRBC reviewed cases of youth with a plan of Adoption, Reunification or Another Planned Permanent Living Arrangement (APPLA) who met the established criteria. This focus allowed CRBC to review these vulnerable and populations. The CRBC submits individual case review reports to the local departments, as well as quarterly reports and an annual report to the Department regarding data from the reviews. The annual and quarterly reports are utilized by the Department to determine trends for local departments and to inform policy and practice changes. The annual and quarterly reports are made available to the local departments via DHR's intranet.

Citizen's Review Board for Children –Adoption and Another Planned Permanent Living Arrangement (APPLA) Reviews

From the Executive Summary of the 2015 Annual Report for the Citizens Review Board for Children:

“During fiscal 2015, the Citizens Review Board for Children reviewed 1298 cases of youth in Out-of-Home placements which represented 18% of the total number of 7,340 children served in the state of Maryland. Reviews are conducted per a work plan developed in coordination with the DHR/SSA with targeted review criteria based on Out-of-Home Placement permanency plans. The majority of the cases reviewed (48%) had a permanency plan of Another Planned Permanent Living Arrangement (APPLA).

CRBC conducted 365 Reunification reviews. Findings include:

- 73% had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan in 94% of cases reviewed.
- The local boards agreed that appropriate services were being offered to children/youth in 99% of the cases reviewed. Appropriate services were being offered to birth families in 67% of cases and to the foster and kin providers in 36% of cases reviewed.
- The local boards found that service agreements were signed in 50% of cases reviewed.
- The Local boards also found that local departments made efforts to involve the family in case planning in 97% of cases.

CRBC conducted 220 Adoption reviews. Findings include:

- 39% had a plan of adoption for 3 or more years.
- The local boards agreed with 99% of identified placement plans and of those reviewed, 70% were placed in their home jurisdictions remaining close to their community connections.

The local boards identified the following barriers preventing the adoption process or preventing progress in the children/youth’s case:

- Pre-Adoptive Resources not identified for the child
- Incomplete submission of the interstate compact packets and,
- Home study not approved.
- CRBC conducted 624 APPLA reviews. Findings include:
- 61% had a plan of APPLA for 3 or more years.
- The Local boards agreed 94% of the time with the permanency plan of APPLA statewide.
- Barriers identified that could preclude the youth in care from being adopted, reunified with their families or moving into an independent living situation included failure of youth to consent to adoption (42%) and lack of family resources (32%).
- 72% of youth had received the skills necessary to begin to live on their own. Across all jurisdictions, the reviewers agreed that 76% (476) of the time that the youth were being appropriately prepared.
- Only 20% of youth transitioning out of care had housing specified.
- A permanent connection is an identified person that a youth can rely on for assistance with support, advice and guidance as they deal with the day to day life that adulthood can bring about on a regular basis. The local boards agreed in 65% of cases that a permanent connection had been identified for the youth by the local department. The boards also agreed that the identified permanent connection was appropriate in 65% of those cases. “

Please see CRBC’s Annual Report (Appendix B) for details of their review and the Social Services Administration’s response (Appendix C).

Providers Advisory Council (PAC)

Maryland Department of Human Resources (DHR) understands the significant role of its providers in serving children and families in the child welfare system. As such, DHR formed a Providers Advisory Council (PAC). The role of the PAC is to advise and make recommendations to the DHR Secretary regarding pertinent and critical child welfare issues.

The PAC includes both Residential Child Care (RCC) Agencies and Child Placement Agencies (CPA) representatives and is co-chaired by the Social Services Administration (SSA) and the Office of Licensing and Monitoring (OLM). The PAC meets bi-monthly, with the Executive Directors of SSA and OLM. The Council will continue to provide consultation to DHR in matters pertaining to services to children, policy relating to payment services, health, safety and well-being.

PAC Accomplishments:

1. Collaboration with DHR on Rate Setting Reform Committee to modify the current rate setting system and to develop an outcome based rate setting system. (on-going)
2. Collaboration with DHR regarding promoting Family Centered Practice through a series of trainings which focus on engagement and trauma (on-going). These trainings emphasize how providers partner with DHR to promote safety, permanency and well-being of youth in foster care. Through these trainings providers and stakeholders become knowledgeable on the assessment tools and practices DHR uses to ensure each child receives the highest level of services and how safety, permanency, and well-being are the focus of DHR's work.
3. The provider community ensured that staff were certified as Residential Child and Youth Care Practitioners by October 1, 2015.

2016 – 2017 Plans:

1. Collaboration with DHR regarding the Title IV-E Waiver to help promote strong, safe, and secure families, children, and communities (on-going).
2. Collaboration with DHR regarding re-tooling current placement options to accommodate difficult to place foster children with challenging behaviors (on-going).

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

Coordination of CFSP Services with Other Federal Programs

The Maryland Department of Human Resources (DHR) worked collaboratively with the Maryland Department of Labor, Licensing, and Regulations (DLLR); subject-matter experts from other Maryland State Agencies, and local stakeholders to create a state-wide combined implementation plan for the Workforce Innovation and Opportunity Act (WIOA) which focuses on enhancing systems capacities for provided direct services, resources, and human capital that are targeted towards the most vulnerable young adult populations; including youth in foster care, cross-over youth, and underserved/disconnected youth with unique challenges to employment. The plan's primary focus is to design a workforce system that fosters the creation of a career pathway for all Marylanders. A career pathway comprised of rigorous and high-quality education, training, and other services that:

- Aligns with the skill needs of industries in the economy of the State or regional economy;
- Prepares an individual to be successful in any of a full range of secondary or post-secondary education options, including apprenticeships;
- Includes counseling to support an individual in achieving the individual's education and career goals;
- Includes, as appropriate, education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster;
- Organizes education, training, and other services to meet the particular needs of an individual in a manner that accelerates the educational and career advancement of the individual to the extent practicable;
- Enables an individual to attain a secondary school diploma or its recognized equivalent, and at least one recognized post-secondary credential; and,
- Helps an individual enter or advance within a specific occupation or occupational cluster.

A career pathway system ensures that Maryland's jobseekers are offered education and skills training along with the necessary credentials to meet industry demands. Recognizing the varying backgrounds of Maryland's jobseekers, a career pathway system provides participants with multiple entry points to accommodate varying education levels, and multiple exit points as the jobseeker obtains the necessary skill or credential.

To accomplish this, 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." DHR, in partnership with the 24 Local Departments of Social Services (LDSS) and the WIOA Partners, will implement a partnership using a phased-in approach that: identifies a vendor offering a comprehensive career assessment tool for state-wide administration to youth in foster care; makes direct service referrals to WIOA partners for youth with specific career interests and skills compatibility; monitors the progress of referred youth; provides cross training, technical assistance, and monitoring of the effectiveness of partnerships between WIOA Partner and LDSS; and creates measurement criteria to evaluate performance of WIOA partners.

The WIOA Youth Services and Partnership Workgroup was developed to identify "best practices" and effective strategies for enhance workforce development and career opportunities to support in-school and out-of-school youth. The workgroup focuses on designing an WIOA outlined framework and practice guide that supports an integrated service delivery system that address barriers/challenges facing this targeted population. These efforts will maintain the high-quality of career services, education and training, and supportive services that will enable youth to secure and sustain career-based employment. The core committee is composed of representatives from various public systems of care agencies such as the Maryland Department of Disabilities (DOD), Maryland Department of Juvenile Services (DJS), Maryland State Department of Education (MSDE), Maryland Department of Health & Mental Hygiene (DHMH), Division of Rehabilitative Services (DORS), and One Stop Career Center. The subcommittee will focus on three different areas: building system's capacity, enhancing services for youth with disabilities,

and best practices for older youth/out-of-school youth. The subcommittee will comprise various community-based programs and stakeholders. The workgroup is expected to exist throughout the full first year of WIOA's implementation; however, it is the hope that moving forward this level of collaboration will continue.

Maryland Caregivers Support Coordinating Council

Established in 2001, the Maryland Caregivers Support Coordinating Council works to identify the needs and challenges faced by informal family caregivers for those across the lifespan, advocating for and empowering through policies that support them, and making recommendations for the coordination of services.

DHR is required to provide staff to the Council, which is legislatively mandated, as well as have two approved members. The Council's 17 members are appointed by the Governor and five (5) members specifically represent children and families via an organization or as a family caregiver of a child with a special need or disability. Over half of the remaining Council members are involved in organizations that serve or provide administrative oversight to both Adult and Family/Children's services. The Council plans to continue to work to identify partnerships with supporting organizations for collaboration, information and resource sharing to reduce boundaries for caregivers.

Strengthening the well-being of children

During the past reporting period the Council's membership included appointments that represent children and families from infancy through transitioning youth. This includes Kinship Care, children with emotional and behavioral health diagnosis, children living on the Autism Spectrum and Fetal Alcohol Syndrome. All of these groups are part of DHR's stakeholders and constituency. The Council continues to strengthen the well-being of children by working towards a more systemic coordinated system of supports for family caregivers which ultimately means that children have parents and other family caregivers that are able to provide a nurturing, safe home for them.

Additionally, DHR provides staffing to the Council. The staff support is part of the Social Services Administration's Leadership Team and maintains ongoing communication with SSA's Executive Director's and the Department's Government Affairs Director to ensure that the Council is meeting its statutory authority, as well as being a systemic partner to SSA's constituents.

2015 – 2016 Accomplishments:

- Built a partner list of more than 160 organizations and businesses seeking to address the needs of family caregivers across the Lifespan.
- Convened a statewide respite services Capacity Building partner's forum including the Maryland Departments of Health and Mental Hygiene, Human Resources, Aging, Disabilities, as well as the Harry and Jeanette Weinberg Foundation, AARP Maryland, Johns Hopkins Hospital, TimeBanks USA, and ARCH National Respite Network. The purpose of the forum was to identify unmet needs of caregivers, explore potential avenues for respite capacity expansion such as Village/TimeBanks communities, a Federal Lifespan Respite Care Grant application, and coordination of support for legislation that will impact family caregivers.
- Established a partnership with the University of Maryland School of Pharmacy to strengthen research pertaining to family caregivers across the lifespan and their role with medication management as it pertains the child or adult for which they provide care.

Plans for 2016-2017

- Continue collection, analysis, and dissemination of up-to-date data on the characteristics and unmet needs of Maryland's family caregivers;
- Coordinate and enhance media and social media presence, including a new Council website that will be developed through a public/private partnership and Facebook page.
- Establish a Council Speakers Bureau to inform family caregivers of available supports and services.
- Apply for a Federal Lifespan Respite Care Grant to expand respite capacity through a coordinated effort between State agencies and organizational partners.
- Raise awareness of caregiver needs through continued membership on the Task Force on Family Caregiving and Long-Term Supports.

Developmental Disabilities Administration

Coordination of CFSP Services with Other Federal Programs

The Department of Human Resources/Social Services Administration (DHR/SSA) and Department of Health and Mental Hygiene/Developmental Disabilities Administration (DHMH/DDA) continue to be committed to maximizing the independence for people receiving State services and supports. The Memorandum of Understanding (MOU) entered into by both agencies to improve access to the continuum of resources available to children and vulnerable adults with developmental disabilities, providing appropriate services in a timely and efficient manner continues to be in effect. Both Departments are jointly responsible to communicate and coordinate in order to plan for the best possible services available for immediate and future needs.

DHR/SSA continues to work collaboratively with DDA to provide services to youth in foster care. The transition of services is especially important when youth are aging out of the foster care system. Safety, permanency, and well-being are the focus of the services provided to youth. SSA and DDA ensure that services are tailored specific to the needs of each youth. These services include: education, health, mental health, employment, housing, and social networking, ensure that the overall well-being of the youth is addressed.

Social Services Administration Steering Committee

The Social Services Steering Committee is comprised of the Social Services Administration's Executive and Program staff, Services Directors and Assistant Directors of Local Departments of Social and meets every other month.

SSA uses the Steering Committee as a forum to review policies, legislation and programmatic issues. The Committee is instrumental in providing SSA with input for programs and policies to improve the outcomes of child welfare. Topics during May 2015 – April 2016 that the Steering Committee provided feedback and re-evaluation included but were not limited to: Child and Adult Fatality data, IV-E Waiver Demonstration updates and discussion, Alternative Response data and additional data for discussion, Place Matters data; review and revision of Place Matters measures, Legislation updates, case rulings that impact practice, Human Trafficking Task Forces and additional local / central Human Trafficking workgroups needed. The SSA Steering Committee plans to continue in 2016 – 2017 to review data, legislation and policy and practices that impact the Local Departments of Social Services.

The Maryland Family Centered Practice (FCP) Oversight Committee

The Maryland Family Centered Practice (FCP) Oversight Committee continues to meet bi-monthly to monitor the FCP implementations, and offer recommendations for program enhancements to sustain statewide child welfare practices. The committee includes DHR and SSA staff, the University of Maryland Child Welfare Academy and the Ruth Young Center (RYC), a cross-section of stakeholders, such as foster parents, advocates, attorneys, community partners, and Local Departments or Social Services representatives. The committee made significant strides to ensure that the identified strategic instruments are aligned with FCP, Child and Family Services Review (CFSR) and Place Matters goals. Research staff from the Ruth Young Center (RYC) at the University of Maryland School of Social Work is responsible for the collection and analysis of the Family Involvement Meetings (FIMs), Kinship Navigator services, and Family Finding services to better understand how FCP is impacting families. Significant progress includes ensuring that DHR policy directives are aligning with the Family Centered Practice Model and the continuous re-evaluation of practice to ensure any changes in policy embrace this practice model.

An essential part of the FCP Oversight committee is to provide technical assistance to the FCP practice model for all public and private child welfare agencies throughout the state. In doing so, members of the FCP Oversight committee have continually reached out to community partners/providers.

In May 2015, the Social Services Administration (SSA) launched its first set of training series known as the *“Collaborative Learning Circles”* which is offered to child welfare community providers quarterly. The overall intent of these trainings addresses the importance and shared responsibility between local departments and private providers. The first training series took place on May 27-28, 2015 entitled *“A Collaboration between Public and Private Child Welfare Workforce.”* The second series of trainings took place in October 2015 entitled *“Engaging, Empowering and Partnering,”* which outlined best practices from the *“Preventing Sex Trafficking and Strengthening Families Act of 2014.”*

Surveys administered after the trainings reflected positive feedback and requests for further information such as:

- Ready by 21 (i.e.; transitional services),
- SSA policy directives, and
- Technical Assistance with the *“Reasonable and Prudent Parent Standard.”*

Planned for 2016-2017

The next phase of the implementation of the FCP trainings collaboration is scheduled in May and June 2016. SSA is excited to partner with community providers through Maryland's Family Centered Practice (FCP) Sub-committee *“Collaborative Learning Circles.”* The next series of trainings will begin May 19, 2016, kicking off in Western Maryland. The 2016 training is titled, *“Maryland Youth and You: A Closer Look at Transitional Aged Youth Services.”* SSA will be offering this training at four provider sites across Maryland throughout the spring of 2016.

Title IV-E Determination Unit Collaborations

- **Title IV-E State Plan Updates/Amendments:** The Social Services Administration's (SSA) Title IV-E Determination staff collaborated with the Department of Juvenile Services (DJS), Office of the

Attorney General (OAG), and Foster Care Court Improvement Project (FCCIP) to submit the first draft of the updated State Plan to the Federal Government. Activities included but were not limited to: team review of SSA current practices, policies and procedures to ensure they were in compliance with updated Federal regulations, major areas covered were (a) Human Sex Trafficking (b) Specialized recruitment for adoptive families and (c) Reasonable and Prudent Parenting. As a result of the review, there were several updates to some of SSA existing policies and procedures, as well as the development of additional policies meeting best practices child welfare standards, which aligns with SSA goals of improving safety, achieving permanency outcomes and strengthening the well-being for all children. To date, the collaboration continues and joint efforts are being made toward required changes in the SSA/DJS and court practices and findings as required by changes in federal laws, regulations, and programs. This workgroup will convene monthly until all amendments are completed and a final plan is submitted. Thereafter, the group will meet quarterly. The Title IV-E Determination Unit is also working with other Departments within SSA, to include Out-of-Home, Adoptions and Home Resources.

- **Single State Audit:** Title IV-E Determination Unit staff collaborated and assisted the Office of Licensing and Monitoring (OLM) during the single state audit. This audit is an additional quality assurance practice to monitor SSA services to children and families in care and to provide recommendations for improvement. All requested IV-E foster care case (electronic and paper) records were provided to the audit firm of S&B Company.
- **MD-CHESSIE UPDATE:** Title IV-E Determination Unit staff is working with the Office of Technology for Human Services (OTHS) to include IV-E eligibility output forms in MD CHESSIE for more efficiency and accuracy in determining IV-E eligibility to be in compliance with federal regulations. This helps SSA achieve its goal by providing accurate financial eligibility data for all children in foster care.
- **Title IV-E Policy and Procedure Manual:** Title IV-E Determination Unit staff collaborated with the Department of Juvenile Services (DJS) in rewriting the Title IV-E manual to be in compliance with current federal/state laws and regulations. The collaboration efforts continue; as the Social Services Administration (SSA) is now consulting with the Department of Health and Human Services, Administration for Children and Families/Children's Bureau and the Maryland Office of the Attorney General for final edits. This helps SSA achieve its goal by providing adequate information to Title IV-E and SSA staff in order to perform their duties effectively and efficiently as it relates to Title IV-E practices.
- **Title IV-E Liaison Workplan:** Title IV-E Determination Unit staff collaborated with Maryland's Local Departments of Social Services to develop a workplan for each jurisdiction. The workplan is the communication flow between the local departments and the DHR/SSA Title IV-E staff. This workplan ensures all team members fully understand each other roles and responsibilities, Title IV-E practices and timelines; which will improve staff productivity levels and SSA overall goal of improving services to all children in foster care. All workplans were reviewed and acknowledged (signatures) by each jurisdiction.

Plans for 2016-2017:

All of the above stated activities are ongoing to ensure improve outcomes for children and families in care. Therefore, the Title IV-E Determination Unit will continue to collaborate with partners throughout 2016-2017.

Local Departments of Social Services

The State meets monthly with the statewide Directors and Assistant Directors of the Local Departments of Social Services (LDSS). These meetings address new policies and practices that impact the practice of child welfare and to provide updates or ask for assistance and feedback for any new initiatives. No formal evaluations are gathered at these meetings; however the Directors and Assistant Directors do not hesitate to provide input to proposed policy and practices; or for current policy and practice that may not be able to be implemented in the manner intended. The feedback received to review and policy and practice are revised to clarify intent or to create efficiencies in practice.

Regional Supervisory Meetings are held one to two times a year at four locations Statewide in which policy, legislation and updates are reviewed. The meeting is held at different regions of the State to allow access by all supervisors Statewide. Data is reviewed and small groups discuss methods to improve the outcomes which in turn improve the data. Evaluations are distributed and compiled with the suggestions for improvement. SSA considers these meetings important to maintain relationships with local supervisors; receive direct supervisory feedback and clarify policies and practices. In 2015, 92% participants reported via evaluations report that the meetings are useful to their work.

The Central DHR staff also offer technical assistance to jurisdictions as issues emerge. This type of technical assistance is generally a telephone call or email for assistance to clarify or seek assistance with In-Home, Out-of-Home, MD CHESSIE, Training, Quality Assurance, Interstate Compact (ICPC) work or general questions. Central staff assist and may not record every call because offering assistance is considered a part of the regular workday.

SECTION III: UPDATE ON ASSESSMENT OF PERFORMANCE / UPDATE TO PLAN FOR IMPROVEMENT

GOALS & OBJECTIVES

The Title IV-E Waiver Demonstration enables Maryland to continue to progress in achieving safety, permanence and well-being for Maryland's children. Maryland has begun the work to implement an evidence- and trauma-informed system that provides the framework to integrate programs as one system that collectively works to improve the outcomes for children and families. The success of Place Matters, Alternative Response, Family Centered Practice and Ready by 21 is measured with the results of the Goals:

Goal 1: Improve the safety for all infants, children, and youth who have a child protective services investigation

Note: The goal was changed from "Improve the safety for all infants, children, and youth to "Improve the safety for all infants, children, and youth who have a Child Protective Services investigation"

Measure 1: Absence of Recurrence will be 90.9% or more

Objective: Reduce recurrence of Maltreatment

Measure 2: Maltreatment in Foster Care will be 9.5% or less

Objective: Reduce Occurrence of Maltreatment

Goal 2: Achieve permanency for all infants, children, and youth in foster care

Note: The Goal was changed from "Achieve permanency for all infants, children, and youth" to "Achieve permanency for all infants, children, and youth in foster care" to narrow the scope of the goal.

Measure 1: Permanency in 12 months for children entering foster care will be 40.5% or more

Objective: Improve services so that children are able to exit care

Measure 2: Permanency in 12 months for children in care 12 and 23 months will be 43.6% or more

Objective: Improve services so that children are able to exit care

Measure 3: Permanency in 12 months for children in care 24 or more months will be 17% or more.

Objective: Improve services so that children are able to exit care

Measure 4: 12% or less of children exiting to reunification will reenter OOH care

Objective: Reduce Reentry into care from reunification

Note: Measure 4 was changed from 13% to 12% to align with other State reports.

Goal 3: Strengthen the well-being for infants, children and youth in foster care

Note: The Goal was changed from "Strengthen the well-being for infants, children and youth" to "Strengthen the well-being for infants, children and youth in foster care to narrow the scope of the goal".

Measure 1: 85% of children entering foster care and enrolled in school within 5 days

Objective: Children are enrolled in school within 5 days

Note: Measure 1 was changed from 77% to 85% due to improvement in the data used to measure performance

Measure 2: 75% of the children in Out-of-Home Care receive a comprehensive exam

Objective: Children in Out-of-Home care receive a comprehensive health assessment

Measure 3: 90% of the children in Out-of-Home Care receive an Annual Health Exam

Objective: Foster children have their health needs reviewed annually
Measure 4: 60% of the children in Out-of-Home Care receive an annual Dental Exam
Objective: Children in Out-of-Home care receive a dental exam

It should be noted that the objectives mentioned above are subject to change in order to ensure alignment with state and federal guidance over the next five years.

Collaborations

The Department of Human Resources / Social Services Administration (DHR/SSA) and the University of Maryland Baltimore / School of Social Work (UMB/SSW) have long-standing collaborations related to social services policy and programs. These collaborations include the evaluation of Family Centered Practice and of Family Involvement Meetings, the redevelopment and implementation of the Quality Assurance process, facilitating data reporting and providing data analytics. UMB/SSW personnel participate in ongoing meetings with DHR/SSA to discuss these collaborations and provide assistance to DHR/SSA related to data reporting, measurement and analytics. Data collaborations encompass the development and maintenance of child welfare outcome measures, case management reports, and reports to understand statewide and jurisdictional results related to various practice area deemed to be important to the operation of the Maryland child welfare system.

GOAL 1: IMPROVE THE SAFETY FOR ALL INFANTS, CHILDREN, AND YOUTH WHO HAVE A CHILD PROTECTIVE SERVICES INVESTIGATION

Note: The goal was changed from “Improve the safety for all infants, children, and youth to “Improve the safety for all infants, children, and youth who have a Child Protective Services investigation”

Measure 1: Absence of Recurrence of Maltreatment will be 90.9% or more

Objective: Reduce recurrence of Maltreatment

Child and Family Services Review (CFSR) Safety outcome 1: Children are, first and foremost, protected from abuse and neglect.

The Absence of Recurrence of Maltreatment was reported with Calendar year and Federal Fiscal Year data in last year’s report. This year the Federal guidelines were modified to extend the base period and observation period from 6 months to 12 months. Maryland has revised their measure to reflect the new guidelines and will move forward reviewing data based on the new modification. Maryland’s results:

Figure 3.1

Absence of Recurrence of Maltreatment, by Federal Fiscal Year	
Target: Absence of Recurrence of Maltreatment will be 90.9% or more	
FFY 2011	86.1%
FFY 2012	90.1%
FFY 2013	89.2%
FFY 2014	89.8%
FFY 2015	90.1%
<i>National Standard: 90.9% or more</i>	

Source: MD CHESSIE; University of Maryland School of Social Work analysis

Change in measure: Based on the CFSR Round 3, this is a modified federal measure that extends the base period and observation period from 6 months to 12 months.

Measure 2: Maltreatment in Foster Care will be 9.5 or less

Objective: Reduce Occurrence of Maltreatment while in Foster Care

Child and Family Services Review (CFSR) Safety outcome 1: Children are, first and foremost, protected from abuse and neglect.

The absence of Recurrence of Maltreatment was reported with Calendar year and Federal Fiscal Year data in last year's report. This year the Federal guidelines were modified to extend the base period and observation period from 6 months to 12 months. Maryland has revised their measure to reflect the new guidelines and will move forward reviewing data based on the new modification, by federal fiscal year. Maryland's results:

Figure 3.2

Maltreatment in Foster Care per 100,000, by Federal Fiscal Year	
Target: Rate of Victimization will be 9.5 or less	
FFY 2011	10.66
FFY 2012	14.02
FFY 2013	11.64
FFY 2014	13.07
FFY 2015	9.69
<i>National Standard: 8.5 or less</i>	
<i>Source: MD CHESSIE; University of Maryland School of Social Work analysis</i>	
<i>Change in measure: Based on the CFSR Round 3, this is a modified federal measure that extends the base period and observation period from 6 months to 12 months.</i>	

Data Assessment

Trends

In the past two years Maryland implemented two major improvements to the Child Protective Services and In Home Services programs that promote improved assessment and family centered practice that should continue to reduce the recurrence of maltreatment rate and to reduce maltreatment in foster care.

Alternative Response (AR) was fully implemented statewide as of July 1, 2014. In the report to the Maryland Legislature the organization conducting the legislatively required independent evaluation (IAR Associates) points out that families report higher ratings on feeling engaged and their participation in case direction decision-making. The time period of the evaluation was relatively early in AR implementation but suggests that the alternative path produces more family involvement in case direction. The report also indicates the six month recurrence rate of AR families in jurisdictions with

mixed units was 6.0% while the rate in jurisdictions with specialized AR units was 4.1%. The difference was statistically significant ($p < .001$). Provision of an all AR caseload may assist in limiting recurrence of maltreatment. This percentage will be important to continue to monitor to see if it reduces recurrence of maltreatment.

On July 1, 2015 Maryland's Local Departments of Social Services (LDSS) (with the exception of Baltimore City) implemented use of Child and Adolescent Needs and Strength – Family (CANS-F) as an added assessment tool for In-Home staff for identifying a family's strengths and weaknesses and to target assessed deficiencies in corresponding service plans developed with families. Baltimore City Department of Social Services (DSS) started using CANS-F in January 2016. Preliminary data shows that approximately 68% of cases where one would expect to find a completed CANS-F for the time period July 1, 2015 through December 31, 2015, actually had one in the record. Those LDSS showing low completion rates were identified and steps were taken in the form of targeted training to bolster the utilization of the tool. While it is too early to state that better assessment and service planning will reduce recurrence, a drop in the rate is anticipated.

Interventions

- **CANS – F Training**

- The Social Services Administration (SSA) has a contract with the University of Maryland to continue to offer training on CANS-F and to produce detailed data on completion rates, and the needs and strengths identified. Data is provided to LDSS to manage their caseloads and to the Central office to identify where additional training or technical assistance is needed. Maryland is an approved IV-E Waiver Demonstration State. Maryland has chosen to use monies from the IV-E Waiver to implement evidence-based practices in chosen jurisdictions that will assist in the work that is done with families who are at risk of abuse and neglect. Preventing placement and reentry after reunification are the goals of the IV-E Waiver Demonstration effort. The Evidence-Based Practices should promote better family functioning thereby reducing the recurrence of maltreatment. A full discussion of Evidenced-Based Practices being implemented is discussed in the IV-E Waiver section of this report.

- **Ruled Out Investigations**

- During the 2016 Maryland Legislative Session a bill was passed that will take effect on October 1, 2016, allowing the local departments to keep Ruled Out investigations for 2 years instead of expunging them within 120 days. This change will allow the Department to examine all the investigations completed with families and determine whether the Department needs to intervene differently or earlier with families regardless of a Ruled Out finding. It will also help the Department understand the shortcomings of investigations especially in cases where a Ruled Out investigation was followed by a new Child Protective Services (CPS) report. At present CPS might be completely unaware that the family's situation was brought to the Department's attention because the record of the previous investigation was destroyed.

- **Risk Assessment Tools**

- Finally, in the next 3 years new assessment tools will be implemented in Maryland. The initial risk tool and the risk reassessment tool will be better predictors of risk and risk over time in a family. The current tool is very subjective and not a reliable indicator of future risk of harm. The plan is to embed the new risk tool developed with consultation from the Children's Research Center, along with the newly revised SAFE-C and CANS-F in the new child welfare electronic record currently under development.

Benchmarks

May 2016 – April 2017

- **CANS-F Data Review**

The Central office will also use the data to identify areas where completion rates are low to offer assistance to bolster compliance. Additionally, discussions will be held with the Continuous Quality Improvement (CQI) / Quality Assurance Unit to determine if service plans contain activities that address needs identified in the CANS-F for families. Better linking of service plans to assessment should help reduce recurrence of maltreatment. In collaboration with the University of Maryland and Innovations Institute work will continue to tighten the risk factors associated with sex trafficking to identify through the CANS-F data, those youth receiving child welfare services that may be at risk for trafficking.
- **Risk Assessment Tools** Requirements review
 - Review requirements with the Modernization efforts.
- **Alternative Response**
 - Hired an Alternative Response Program Analyst
 - In May 2016 Maryland hired a Program Analyst to continue the work of the Alternative Response Director who left state service in May 2015. This work includes following up on local sustainability plans, providing onsite technical assistance where needed and promoting the philosophy of Alternative Response to help the Local Departments of Social Services (LDSS) move closer to the fidelity of the service model.
 - Re-engagement of community partners to begin further discussions of how to best provide services within the community as well as how community partners view efforts to serve AR families, will be scheduled.
 - Evaluate the use of Signs of Safety by staff in local jurisdictions and work with Child Welfare Academy to provide any needed technical assistance in the application of these skills.

May 2017 – April 2018

- **CANS-F - Data Analysis** will be conducted.
 - Similarly for CANS-F, very detailed data will have been available for LDSS and Central office staff use to clearly determine if strengths/needs assessment and corresponding service planning are effective in reducing maltreatment. Information from the onsite Quality Assurance reviews will also be available for several jurisdictions for a closer analysis of whether assessment and planning are producing the desired result.
 - SSA will work with the Human Trafficking Victim's Services Task Force Subcommittee to discuss possible services for youth identified as at risk of trafficking as well as gaps in service provision and how to address these needs.
- **Alternative Response - Data analysis** will be conducted.

- By May 2017 Alternative Response will have been implemented for almost three years and data will be available to demonstrate whether the family centered approach to addressing allegations of child abuse/neglect are effective in reducing the recurrence rate. Data will also be available on details of Alternative Response practice including service use by families, length of service provision by LDSS staff, and types of service most often offered/accepted.
- **Risk Assessment Tools** Requirements review
 - Collaborate with state and community service agencies for input on family assessments

May 2018 – April 2019

- **Alternative Response - Data Analysis**
 - SSA will continue to use the available data from Alternative Response and Investigative Response to direct local practice. By mid 2018 it should be clear whether Alternative Response has been effective in reducing repeat maltreatment. Data should also help determine whether changes in the law are needed to expand or reduce the types of cases served in the alternative and investigative tracks. If appropriate, changes in law will be recommended.
 - SSA will assess with local jurisdictions and service and community providers services required to assist AR families and address gaps in service and how to fill these gaps.
- **Risk Assessment Tools - Modernization Implementation (as available)**
 - As Modernization tools are developed, review the Risk Assessment Tools and their capabilities with the new system.

Data / Measures of Progress

Figure 3.3

Number of CPS Reports, by Calendar Year		
Calendar Year	Reports	Percent Change
CY 2011	50,395	
CY 2012	52,955	5%
CY 2013	51,848	-2%
*CY 2014	49,241	-5%
CY 2015	51,605	5%

Source: MD CHESSIE and Baltimore City data – CY11-13, MDCHESIE CY14-15

*CY 2014 - Revised

Figure 3.4

Number of New CPS Responses, by Calendar Year		
Calendar Year	Responses	Percent Change
CY 2011	27,879	
CY 2012	27,107	-3%
*CY 2013	25,420	-6%
*CY 2014	22,517	-11%

CY 2015	20,539	-9%
Source: MD CHESSIE and Baltimore City data - CY11-13, MD CHESSIE CY14-15		

*CY13 - year revised after the reporting period, CY14-15 MD CHESSIE data used only

Figure 3.5

Child Protective Services (CPS) Cases Open Less than 60 days, Average Percent, by Calendar Year			
Target: 90% of CPS responses will be completed within 60 days			
Investigative Response		Alternative Response	
CY 2011*	83%		
CY 2012	89%		
CY 2013	89%	CY 2013**	99%
CY 2014	89%	CY 2014	94%
CY 2015	91%	CY 2015	95%
*April-Dec; tracking of this indicator began in April 2011		**July-Dec; AR was initiated in July 2013	
Source: MD CHESSIE; Child Welfare Place Matters files			

Figure 3.6

Total Number of Families and Children Receiving In-Home Services, by State Fiscal Year				
State Fiscal Year	Numbers		Percent Change	
	Families	Children	Families	Children
SFY2010	7,899	17,265		
SFY2011	7,517	16,425	-5%	-5%
SFY2012	8,755	18,799	16%	14%
SFY2013	8,724	18,755	0%	0%
SFY2014	8,626	18,137	-1%	-3%
SFY2015	9,813	20,520	14%	13%
Source: MD CHESSIE; 2010 -15: Published in the Annual State of Maryland Out-of-Home Placement and Family Preservation Resource Plan				

Figure 3.7

Number/percent of children who were the identified victim of an indicated maltreatment finding while receiving In-Home services		
State Fiscal Year	Number	Percent
SFY 2010	464	3.9%
SFY 2011	475	4.2%
SFY 2012	367	2.6%
SFY 2013	366	2.7%
SFY 2014	272	2.0%
Source: MD CHESSIE; Published in the Annual State of Maryland Out-of-Home Placement and Family		

Figure 3.8

Number/percent of children who were placed into OOH care while receiving In-Home services		
State Fiscal Year	Number	Percent
SFY 2010	542	4.6%
SFY 2011	598	5.2%
SFY 2012	622	4.5%
SFY 2013	569	4.3%
SFY 2014	498	3.6%

Source: MD CHESSIE; Published in the Annual State of Maryland Out-of-Home Placement and Family Preservation Resource Plan

Strengths

In the past year Maryland revised the SAFE-C assessment with the assistance of the Children’s Research Center and implemented the new CANS-F. Maryland has also emphasized training and supporting staff in the use of family-centered practice by embracing the Signs of Safety as a casework and supervision tool. Maryland initiated a two-track Child Protective Services response and supported the Local Departments of Social Services (LDSS) by providing them with data on their Alternative Response (AR) decision making and reviewing with each local how they plan to sustain the AR approach in each jurisdiction.

The percentage of children who were identified as a victim of abuse/neglect and who were placed into Out-of-Home Placements while receiving In-Home Services is decreasing.

The number of cases being closed within 60 days is improving. DHR expects the percentages to continue to improve in this area with the availability of the Milestone Reports to each LDSS that began in the spring of 2016. The Milestone Reports will allow caseworkers, supervisors and managers to see what has been done in the life of a Child Protective Services (CPS) or In-Home Services case at a glance and in some cases, give prompt feedback on when certain activities are to be completed. Currently the Milestone Reports are available weekly but will eventually be available on a daily basis to staff.

Alternative Response (AR) has had a positive impact reducing the recurrence of new reports of alleged maltreatment, especially in jurisdictions with designated AR units. This was a positive finding noted in the AR implementation report completed by IAR (Institute of Applied Research, St. Louis, MO).

Placement services to human trafficking victims, while limited, have been in place to respond to identified victims. The number of youth identified as possible trafficked victims has increased over the past year (68 between May 2014 and April 2015 to 92 between May 2015 and April 2016) and coordination between law enforcement, LDSS staff, and service providers has improved as experience with trafficked victims grows.

Concerns

Family Involvement Meetings (FIMS) are an important tool for preventing placement while keeping children safe. The FIM is often the meeting that can help to minimize the trauma experienced by a child when removed from their home. Per policy, for every placement, there should be a meeting (FIM) with the family and any collateral contacts, which may include the child, prior to a placement or immediately thereafter. Currently, removals and considered removals FIMs are held 38.9% of the time (see Figure 3.20 in the Service Array discussion below).

Engaging the community in the discussion of service needs and change has been difficult for many jurisdictions. AR was implemented without any additional funding making it difficult to address the array of services that families are identified to need. LDSS express concern that it is difficult to expand their local service array without funding to support expansion. This is an area of focus for re-investment considerations from the IV-E Waiver.

Human trafficking awareness has increased. The victims present the challenge of running away and returning to trafficking, which will adversely impact recurrence of maltreatment. The Department is working with the Courts to help them understand that trafficked victims are different from other children in Child In Need of Assistance (CINA) petitions. Trafficked victims need protection from their trafficker to whom they often return from foster care or their family. Parents, while well-meaning, may present to the Court that they can protect their child while in reality the trafficker exerts much more control over the child than the parents do. The Department is exploring the development of additional resources to serve victims.

Plans for Improvement

Support Needed

Maryland adopted the Family Involvement Team-decision making model several years ago. However, the data indicates that FIMs are not being utilized as often as they should be when children are being considered for removal or are removed from their homes. The drop in the number of FIMs that occurred between 2014 and 2015 may be due to a lack of documentation or may be due to a lack of FIMs being held with families. SSA will meet with staff at the University of Maryland School of Social Work to review how the statistics are currently being captured and whether data can be broken down further to plan future staff training. While there is training for FIM coordinators throughout the year, there is no ongoing training for supervisors or staff on the use and importance of FIMs. Ongoing training will be explored.

Maryland has implemented AR, revised SAFE-C assessment, and CANS-F that, along with the Maryland Family Risk assessment, constitute the comprehensive assessment package for staff to use when working with In-Home families. Analysis of the effectiveness of these assessment tools on safety and service planning is needed to determine if deficiencies and strengths uncovered during assessment are effectively addressed in service provision and utilization by families.

The implementation report from IAR pointed out that the jurisdictions with designated AR and Investigative Response (IR) units saw more benefits from the two path response system to allegations of abuse/neglect. Assisting jurisdictions where possible, in evaluating what it would take to move to AR and IR designated units needs to be explored. In some cases it may not be feasible due to number of staff.

Maryland needs to further explore providing an array of services and resources for trafficking victims. A Think Team chaired by a Local Department of Social Services (LDSS) director with members from the central office and local departments has been established to explore what is needed to provide services effectively to this group of children. The team along with other task forces will consider needed changes to policy and law and conduct a national search to identify treatment programs that show promise for these victims.

Once the current child welfare database is upgraded, In-Home Services will begin using a new initial risk assessment tool and a risk reassessment tool. These two tools, developed with consultation from the Children's Research Center, should prove to be more reliable than the current risk tool in predicting future risk of maltreatment and improving service planning with the families served.

Maryland will continue to support staff in the use of the CANS-F with ongoing technical support and training offered continuously state-wide.

SSA plans to:

- Continue to provide technical assistance and training to all jurisdictions to ensure adherence to AR model fidelity.
- Continue involvement with the Maryland Human Trafficking Task Force and with existing service providers.
- Continue to work with the Maryland Safe Harbor task force to seek resources to address the needs of trafficking victims and to support passage of a Safe Harbor statute in Maryland.

Services Needed (Service Array)

CANS-F data has supported the idea that 1) parental mental health and substance use; and 2) child mental health are the factors negatively impacting families who become involved in the child welfare system. What is needed is:

- Increased access to the appropriate level of substance abuse treatment for adults and teens.
- Expansion of the number of child mental health providers, especially in rural parts of the state.
- Available daycare or respite services for parents so they can become more self-sufficient (work) and access other services they might need (substance abuse treatment or mental health services).
- Identification of non-traditional services that can assist families in meeting needs, such as family-based substance abuse treatment.
- Creation of financial assistance, transportation, housing, job training and services in rural areas that is available to families in their area rather than in the nearest city.
- Increased services for trafficking victims as they are currently very limited and federal mandates have to this point been unfunded. This includes maintaining data on victims and services (existing and gaps) to use when creating policy, looking for funding sources and working with the legislature.

SSA plans to:

- Continue to assist jurisdictions to engage the community to address AR families' needs and seek changes in service provision to meet the needs of families. This assistance can include exploring how current services are provided and how simple changes might have a significant impact on

access (i.e., ask a mental health provider use space in a school or church eliminating a transportation burden on families living outside of towns or cities).

- Continue to work with currently identified trafficking service providers to improve their service delivery.
- Monitor the literature on programs evolving around the country showing promising practices for trafficking victims and pursue their replication in Maryland.
- Continue to work closely with the MD Human Trafficking Task Force to address the service needs of victims and to work to have interventions in trafficking cases have a positive outcome for victims and to advocate for additional funding and resources to serve families and trafficking victims.

Collaboration / Feedback Loops

A new policy analyst for Alternative Response was hired in May 2016 to continue work with LDSS on sustainability and fidelity of the model. The analyst is preparing a survey to receive feedback from LDSS to identify concerns and successes with implementation.

Working with the Child Welfare Academy, an advanced AR training curriculum was developed to move AR practice forward and provide more skills for workers to use with AR families.

During the legislative session, DHR worked with legislators to draft the legislation that would permit the ruled out cases to be held for two years. The retention of ruled out cases was recommended by the Institute of Applied Research (IAR) who conducted the AR evaluation. A presentation of the evaluation was conducted by IAR and DHR at the Maryland Association of Resources for Family and Youth (MARFY) Conference in October 2015.

DHR worked closely with The Children's Resource Center to develop a new Risk Assessment that was an actuarial model to improve the assessment process. In addition, in collaboration with The Institute for Innovation and Implementation, development of the CANS-F to complement the Risk Assessment and Safe-C to provide for a full risk assessment tool kit was completed.

The Department continues to work collaboratively with the University of Maryland who was the recipient of the Child Sex Trafficking Victims Support Initiative to review human trafficking data and to identify service gaps (e.g. placement utilization).

Quarterly meetings have taken place with grant partners including Legal Aid, Healthy Teen Network, TurnAround, Child Welfare Academy, Foster Care Ombudsman, Out-of-Home program staff as well as local department staff to develop training and address infrastructure needs. Work with The Institute for Innovation and Implementation on development of an algorithm to identify youth at risk of sex trafficking was initiated and a first run of the data took place.

GOAL 2: ACHIEVE PERMANENCY FOR ALL INFANTS, CHILDREN, AND YOUTH IN FOSTER CARE

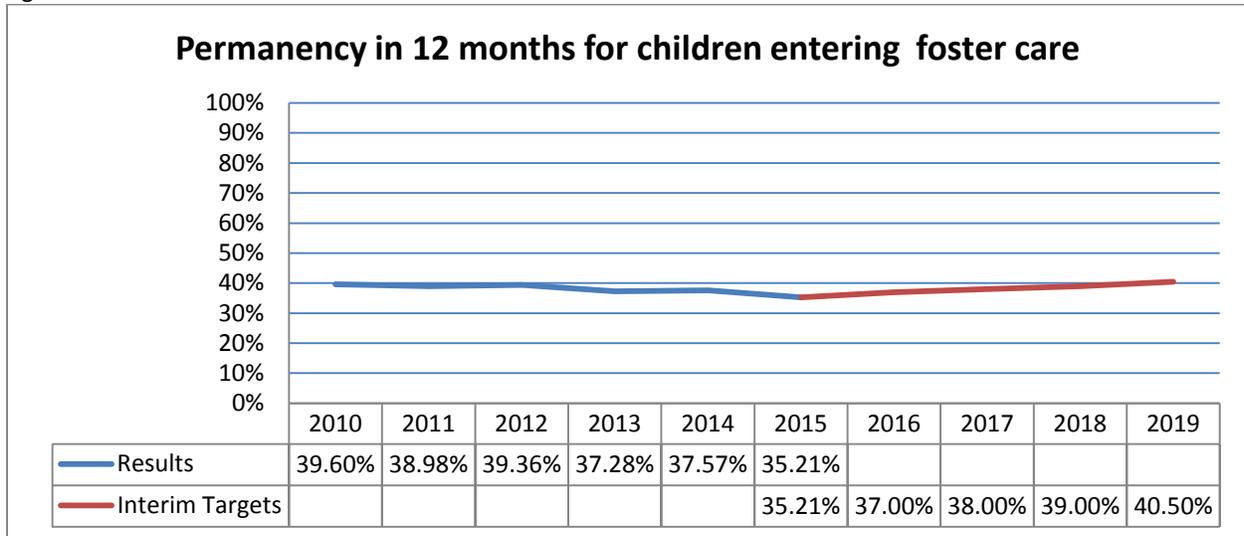
Note: The Goal was changed from “Achieve permanency for all infants, children, and youth” to “Achieve permanency for all infants, children, and youth in foster care” to narrow the scope of the goal.

Measure 1: Permanency in 12 months for children entering foster care will be 40.5%

Objective: Improve services so that children are able to exit care

National Standard: 40.5

Figure 3.9

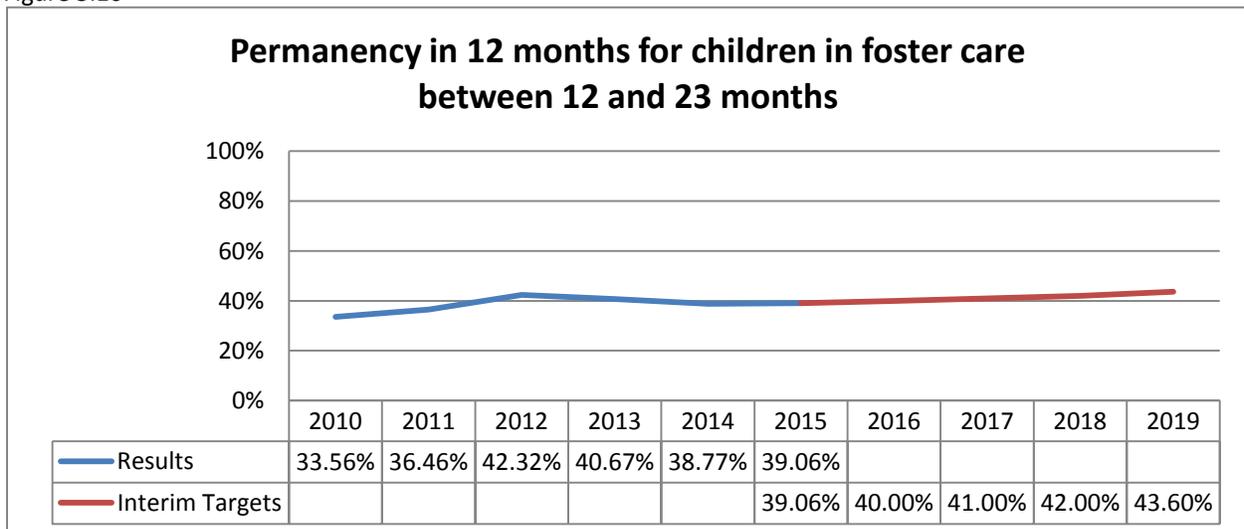


Measure 2: Permanency in 12 months for children in foster care between 12 and 23 months will be 43.6%

Objective: Improve services so that children are able to exit care

National Standard: 43.6

Figure 3.10

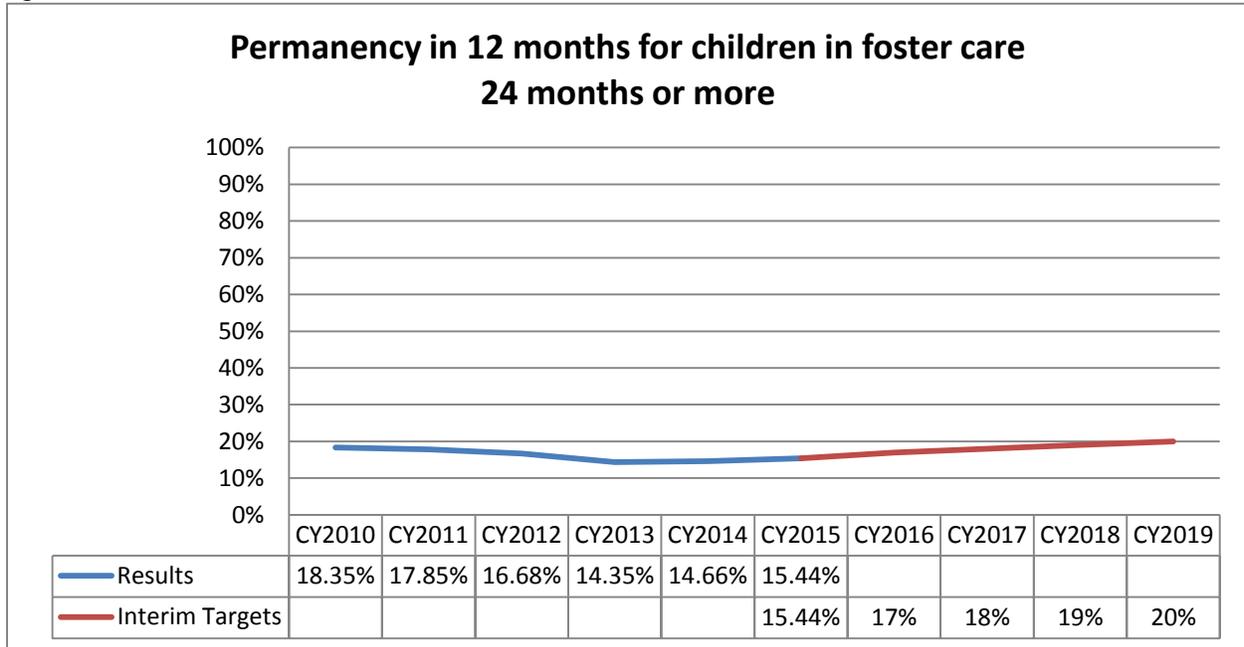


Measure 3: Permanency in 12 months for children in care 24 or more months will be 20% or more

Objective: Improve services so that children are able to exit care

National Standard: 30.3

Figure 3.11



Data / Measure of Progress

Figure 3.12

Parent/Child and Sibling Visitation			
<i>Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs.</i>			
Calendar Year	Percent of Cases with Monthly Sibling Visits	Percent of Cases with Monthly Parent Visits*	Total Cases Reviewed
2012	54%	85%	26 sibling cases; 27 parent cases
2013	80%	79%	30 sibling cases; 42 parent cases
2014**	30%	18%	NA
2015	44%	29%	NA

Source – 2012-2013: DHR/SSA CQI case reviews; 2014-2015: MD CHESSIE

*For children whose permanency plan goal is reunification

**This data is DIFFERENT than that reported last year.

THIS YEAR'S data is aggregate data from MD CHESSIE.

PRIOR YEARS were based on a case review from a sample of cases from MD CHESSIE

Data Assessment

Since 2007, Maryland's Place Matters Initiative focused on reducing the number of children in Out-of-Home Placement and achieving timely permanence for children who enter Out-of-Home Placement. Maryland is making progress to reach its goal of the percentage of children attaining permanency based on their length of stay in foster care. As shown in Figures 3.9 and 3.10, Maryland is quite close to reaching national targets for permanency among children who have entered foster care or been in care up to two years. As for children in care two or more years, Maryland has considerably more progress to make, however, it should be noted that most of those are youth ages 18 and older: among children under 18, only 30% have been in care two or more years, whereas 88% of youth 18 and older have been in care two or more years.

Maryland has trained its entire child welfare staff on the core values and principles of Family Centered Practice Model (FCP), which is an essential part of Place Matters Initiative. The focus of Family Centered Practice is actively engaging families to plan for the safety and well-being of their child throughout the continuum of service delivery. The Social Services Administration (SSA) has implemented multiple programs that are an extension of the FCP model including Family Finding, Kinship Navigator and Adoption and Guardianship Services. Collectively, these programs ensure children achieve permanency and permanent life connections with families or other supportive relationships. Local Departments of Social Services (LDSS) have been trained to support the on-going efforts to develop permanency options or to safely divert children from Out-of-Home Placement; to build community partnerships with providers; and to help youth to build life skills and to be involved in the decision-making process surrounding their own permanency.

Parent/Child and Sibling are critical steps towards reaching permanency, and the data at this point indicate a low range of performance in these areas (see Figure 3.12), however, it should be noted that Maryland recently shifted to a total population measure and is still in the process of improving data entry so that these measures will reflect actual performance.

Interventions

- **Concurrent Permanency Planning**
 - Allows the LDSS to simultaneously pursue two permanency plans in order to achieve permanency for a child as safely and expeditiously as possible
- **Parent and Child Visitation**
 - Allows the parent and child to maintain their connection and relationship, and affords the parents an opportunity to practice and demonstrate new parenting skills which they developed since the child was removed from the home. Research shows that parent/child visits are a key strategy to maintain connections and work toward reunification. Frequent visitation between children in Out-of-Home Placement and their parents is a key factor in the timeliness and stability of reunification.
 - Monitoring the quality of the visits is measured through supervision between the caseworker and supervisor and in written case plans. Documentation of the quality of visitation is provided during written case plans and in court reports.

Benchmarks

May 2016 – April 2017

- **Concurrent Permanency Planning**
 - Maryland will continue to partner with the courts through the Foster Care Court Improvement Project to train and discuss concurrent permanency planning with the judges and masters.
 - Based on data outcomes, Maryland will evaluate and solicit feedback to:
 - Determine the policies that need revision to reflect federal mandates and Maryland State regulations. The Case Planning/Concurrent Permanency Planning Policy Directive will be revised to establish appropriate concurrent plans and to align with updated federal mandates and Maryland state regulation. Local departments must engage in concurrent permanency planning with all children who have a permanency plan of reunification, a placement with a relative for adoption or custody and guardianship, or adoption by a non-relative (prior to termination of parental rights).
 - Continue to provide staff the Concurrent Permanency Planning Training offered by the Child Welfare Academy. This training is offered quarterly to all child welfare staff.
- **Parent and Child Visitation**
 - Documentation of information on parent and child visitation into MD CHESSE continues to be a concern. SSA will continue to work with LDSS to improve documentation (see Figure 3.12). Although documentation is a concern it has not affected the overall goal of achieving permanency in a timely manner.
 - Determine the type of additional technical assistance that is needed to sustain improved practice and document visitation consistently to bolster this performance measure.
- Continue to utilize the Guardianship Assistance Program to exit children to permanency when reunification and adoption are not an option.

May 2017 – April 2018

- **Concurrent Permanency Planning**
 - SSA will continue to partner with the Child Welfare Academy to train Out-of-Home Placement caseworkers across the state on concurrent permanency planning and parent and child visitation.
- **Parent and Child Visitation**
 - Maryland will continue to review data on parent and child visitation and provide technical assistance to LDSS that have low percentages. A work group will be established in LDSS with low percentages in parent and child visitation to identify the specific needs of the LDSS.

May 2018 – April 2019

- **Concurrent Permanency Planning**
 - Maryland will continue to train staff on both Concurrent Permanency Planning and Parent and Child Visitation.

- **Parent and Child Visitation**

- Maryland will evaluate data on a quarterly basis, develop corrective action plans and provide technical assistance for LDSS who need improvement on percentage of parent and child visitation.

SSA plans to:

- Review and revise as necessary the Concurrent Case Planning Policy and Parent/Child and Sibling Visitation Policy,
- Provide on-going training and technical assistance to local departments on all areas of Out-Home-Placement services,
- Discuss best practices with local departments Workgroups, and
- Monitor data to assess changes in trends.

Service Array

Figures 3.13 through 3.15 below show that Maryland’s utilization of Concurrent Permanency Planning is successful, as a high proportion of children continue to exit to permanency while the length of stay of children in foster care has decreased. Maryland will continue to collaborate with community partners to ensure all services needed by families (parents and relatives) are available. Maryland will move forward with its evidence-based trauma-informed practice.

Data / Measure of Progress

Figure 3.13

Exits to Permanency	Reunification		Guardianships		Adoptions	
	#	%	#	%	#	%
CY 2011	1,727	45%	766	20%	531	14%
CY 2012	1,516	46%	685	21%	419	12%
CY 2013	1,352	45%	643	20%	347	11%
CY 2014	1,089	41%	572	22%	330	12%
CY 2015	1,149	46%	479	19%	309	12%

Source: MD CHESSIE and Baltimore City data - CY11-13, MDCHESSIE CY14-15

Figure 3.14

Length of Stay in Care (In Months) of All Children in Out-of-Home Care							
	Children in care		Children in care		Children in care		Number of children in care
	0-6 months		7-11 months		12+ months		
	#	%	#	%	#	%	
SFY 10	1245	16%	742	9%	5973	75%	7960
SFY 11	1327	18%	708	10%	5327	72%	7362
SFY 12	1201	18%	750	11%	4785	71%	6736
SFY 13	1094	18%	685	11%	4186	70%	5965
SFY 14	959	18%	621	12%	3750	70%	5330
SFY 15	861	18%	638	13%	3323	69%	4822

Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file

Figure 3.15

	Average LOS (Months)	Median (Months)
SFY 2010	51	31
SFY 2011	49	28
SFY 2012	46	25
SFY 2013	43	24
SFY 2014	41	23
SFY 2015	39	23

Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file

Figure 3.16

	Numbers				Percent Change			
	OOH Entries	OOH Exits	OOH Total Served	OOH as of Dec 31	OOH Entries	OOH Exits	OOH Total Served	OOH as of Dec 31
CY 2011	3,154	3,845	10,857	7,067				
CY 2012	2,653	3,500	9,720	6,269	-16%	-9%	-10%	-11%
CY 2013	2,526	3,163	8,795	5,605	-5%	-10%	-10%	-11%
CY 2014	2,164	2,650	7,769	4,995	-14%	-16%	-12%	-11%
CY 2015	2,369	2,430	7,364	4,744	9%	-8%	-5%	-5%

Source: MD CHESSIE and Baltimore City data - CY11-13, MDCHESIE CY14-15

Strengths

Out-of-Home Placements have been steadily decreasing since 2009. As of July 2015, there were 4,817 children in Out-of-Home care. This number is the lowest number of children requiring removal from their homes in over 27 years. There has been an increase in the percentage of reunifications, guardianships, and adoptions. In 2015, there continues to be more exits than new placements. Maryland made improvements in reducing the length of stay in Out-of-Home Placements and minimized the number of placement changes within 12 months of entering Out-of-Home Placements. The data in the Figures 3.13 through 3.15 with exits to permanency and length of stay supports this trend. Maryland attributes the number of exits and reduction in length of stay to the two interventions: concurrent permanency planning and parent/child visitation.

Concerns

Documentation of information on parent and child visitation into MD CHESSIE continues to be a concern. SSA will continue to work with Local Departments of Social Services (LDSS) around this issue. SSA has identified the LDSS with the lowest percentages. In 2016, SSA will provide intensive technical assistance to the identified LDSS and will monitor the reports with the LDSS' Assistant Directors. Although documentation is a weak area on parent and child visitation, it has not affected the overall goal of achieving permanency in a timely manner.

Collaboration / Feedback Loops

DHR involves community partners/stakeholders and LDSS staff in the review of the data and receives feedback on the data as it relates to the current practice. During regional supervisory meetings, steering committee meetings, Provider Advisory Council (PAC) meetings and monthly assistant directors meeting this data is reviewed. Changes to policy and practice are a result of the review of the data.

DHR's collaboration with the Foster Care Court Improvement Project (FCCIP) continues to have a positive impact on the required changes in court practices and findings as required by changes in federal laws, regulations, and program instructions. This collaboration also impacts the practice related to permanency within the LDSS. DHR and FCCIP review data as it relates length of stay in foster care. Discussions included the need to move youth to permanency through relative placement and adoption. Through the feedback from FCCIP, DHR is reviewing timelines of changing permanency plans to placement with a relative or adoption. Additional information regarding the FCCIP may be found in the Collaborations section of the report.

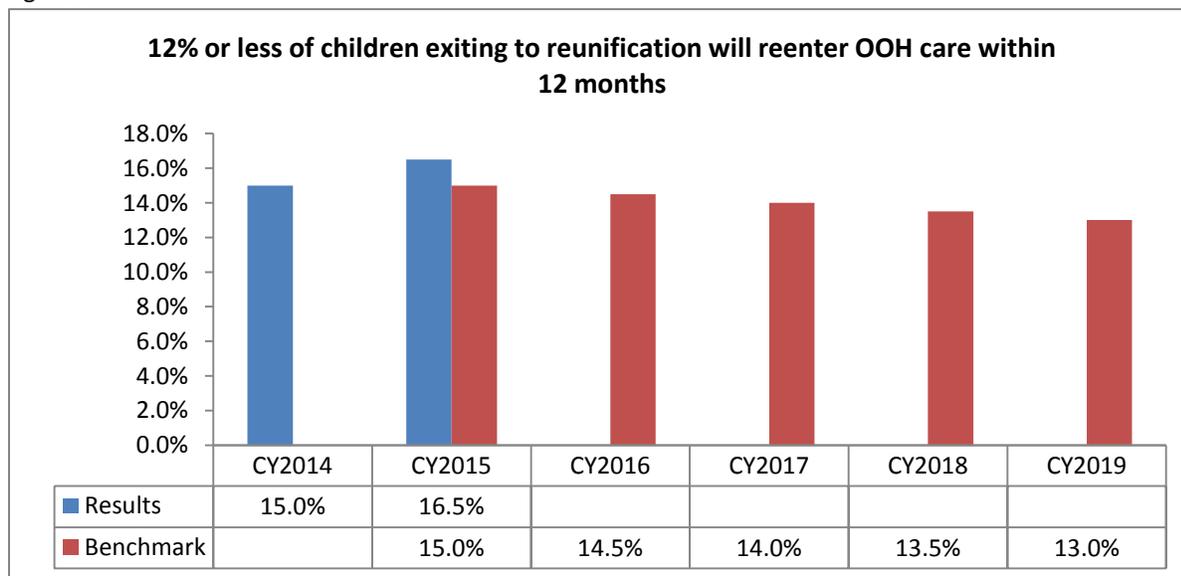
Measure 4: 12% or less of children exiting to reunification will reenter OOH care

Objective: Reduce Reentry into care from reunification

Note: the Measure was changed from 13% to 12% to align with other reports.

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

Figure 3.17



Data Assessment

As length of stay in Out-of-Home Placement (OHP) decreases, and the number of children achieving permanency increases, the reentry rate of children exiting Out-of-Home Placement (OHP) has increased. With the award of the Title IV-E Waiver, Maryland is focusing on decreasing the number of reentries and providing sustainable service to families to lessen the likelihood of reentries. Maryland is in its 2nd year in the development of creating a responsive, evidence- and trauma-informed system that promotes

well-being services. The goal is to support children and families to prevent Out-of-Home care and reentries into Out-of-Home (OOH) care. Maryland currently uses concurrent permanency planning in taking concrete steps to implement both primary and secondary permanency plans to achieve permanence for a child as safely and expeditiously as possible.

Improvements are needed in establishing appropriate concurrent plans, examining and determining the reasons of reentries, and developing the most effective training and technical assistance to reduce the rate of reentries. Maryland believes that the reentry rate continues to increase because of the lack of services provided to families once the child returns home, especially among those children reunifying who present with one or more reentry risk factors: having siblings in foster care, length of stay in foster care less than three months, child behavior problems at removal, experiencing a residential placement during removal, having prior foster care experience, having a mother only household at time of placement into foster care, and court ordered return home against agency recommendation (see April 2015 report: http://www.family.umaryland.edu/s/Final_Reentry-of-Foster-Youth_DHR.pdf).

Interventions

- **Root Cause review** - DHR plans to monitor data monthly and consult with local jurisdictions in order to identify the specific causes of the reentries and the steps needed to reduce reentries, with a concentration on:
 - Parent/Child and Sibling visitation prior to reunification (to ensure that visitation was completed prior to reunification);
 - Safe-C OHP; assess the home prior to reunification;
 - CANS (Child and Adolescent Needs and Strengths) OHP—continuous assessment of the strengths and needs of the family including the child;
 - Written Case plans that address all aspects of the child and family;
 - Utilization of trial home visits for 180 days prior to closing the case; and
 - On-going use of FIMs as a tool for identifying services needed and community supports post reunification.
- **Title IV-E Waiver Performance and Outcomes**
 - In addition to the data, SSA will review IV-E Waiver performances and outcomes and seek input from LDSS and stakeholders.

Benchmarks

May 2016 – April 2017

- The Case Planning/Concurrent Permanency Planning Policy Directive will be revised in establishing appropriate concurrent plans and aligning with updated federal mandates and Maryland state regulation. Local Departments of Social Services (LDSS) must engage in concurrent permanency planning with all children who have a permanency plan of reunification, a placement with a relative for adoption or custody and guardianship or adoption by a non-relative (prior to termination of parental rights).
- SSA will continue to attend the LDSS' Affiliates meetings to provide data, review reentry trends and solicit feedback on what is working and what needs improvement.
- OOH plans to develop a work group and convene roundtable discussions across multiple jurisdictions, while providing technical assistance to local jurisdictions that demonstrate a need for improvement. The work group will explore the reasons for reentry and the services that are required to prevent reentry.

- OOH plans to develop enhanced training for child welfare professionals to include community partners, legal representatives and the court. This training will guide how community agencies can join together to provide an array of support for families and create safe, healthy environments for children to thrive.
- Family Involvement Meetings (FIMs) data will be reviewed to ensure FIMs are being held prior to trial home visits and before case closure and ensure all parties involved are invited to participate.

May 2017 – April 2018

- Provide training and consultation to LDSS and stakeholders to target decreasing reentries
- On-going assessment of evidence-based trauma-informed practices

May 2018 – April 2019

- As Maryland DHR begins to implement the modernization of the State’s new information system, data outcomes will be assessed and next steps determined.

Supports Needed

SSA plans to:

- Focus on providing technical assistance to all local departments on reentries.
- Monitor monthly data related to reentries and provide guidance to local departments with the highest reentry rates.
- Train local departments on reunification services with emphasis on trial home visits.

Service Array

As shown in the data, Maryland needs to focus on reducing the reentry rate. Maryland will partner with community partners to ensure all services needed by families (parents, relatives and children) are available. Maryland will move forward with its evidence-based trauma-informed practice.

Strengths

- With the award of the Title IV-E Waiver, Maryland is focusing on decreasing the number of reentries and providing sustainable services to families to lessen the likeliness of reentries.
- Maryland is able to successfully reunify children with their parent within 12 months and shows that the intensive services are working while the LDSS is involved.

Concerns

- Maryland believes that one reason the reentry rate continues to increase is because of the lack of services provided to families once the child returns home as well as the lack of community involvement with families.
- The utilization of FIMs prior to closing a case to reunification.

Collaboration / Feedback Loops

DHR will review data with LDSS staff and community stakeholders/partners and explore the services needed to prevent reentry. DHR will reach out to community partners to assist in providing services to families after the foster care case is closed to ensure the continuation of services. A focus of the services will center on substance abuse for parent(s) and behavioral needs of children who have been exposed to trauma.

Through regular meeting with the assistant directors, SSA steering committee and FCCIP data is reviewed for each LDSS and LDSS with high numbers of re-entries identified. The Assistant Directors recommended revisions to the current policy to clarify length of time of a trial home visit. Through this review of data and feedback, DHR is re-evaluating current policy on trial home visits, review length of time in care and services provided.

Family Involvement Meetings (FIMs)

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

Since December 2008, all twenty-four (24) of Maryland's Local Departments of Social Services (LDSS) have implemented Family Involvement Meetings (FIMs), which is a statewide policy. A FIM is a casework practice forum to convene and engage family members during key child welfare decision points, known as "triggers". It is a way to support families and their support system to work together to identify needs and potential solutions for the safety, permanence and well-being of their children.

Family Involvement Meeting Triggers



In calendar year 2015, approximately 6,543 Family Involvement Meetings were conducted statewide.

Figure 3.18

Type of Family Involvement Meeting (FIM)	Number of Type of Family Involvement Meeting (FIM)
Removal or Considered Removal	2,086
Placement Change	537
Permanency Change	1,055
Youth Transitional Plan	1,237
Voluntary Placement Agreement	212
Other FIM types (which were not identified as one of the 5 triggers)	1,416
Maryland State Total for CY 2015	6,543

Data Source: March 2016 MD CHESSIE extract

Figure 3.19

All FIMs in CHESSIE between 01 January, 2015 and 31 December, 2015 Including totals for each specific type of FIM												
MD State Total	Removal FIMs					Placement Change FIMs		Permanency Changes FIMs		Youth Transitional FIMs	Other FIM types	
Number of unique FIMs	Planned Removal	Prior to Removal	After Removal	Voluntary Placements	Disruption	Emergency Placement Change	Planned Placement Change	Permanency Change	Case Transfer	Youth Transitional Plan F	Visitation plan	Family Group Meeting
6,543	251	1,217	618	212	210	204	641	425	112	1,237	172	1,244

Figure 3.20

Removals between 01 January, 2015 and 31 December, 2015 Includes Voluntary Placement FIMs up to 1 year before the removal or other Removal FIMs that occurred 6 weeks before or 6 weeks after the removal. Removals include Planned Removal; Prior to Removal; After Removal; and Voluntary Placement								
	Number of Removals		Removals where a Removal FIM took place		Removals where a Voluntary Placement FIM took place		Removals where any FIM took place	
	Number		#	%	#	%	#	%
Maryland, State Total	2,294		893	38.9%	63	2.7%	1,089	47.5%

There were 2,294 removals in Maryland between January 01, 2015 and December 31, 2015.
Of those 2,294 removals, 893 had a Removal FIM
Of those 2,294 removals, 1,089 had any type of FIM.
Using March 11, 2016 MD CHESSIE extract

Figure 3.21

Placement Stability <i>Rate of placement moves per 1,000 days of foster care</i> <i>Permanency Outcome 1 Children have permanency and stability in their living situations</i> National Target: 4.12	
SFY 2013	4.08
SFY 2014	4.73
SFY 2015	4.12
<p><i>Source: MD CHESSIE; MFR FY2015</i></p> <p><i>Indicator Description: Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?</i></p> <p><i>Justification for Inclusion: This indicator emphasizes states' responsibility to ensure that children for whom the state removes from their homes experience stability while they are in foster care.</i></p>	

Data Assessment

From the data that has been collected, SSA determined data entry problems with the trigger identifications, particularly where multiple types of FIMS were entered as separate triggers. Plans to address this issue are the following:

1. Add a section in the training curriculums that address documentation into MD CHESSIE.
2. Provide data at each Quarterly Family Practice Support group and examine data entry problems.
3. Examine all 24 local departments' entries and determine needed regional trainings.

Implementation Supports

SSA contracts with the Child Welfare Academy (CWA) at the University of Maryland School of Social Work to deliver training for Maryland's child welfare workforce. SSA and the CWA work closely together to align the training courses with trends and the FIM policy directive. Trainings are offered for FIM facilitators at the Child Welfare Academy which include:

- Family Involvement Meeting (FIM) Facilitation 2-day- for new FIM Facilitators.
- Advanced Training FIM Facilitators
- FIMS for Managing Challenging Behaviors and Reframing Strengths and Concerns.

Collaboration / Feedback Loops

Surveys were administered after each training session from January 2015 to February 2016. Responses from the surveys showed that seventy-three (73) surveys were completed by child welfare staff.

- 93% of the participants were favorable of the training content, training application and believed that the training supported their learning style and practice.
- 85% of the participants stated that the training was comprehensive and had an increased awareness of working with challenging behaviors.

Overall, the trainings appeared to be well received. The survey responders felt that their knowledge had increased in the area of supervisory skills. However, most stated that trainings could be improved by focusing on the practice and how to document in MD CHESSE accurately, and this feedback will be incorporated in future trainings and data review.

The Family Centered Practice (FCP) Oversight Committee provides quarterly feedback to DHR on FIM data (figures 3.18 through 3.20) and practice. This collaboration is necessary for DHR to make adjustments to policy and revise on-going training to the LDSS to impact and improve practice.

Overall Data Strengths

- **Place Matters Initiative**
 - This initiative enabled children and families to achieve success through the Family Centered Practice model and use of Family Involvement Meetings. Family Centered Practice approaches have strengthened families by bringing additional resources to families, and helping children stay with their families of origin or relatives. These efforts are designed to reduce risk factors which lead to abuse and neglect, increase safety for children, avoid Out-of-Home Placement or reduce time in Out-of-Home care, and to consider family rather than group based placements.
- **Family Involvement Meetings** - the utilization of FIMs prior to placement changes and prior to case closure as shown in Figures 3.18 and 3.19 above.
- **Reunification** - Increase in the number of children reunified while decreasing the reentry rate.

Concerns

- There is an increase in Out-of-Home Placement reentries. One of Maryland's goals is for children to remain close to their homes so they can preserve their family, social, educational, and cultural connections during the period of Out-of-Home Placement. This goal is not always possible due to the unavailability of resources for the children and youth's needs in his or her home. The provision of In-Home services and other community supports are crucial in keeping children in their homes and families.
- Common reasons for increased reentries are due to lack of services when children are returned home. The lack of services is generally centered in the areas of substance abuse treatment programs, and trauma-informed services that support children and families to improve well-being.

GOAL 3: STRENGTHEN THE WELL-BEING FOR INFANTS, CHILDREN AND YOUTH IN FOSTER CARE

Measure 1: 85% of children entering foster care and enrolled in school within 5 days

Objective: Children are enrolled in school within 5 days

NOTE: Measure 1 was changed from 77% to 85% due to improvement in the data used to measure performance starting with SFY 2015, and the benchmarks were adjusted to reflect the progression expected to achieve the new goal. Benchmarks: 2016 from 71 to 77%; 2017, from 73 to 79%, 2018 from 75 to 82% and 2019 from 77 to 85%.

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

Figure 3.22

Performance Measure	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
77% of children entering foster care and enrolled in school within 5 days	70%	69%	72%	67%	65%	75%				
<i>Benchmarks</i>						69%	77%	79%	82%	85%

*Source: MD CHESSIE – derived by the University of Maryland Baltimore (Note: Table includes updated Education Enrollment and Health Assessment statistics); * Starting 2015 data augmented by education data concerning foster children supplied by the Maryland State Department of Education (MSDE)*

Source: MD CHESSIE, Served Report 3.10.16

Note: Criteria -- ages 5 through 17; removal after July 1 for each year

Data Assessment

It is critical for school-aged children entering foster care to be enrolled in school within 5 days of removal. Factors influencing this statistic include (1) taking into account when a child entering foster care does not change schools, and (2) assuring that documentation about school enrollment is completed by the Local Departments of Social Services (LDSS). At this time it is not certain that the performance statistics reflect the true picture of school enrollment, especially given that, for the first time starting in 2015, education data from MSDE (Maryland State Department of Education) provides evidence that actual performance is higher than documented performance.

Intervention

- **Milestone Reports**
 - Maryland has recently created a Milestone Report for children in Out-of-Home Placement to provide details to case workers and supervisors across the State to assure that key data updates are made in the system, including school enrollment among school-aged children entering foster care. Maryland expects to see improvement during the upcoming year due to the recent implementation of this report.
 - Maryland will continue to augment the case worker entered education with official education data supplied by MSDE. This new data source is good for updating this annual report, but is supplied to DHR on a lagged basis, which is not as timely and useful for caseworkers.

Benchmarks

May 2016 – April 2017

- Through the use of the new Milestone Report for Out-of-Home Placement, Maryland expects school enrollment within 5 days to increase substantially. The goal for this measure was changed from 77% to 85% based on results and Maryland hopes to reach this goal sooner than 2019.

May 2017 – April 2018

- As Maryland fully implements the Out-of-Home Placement Milestone Report, it is anticipated that this indicator will experience documentation improvements, and by augmenting documentation with official Maryland State Department of Education (MSDE) education data, Maryland will achieve its goal of 85%.

May 2018 – April 2019

- Maryland intends to continue to use the Milestone Report to monitor the ongoing documentation of school enrollment within 5 days of entering foster care, and to augment documented data with MSDE education data.

Strengths

It is Maryland and Federal policy that school-aged children be enrolled in school when they enter foster care. The Milestone Report, recently implemented for Out-of-Home Placement, appears to be broadly accepted and LDSS are embracing the new report as it contains many milestones for front line staff to monitor from month to month for the children and families they serve.

Concerns

Lack of attention and lack of actionable information have been a concern in Maryland for this indicator.

Plans for Improvement

Maryland will continue to use the new Milestone Report to encourage timely school enrollment. The Milestone Report will be issued to LDSS monthly in order to review school enrollment information for school-aged children entering foster care.

Implementation Supports

Ultimately, 24/7 accessibility to Maryland's Statewide Automated Child Welfare Information System Assessment Reviews (SACWIS) will improve performance measurement. Currently front line staff members must return to their offices to make updates into the system. Once the new, modernized child welfare information system is implemented, the capability to make updates about school enrollment will not be delayed, thereby increasing data documentation and enabling the State to monitor the true percentage of school-aged children getting enrolled in school within 5 days of removal.

Collaboration / Feedback Loops

There has been considerable collaboration between DHR and MSDE over the last few years leading to the establishment of a quarterly data exchange, without parental consent, in which education data is provided to DHR for the current academic year after MSDE receives a quarterly updated list of children in foster care. As DHR continues in its collaboration with MSDE, it may be possible in the future, for foster children, to create more timely education data updates that will be a benefit to the caseworker in two ways: obviate the need for their data input on school enrollment, and improve the accuracy and completeness of the modernized child welfare information system.

DHR has also begun to collaborate with the Maryland Longitudinal Data System Center (MLDSC). MLDSC is an interagency data sharing collaboration aimed at improving education outcomes, as stated in its overview (<https://mldscenter.maryland.gov/welcome-index.html>):

“The purpose of the Maryland Longitudinal Data System (MLDS) is to generate timely and accurate information about student performance that can be used to improve the State’s education system and guide decision makers at all levels. To accomplish this task, the MLDS collects and organizes individual-level student and workforce data from all levels of education and the State’s workforce.”

Both DHR and DJS (Department of Juvenile Services) have been working with MLDSC to create a flag in the shared data system for foster children and DJS committed youth, so that education performance and outcomes information can be developed for policy makers to review for those special populations.

The Access to Education for Children in State-Supervise Care handbook is also being updated to help staff minimize common barriers to success in school for children in foster care. DHR/SSA Out-of-Home Placement Unit collaborated with Maryland State Department of Education (MSDE) to review and revise the Access to Education for Children in State-Supervise Care handbook. This handbook is a review of the legislation, policies, services and best practice standards for professionals working in the Maryland child welfare and educational systems.

The handbook was reviewed and revised by a committee of staff from the Attorney General’s Office at DHR and MSDE; The DHR/SSA OHP Program Manager, Supervisors and Policy Analysts and Education Specialists, Pupil Personnel Worker Supervisors. The handbook reflects changes in regulations to ensure that the state is meeting the educational needs children and youth in care.

The handbook is currently under final editing review. The handbook will then be sent for approval to the DHR/SSA Executive Director and then published on the DHR and MSDE web sites.

Measure 2: 75% of the children in Out-of-Home Care receive a comprehensive exam

Objective: Children in Out-of-Home care receive a comprehensive health assessment

Measure 3: 90% of the children in Out-of-Home Care receive an Annual Health Exam

Objective: Foster children have their health needs reviewed annually

Measure 4: 60% of the children in Out-of-Home Care receive an annual Dental Exam

Objective: Children in Out-of-Home care receive a dental exam

CFSR Well Being Indicator 3: Children receive adequate service to meet their physical and mental health needs.

Figure 3.23

Performance Measure	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Comprehensive Health Assessment for foster children within 60 Days	49%	45%	40%	50%	65%	66%				
<i>BENCHMARK: Comprehensive Health Assessment for foster children within 60 Days</i>						63%	66%	69%	72%	75%
Annual Health Assessment for foster children in care throughout the year	78%	73%	75%	80%	82%	78%				
<i>BENCHMARK: Annual Health Assessment for foster children in care throughout the year</i>						82%	84%	86%	88%	90%
Annual Dental Assessment for foster children in care throughout the year	51%	46%	42%	48%	53%	48%				
<i>BENCHMARK: Annual Dental Assessment for foster children in care throughout the year</i>						52%	54%	56%	58%	60%

Source: MD CHESIE – derived by the University of Maryland Baltimore (Note: Table includes updated Education Enrollment and Health Assessment statistics)

Data Assessment

When physical case records are reviewed in Maryland, it has been found that children are receiving the healthcare services they need as outlined in Appendix T, Maryland Healthcare Plan but the data has been missing from the system. The data in the Figure 3.23 may not be truly reflective of the services that children in Maryland are receiving. The Local Citizen’s Review Board in Maryland (Appendix B) reviews cases every year. Each year it is found that about 90% of children in Out-of-Home care are receiving their comprehensive physicals and mental health assessments. Because of these inconsistent data findings, DHR plans to conduct clean up reports for the data entered. There have been barriers to collecting accurate data; the fields in the MD CHESIE health folder are not mandated fields in the

system. Therefore, caseworkers often overlook thoroughly completing the information in the system. When the data is pulled out, it is not accurate or complete. DHR lists benchmarks below to remedy the data collection. In the upcoming year, DHR will be starting the CQI process which will review records in the Local Departments of Social Services. The health care measures of initial health screening, comprehensive physical, and annual physical will be included in this process. Please see Appendix E. Child and Family Services Review Systemic Factors, **Item 25: Quality Assurance System** section of this report.

Dental needs have been more challenging; Local Departments of Social Services (LDSS) have expressed that dental services can be difficult to access on a timely basis due to the lack of providers in some areas. In many areas of the state the dental providers do not accept Medicaid. Many LDSS have to travel to other jurisdictions that are long distances in order to receive dental care for the foster children. DHR is communicating this need to Medicaid and collaborating to enhance access to providers around the state.

The provided benchmarks indicate that DHR will be working to remedy the data issues as outlined in interventions below. DHR will be reviewing the data to ensure that the data is accurate and not a sign of a barrier to health care for foster children.

Modernization:

DHR is currently exploring a new modernized web-based information system and is exploring software to implement into the new data system that would create an electronic health passport for children in Out-of-Home Placement. This system would interface with Medicaid and ensure accurate reporting. DHR attended the 2016 State Healthcare Information Technology (IT) Connect Summit on March 23-24, 2016 to explore ways other states are implementing electronic web-based health care systems.

In order to support the efforts of care coordination and modernization, DHR has collaborated with pediatricians who have applied for a grant through the American Academy of Pediatrics to conduct a needs assessment of medical providers in the State. This assessment will obtain information and input from pediatricians and family doctors in order to determine what the new system will need to incorporate to be utilized by the medical community on a regular basis. DHR has written a letter of support and will participate in facilitating the focus groups if the grant is approved. (See Appendix D)

Interventions:

- **Data Clean Up**
 - DHR is exploring and reviewing data clean up reports to ensure accuracy of the reported data.
 - DHR will continue to improve in documentation of the health records by training staff and offering technical assistance around proper documentation in MD CHESSIE. Although this is not a specific intervention for healthcare, the department recognizes that the data needs to be more accurate in order to identify the service gaps. The department issued MD CHESSIE tip sheets to the LDSS to assist with reminders and proper data entry.
- **Review Barriers to Services**
 - DHR will continue to collaborate with the Department of Health and Mental Hygiene (DHMH) to ensure that LDSS have access to service providers around the State. The

LDSS have reported that in certain rural areas of the State, there is a lack of dental and medical providers for foster care children.

- **Modernization**
 - DHR is planning to develop a new modernized information system that will be web-based and interface with other systems.

Benchmarks

May 2016 – April 2017

- **Data Clean up**
 - DHR is currently conducting data clean up reports for children who have entered Out-of-Home Placement within the last 18 months. This report includes every entry for every child in the health folder in MD CHESSIE. The report highlights the entries that are correct and an instruction sheet has been attached to direct the staff how to enter the information properly. DHR sent this report to Local Departments of Social Services (LDSS) in order to facilitate this clean up report and expects to have data results in June 2016 to review.
 - The department will evaluate the data that is received in June 2016. SSA plans to continue to solicit feedback from the LDSS as to the documentation barriers. SSA plans to conduct regional supervisory meetings in the fall. If the data indicates documentation is an issue or service barriers, SSA will address these issues with the local supervisors at this time.
- **Services**
 - 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.
 - DHR also plans to review the existing health care policies as it relates to keeping children with their medical provider. DHR will explore what policies could be put into place to minimize and standardize appropriate times in which a child would have to switch providers. DHR recognizes that every effort should be made to deter interruptions of health homes. DHR will explore these options with Medicaid.
- **Modernization**
 - SSA will continue to be involved with the development of a new statewide SACWIS system and in exploring different software and methods to incorporate electronic health records in the new system.

May 2017 – April 2018

- **Data Clean up**
 - Training:
 - Based on feedback from the previous year, DHR will review trainings for the LDSS regarding the healthcare documentation in MD CHESSIE. The local departments will be offered onsite technical assistance on how to appropriately document the MD CHESSIE health folder.
 - DHR is creating an online training for LDSS using the training tool Captivate. This training will incorporate the feedback that has been given by LDSS. Captivate is an interactive training tool that allows for actual simulation of proper documentation. This tool will enable the user to experience how to document

healthcare screens throughout MD CHESSIE and enhance their learning experience.

- **Services**
 - The Department will continue to collaborate with Medicaid and review the dental services available across the State and solicit input from the LDSS to identify service barriers.
- **Modernization**
 - The department will continue to evaluate the modernization process to ensure health care data is incorporated into a new system. The department will explore software that is available to enhance healthcare documentation services for children including but not limited to, an electronic health passport.

May 2018 – April 2019

- **Data Clean up**
 - Data reports will be reviewed on a regular basis to ensure that the data is being documented appropriately into the system. Technical Assistance will be continued to be offered LDSS to ensure proper documentation.
- **Services**
 - LDSS' feedback will continue to be solicited to identify any barriers in services.
- **Modernization**
 - The department will continue to evaluate the modernization process to ensure health care data is incorporated into a new system and explore a pilot for a web-based system that incorporates an electronic health passport.

The Oversight and Monitoring of Healthcare policy, SSA-CW# 14-17 (<http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2014-17%20Oversight%20and%20Monitoring%20of%20Health%20Care%20Services.pdf>) was implemented in April 2014. This policy ensures that DHR is in compliance with the Fostering Connections Act of 2008. This policy has had a positive impact on children in Out-of-Home Placement as it gives direction and mandates that children in foster care receive appropriate healthcare.

Strengths

Over the last five years, the data has remained flat. DHR implemented healthcare policy SSA-CW #14-17 in April 2014. This policy identifies mandates for the LDSS to ensure that children receive their initial, comprehensive, annual, and dental exams. The LDSS have reported that they are following these mandates and children are receiving appropriate medical care. DHR will evaluate in the next year whether or not the tip sheets have had an impact on the data.

Concerns

There has been an inconsistent system of documentation around healthcare in MD CHESSIE. Although children may be receiving proper healthcare, caseworkers in local jurisdictions are not documenting the practice properly in MD CHESSIE. This causes the data to be incorrect and appear that children are not receiving timely care. Also, some local departments have reported that there is a lack of dental resources in rural areas that will accept Medicaid payment.

Plans for Improvement

Currently, DHR is working with LDSS to provide technical assistance around documentation in MD CHESSE by providing tip sheets and clean up report instructions. DHR is also exploring a new documentation system that would allow interfacing with other agency systems in order to ensure continuity of care. 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.

DHR will consistently evaluate the healthcare data and policy implementation by collecting feedback on a regular basis. DHR will continue to recognize barriers by reviewing data clean up reports and utilize the Healthcare Advisory Committee to identify strategies to overcome presented services barriers to ensure that Maryland youth receive the highest level of healthcare.

The Health Care Steering committee was disbanded and merged with the Health Care Advisory Committee to solidify a team to give directions on the benchmarks. The Committee will meet in the fall of 2016 to review the data and develop recommendations to overcome any presented barriers identified through feedback from LDSS and the Health Care Advisory Committee.

Service Array / Collaborations

There is a need for more dental resources in rural areas of the State. In many rural counties, there is a lack of health resources. The department is currently soliciting input from the LDSS, DHMH, and other stakeholders on how to ensure effective service delivery. DHR has been collaborating with local pediatricians, child psychiatrists, mental health professionals, and other stakeholders. In addition, DHR is collaborating with DHMH, and University of Maryland Medical System to explore how to implement child and adolescent services in areas that do not have an extensive service array. DHR has recently met with Medicaid on February 12, 2016 to discuss new ways of collaboration and new ways to share data. DHR and DHMH are exploring ways to exchange specific health care data on foster children. The barrier to data sharing is that medical providers around the state have up to 12 months to bill Medicaid. Therefore, the data that DHR and Medicaid exchange would not be completely up to date. DHR will continue to collaborate with Medicaid to discuss strategies to exchange accurate data.

Collaborations / Feedback from the Health Care Oversight Advisory Committee

DHR continues to collaborate with other state agencies and community stakeholders to strengthen the health care plan for children in Out-of-Home care. DHR will present the data findings and seek feedback from all stakeholders in order to identify solutions to the areas that need improvement. As part of collaborating and developing avenues for feedback, the Health Care Oversight Advisory Committee was initiated and met on September 28, 2015. This committee includes representatives from several state and local agencies as DHR recognizes the importance of collaboration with other agencies and community resources to ensure success of the continuity of health care for foster children.

The current team members include but are not limited to:

Brandi Stocksdale – DHR SSA
Steven Youngblood, DHR, SSA
Sean Bloodsworth, DHR SSA

Dr. Raymond Love, School of Pharmacy
Dr. Gloria Reeves, Child Psychiatrist
Dr. Rachel Dodge, LDSS Baltimore City

Dr. Al Zachik, DHMH / BHA
Therese Wolfe, LDSS, Charles County
Judith Schagrin, LDSS Baltimore, County
Sheritta Barr- Stanley, DHR SSA
Dr. Heidi Wehring, University of Maryland
School of Pharmacy
Steve Berry, DHR SSA
Michael Demidenko, LDSS, Howard County

Rena Mohammad, LDSS Baltimore City
Carrie Durham, DHR BHCI
Dr. Wendy Lane, University of Maryland Pediatrics
Adam Rosenberg, Baltimore Child Abuse Center, Advocate
Dr. Susan dos Reis, Associate Professor, University of Maryland
School of Pharmacy
Kelly James, DHR Office of the Attorney General
Elaine Hall – Medicaid

The Health Care Oversight Advisory Committee plans to meet again in the fall of 2016. All team members represent an entity directly related to the children being served by DHR and are vital to the success of the team goals. The team will work together to connect all of the involved agencies to create a continuity of care for children in the foster care system. The goals of the Health Care Advisory Committee are as follows:

1. Policy and Practice - examine and refine existing policies and procedures that DHR currently has in place.
2. Oversight, Coordination, and Monitoring of Health Care Services - Develop strategies for tracking and sharing healthcare information.
3. Quality Assurance, Outcome, and Evaluation - Review and recommend evaluation tools that will appropriately measure the effectiveness of the oversight and monitoring.
4. Funding – explore funding that may be available for healthcare services for foster youth.

In upcoming meetings, the Committee will be presented with the current data and training available to Local Departments of Social Services. The Committee will give recommendations of how to input the proper documentation and increase access to providers.

SYSTEMIC FACTORS

For Data on the Child and Family Services Review Systemic Factors, please refer to Appendix E.

SECTION IV: UPDATE ON SERVICE DESCRIPTION

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

Coordination of CFSP Services with Other Federal Programs

Overview

The Department of Human Resources (DHR), as the designated Title IV-B agency, administers this Plan based on the philosophy that children should be protected from abuse and neglect and, whenever possible, families should be preserved and strengthened in order to nurture and raise children in safe, healthy and stable communities. Service interventions are based on a set of beliefs about outcome-based practice that is both strength-based and child focused and family centered, underscoring the importance of timely, culturally appropriate, comprehensive assessments and individualized planning on behalf of the children and families that come to the attention of the Department.

Maryland continues to use the Promoting Safe and Stable Families grant (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. Funds are allocated to Local Departments of Social Services (LDSS) on a State Fiscal Year basis. In addition, \$50,000 of the adoption promotion funds will be used for post-adoption services. Ten percent of the funds are set aside for discretionary activities and ten percent for administrative costs.

The administrative and discretionary portion of the PSSF grant is utilized for new initiatives and projects in the child welfare arena, including funding for contracts. The SSA Executive Director has the discretion as to how these funds should be used. Since IV-B Subpart 2 requires the states to utilize a significant portion of expenditures on services, Maryland uses only 10 percent of the PSSF grant on each discretionary and administrative costs.

Maryland continues to monitor closely the spending by the LDSS to ensure that the PSSF grant is spent in the following service categories: family support; family preservation; time-limited reunification; and adoption promotion, split evenly (20%) between the program areas. SSA receives monthly expenditure reports from the DHR Budget office in the Policy Directives for the above-mentioned services to monitor spending. In addition, SSA has language in the policy directives that informs LDSS that if ½ of their allocation is not spent by January 1st of a particular year, any remaining amount will be subject to reallocation to other local departments that are spending their funds.

TIME-LIMITED REUNIFICATION

The twenty-four LDSS offer time-limited family reunification services. For SFY 2017, the allocation to the LDSS will continue to be based on the number of children in the foster care system 15 months or less. A strength of time-limited reunification services is that each local can match the needs of the population served in its jurisdiction to the purchased services; however, all the services are aimed at reunifying the family. Approximately 900 families and 1400 children were served in SFY 2015. It is estimated that the same number of families and children will be served in SFY 2017. The types of services provided include:

- Individual, group and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Mental health services;

- Assistance to address domestic violence;
- Temporary child care and therapeutic services for families, including
 - Crisis nurseries;
 - Transportation; and
 - Visitation centers

ADOPTION PROMOTION AND SUPPORT SERVICES

The twenty-four Local Departments of Social Services (LDSS) offer adoption promotion and support services to remove barriers to a finalized adoption, expedite the adoption process, and encourage more adoptions from the foster care population, which promote the best interests of the children. The Department issues a policy directive each fiscal year that provides details and examples of how the adoption promotion money can be spent. For the SFY 2016 funds, the allocation for each LDSS is based on the number of children with a goal of adoption. The LDSS are required to submit a plan each year that describes how they will spend their allocation. For SFY 2015, approximately 1,150 families and 1,270 children were served. It is estimated that the same number of families and children will be served in SFY 2017.

The types of services provided include:

- Respite and child care;
- Adoption recognition and recruitment events;
- Life book supplies for adopted children;
- Recruitment through matching events, radio, television, newspapers; journals, mass mailings; adoption calendars and outdoor billboards;
- Picture gallery matching event, child specific ads, and video filming of available children;
- Promotional materials for informational meetings;
- Pre-service and in-service training for foster/adoptive families;
- National adoption conference attendance for adoptive families; and
- Materials, equipment and supplies for training;
- Foster/Adoptive home studies; and
- Consultation and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption in making a commitment.

FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES

In SFY 2016, family preservation and family support funds through PSSF were allocated to all 24 LDSS in Maryland. Most of the LDSS operate a specific program with these funds. The local departments that were not allocated funds for a specific program received “flex funds” that are used to pay for a variety of supportive services for families receiving In-Home services. The amount of the “flex funds” allocation depends on the caseload for In-Home services. In SFY 2016, the following jurisdictions received “flex funds”: Baltimore City, Anne Arundel, Caroline, Dorchester, Cecil, Garrett, Kent, Prince George’s, and Wicomico Counties.

A strength of the PSSF family preservation and support service programs is that the local jurisdictions help to develop an adequate service array throughout the State by filling service gaps. All of the family preservation and support programs are different and are based on the needs in the respective jurisdiction. In addition, many of these programs are located in rural areas, including Allegany and

Washington counties in Western Maryland; St. Mary’s, Calvert, and Charles counties in Southern Maryland; and several jurisdictions on the Eastern Shore.

Another strength of the PSSF family support and preservation services is that they are either provided in-home or they are located in accessible locations in various communities in the State. Some programs provide vouchers to clients for public transportation or cabs so they are able to receive services. The PSSF family support and preservation services are available to all families in need of services, including birth families, kinship families, and adoptive families.

In addition, some of the PSSF family preservation and support programs in the local jurisdictions are evidenced-based practices, including Healthy Families, Strengthening Families, Functional Family Therapy, and various parenting curriculums that are utilized as part of parenting workshops.

As outlined in Table 4.1 below, in the first two quarters of SFY 16, the family preservation and support services program served approximately 394 families, 140 individual participants, 24 pregnant and parenting teens, and 22 children who received respite services. It should be noted that parents and children are not included in the family count, and pregnant and parenting teens are not included in the parent count. In addition, data is missing from 3 programs for the first two quarters. Approximately the same number of families will be served in SFY 2017.

The Local Departments of Social Services (LDSS) are required to complete a Maryland Family Risk Assessment (MFRA) on every family at the beginning and end of the service. In addition, the local departments are required to track families at 6 and 12 months post-closing for indicated cases of child abuse and neglect and Out-of-Home Placements. The LDSS are required to report the overall MFRA scores and the outcome data for any indicated cases of abuse and/or neglect and Out-of-Home Placements.

Listed below is a description of the family preservation and family support programs that will likely continue in FFY 2017.

Figure 4.1

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2015
Allegany County	Parenting workshops are provided that utilize the Incredible Years’ parenting curriculum. The workshops are offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training.	Family Preservation	43 parents served. No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing; 119 families tracked.
Anne Arundel	Flex Funds are used for Interpreter services for non-English speaking families; Supportive services not covered by medical	Family Preservation	125 families served. 2 indicated cases of abuse

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2015
County	assistance or other programs(i.e. anger management, play therapy, parenting classes); Daycare/summer camps; supportive services for kinship families; and rent and utility assistance.	"Flex Funds"	and 3 Out-of-Home Placements between 6 and 12 months post-closing; 71 families tracked.
Baltimore City	Flex funds are used to contract with The Choice Program to provide treatment services to youth including case management, counseling, crisis prevention/intervention, and wraparound services. In addition, "flex funds" are used to provide supportive services to families receiving In-Home services.	Family Preservation "Flex Funds"	Data Unavailable
Baltimore County	Functional Family Therapy, and in-home mental health intervention, will be provided to families with children ages 10 or older and who are involved with the child welfare system.	Family Preservation	66 families served. No indicated cases of abuse at 6 months; 1 indicated case of abuse at 12 months; 3 Out-of-Home Placements at 6 months and 1 at 12 months; 32 and 46 families were tracked at 6 and 12 months post-closing, respectively.
Calvert County	Contracts out with a provider for an in-home parenting program that provides services to at-risk families. The program includes weekly home visits initially and decreases in intensity as the families become more stable. Families also have the option of attending a six week parenting group based on the "Active Parenting" curriculum.	Family Preservation	15 families served. No indicated cases of abuse and no Out-of-Home Placements 6 and 12 months post-closing; 15 and 14 families tracked at 6 and 12 months post-closing, respectively.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2015
Caroline County	Flex Funds are used to contract with a provider for In-Home Aide Services. This service provides teaching and modeling of parenting skills, life skills, employment and job search techniques, and how to advocate for one-self.	Family Preservation "Flex Funds"	50 families served. <hr/> 4 and 0 indicated cases of abuse at 6 and 12 months post-closing, respectively, data not available for Out-of-Home Placements; 50 and 14 families tracked at 6 and 12 months post-closing, respectively.
Carroll County	Weekly formal parenting education classes that utilize the Nurturing curriculum. Home visits are also offered to parents. Parent-Child Interactive Therapy is provided, which is a short-term clinic based intervention. Progression through the treatment program is based on skill mastery, so the treatment length varies amount families served.	Family Support	75 families served. <hr/> No indicated cases of abuse at 6 and 12 months post-closing; 3 Out-of-Home Placements at 6 months-post closing and 0 Out-of-Home Placements at 12 months post-closing. 46 and 36 families were tracked at 6 and 12 months post-closing, respectively.
		Family Support	32 families served. <hr/> No indicated cases of abuse at 6 or 12 months post-closing; 1 Out-of-Home Placement at 6 months and none at 12 months post-closing.
			34 and 30 families tracked at 6 and 12 months post-closing, respectively.
Cecil County	Flex funds are allocated this year to Cecil County.	Family Preservation	Data Unavailable

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2015
		"Flex Funds"	Data unavailable
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age 5. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	Family Support	26 teen families served. No indicated cases of abuse or Out-of-Home Placements at 6 and 12 months post-closing. 10 and 9 families were tracked at 6 and 12 months post-closing, respectively.
Dorchester County	Flex Funds are used to assist with housing to stabilize families and with utility bills.	Family Preservation "Flex Funds"	Data unavailable
Frederick County	Services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and fathers, child development, health education, life skills training, case management and home visitation.	Family Support	68 families served. 4 indicated cases of abuse between 6 and 12 months post-closing and no Out-of-Home Placements. 51 and 43 families tracked at 6 and 12 months post-closing, respectively.
Garrett County	Flex funds are allocated	Family Preservation "Flex Funds"	10 families served. No indicated cases abuse at 6 or 12 months post-closing. 1 Out-of-Home Placement at 6 months and 1 at 12 months post-closing. 10 families tracked at 6 months and 7 families tracked at 12 months post-closing.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2015
Harford County	The Safe Start program is an early assessment and intervention program that targets children at-risk for maltreatment and Out-of-Home Placement. If risk factors for abuse/neglect are identified, the program provides further assessment with intervention and follow-up services to families.	Family Support	40 families served. 3 indicated cases of abuse between 6 and 12 months and 3 Out-of-Home Placements between 6 and 12 months post-closing. 34 and 32 families tracked at 6 and 12 months post-closing, respectively.
Howard County	The Family Options program provides services to help pregnant and parenting teens and very young parents. These services include group sessions, parenting classes, intensive case management, referral services, and substance abuse counseling.	Family Support	37 teen mothers and 32 infants. No indicated cases of abuse and no Out-of-Home Placements 6 and 12 months post-closing. 21 and 20 families tracked at 6 and 12 months post-closing, respectively.
Kent County	Funds will be used for Healthy Families program that provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.	Family Preservation	23 participants served. No indicated cases of abuse and no Out-of-Home Placements 6 months post-closing. 1 family tracked between 6 and 12 months post-closing.
Montgomery County	A service is provided that targets adolescents who were referred to child welfare services because they are "out of control" and parents will not or can no longer take responsibility for the child's difficult behavior. An intervention model is utilized that enable parents to effectively respond to their children. Cognitive and	Family Preservation	12 families served. 1 indicated case of abuse at 6 months and 2 indicated cases of abuse at 12 months post-closing. No Out-of-Home Placements between 6 and 12 months

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2015
	behavior therapy are used to develop and reinforce the parents' capacity to raise and guide their children.		post-closing. 6 and 13 families tracked at 6 and 12 months post-closing, respectively.
Prince George's County	The Strengthening Families Program (SFP) is a 14-session, parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in SFP, both separately and together.	Family Preservation & Flex Funds	15 families served. No indicated cases of abuse and no Out-of-Home Placements. Families tracked between 6 and 12 months post-closing.
Queen Anne's County	The Healthy Families program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, extensive referrals to other sources, and developmental, vision, and hearing screenings.	Family Support	27 participants served. No indicated cases of abuse and no Out-of-Home Placements. 17 families tracked between 6 and 12 months post-closing.
Somerset County	The Healthy Families Lower Shore program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.	Family Support	67 families served. No indicated cases of abuse or Out-of-Home Placements at 6 and 12 months post-closing; 37 and 27 families were tracked at 6 and 12 months post-closing, respectively.
St. Mary's County	A home visiting program strives to provide parenting services to at-risk families and increase a parent's knowledge of child development and early learning. This program targets families with children up to three years old.	Family support	91 participants served
Talbot	Respite services provide support to families	Family	28 children and 26 families

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2015
County	<p>who have a child at risk of an Out-of-Home Placement. The program offers voluntary, planned, or emergency services for short-term Out-of-Home Placement in a respite provider's home.</p> <p>The parent education program provides separate groups for parents and children that meet concurrently. Topics covered in the curriculum include: building self-awareness; teaching alternatives to yelling and hitting; improving family communication; replacing abusive behavior with nurturing; promoting healthy development; and teaching appropriate developmental expectations.</p>	<p>Support</p> <p>Family Support</p>	<p>served.</p> <p>No indicated cases of abuse/neglect Out-of-Home Placements 6 and 12 months post-closing.</p> <hr/> <p>14 families tracked between 6 and 12 months post-closing.</p> <hr/> <p>40 parents served.</p> <hr/> <p>No indicated cases of abuse at 6 months and 2 indicated cases of abuse at 12 months post-closing. No Out-of-Home Placements 6 and 12 months post-closing.</p> <p>47 and 15 families tracked at 6 and 12 months post-closing, respectively.</p>
Washington County	Funding will be directed to the Family Center. Specifically, child care services, case management, and parent-aide services will be provided to parents.	Family Support	<p>98 families served.</p> <hr/> <p>2 indicated case of indicated abuse at 6 months, and 1 indicated case of abuse at 12 months post-closing, and no Out-of-Home Placements.</p> <p>42 and 44 families tracked at 6 and 12 months post-closing, respectively.</p>
Wicomico	Funding is for respite services and summer	Family	21 families and 30 children

	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2015
County	camps.	Preservation	served. No indicated cases of abuse 6 and 12 months post-closing. Data not available for Out-of-Home Placements. 8 and 2 families tracked at 6 and 12 months post-closing, respectively.
Worcester County	Contracts with a private provider for a parent support worker that provides services to change parental behaviors through teaching problem solving skills, modeling effective parenting and referring parents to additional community resources.	Family Preservation	38 families served. No indicated cases of abuse between 6 and 12 months post-closing. No data available for Out-of-Home Placements. 16 families tracked between 6 and 12 months post-closing.

SERVICE ARRAY

Child Protective Services

Child Protective Services provides an array of prevention, intervention and treatment services including:

- Operating a local jurisdiction based telephone hotline for receiving child abuse/neglect (CAN) reports;
- Conducting CAN investigative and alternative response, family assessment and preventive services screenings;
- Providing substance exposed newborn crisis assessment and services;
- Providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
- Preventive and increased protective capacity of families; and
- Family-centered services.

Maryland Family Risk Assessment

The Children's Research Center (CRC) conducted an analysis of Maryland's risk assessment tool. The analysis showed a significant increase in the reliability and validity of the CRC's risk assessment model over the current one being used in Maryland. Maryland began working with the CRC in February 2015 on three new risk assessment tools based on an actuarial model. The first two tools are an initial risk assessment and a risk reassessment tool to be used with families receiving In-Home Services. The risk reassessment tool would assess the potential change in risk for a family over time. Out-of-Home Placement Services is looking at piloting the third tool that will help staff assess the decision of returning a child to the home of removal, maintaining Out-of-Home care, or recommending an alternate permanency goal after considering a combination of a safety assessment, visitation quality and quantity and risk of future maltreatment. In August 2015, the CRC, the Child Welfare Academy and representatives from the local departments met to pilot a training program for all child welfare staff that will use these tools. Maryland plans to implement these tools once the current child welfare database is modernized to accommodate the tools.

Alternative Response

Alternative Response (AR) advancement continued this year with challenges due to the loss of the AR Director and limited staff available to continue the director's tasks. SSA hired a policy analyst in May 2016 who will focus only on AR in Maryland and work with each jurisdiction to address factors that are impacting AR practice.

Twelve Local Department of Social Services (LDSS) provided sustainability plans: Harford (2/12/15), Howard (4/12/15), St. Mary's (5/29/15), Calvert (5/29/15), Kent (5/5/15), Talbot (4/30/15), Wicomico (4/30/15), Anne Arundel (4/16/15), Washington (2/3/15), Allegany (/16/15), Cecil (2/12/15), Frederick (2/3/15). Subsequent meetings were held with each jurisdiction's AR team and 5 of those were held between May and July 2015. Reports were submitted after each visit with technical assistance recommendations on those items identified by the jurisdiction as problematic.

During these meetings and in the follow-up reports, LDSS were encouraged to have supervisors model the tenets of AR practice in their interactions with staff. Supervisors were directed to apply Signs of Safety tools in supervision as a means of demonstrating their use, as well as to choose one item from the AR "toolkit" (provided to all staff participating in AR training) to have workers apply and then provide feedback in group supervision on the tool's effectiveness. Technical assistance was also provided on how to improve the involvement of community partners by holding luncheon brain storming sessions, sharing decision-making with partners, identifying gaps in services and discussing how these might be addressed. LDSS were encouraged to hold monthly or quarterly AR meetings with staff to discuss how the work of AR was proceeding, present cases, identify AR champions and share expertise.

Engaging the community has been a challenge for many of the jurisdictions. During the sustainability meetings held with five of the jurisdictions during this reporting period, all noted issues with the availability of community-based services. While the final AR evaluation report noted that community partners had largely positive regard for AR, engaging partners in addressing families' needs differently was not an easy task. SSA advised LDSS to meet on different terms with partners: coffee and donut meetings, brown bag lunches, and other informal meetings, to discuss the needs of families. Sharing family stories with partners to illustrate the need for non-traditional services or for changes in service

delivery were suggested. Working across jurisdictions was also suggested. Should a neighboring jurisdiction have services or have managed desired change, they can inform other jurisdictions. Also discussed was setting up a local listserv of community partners including faith-based partners in which each jurisdiction could note the specific need of a family to which a community partner could respond. This would require time for each jurisdiction to build a list of possible partners to meet the varied needs of families which is challenging to most jurisdictions already finding staff time to be of issue.

Meetings were held with two jurisdictions in October, Carroll County (October 13, 2015) and Harford County (October 27, 2015), to review pathway assignments in Child Protective Services (CPS) as both jurisdictions had low AR assignment numbers. Referrals and screening issues were directly addressed as well as further discussion of the principles of AR practice. Specific referrals that appeared to meet the criteria for AR assignment were pulled and discussed both specifically and generally to generate a review of practice and to challenge thinking. Montgomery County requested additional technical assistance; a site visit is scheduled for May 27, 2016.

The average percent of cases assigned to AR improved after meetings with screening and AR staff (Carroll 37% vs. 54%, Harford 29% vs. 46% and Howard 39% vs. 47%). In discussions with jurisdictions, the concept of having one staff responsible for the pathway decision limits the possibility of anyone challenging the decision. It seems to be best if staff members confer or if a screening team is able to discuss referrals. It was noted that many of the cases assigned to AR are cases that are recurring within the timeframes noted in statute and thus cannot be assigned to the AR pathway, regardless of risk level, which has directly influenced the percentages. The Final AR Evaluation Report, completed by IAR Associates and released in September 2015, recommended that the pathway assignment be based primarily on allegations and not prior agency contacts with the family, which would require a change in the statute. This presents a likely barrier as the legislature and the advocates have viewed this requirement as a necessity in the protection of children. Engaging legislators and advocates to develop an increased appreciation about the nature of family engagement based on data showing that children are as safe in AR practice as they are in an Investigative Response (IR), may prove challenging.

Additional training of staff was also recognized as a need. The Child Welfare Academy has offered a follow-up AR training for staff, "From Good to Great; Maximizing Skills to Enhance AR Practice" which is offered on a regular basis for all Child Protective Services staff to increase their knowledge of AR practice issues: 190 staff attended training between June 2015 and April 2016. The next cycle is to begin in June 2016. Also offered on an ongoing basis is training on Signs of Safety which, when applied to AR practice, can increase the family's participation and assist the worker in fully engaging families in the AR process.

According to the Final AR Evaluation Report, overall report recurrence rates (wherein an AR case is followed by an IR case resulting in an indicated or unsubstantiated finding) for AR families were 5.3% within six months and 5.6% for families receiving an investigation. However, when assessing report recurrence in those jurisdictions where some workers were assigned only AR cases, the report recurrence rate was 4.1% as opposed to those jurisdictions where workers were doing both AR and IR cases, where the report recurrence rate was 6.0%; the difference being statistically significant ($p < .001$).

Some of the larger jurisdictions in Maryland have separate AR units and some have made the shift to this model. This is not, however a possibility in smaller jurisdictions where workers often manage multiple child welfare functions. SSA needs to assess how all CPS workers may apply more of the AR skill set to their cases to improve all report recurrence rates.

One of the positives noted in the AR final evaluation was Maryland’s commitment to using a family-centered approach, which the evaluators noted resulted in “service provision in the state {to be} already seen as based on need, not on finding or pathway or CPS status.” Maryland had already been more family-centered upon starting AR than in comparison to other AR states, according to the evaluators.

Human Trafficking Initiative

Please see the Child Abuse Prevention And Treatment Act (Capta) State Plan Requirements and Update for updates on Human Trafficking.

In-Home Services

In-Home Family Services are family preservation and assessment programs available within the Local Departments of Social Services (LDSS).

Services to Families with Children - Intake

In-Home Family Services staff conducts assessments of families where there are allegations of a risk of harm to a child or for when a client requests services. There are five risk of harm categories which include substance exposed newborns and substantial risk of sexual abuse by a registered sexual offender. The LDSSs protocols for evaluating the safety and risk of children apply in these assessments. Assessments are also completed regarding the strengths and needs to the family. At the conclusion of the assessment, staff will determine the need for on-going services either in the LDSS or in the community or both.

In July 2015, the Social Services Administration (SSA) implemented the use of a Child and Adolescent Needs – Family version (CANS-F) assessment statewide for all In-Home Family Services cases to include risk of harm assessments. The CANS-F provides an outline for the family and worker to discuss and document the strengths and needs of the family. The results of this assessment help to map out the necessity of any services and in what areas those services should focus. While the CANS-F is completed only once during the 30-day risk of harm assessment, the tool is completed at regular intervals during a family preservation program to help determine the efficacy of the work that is being done. The Department, in conjunction with staff from the University of Maryland, School of Social Work, has begun to collect data from the assessments in order to make decisions about service needs in each local jurisdiction. The data is also being used to help inform the work of the Title IV-E Waiver project.

Maryland is also moving toward becoming a more trauma-informed system. The Department believes a greater awareness of trauma and its impact on families will help to enhance the resiliency and recovery of children and families resulting in improved outcomes. A section of the CANS-F focuses on the trauma experiences over the lifetime of the youth in the family. There is also a section regarding post-traumatic reactions any caregivers in the family have had or are having.

All staff members with an In-Home Services caseload were required to be trained in the use of CANS-F and to become certified. Initial and supplemental training on the use of the tool has also been offered to In-Home Services staff at each local jurisdiction since July 2015 by the School of Social Work. In addition, the Child Welfare Academy has implemented a series of trainings focused on workers becoming more trauma-informed when working with families.

Consolidated In-Home Services

The Consolidated In-Home Family Services program is designed to provide comprehensive, time-limited and intensive family focused services to a family with a child at-risk for maltreatment. The purpose of Consolidated Services is to promote safety, preserve the family unity, maintain self-sufficiency and assist families to utilize community resources. In-Home Services are in-home and community-based. Depending on the local jurisdiction size and staff availability, the In-Home Services staff may consist of a worker or a worker and family support worker team approach to serving the family.

Annual updates of a Maryland legislative report contains several details about the children and families served (<http://goc.maryland.gov/wp-content/uploads/sites/8/2015/10/2015-OOHP-Report-FINAL.pdf>), in a section named Family Preservation Services. Pertinent outcomes data regarding both Consolidated and Interagency Family Preservation Services focus on Child Protective Services (CPS) reports and Out-of-Home (OOH) Placements. As shown in Figure 4.2, a relatively small percent of children whose families received Consolidated In-Home Services experienced an indicated finding during services (2.1% for SFY2014), and with a slightly larger percent within one year of case closure (2.7% for SFY2013). As for OOH Placement statistics, the children whose families are receiving Consolidated In-Home Services experienced foster care placement during services (3.6% for SFY2014), and a lower percent experienced placement within one year of case closure (2.2% for SFY2013). It should be noted that family preservation services are provided to families who have higher risks of maltreatment, and the higher percentage of children experiencing Out-of-Home Placement during Consolidated In-Home Services may be an appropriate response to addressing the needs of these high risk families. In other words, the case worker spends considerable time with the family, and the decision to place children into foster care from Consolidated In-Home Services may be the culmination of a family/worker decision, in that placement is the best step to take at this point, both serving the best interest of the child while allowing more time for the family to make necessary adjustments.

While the Department would like these statistics to be closer to zero, it is important to understand that a large majority of families are receiving Consolidated Services and experiencing success in avoiding further experience with both indicated maltreatment and Out-of-Home Placement. The Department will continue to monitor the results for these families, both safety and well-being, in order to continue to building its capacity to serve at-risk families and avoid entry and reentry into foster care. The SFY2015 implementation of the CANS-F should assist workers in determining the strengths and needs of the families they are working with and provide data to support what is working. As the CANS-F data accumulates, further evaluation of services and the impact on families can be conducted.

Interagency Family Preservation Services

In addition to Consolidated In-Home Services, Maryland also offers Interagency Family Preservation Services (IFPS). Interagency Family Preservation Services provides intense services to families with a child(ren) at imminent risk of Out-of-Home Placement. Referrals can come from multiple sources and are served by workers with small caseloads who are able to provide more frequent and sustained contact. Each jurisdiction has the option to operate the program within the local department, with the department as the vendor or to utilize outside vendors. The local department continues to be the vendor in 18 jurisdictions, with the remaining 6 jurisdictions contracting with private vendors.

One key question is whether Interagency Family Preservation Services (IFPS) produce better outcomes than do Consolidated Services. Information available from the Maryland legislative report on Out-of-Home Placement and family preservation suggests that there are not substantial differences. In

particular, the focal outcome measures used for Consolidated and IFPS reveal rather similar results. As shown in Figure 4.3, a relatively small percent of children whose families received IFPS experienced an indicated finding during services (1.4% for SFY2014), and with a larger percent within one year of case closure (3.1% for SFY2013). As for OOH placement, the children whose families are receiving IFPS experienced foster care placement during services (3.5% for SFY2014), and a lower percent experienced placement within one year of case closure (2.9% for SFY2013). Both the pattern magnitude in the results for families receiving either Consolidated or IFPS services are similar.

Additional review of these and other results concerning both Consolidated In-Home Services and IFPS will be undertaken, to assess if the families and children being served in Interagency Family Preservation are, as believed, any different than those served in Consolidated Services. The Department has given considerable thought to folding this program into Consolidated Services, if the funding stream (TANF funds) does not negate its use in Consolidated Services. The Department is considering further evaluation of program effectiveness at reducing Out-of-Home Placement to determine what is best for families and children in regards to safety, permanency and well-being in the coming year. In the Department’s modernization effort to create a more effective electronic child welfare case record SSA will begin this process with defining data elements to be collected that will enable this analysis.

Figure 4.2

Indicated CPS Findings and OOH Care Placement Rates								
Consolidated In-Home Services								
State Fiscal Year	Indicated CPS Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
SFY2011	4.6%	440	3.4%	277	5.7%	548	2.5%	202
SFY2012	2.7%	332	3.3%	354	4.6%	564	2.0%	219
SFY2013	2.9 %	333	2.7%	272	4.4%	499	2.2%	216
SFY2014	2.1%	249	NA until FY 16		3.6%	440	NA until FY 16	

Figure 4.3

Interagency Family Preservation Services					
State Fiscal Year	Indicated CPS Investigation			Out-of-Home Placement	
	During Services		Within 1 Year of Case Close	During Services	
	Percent	Number	Percent	Percent	Number
SFY2011	1.4%	14	3.1%	3.5%	35
SFY2012	1.4%	14	3.1%	2.9%	29
SFY2013	1.4%	14	3.1%	2.9%	29
SFY2014	1.4%	14	3.1%	3.5%	35

	Percent	Number	Percent	Number	Percent	Number	Percent	Number
SFY2011	1.9%	35	3.0%	49	2.8%	50	2.6%	42
SFY2012	2.1%	35	2.7%	43	3.4%	58	2.9%	45
SFY2013	1.7%	33	3.1%	53	3.7%	70	2.9%	51
SFY 2014	1.4	23	NA until FY 16		3.5%	58	NA until FY 16	

Substance-Exposed Newborns

Substance-Exposed Newborn Policies/Procedures

The substance-exposed newborn (SEN) statute, Maryland Family Law Article, Section 5-704.2 (h)(2) requires that the Local Departments of Social Services (LDSS) develop a plan for safe care of the newborn and is responsible for monitoring the safety of the child and parent participation in services. Health care providers are required by Maryland law to report substance exposed newborns to the LDSS. In July 2014 DHR implemented a statewide policy regarding substance-exposed newborns (SSA #14-11, please see:

<http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2014-11%20Substance%20Exposed%20Newborns.pdf>).

Referrals are accepted by the LDSS as a “risk of harm” referral rather than a maltreatment report. The LDSS assigns the case to an In-Home service caseworker. The caseworker is mandated to see the newborn within 48 hours and initiate contact with the family. The caseworker engages the mother and family to make a safe plan for the infant upon discharge from the hospital. The LDSS is responsible for monitoring the plan of safe care.

Assessment

The caseworker completes a safety assessment on the newborn and all other children in the household (see Appendix F Maryland SAFE-C). The SAFE-C may prompt the worker to initiate a safety plan (see Appendix G) if any children are determined to be “unsafe” if left in the care of the parent. The safety plan is an agreement between the LDSS and the parent to ensure the safety of the child. Should conditions be so severe and a safety plan is refused or conditions cannot be satisfied by a safety plan, DHR will petition the Juvenile Court to help ensure the safety of the newborn.

The caseworker will also conduct a home assessment in order to ensure the home is safe for the newborn and any other children in the household. The caseworker also conducts a full assessment of the family for the next 30 days. At the 30-day mark, the caseworker completes the Maryland Family Risk Assessment and the CANS-F. These assessments guide the worker to make the determination if the family is in need of services beyond 30 days. If it is determined the family is in need of further services, the LDSS will transfer the case to Consolidated In-Home Services where the family can receive services until all of the risk factors have been addressed.

Substance-Exposed Newborn Progress and Technical Assistance

The Department continues to convene meetings with health departments, hospitals and LDSS' staff to discuss issues related to successful planning for substance exposed newborns and their families. The newly hired SEN Program Manager continues to provide training for local staff. All LDSS have been offered onsite training for the Substance Exposed Newborn policy, practice, and data entry. The feedback received from the local departments regarding onsite training was that the training was effective in enhancing their practice. Maryland Senate Bill 512 provides State funding for assessments and a limited amount of treatment, specifically for inpatient treatment not covered by Medical Assistance. There have been meetings with staff at the Behavioral Health and Substance and Alcohol Abuse Administrations (under the Maryland Department of Health and Mental Hygiene) in 2016 to better understand the funding available to serve these mothers and fathers and their children.

When the law was enacted that required health care providers to report the birth of a substance exposed newborn, including fetal alcohol spectrum disorder to LDSS, it also required the DHR to submit two reports to the Governor and the General Assembly. The reports were due October 2014 and 2015. The reports included the background and implementation of the law and the findings from July 1, 2014 through June 30, 2015. For more details, please refer to Appendix H.

The SEN Program Manager is meeting with the LDSS and local health departments on an ongoing basis to ensure that the agencies are collaborating and monitoring SEN cases on a regular basis. DHR is currently exploring revisions to the policy in order to specifically identify what is included in a plan of safe care.

At this time health care practitioners are not required to report cases where the newborn is experiencing withdrawal symptoms, when the withdrawal is a result of the mother appropriately using prescribed medication. However, DHR recognizes that these cases should be reported to the LDSS. DHR will make efforts to amend Maryland Family Law Article, Section 5-704.2 (b)(1)(ii). DHR will attempt to ensure that notifications to Child Protective Services (CPS) should be made in any instance in which a newborn is exhibiting withdrawal symptoms, whether the drugs were legally or illegally obtained. DHR recognizes that the exceptions in the Maryland Family Law Article need to be amended in order to be in compliance with the notification requirements of the Child Abuse Prevention Treatment Act (CAPTA).

The Department will explore technical assistance from other states as to how they effectively moved the needed new language required by CAPTA through their state legislatures.

Birth Match

Maryland law requires the State to match new births against the data base for parents who within the past five years had their parental rights terminated (TPR) for a child where there was also an indicated Child Protective Services (CPS) finding. DHR receives an electronic list of births from the Department of Health and Mental Hygiene that is matched against DHR's TPR records. If there is a match Local Departments of Social Services (LDSS) are notified and required to make contact with the family to assess the safety of the newborn child and determine if services are needed. In FFY15 there were ninety-six (96) total matches, fifty (50) families were receiving services at the time of the match, one (1) was a mismatch, two (2) families were unable to be located and four (4) required no further service. For the remaining forty-five (45) that were not receiving services at the time of the match, assessments were initiated. Fourteen (14) required no further services, fifteen (15) cases were opened for further

assistance, three (3) families were unable to be located and nine (9) were mismatches. Four (4) cases remain open for assessments. The birth match process in Maryland has resulted in the provision of needed preventive services for families assessed as needing assistance.

Foster Care Services

Foster care provides short-term care and supportive services for children that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm and voluntary placement services (VPA) because of the child's need for short term placement to receive treatment services for mental illness or developmental disability. The services are to address the needs of the child and help the family with the skills and resources needed to care for the child. Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives as the placement of choice. Attempts are made to keep the child in close proximity to their family; however, the child's placement is based on the treatment needs of the child and the availability of placement resources.

Permanency planning options that are considered in order of priority:

- Reunification with parent(s) or legal guardian(s)
- Placement with a relative for adoption or custody or guardianship
- Adoption by a non-relative
- Guardianship by a non-relative
- APPLA (Another Planned Permanency Living Arrangement)

Reunification

A plan of reunification shall be pursued with a reasonable expectation that the plan will be achieved within 12 months from the date of entry into Out-of-Home Placement excluding trial home visits and runaway episodes. Parents must be informed at the time of removal, including voluntary placement about time lines for reunification. The caseworker shall engage the parent(s) in reunification services immediately upon the child entering Out-of-Home Placement. After a child has been in Out-of-Home Placement for 15 months out of the prior 22 months, the Local Department of Social Services (LDSS) must file a Petition to Terminate Parental Rights and pursue adoption. If a child is returned home under a trial home visit or Order of Protective Supervision (OPS) and the reunification cannot be maintained, the 15-month period continues once the child is placed in another approved placement; in other words, the 15 month period does not restart.

The Child and Adolescent Needs and Strengths (CANS)

Maryland utilizes CANS to assess youth functioning (ages 5-21) in major life domains, strengths, emotional and behavioral needs, and risk behaviors, trauma experiences, in addition to caregiver strengths and needs. The Child and Adolescent Needs and Strengths (CANS) instrument is utilized for the following purposes:

- *To support decision making, including level of care and service planning*
The CANS is used by child and family teams to develop more individualized and ultimately more effective treatment plans and service plans. Additional decision support applications can be integrated into Family Involvement Meetings (FIM) at intake and change of placement. Algorithms can be localized for sensitivity to varying service delivery systems and cultures. An

algorithm for Maryland has been developed using dimensions of functioning to determine differences in level of service needs:

- Severity of mental health symptoms
 - Level of risk to safety of youth and others, including flight risk
 - Level of adaptive functioning (i.e., daily living activities)
- *To facilitate quality improvement initiatives*

As a quality improvement tool, a number of settings utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need item suggests that this area must be addressed in the plan. A rating of '0' or '1' identifies a strength that can be used for strength-based planning and a rating of '2' or '3' indicates a strength that should be the focus on strength-building activities.
 - *To allow for the monitoring of outcomes of services*

As an outcome monitoring tool, the CANS will be used by the larger systems of care to track aggregate improvement by children and families. This can be accomplished in two ways. First, items that are initially rated '2' or '3' are monitored over time to determine the percent of youth who move to a rating of '0' or '1' (resolved need, built strength). Second, dimension scores can be generated by summing items within each of the dimensions (e.g., Emotional/Behavior Problems, Risk Behaviors, and Life Domain Functioning). These scores can be compared over the course of treatment. Ultimately, utilizing treatment plans guided by the CANS can lead to decreased duration in care and increased rate of permanency achievement.

Medically Fragile

The Maryland Department of Human Resources (DHR) is committed to providing best practices through policies and statewide training to ensure competent child welfare practice and resources to the medically fragile population.

A medically fragile child according to the COMAR 07.02.12.02 (22) definition is a child who: depends at least part of each day on mechanical ventilation; requires prolonged intravenous administration of nutritional substances or drugs; depends on other device-based respiratory or nutritional support, including tracheotomy tube care, suctioning oxygen support, or tube feeding on a daily basis; or depends on other medical devices that compensate for vital body functions and requires daily or near daily nursing care, including a child who requires: renal dialysis as a consequence of chronic kidney failure; or other mechanical devices such as catheters or colostomy bags as well as substantial nursing care in connection with the disabilities.

There are five medically fragile treatment foster care providers that are contracted with DHR that have a total of 160 beds for this population; 116 children have been placed with these providers. DHR contracts with two medically fragile group home providers for a total of 43 beds for this population. Thirty-six children are placed in medically fragile group home placements, due to the complexity of the medical services that they require such as mechanical ventilation, and twenty-four hour around the clock nursing care, etc.

Moving Forward 2016

1. A Workgroup has been established with a Multi-disciplinary team that will include State agencies, providers, and health care professionals to review the medically fragile children in group homes for potential step down to less restrictive settings, such as treatment foster home placements, relative placements, return home, and adoption.
2. A Workgroup has been established to review the regulations and procedures for best practices for children in foster care with medically fragile conditions as well as national standards, including the financial self-sufficiency requirement for treatment foster care parents.
3. Rates reform process – the Inter-agency Rates Committee (IRC) comprised of State agencies is reviewing the current rate system to determine efficiencies and opportunities for more providers to serve the medically fragile population.

Guardianship Assistance Program

The Guardianship Assistance Program (GAP) serves as another permanency option for relatives caring for children in Out-of-Home Placement. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the Local Department of Social Services (LDSS) by removing financial barriers. A relative agreeing to participate in the GAP is granted custody and guardianship of the child in their care with a subsidy that includes a monthly payment and Medical Assistance. The assistance payment is a negotiated rate that can be up to 100% of the foster care board rate. Under certain circumstances, the GAP payment can continue until the youth reaches age 21. In the past year, the Social Services Administration (SSA) has provided technical assistance to all 24 LDSS on the use of GAP to assist in exiting children from foster care. SSA has revised the Guardianship Assistance Program policy to incorporate the successor guardian based on “Preventing Sex Trafficking and Strengthening Families Act”.

A successor guardian will allow the transfer of the monthly GAP payment to a successor guardian when the relative guardian becomes incapacitated or dies. Prior to this Act, a child would have to reenter Out-of-Home Placement for another guardian to receive the GAP payment. The successor guardian revision will assist with the reduction of reentries in Out-of-Home Placement. SSA will monitor the number of GAP cases that transfer payments to a successor guardian. SSA has also revised the Guardianship Assistance Program Agreement and created a Successor Guardian Agreement. SSA partnered with 3 LDSS on revising the Guardianship Assistance Program policy to ensure it would be easily incorporated into current practice. MD CHESSIE generates a monthly GAP report which is available on business objects for LDSS administrators and SSA administrators to monitor GAP cases. As of March 2016, 3,089 children are receiving guardianship assistance payments, compared to March 31, 2015, 2,897 children.

Over the next year SSA will continue to monitor the program and offer technical assistance to LDSS staff regarding policy and practice. Trainings on the GAP successor guardian will be offered in addition to the GAP successor guardian will be a topic on the agenda at a Regional Child Welfare Regional Supervisors Meetings.

Kinship Navigator

Kinship Navigator Services continues to be a part of a statewide practice that is aligned with Maryland’s Place Matters initiative and the core of Family-Centered Practice values in supporting kinship caregivers who are caring for their minor relative (s), who are unable to remain safe in the care of their parents. Kinship Navigator Services targets kinship caregivers who were not involved in the child welfare system as an outreach prevention strategy that promotes safety, permanency and well-being. Practice involves

identifying and navigating appropriate resources in an effort to support In-Home services to help children achieve permanency and to divert Out-of-Home Placements.

Services

Assistance is available at Local Departments of Social Services to help relative caregivers navigate educational, health care, entitlement services, legal or other community resources based on the needs of the children and the relative caregivers.

Who are Navigators?

Local departments have designated Kinship Navigators, either child welfare staff members or a community vendor, to provide services to relative caregivers. Kinship Navigators are knowledgeable about their community resources and services available in their respective jurisdiction.

Referral

Kinship caregivers should be referred to Kinship Navigators to provide information about community-based services for the children placed with relatives, who are not involved in the child welfare system. Services are Non-CPS (Child Protective Services), and it should be no risk or safety concerns when referrals are made. If so, referrals should be made to Child Protective Services.

Technical Assistance

Best practice and policy expectation trainings continue to be offered at the Child Welfare Academy. Navigators participate in bi-monthly peer support meetings to discuss best and challenging practices, and exchange information. SSA participates in these meetings to address questions and concerns and provide to support to local departments. Peer to peer support seems to be most favorable outcome of these support groups.

Planned for 2016-2017

SSA is revising the Kinship Navigator training so that Navigators can accurately document their services in MD CHESSIE. The new version will include intensive, hands-on, practice driven sessions and will be co-facilitated by the Child Welfare Academy, Social Services Administration, and MD CHESSIE trainers. The Kinship Navigator training is scheduled on July 18th 2016, which will be held at University of Maryland, Baltimore, School of Social Work. Registration is limited to Kinship Navigators and their supervisors.

Family Finding

Family Finding is an initiative designed to promote permanence and cultivate meaningful, lifelong connections between youth and their families of origin. The goal is to prevent children and youth from languishing in foster care due to failure of the child welfare system to engage potential relative resources in a timely manner. It is an extension of case management services to assess relatives as potential placement resources and establish “relational permanence” if the relatives are not able to be a placement resource. Family Finding intervention is applicable for children along any part of the child welfare service continuum as deemed appropriate to facilitate permanency and establish lifelong connections.

Services

Family Finding is a practice resource to supplement the caseworkers’ efforts to search for and engage relatives to help bridge lifelong connections between children and their families. The Family Finder will

assist and explore pathways to create lifelong and permanent connections through case mining, intensive searches and identifying potential resources. Local administrators shall designate at least one staff with previous child welfare casework experience to be trained as the lead Family Finder.

Who are Family Finders

Family Finders are responsible for conducting intensive searches and exploring any possible kinship resources. The Family Finding activities include engaging, interviewing, and assessing family members, and conducting internet searches.

Technical Assistance

SSA has offered technical assistance to the Local Departments of Social Services (LDSS) since the inception of the program in 2009. Family Finders participate in quarterly peer support meetings to discuss best and challenging practices, and exchange information. SSA participates in these meetings to address questions and concerns and provide support to LDSS. Training for the Family Finders offered at the Child Welfare Academy highlights the importance and shared responsibility of achieving permanency for children and youth and includes technological resources available to search for and identify relative resources. All child welfare caseworkers and supervisors are encouraged to attend the Family Finding trainings.

Planned for 2016-2017

SSA is revising the Family Finding Policy. The policy revisions will improve best practices and protocols and will increase how Family Finders are utilized in other program areas such as locating parents and relatives upon entering into care; assisting caseworkers in locating relatives that can be explored and re-explored as a possible placement; assisting caseworkers in identifying permanent resources before changing a permanency plan to APPLA and seeking out connections for an Out-of-Home youth before exiting foster care.

The sub-committee from the Family Finders Support Group is revising the Family Finding training so that there are two versions; one for the Family Finders and one for child welfare caseworkers. The version for Family Finders will be an intensive, hands-on, practice driven session and will be co-facilitated by Child Welfare Academy (CWA), the Social Services Administration (SSA), and MD CHESSE trainers. The version for the caseworkers will be a foundational training that provides a more general overview of permanency, case mining and family finding, and how caseworkers and family finders can work together to help youth achieve permanency and connections to supportive adults.

The current training offered at CWA, *Supporting Permanency: Debunking Myths, Engaging Youth and Beginning Family Finding*, is being used as a starting point for the development of both versions of the training. However, it is being revised to reflect more accurately the updated Family Finding policy (to be finalized in June 2016), as well as what is now known about actual practice in the field. Once finalized, the training will be added to the CWA catalog.

In addition to the trainings, SSA will continue to offer mini-training sessions at the Quarterly Family Finder Support group meetings on topics of interest and relevance to the group. These trainings will allow for the continued development and enhancement of Family Finding skills.

Case Planning/ Concurrent Permanency Planning

Maryland continues to utilize concurrent permanency planning for all children in Out-of-Home Placements. The Local Departments of Social Services (LDSS) must engage in concurrent permanency

planning with all children with a permanency plan of reunification with the parent or legal guardian, placement with a relative for adoption or custody and guardianship or adoption by a non-relative (prior to termination of parental rights).

Planned for 2016-2017

SSA is in the process of revising the Case Planning/Concurrent Permanency Planning Policy, which is anticipated to be finalized in Spring 2016. The policy revisions will align with other best practices, federal mandates, changes in the Maryland Family laws and other SSA's policy directives, including:

1. Outlining the timelines for completion that were added to Steps for Concurrent Permanency Planning.
2. Explaining the benefits of Concurrent Planning.
3. Adding the Waiver of Reunification.
4. Changing Another Planned Permanency Living Arrangement (APPLA) as a permanency plan. APPLA cannot be used as a permanency plan for any youth under the age of 16.

Adoption

The goal for Adoption Services is to develop permanent families for children who cannot live with or safely be reunited with their birth parents. Maryland's Adoption Services will continue to assist Local Departments of Social Services (LDSS) and other partnering adoption agencies in finding adoptive families for children, especially older youth, in the care and custody of the State. The range of adoption services includes study and evaluation of children and their needs; resource parent recruitment, training and home study, child match and placement, and post-adoption support.

The adoption program also includes mediated "open" adoption when it is in the child's best interest; the Mutual Consent Voluntary Adoption Registry; the Adoption Search, Contact and Reunion Services (ASCERS); the Post Adoption Services Permanency Program, (which provides limited funds for families when the adoption is at risk of disrupting); Adoption Incentive Funding; the Adoption Assistance Program; Title XX Child Care Reimbursement; and the Non-recurring Adoption Expenses Reimbursement. Maryland's child welfare services continue to emphasize concurrent permanency planning, and dual approval of resource homes to increase the number and timeliness of adoptions of children in Out-of-Home care.

Additional planning for the next 5 years includes the following:

- (1) Adoption Best Practices/Child Matching Conferences will focus on intensification of matching of resource families with youth needing resource families for adoption through matching conferences. Collaboration will involve SSA, LDSS and resource families.
- (2) Ongoing Adoption Assistance Policy Training on an annual or semi-annual basis. Collaboration will involve DHR/SSA, LDSS staff having expertise with adoption assistance, and the DHR Assistant Attorney General assigned to the Out-of-Home Placement Program.
- (3) Adoption Search, Contact, and Reunion Trainings. Annual initial and refresher training for confidential intermediary certification will involve collaboration between DHR/SSA and the private agency confidential intermediaries on training. Public and private agency staffs will continue to serve as trainers.

Implementation Supports

SSA held the following trainings in 2015:

- Initial Confidential Intermediary Training: March 2015, October 2015 and April 2016. SSA plans to hold an initial training, at least 1 to 2 times per year.
- Refresher Confidential Intermediary (CI) Training: October 2015 and March 2016. CI's are required to have refresher training every 2 years. The next trainings will be scheduled for 2017 and 2018.

Proposed changes to Title 07.02.12 Adoption Regulations have been submitted to the MD Division of State Documents. Once these changes are enacted, SSA will provide training to the local departments regarding adoption assistance. An Adoption Assistance manual for LDSS caseworkers has been developed, as well as an Adoption Assistance manual for adoptive parents.

Heart Gallery

The Department will be partnering with Adoptions Together specifically for the month of July 2016. The Heart Gallery will be displayed in the DHR lobby from June 30, 2016 through July 29, 2016. The Heart Gallery display features the portraits of children that are legally free for adoption and in need of an adoptive family. The Heart Gallery is a mobile presentation, and is displayed in local business office lobbies and government buildings that offer high-visibility and high traffic. It is moved to different locations approximately every two weeks and is displayed at least 50 weeks per year.

DHR has worked collaboratively with Adoptions Together staff to identify the children in Maryland that are legally free for adoption and in need an adoptive resource. This identification is completed by personally contacting the Local Departments of Social Services (LDSS) about their specific children that can be referred and placed into the Heart Gallery. The LDSS have been provided the information necessary to make referrals to the Heart Gallery, and support in getting the photo sessions completed for the children. The Heart Gallery can be used as a recruitment tool for caseworkers that have legally free children on their caseload and are searching for adoptive homes.

To date, there are 17 children currently in State custody that have their photos displayed in the Heart Gallery. Not only will these children be part of the Heart Gallery displayed at DHR in July, they will continue to be part of the display as it is moved across MD, VA and DC.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

As part of the readiness assessment that was conducted with the Local Departments of Social Services, last year's APSR (2016) included the LDSS Data Package that was used to identify populations at greatest risk to target with the IV-E Waiver Demonstration. In the fall of 2015 the full readiness assessment report was issued (Readiness Assessment Process and Evaluation, October 27, 2015, Appendix AJ), containing summaries of both the LDSS Data Package and the results from other data gathered: Jurisdictional Readiness Assessment (completed February 2015 by all 24 jurisdictions), Focus Groups (completed March 2015 consisting of 4 regional groups of 10-12 participants from various service sectors), and a Caseworker Survey (completed May 2015 based on 563 frontline staff respondents). Taken together, the IV-E Waiver Readiness Assessment process has been the most comprehensive look at the status and critical needs of Maryland's child welfare services in years. 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):
 - Data Packets: Most of the children/youth that entered care came from a single parent home (84%), were aged 0-8 years old, with the primary factors at removal being parent/caregiver drug/alcohol abuse and child behavior; Most of the children/youth that re-enter care come from a single parent home (82%), and the primary factors presented at removal are child's behavior, child relinquished; and parent/caregiver drug/alcohol use.
 - Jurisdictional Readiness assessments: When asked to select the top three areas associated with new entries, nearly all jurisdictions (21) identified Parental Substance Abuse; for re-entries, 16 jurisdictions also selected Parental Substance Abuse as the top need.
 - Focus Groups: Three of the four groups identified current or potential practices that could have an impact on families who are dealing with substance abuse/use issues.
 - Caseworker Surveys: there was considerable agreement that among new entries and re-entries the key drivers or factors were parent/caregiver drug abuse, caregiver inability, and neglect. Among new entries, the survey indicated that drug abuse and caregiver inability substantially affects young children entering or re-entering care (95% and 81% of respondents, respectively).

- Child Behavioral Health, particularly for 14-17 year olds at risk for entering Out-of-Home care (new entries and re-entries). While there was general agreement that a lot of the drivers were similar between new entries and re-entries (outlined above), the issues and needs surrounding child behavior among older youth became apparent among the feedback from the various sources of data collected in the readiness assessment:
 - Data Packets: Child behavior issues are a strong driver among older youth re-entering care, as 61% of 14-17 year olds re-entering had behavior issues as the leading factor (as compared to 37% among 9-13 year old children re-entering care, and only 2% among children ages 0-8 re-entering care).
 - Jurisdictional Readiness assessments: When asked to pick the top three areas associated with new entries and re-entries, child behavior was the 5th top area picked for new entries (6 jurisdictions), and it has shifted up to the 2nd top area among 8 jurisdictions in relation to re-entries. In relation to identifying service gaps, after parental substance abuse services, the next area of service need for both new entries and re-entries focuses on high quality trauma focused interventions/clinicians and providers.
 - Focus Groups: Three of the four groups identified the importance of Family Involvement Meetings as a current practice that should be expanded; and two of the groups prioritized increased access to behavioral health services and developing relationships with clinicians/behavioral health providers.
 - Caseworker Surveys: Among the key factors for new entries, neglect was the third top factor, and caseworkers noted that older youth ages 14-17 were most affected. In relation to re-entries, while the factors identified in the survey were the same as new entries, a proportion of caseworkers (6%) noted some key differences among the factors for re-entries that re-orders the relative position of the factors: child behavior, parent/caregiver inability, and parent/caregiver drug abuse.

Based on this comprehensive review from different data sources, it becomes evident that the substantial focus of Maryland's efforts needs to be on reducing entries and re-entries among young

children ages 0-8, with parental substance abuse services and a focus on trauma related services being needed to address key challenges. The next group that also warrants considerable attention are older youth, ages 14-17, who also will benefit from parental substance abuse services as well as behavioral/trauma related services. The substance abuse services are not yet developed under the IV-E Waiver. Additional information about the next steps that will be taken to address the needs of these groups can be found in the section of this report on the IV-E Waiver Demonstration, including discussion of the outcomes that will be measured.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

As discussed in the section populations at greatest need, clearly the children under the age of five are a subset of the children ages 0-8 who represent the greatest risk of maltreatment as well as entry into foster care. The good news is that Maryland has made some progress for this group over the years, as evidenced by data gathered about the length of stay in foster care among children under 5.

Figure 4.3a below displays the length of stay in care for children under 5 years old for 2010, 2012, 2014 and 2016. A positive shift has occurred over these years. Overall, substantially fewer children are in care 12 or more months in 2016 (42%) than in 2010 (77%), and it appears from this chart that considerable shifts in the length of stay among children under age five in foster care occurred between 2010 and 2012. It should be noted that during this time that the State's Place Matters initiative was well underway, focused on reducing the number of children in foster care, and jurisdictions were taking strong steps through family-centered practices (engaging families, increasing family involvement meetings, and supporting increased reunification with families, adoptions and guardianship placements), in order to find safe permanent homes for children sooner than later. During these years the count of entries into foster care had not decreased appreciably; rather, exits were consistently higher than entries. These trends may have hit their stride, therefore, during this time period for children under age five.

From 2012 through 2016, positive progress can be seen as well, although not at the same rate as the 2010 to 2012 progression. In fact the State lost a little bit of ground in 2014 as the proportion of children in foster care 12 or more months rose slightly from 2012 to 2014, and then dropped down to 42% in 2016, its lowest level so far this decade.

Figure 4.3a

**Social Services Administration: Children Under Age 5 in Out-of-Home, Length of Stay (LOS)
State Fiscal Year 2016**

LOS in Care (In Months) of Children Under 5 in Out-of-Home				
State Fiscal Year	6 or Less	7-11 mos	12 or More	Total
2010	196	121	1061	1378
	14.2%	8.8%	77.0%	100.0%
2012	488	276	595	1359
	35.9%	20.3%	43.8%	100.0%
2014	380	246	508	1134
	33.5%	21.7%	44.8%	100.0%
2016	427	255	485	1167
	36.6%	21.9%	41.6%	100.0%
<i>Percent Point Change: 2010 to 2016</i>	22.4%	13.1%	-35.4%	

Source: MD CHESSIE, OOH Served End of Month, SFY2016 (July 2015 - June 2016)

In order to keep making progress in the coming years, as Maryland will be shifting its child welfare service system to being trauma-informed, a couple basic expectations have been established as part of the State’s IV-E Waiver efforts: making the best use of comprehensive assessment to understand the needs of children and families, especially families with young children who are coming to the agency’s attention, and to identify and expand to scale those service strategies, including evidence-based practices, that will help Maryland to reach a higher level of efficacy in serving children under five and their families.

It should be noted that in relation to the key issues of parental substance abuse and child behavior, strategies continue to be considered as part of the IV-E Waiver, and planning with other agencies to provide these services. The following is an overview of activities that the State and many of its jurisdictions are undertaking for children under age five, starting with a new EBP, SafeCare; that has gotten underway in a limited way in Maryland during this year as part of the IV-E Waiver efforts.

SafeCare

As part of the IV-E Waiver's implementation of evidence-based practices, Howard and Prince George's Local Departments of Social Services (LDSSs) are implementing SafeCare. SafeCare is an evidence-based, in-home parenting model developed and disseminated by Georgia State University (GSU) which focuses on risk factors for child neglect and physical abuse. Three main areas are taught to parents: to recognize hazards in the home, to recognize or respond to symptoms of illness and injury, and how to interact in a positive manner with their children. The target population is parents with children ages 0-5. The model is interactive, with SafeCare practitioners assessing parents’ skills in the three main areas, teaching and modeling new skills, and then observing/coaching parents in applying the skill with their child.

Maryland is engaged with GSU through a research opportunity, in which Maryland's two DSS sites receive free training in exchange for enrolling families (voluntarily) into GSU's research study. GSU has

received Institutional Review Board (IRB) approval for their study. Training began in February and March for Howard and Prince George's counties, and included a week-long training, which is now followed by supervision/coaching calls with GSU trainers. Maryland will assess the efficacy of this program and the appropriateness of scaling it up to other LDSSs in the next one-to-two years.

In addition, the State will examine and focus efforts on the substance exposed newborns. This population will be assessed in the upcoming year to enhance services to prevent entry into care and to expedite reunification. Please see the Substance Exposed Newborns section of this report for more information.

Baltimore County and Baltimore City have developed processes specific to the 0-5 population.

Baltimore County

In 2012, Baltimore County Department of Social Services (BCDSS) began to offer facilitated family meetings to engage parents, foster caregivers and a variety of supportive adults and service providers to achieve timely permanence on behalf of young children newly entering Out-of-Home Placement. The strategy was to add an additional family meeting to the Family Centered Practice continuum as a means of strengthening the relationship between the parent and foster caregiver and shortening the length of stay for children in court ordered Out-of-Home Placement. The Progress Review meetings include parents, family and community members with the goal of ensuring that all participants understand the expectations and goal for permanence. These meetings are convened after the child has been in foster care for at least two months and adjudicated through the court, and are facilitated by a dedicated, neutral facilitator.

Since the inception of the Progress Review Meetings, the data from the customer service satisfaction survey has shown improved relationships among 69% of the biological parents and the foster parents. At the same time, program data shows an increase in the exits to custody/guardianships (20%) and adoption (19%). With specific families there has been reduction in the length of stay for the child (22 days), however, overall the data did not show an overall reduction in the length of stay which is attributed to a variety of variables, including routine appeals of Termination of Parental Rights (TPRs) that take a year to resolve. Overall, the Progress Review meetings have had a positive impact on the relationships between biological parents and foster parents, which is anticipated not only to result in facilitating permanency and reducing the overall length of stay, but also improving the experience for the child.

Baltimore City

Baltimore City Department of Social Services identifies children 0-5 upon entry to foster care and assigns a team of caseworkers to rapidly reunify the children whenever possible. This practice involves intensive case management to lower risk factors in the home of the parent as soon as possible.

Maryland also offers specific services to children 0-5 through other agencies. Although DHR does not have direct responsibility for these programs; the services are available to the Local Departments of Social Services and serve the foster care population.

Ready At 5

Ready At Five is a statewide public-private partnership committed to ensuring that every child enters

school fully ready to succeed. Ready At Five was founded in 1992 by six prominent organizations dedicated to Maryland’s young children in response to the first National Education Goal, “All children will enter school ready to learn.” As a board designated program of the Maryland Business Roundtable for Education, Ready At Five monitors the school readiness of Maryland’s young children, advocates for systemic change in early care and education, and explores and promotes innovative models aimed at improving the school readiness of children birth to age 5. To support parents, early educators, public school teachers, and community leaders in their role as “First Teachers,” Ready At Five provides professional development opportunities and a variety of multilingual resources.

Ready At Five aims to improve the school readiness of Maryland’s young children, birth to age 5. Ready At Five works toward this goal by:

- a. Coalescing, influencing, and galvanizing key stakeholders, policy makers, and communities to support early care and education
- b. Providing professional development to build a vibrant, highly skilled workforce of “First Teachers”—parents, early educators, and pre-k and kindergarten teachers
- c. Promoting high quality early learning environments and best practices to ensure positive results for young children

For more information please see www.readyatfive.org

Home Visiting

Home Visiting is a voluntary early childhood strategy that can enhance parenting, and promote the growth and development of young children. Evidence-based home visiting programs are focused, individualized and culturally competent services for expectant parents, young children and their families, and caregivers (including friends, neighbors and kinship caregivers) in their homes. They help families strengthen attachment, provide optimal development for their children, promote health and safety, and reduce the potential for child maltreatment.

Five evidence-based home visiting programs are in use in Maryland: Nurse-Family Partnership, Healthy Families America, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters (HIPPY), and Early Head Start. The total capacity of these programs is enough to serve only a small percentage of estimated eligible families who would choose to participate. There are other home visiting services in Maryland such as Baltimore City's Healthy Start program, and the Maryland State Department of Education's Infants and Toddlers program that provide family support and education focused on the family's needs. For an overview on Home Visiting, please refer to “Home Visiting in Maryland: Opportunities & Challenges for Sustainability” prepared by The Institute for Innovation and Implementation (The Institute) at: <http://theinstitute.umaryland.edu/topics/ebpp/homevisiting.cfm>.

A comprehensive State Plan for Home Visiting was developed as part of Maryland’s implementation of the Affordable Care Act and each Maryland jurisdiction will create a plan for its specific communities. These plans will assist the State and local jurisdictions in addressing gaps and bringing Home Visiting to more families as funding becomes available.

Early Childhood Mental Health Consultation (ECMHC)

The Early Childhood Mental Health Consultation (ECMHC) is designed to improve the ability of early care

and education (ECE) program staff and families to address challenging behaviors and mental health concerns in children birth-five years. Services include:

- Observing and assessing the child and the classroom environment
- Referring children and families to Maryland's Infants and Toddlers program, Child Find, and other appropriate mental health services
- Training and coaching of early care and education providers to meet children's social and emotional needs
- Assisting children in modifying behaviors
- Helping providers retain and serve children with behavioral and other mental health needs

ECMHC has two general approaches:

1. Child- and family-focused consultation – targets the behavior of a specific child in an ECE setting
2. Classroom-focused or program consultation – targets overall teacher-child interaction within ECE classrooms

MSDE currently funds ECMHC programs that serve all 24 jurisdictions in Maryland. The Early Childhood Mental Health Consultation (ECMHC) Outcomes Monitoring System was developed by The Institute on behalf of the Maryland State Department of Education (MSDE) to evaluate the utilization, fidelity and outcomes of Maryland's ECMHC programs. The ECMHC OMS project provides ongoing monitoring of ECMHC programs for the State of Maryland in an effort to strengthen the implementation and sustainability of ECMHC, drive the improvement of outcomes for those served and secure funding for these vital programs that intend to enhance children's social/emotional development and school readiness. For more information on ECMHC please visit:

<http://theinstitute.umaryland.edu/topics/ebpp/ecmhc.cfm>

Social Emotional Foundations of Early Learning (SEFEL)

In Maryland, SEFEL is being implemented in a variety of early childhood settings, including early care and education and elementary schools, through a multi-agency effort led by the Maryland State Department of Education (MSDE). The purpose of SEFEL is to promote the social emotional competence of young children. The Institute is assisting the multi-agency effort in the development of a SEFEL initiative in Maryland. As part of that initiative, The Institute is creating a SEFEL fidelity and outcomes monitoring system for the State of Maryland. The system is being designed to provide the necessary data to help improve training and implementation efforts. The SEFEL Project will build upon the Early Childhood Mental Health Consultation Outcomes Monitoring System. In addition, MSDE commissioned The Institute to develop a SEFEL website that houses resources for parents, teachers, and coaches, as well as virtual SEFEL trainings. For more information on SEFEL, please visit:

<https://theinstitute.umaryland.edu/SEFEL/>

SECTION V: PROGRAM SUPPORT

MD CHESSIE

Overview

The Maryland Children's Electronic Social Services Information Exchange, MD CHESSIE, is the Statewide Automated Child Welfare Information System (SACWIS) for Maryland. The goal of MD CHESSIE is to ensure standardization of practice, enforce policy, provide easy access to information, improve workflow and automate federal reporting requirements of the Adoption and Foster Care Analysis and Reporting System (AFCARS), Caseworker Visitation, the National Youth in Transition Database (NYTD), and the National Child Abuse and Neglect Data System (NCANDS). MD CHESSIE provides program outcomes of child welfare service delivery and has experienced numerous substantial improvements since the completion of its launch in 2007. Consequently, MD CHESSIE improves productivity through enhanced data accessibility, reduced paperwork for caseworkers, elimination of redundant data entry, reduced data entry errors, and enhanced monitoring of service delivery and effectiveness.

The MD CHESSIE team communicates with the users and providers regarding the impact of enhancements on payments, as well as the impact of changes in the system due to shifts in policy. All changes to MD CHESSIE are shared with LDSS in two basic ways. First, the MD CHESSIE Coordinators, comprised of representatives from the LDSS, including workers, supervisors, administrators, assistant directors, directors, administrative support, finance, resource home, IV-E, and licensing, are MD CHESSIE working group that is notified for discussion when changes are proposed. THE MD CHESSIE Coordinators are also asked to participate in testing, and the communication plan is shared with the Coordinators prior to the deployment of new MD CHESSIE builds. Second, actual users are sent a PowerPoint prior to the deployment of the build explaining the changes and how these changes will affect their use of MD CHESSIE. The users are asked to complete surveys to share feedback regarding the changes. Thirty (30) and ninety (90) days after a build, the MD CHESSIE Coordinators are then polled about the impact of changes.

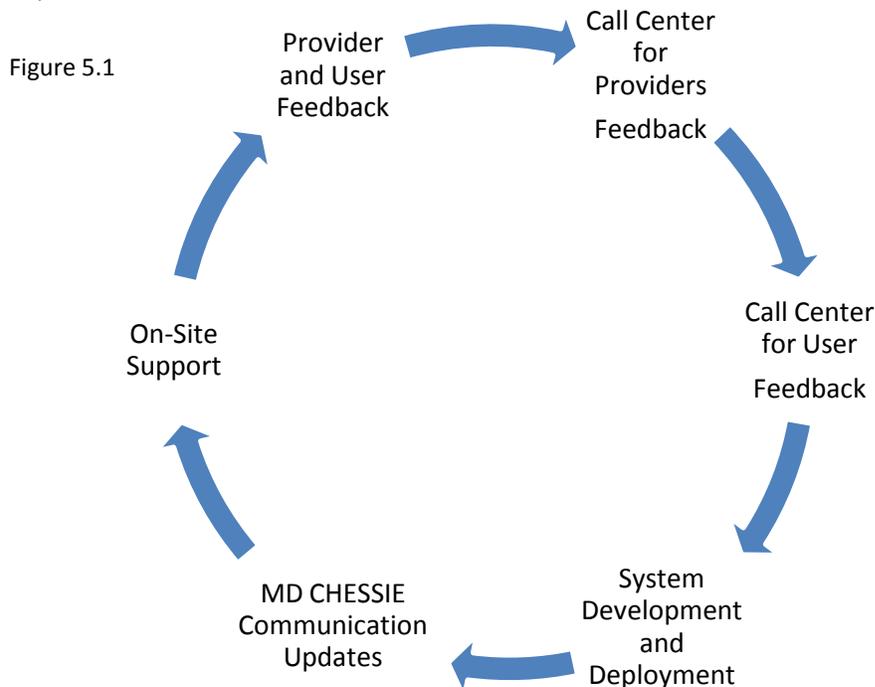
The accomplishment of the goals is met through four units of the MD CHESSIE Team: Systems Development, Provider Call Center, User Support Call Center, and On-Site Support (Training):

- **System Development** is responsible for the ongoing improvement of MD CHESSIE system. The MD CHESSIE System Development unit, along with the MD CHESSIE On-Site Support User Support Call Center units, collaborates with Social Services Administration (SSA) Central Office, Local Departments of Social Services (LDSS) staff, Office of Licensing and Monitoring, Office of Budget, Office of State's Attorney General, Office of Inspector General, and Maryland State Department of Education (whose staff conduct background clearances for day care applicants), ensuring that system data input is accurate and reliable. The team frequently polls users regarding their feedback on changes planned and implemented in the system. In addition, the team assists with staff training for use of the Central Information System (CIS), accessing business objects, exception requests for MD CHESSIE security profiles and approving payments outside of MD CHESSIE. Finally, the team is responsible for coordinating the changes that are needed in MD CHESSIE with the MD CHESSIE Coordinators, SSA Programs, the Office of Technology for Human Services (OTHS), and the Affiliates (LDSS Assistant Directors workgroup that meets monthly). These teams along with all the leadership members are also engaged in an Information Technology Modernization effort including the whole department, as well as other state programs, to modernize and integrate the various databases throughout the State.

Maryland is reviewing current systems for commonality and plans to phase in a new web-based system over the coming years.

- **MD CHESIE Provider Call Center** is responsible for providing technical assistance on all issues relating to payments in MD CHESIE including provider payments, placement validation, and customer service concerns. The MD CHESIE Provider Call Center also responds to requests for assistance from providers. Providers contact the MD CHESIE User Support Call Center for discrepancies in payments. The staff works diligently to resolve the identified issues with the local departments.
- **MD CHESIE User Support Call Center** responds to requests for assistance using MD CHESIE. MD CHESIE users in the LDSS, central office and external stakeholders either call or email the MD CHESIE User Support Call Center to request help with issues such as navigating the system, suggestions to enhancing the system, problems after a build, and/or other case management issues. The MD CHESIE User Support team also generates communications to share with the users regarding enhancements and areas where policy affects MD CHESIE and on how the changes are made in MD CHESIE.
- **MD CHESIE On-Site Support (Training)** provides up-to-date face-to-face and web-based support and training for all MD CHESIE users. Trainings are conducted at new employee orientation, and at LDSS computer labs based on the complexity of the new enhancement to MD CHESIE. On-Site support is provided based on local requests, survey feedback, and clarification of existing system operations that impede user performance. The On-Site Support Team also creates training manuals and user guides.

The interactive collaboration of the MD CHESIE team provides a continuous cycle of interaction among the system users, providers, and State and local managers who benefit from aggregate reporting from the system.



This process provides continuous feedback on the effectiveness of provider and system user needs.

Overview of Recent Activities of the MD CHESSIE Team

Payments Outside of MD CHESSIE

The MD CHESSIE Team reviewed one hundred twelve (112) cases of payments approved outside of the system for which erroneous MD CHESSIE data entry generated payment suspensions. Of the reviewed cases, ninety-four (94) were approved for payment. The majority of the cases were subsidy payments that were updated with information after the last day of the month: MD CHESSIE will not allow retroactive payments. Other cases involved issues where data fixes were needed to correct the system. Additional system training and support used WebEx, on-site support, and Tip Sheets, to reduce future errors. Fiscal Enhancements completed in December 2015 have resulted in a significant reduction in requests for payments outside of MD CHESSIE. Annual comparison of requests for payments for the period January 1 - March 31, 2016 have documented to a 28% reduction in payments outside of MD CHESSIE for the same period in 2015.

MD CHESSIE Security Profile Exceptions

The unit is also responsible for approving exceptions to the established profiles for MD CHESSIE, to allow users needing to perform additional tasks to complete needed job functions. During the reporting period of April 1, 2015 through March 31, 2016 approximately seven hundred twenty-five (725), requests were received, an increase of 263%.

Log On for Business Objects:

The unit is responsible for approving requests for access to Business Objects, the reporting system associated with MD CHESSIE. During the reporting period of April 1, 2015, through March 31, 2016, approximately 93 requests were received and approved. The request approvals represent a 54% increase over the previous year.

System Development: Coordination among LDSS/SSA users, the technology unit, Quality Assurance, and other Department of Human Resources Programs

To optimize the limited time allotted for maintenance and operations enhancements, the MD CHESSIE team works with the various programs and offices to identify needs and priorities. The needs of all stakeholders are clearly identified in a shared Google spreadsheet for everyone to see the planned activities and identified changes. All proposed changes are shared with the MD CHESSIE Coordinators and their input is documented. All changes to MD CHESSIE requires a clear understanding of what laws, policies, regulations or audit findings are affected.

The following surveys are distributed to all active MD CHESSIE stakeholders to collect feedback:

- The local identified priorities to improve MD CHESSIE (See Appendix I, MD CHESSIE Coordinators' Prioritization Survey).
- System user feedback regarding the quality of MD CHESSIE System Support (See Appendix J, Survey of MD CHESSIE Users and Contacts).
- The identification of functionality in the new web-based system (See Appendix K, New and Improved Child Welfare Database Survey).
- Identification of volunteers willing to participate in the testing and evaluation of potential vendor applications under consideration for the development of the new web-based system.

MD CHESSIE Call Center for Local Use

The MD CHESSIE Call Center, originally established to address provider questions and complaints about payments, was enhanced to accept calls from MD CHESSIE local users effective January 1, 2013. This enhancement has enabled MD CHESSIE Call Center staff to assist Local Departments of Social Services (LDSS) with MD CHESSIE issues quickly, and to decrease work orders for data fixes or system modifications. Most LDSS have notified the Call Center by either telephone or email. Two staff members were added to the unit during the end of this reporting period.

During the reporting period of April 1, 2015 through March 31, 2016, the MD CHESSIE Call Center for local departments received:

- One thousand seventy-nine (1,179) calls and/or emails for assistance from local department users, an increase of nine hundred forty-seven (947) requests for assistance over the first year.
 - One hundred six (106) were issues that LDSS would normally request work orders for a data fix, but the issues were corrected via telephone and/or email and did not result in a work order request. Staff has increasingly sought assistance from the Call Center in order to avoid a data fix.
 - One hundred sixty (160) work order requests were submitted during this reporting period by SSA to the Office of Technology for Human Services (OTHS) on behalf of LDSS staff for data fixes in MD CHESSIE.
 - Sixty-five (65) of the data fix requests sent by MD CHESSIE Call Center to OTHS have been corrected by the contractor during this reporting period. Thirty-three (33) data fixes sent directly from the local departments were corrected.
 - The Call Center for Local Use assisted in the creation 16 MD CHESSIE Tip Sheets to provide monthly technical assistance. (For more details see Appendix L, MD CHESSIE Call Center for Local Use Document Publication List 2016)

Another benefit of having the LDSS users contact the Call Center has been the opportunity for the MD CHESSIE Team to identify patterns of repeated questions on how to navigate certain functions in MD CHESSIE. An MD CHESSIE website was designed on Google Sites to give MD CHESSIE users a way to stay connected with updated information. The website includes the names and contact information of LDSS coordinators and Social Services Administration (SSA) MD CHESSIE staff. The website also has tip sheets, user guides, manuals, and policies grouped together based on program area. The website had a preliminary launch to MD CHESSIE Coordinators and Supervisors for their feedback. The feedback received was positive and the suggestions cited were made to the website such as blank security forms supervisors need for worker access to MD CHESSIE. The Office of Communications transferred the contents from the MD CHESSIE Google site to the DHR Knowledge Base website which is accessible by all DHR staff.

The one-page Tip Sheet combined with the link to a questionnaire for users' responses and feedback have proven to be effective evaluation tools. As a result of the one-pagers, the number of calls and emails for assistance for the period of April 1, 2015 through March 31, 2016 increased by 387 over the previous year, while the number of work order requests submitted decreased by 17.

MD CHESSIE Call Center for Providers

The MD CHESSIE Call Center provides assistance when caseworkers are attempting to place a child electronically with a provider and a zero (0) vacancy is showing in MD CHESSIE for a particular provider's

program. Research is conducted to ensure that each child that is electronically listed with the provider in question is physically there and is associated with the correct program. The Call Center staff then coordinates with the provider and the caseworker or local department representative to ensure that the electronic placement matches the physical placement. Often this will remove the zero (0) vacancy problem and the child is able to be electronically placed in the correct program and correct provider in MD CHESSIE.

Exception Reports are generated indicating cases that are still open in MD CHESSIE for children who have aged out or have left the child welfare system. There are nine different MD CHESSIE Exception Reports that staff members analyze and investigate the reasons why these cases remain open in the MD CHESSIE system. Once a determination has been reached, the local department that is associated with the child is contacted and made aware of the situation. In some instances direction is given on how to close the child's case in MD CHESSIE. The analyses of Exception Reports numbers 6, 7, 8, and 9 capture the following improvements between State Fiscal Years ending 2014 and 2015:

- Exception Report 6 - Details of all children with an active Program Assignment of Out-of-Home and an active Placement/Living Arrangement but who are 21 years or older as of the end of the month: There was a positive decrease in the number of cases from the previous year by 33%.
- Exception Report 7 -Details of children in Out-of-Home with a Living Arrangement of Unknown to MD CHESSIE (documentation issue): There was a positive decrease in the number of cases from the previous year by 33%.
- Exception Report 8 - Children who have Placement open and also have a Living Arrangement of Trial Home Visit, Runaway, Hospitalization, Mother's Home, Father's Home, Mother and Father's Home, Father and Stepmother, Mother and Step Father, Relative Home for over thirty days: There was a positive decrease in the number of cases from the previous year by 63%.
- Exception Report 9 - Children having no active placement and a living arrangement of other, trial home visit, or mother/father/paramour...relative home, or runaway, greater than 6 months: There was a positive decrease in the number of cases from the previous year by 10%.

Exception Reports 1, 2, 3, 4, and 5 are excluded because the local jurisdictions are unable to resolve them. Work orders have been placed by the MD CHESSIE State Coordinator for resolution. Once resolved, those Exception Reports mentioned will be included (see Appendix AA Exception Reports – 2016 for more details).

During the time period April 1, 2015 through March 31, 2016, the MD CHESSIE Call Center Hotline:

- Opened four hundred fifty-two (452) Hot Tickets.
- Closed four hundred fifty-two (452) Hot Tickets.
- Closed three hundred and eighty (380) aged Hot Tickets over 90 days old.
- Received five thousand eight hundred sixty-eight (5,868) calls.
- Reviewed results of the decrease of Call Center Hot Tickets, due in part to staff creating Tip Sheets and having WebEx Conference Calls with providers and local departments to expedite the resolution of identified matters and the financial system modification allowing the overnight processing of payment adjustments within MD CHESSIE.
- Received requests for the Call Center to assist with 25 of zero vacancy issues.

MD CHESSIE On-Site Support

The MD CHESSIE On-Site Support team is responsible for maintaining the MD CHESSIE User Guides and Training Manuals. The following Training Manual Modules were revised during the period of April 1, 2015 through March 31, 2016:

- Adoption User Guide
- CANS-F Reference Guide
- Guardianship Assistance Program
- How to Resolve Ticklers
- MD CHESSIE New Business Objects ER Navigation User Guide
- Captivate videos were created during this time frame:
 - Out-of-Home Case Plans
 - Revised SAFE-C Recorded Training for Workers
 - Pre-Service – Who Wants to be an SSA Millionaire?
 - Private Adoption User Guide
- Provider Referral Checklist
- MD CHESSIE Post Training Tasks

The MD CHESSIE On-Site Support team of DHR is responsible for providing MD CHESSIE and Business Objects system orientation to all LDSS staff. The training is inclusive of task specific, face-to-face, WebEx-based sessions, and pre-recorded modules on system updates and changes to program policies. The goal of the MD CHESSIE Unit is to provide up-to-date training for all MD CHESSIE users. These trainings correspond to new enhancements to MD CHESSIE, and clarification of existing system operations that impede user performance.

During the timeframe of April 1, 2015 through March 31, 2016, the MD CHESSIE On-Site Support team, provided training to a total of 535 attendees consisting of child welfare workers, supervisors, and Assistant Directors representing the 24 jurisdictions within the state. The trainings included: Child, Adolescent Needs Survey for the Family (CANS-F), Client Information System (CIS), Intake-Referral, Adoption, Guardianship Assistance Program (GAP), Provider/Provider/Referral, Finance, Appeals/Expungements, Investigation Finalization Override, Business Objects and Encryption, and Substance Exposed Newborns. Through the feedback received at the end of each session, and from a subsequent 30-day follow-up evaluation, each class was developed to follow real world based scenarios that users encounter to make training more effective. This feedback also enabled the team to enhance current and to develop future training. Tip sheets, manuals, and pre-recorded training modules were created for additional training assistance. The On-Site Support team also participated in the development of the application for a more accurate and user-friendly data base.

The On-Site Support team took over the responsibility of providing a revised on-site support training technical assistance for the 24 Local Departments of Social Services (LDSS) statewide and provided on-site technical assistance at the following LDSS: Charles, Anne Arundel, Baltimore City, Allegany, Somerset, Harford, Frederick counties.

The On-Site Support team also partners with the Child Welfare Training Academy at the University of Maryland, School of Social Work, to provide MD CHESSIE orientation for Masters of Social Work (MSW) and Bachelors of Social Work (BSW) degree candidates, to enhance the skills of Maryland's public child welfare workforce.

The training occurs over six weeks on five separate days and includes co-training with the Academy for a better understanding of, and stronger outcome, of the usage of MD CHESSIE, as well as the creation of more interactive labs, and a Jeopardy game review. As this training is not consecutive over four days, the On-Site Support Team created take away assignments the students were responsible for completing, through the usage of the University's Blackboard application. There were 93 new MD CHESSIE users that received Pre-Service training during the time frame of April 1, 2015 through March 31, 2016. The On-Site Support team also used exception and governance reports; and data from the MD CHESSIE call center to re-evaluate and develop training modules. Training continues to offer classes for each build that occurs in MD CHESSIE, and works with the developer, to have builds pushed to the training region prior to production so users can become familiar with the enhancements before a build goes live. The team continues to utilize reports and a feedback loop with SSA policy analysts to gauge the most meaningful learning experience for users of MD CHESSIE.

The On-Site Support team utilized training evaluation surveys from both Survey Monkey and the HUB¹, DHR's training site as a means of determining the effectiveness of sessions offered. These surveys were given for Pre-Service training and any On-Site support offered. The initial training surveys indicated a success rate of 95-100% for both course content and instructor. A follow-up survey was sent 30 days after a completed session and that response rate was up to 5%. The responses were very positive and did not indicate a need for future training.

A WebEx was conducted regarding the Pre-Service to obtain feedback from those who had attended within the last six months. Overall, the students welcomed the following changes made to the course to assess their retention and cognition of the course content thereby, ensuring the transfer of learning:

- Interactive group activities
- Captivate E-learning Modules
- Online assignments utilizing the Learning Management System (LMS) Blackboard
- Co-training of MD CHESSIE Case Plans, Adoption, and GAP Modules including Policy and Practice.

The plan for the current year is to focus on the 30-day follow up survey responses in the following areas in order to better determine outcomes and future training needs:

- To ensure that goals and objectives met at the time of the initial training;
- To include supervisors in the survey and to determine if the course content taught enables workers to document their work and use MD CHESSIE properly; and
- To offer follow up training for program specific areas as needed.

The On-Site Support team has also participated in planning with the Modernization team² for the implementation of a new system and with the Human Capital Unit³ for DHR training of the HUB and work on revisions to both the Public DHR Website and the DHR Knowledge Base page.

¹ The HUB is DHR's central training registration portal.

² The Modernization team is a group assigned by the Secretary of DHR whose responsibility is to design, develop and implement a statewide web platform that will allow all agencies under DHR to access, process, share, and retain agency information on a single system.

³ The Human Capital Unit is a team assigned by Human Resource Development and Training (HRDT) to provide long term planning, training and career development, to provide a career path of professional development for all DHR employees.

The On-Site Support team has seen an increase in the number of On-site Support training requests. As a result, SSA made modifications to the training modules that are offered, through an extensive Course Catalogue that enables the participants to create a training based on needed areas of the application. Through continued interaction with the Assistant Directors at the monthly Affiliates (Assistant Directors of Services) meeting, the maintenance of technical assistance and a feedback loop have resulted in improvement to on-site Support delivery and advisements of builds in MD CHESSIE. The On-Site Support team now takes an active part in collaborations with Policy Analysts and requests from local jurisdictions to structure training of MD CHESSIE that is more relevant to job function (Appendix M, Training Manual Modules Updated during the Period of April 2015 - March 2016, Appendix N, On-Site Trainings for FY16).

Enhancements to MD CHESSIE

Maryland made enhancements to MD CHESSIE from July 1, 2014 through June 30, 2015 which assisted in improving the quality of data entered. These improvements are in response to changes in federal regulations, state laws, program policy and practice, and quality control. There was 1 major enhancement: MD CHESSIE Fiscal Enhancements (over 500 hours) completed this Fiscal Year.

Changes to Improve the System

The system enhancements made during the previous year primarily improved user data entry by reducing errors and improving the reporting accuracy. Fifty-five (55) enhancements were made to the functional areas modules including Case Management (32), Reports (4), Federal Reports (1), Workload Management (1), Financial Management (6), Intake and Investigations (5), Provider Management (2), Reports (4). All of the system modification to MD CHESSIE provided a benefit to the system users; providers and clients served. (See Appendix O, System Modification made to MD CHESSIE).

Major fiscal system enhancements were made to the system to address issues in the current Over/Under payment functionality to ensure accurate and timely payment to providers and to eliminate payments outside of MD CHESSIE. The fiscal modifications were completed in February 2015 and the benefits to the system users include:

- The elimination of the need to issue payments outside of MD CHESSIE for late processing of Adoption and Guardianship Assistance Program (GAP) subsidies.
- The consolidation and automation of rate assignments for treatment foster care, eliminating the need for the service worker to individually assign services based on the age and level of treatment foster care.
- Supervisory approval required for the exit of placements (approval for entry was already a requirement); this step will assist in the decrease of errors relating to placements.
- Enterprise Reporting – The Business Objects reports from MD CHESSIE were converted to SAP® Business Objects. This conversion allows the users the ability to create ad hoc reports based on the underlying business activity in real time.

New Project Enhancement Requests (NPERs)

- SSA submitted the following New Project Enhancement Request for State approval and funding for MD CHESSIE for SFY 2016:
 1. Case Plans Implementation III
 2. Interface MD CHESSIE with Maryland State Department of Education (MSDE) et al

3. Conversion of MD CHESSIE to a SACWIS-compliant Web-Based System
4. Integrate SAFE Home Study with MD CHESSIE.
5. CIS Search—Improve Integrity of Client IDs in MD CHESSIE

Information Technology (IT) Modernization

The State of Maryland has approved funding subject to receiving federal match dollars to design and build a web-based enterprise solution to replace MD CHESSIE in response to the proposed Comprehensive Child Welfare Information System (CCWIS). The new application will comply with all existing SACWIS requirements and will provide workers with more mobility and increase client face time by providing mobile solution and real-time verification, assessments and service delivery. The requirements for identifying an appropriate vendor will begin in the spring of 2016 and it is anticipated that the new application will be completed within three years. The planning for the new CCWIS network will incorporate the outstanding SACWIS requirements and New Project Enhancement Requests (NPERs) planned to ensure full compliance with the new CCWIS requirements. These modifications include:

- Modifications to Caseplan Phase II – (a carryover from SFY2013) Includes improvement to the following assessments:
 - Assessments and Case Plans: A substantial enhancement that would improve how MD CHESSIE automates Maryland’s In-Home and Out-of-Home Service response, including the introduction of a new Risk tool that was developed with assistance from the Children’s Research Center.
 - Integration of the Child Adolescent Needs Survey for Families (CANS-F) with the new Risk assessment for all In-Home Family Services cases.
- Integrate Structured Analysis Family Evaluation (SAFE) Home Study with MD CHESSIE - There is a business need to integrate SAFE format for kinship care, foster care, and adoption. During this modification, the narrative boxes will be increased to meet documentation needs and to eliminate the use of the file cabinet.
- CIS Search-Improve Integrity of Client IDs in MD CHESSIE—to incorporate CIS Search, expand the CIS search process implemented in SFY13 to include the search parameters for clients in records other than those found in referrals. Update MD CHESSIE so that it will have the same search parameters as the search in CIS and will include a Google search for the search of an address for a given client.

SSA is also developing a new web-based application to replace the Interstate Compact on the Placement of Children (ICPC) system. The new application will comply with the new National Electronic Interstate Compact Enterprise (NEICE) regulations.

SECTION VI: CONSULTATION & CONSULTATION BETWEEN STATES AND TRIBES/ AGENCY RESPONSIVENESS TO THE COMMUNITY

Maryland will continue to meet with the Commission on Indian Affairs bi-annually to discuss issues, updates, upcoming trainings and changes in policy related to Native American children in Out-of- Home Placement. The most recent meeting between SSA staff and Mr. Keith Colston, Administrator Director, Maryland Commission on Indian Affairs, was held at the Department of Human Resources on February 1, 2016. A finalized policy directive was provided to Mr. Colston that clarifies services and policies on children who are in Out-of-Home Placement and are from federally recognized tribes and the children in care who are not from federally recognized tribes.

The continuation of cultural sensitivity training for Local Departments of Social Services' (LDSS) staff was also discussed. Two (2) trainings have been scheduled for May and June of 2016; Montgomery and Harford counties, respectively. Depending on the availability of the trainer, more training sessions may be scheduled for later in 2016. In 2015, one training session was held in Frederick County. The evaluations show that the trainings have enhanced LDSS' staffs' knowledge of Native American culture.

In addition, there was a discussion on recruiting resource homes for children of Native American heritage. The Local Departments of Social Services (LDSS) are required to identify their needs in their recruitment and retention plans. If an LDSS plan specifically indicates a need for Native American foster homes, then they are expected to address the issue. At the next tribal leadership meeting, Mr. Colston indicated that he will address the need for Native American families to become resource parents. Finally, SSA staff will be reaching out by phone to the tribal leaders in Maryland so they know who to contact in the event there are child welfare questions pertaining to Native American families.

The only 2 Maryland recognized tribes, the Piscataway Indian Nation and the Piscataway Conoy, are an integral part of the Commission on Indian Affairs. There are no federally recognized tribes in the State. According to MD CHESSIE Out-of-Home served at the end of March 2016, less than 0.1% of children in out-of-home care identify as Native American. Maryland's process regarding identification of American Indian Heritage / Notification of Indian parents and tribes follows.

Identification of American Indian Heritage/ Notification Indian parents and tribes

Children and parents must be asked if they are of American Indian heritage. Relatives shall also be asked about Indian ancestry if one or both parents are unavailable to provide the needed information. There are other circumstances when American Indian heritage may be identified:

1. Any party to the case, Indian tribe, Indian organization or public or private agency informs the LDSS that the child is of American Indian heritage.
2. Any public or state-licensed agency involved in child protective services or family support had discovered information, which suggests that the child is an Indian child.
3. The child who is the subject of the proceeding gives the court reason to believe he or she is an Indian child.
4. The residence or domicile of the child, his or her biological parents, or the Indian custodian is known by the LDSS to be or shown to be a predominantly Indian community, or presents reasonable indicia of a connection to the Indian community.
5. An officer of the court involved in the proceedings has knowledge that the child may be an Indian child.

Several actions must be completed by the child welfare worker if it is determined that a child has Indian heritage:

1. Parent and child will be provided with information on the Indian Child Welfare Act, a tribal ICWA contact person, American Indian advocates available in the community, services and resources available.
2. Notification of Services to an Indian Child must be sent to the identified Indian tribe.
3. The LDSS must inform the court of any indication that the child may be of American Indian heritage.
4. If a specific tribe is identified, the child's tribe must be contacted within 24 hours. Written notice must be sent to the tribe by certified mail with return receipt within 7 days.
5. When no specific tribe can be ascertained but ICWA eligibility is possible, the Bureau of Indian Affairs as agent for the federal Department of the Interior should be notified by certified mail with return receipt.
 - Placement Preferences of Indian children in foster care, pre-adoptive, and adoptive homes.
 - Maryland requires the strict enforcement of the placement preferences as defined by ICWA. Any Indian child accepted for foster care placement must be placed in the least restrictive setting which most approximates a family in which their special needs, if any may be met.

Preferences shall be given, in the absence of a good cause to the contrary, to a foster placement with:

1. a member of the Indian child's extended family
2. a foster home licensed, approved, or specified by the Indian child's tribe
3. an Indian foster home licensed or approved by an authorized non-Indian licensing authority
4. an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs

With regards to adoption of an Indian child, a preference shall be given, in the absence of good cause to the contrary, to a placement with:

1. a member of the child's family
2. other members of the Indian child's tribe
3. other Indian families

A child's safety is paramount; therefore, nothing in the ICWA regulations shall be construed to prevent the emergency removal of an Indian child in order to prevent imminent danger or harm to the child. Diligent efforts are made to place a child in a home of first preference. The LDSS shall ensure that the emergency removal or placement terminates immediately when it is no longer necessary to prevent imminent damage or harm to the child.

The LDSS are directed to use the prevailing standard of the Tribe to guide the services and decisions on a case. Maryland requires the active efforts to be concrete efforts, which show an active attempt to resolve the conditions. Active efforts include but are not limited to:

- Inviting a Tribal representative to participate in case planning and actively seeking their advice.
- Giving a Tribe full access to social service records
- Consulting an expert with substantial knowledge of prevailing social and cultural standards and child-rearing practices within the tribal community.
- Developing a case plan with the parent/custodian that uses tribal and American Indian resources.

- Referring to American Indian agencies for services.
- Contacting extended family members as a resource for the child.
- Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe

Once the Tribe determines that a child is enrolled or is eligible for enrollment, it has the following rights:

1. Be informed of all progress and proceedings regarding the child
2. Determine placement (tribal home)
3. Allow the placement of the child by the LDSS
4. Intervene in Child In Need of Assistance (CINA), Termination of Parental Rights (TPR), and adoption proceedings.

In return, Maryland asks that the Tribe notify the LDSS of:

1. The intent to take custody and commitment of a child under ICWA.
2. The intent to allow placement of the child in an American Indian heritage foster home within the state.
3. The intent to allow the state to place the child with non-American Indians.
4. The intent to consent to state proceeding to terminate parental rights and place for adoption.

If a child is presumed to have Indian heritage and the tribe cannot be determined, notice shall be given to the Secretary of the Interior by certified mail with a return receipt. The Secretary will have 15 days after the receipt to provide notice to the parent of the Indian custodian and the tribe. No court proceedings may be held until at least 10 days after receipt of notice by the parent or Indian custodian and tribe or Secretary. Upon receipt the parent, Indian custodian or the tribe may be granted up to 20 days to prepare for the proceedings. The Indian custodian or tribe will be consulted on the appropriate plan or resources for the identified child.

SECTION VII: ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Maryland received a total of \$45,102 in adoption/ legal guardianship incentive funding for federal fiscal year 2015. These funds must be obligated no later than September 30, 2018. Maryland will utilize the funds in the following ways:

- Pre-adoptive finalization services to children in Out-of-Home Placement. Pre-finalization direct client services may include provision of support that will facilitate inter-county adoptive placement and adoptive placements that are considered difficult.
- Pre-finalization child specific recruitment activities and for children in Out-of-Home Placement. Pre-finalization child specific recruitment services may include identifying potential adoptive families for children with a permanency plan of adoption through a variety of means including special photo listings, and other recruitment events such as matching events.
- Direct client services to those children that have an approved permanency plan of custody/guardianship to a relative or non-relative. Client services may include provision of support that will facilitate the placement of the child in the relative or non-relative's home, which will lead to the relative or non-relative being granted custody/guardianship of the child, and receiving the Guardianship Assistance payments.
- Direct client post-adoption services to children adopted from Out-of-Home Placement and their families. Post adoption services may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs.
- Direct client services to children who have exited Out-of-Home Placement and their families through custody/guardianship to a relative or non-relative, and are receiving Guardianship Assistance payments. Services may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs.

Changes / Issues or Challenges

To date, DHR has not experienced any challenges with expending the funds. In order to ensure the LDSS understands the purpose and goal of Adoption and Legal Guardianship incentive funds, DHR issued a policy to provide guidance on how to expend the allocated funds within the allotted time frame and the required documentation to track the expenses. For more information on the policy, please visit: <http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2016-25%20Adoption%20and%20Guardianship%20Incentive%20Program.pdf>

DHR has utilized part of this funding to provide permanency for a medically fragile child to be adopted. The pre-adoptive mother requested assistance in the conversion of a van which she would purchase. The conversion of the van would allow the transportation of the medically fragile foster child. DHR received permission from the Children's Bureau in April 2016 to utilize the finding for this specific purpose. The total amount expended on the van conversion and equipment was \$28,199.00.

Funds for upcoming year

Should Maryland receive future Adoption/Legal Guardianship funding the funds will be expended in the same fashion to include the following:

- Pre-adoptive finalization services to children in Out-of-Home Placement. Pre-finalization direct client services may include provision of support that will facilitate inter-county adoptive placement and adoptive placements that are considered difficult.
- Pre-finalization child specific recruitment activities and for children in Out-of-Home Placement. Pre-finalization child specific recruitment services may include identifying potential adoptive families for children with a permanency plan of adoption through a variety of means including special photo listings, and other recruitment events such as matching events.
- Direct client services to those children that have an approved permanency plan of custody/guardianship to a relative or non-relative. Client services may include provision of support that will facilitate the placement of the child in the relative or non-relative's home, which will lead to the relative or non-relative being granted custody/guardianship of the child, and receiving the Guardianship Assistance payments.
- Direct client post-adoption services to children adopted from Out-of-Home Placement and their families. Post adoption services may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs.
- Direct client services to children who have exited Out-of-Home Placement and their families through custody/guardianship to a relative or non-relative, and are receiving Guardianship Assistance payments. Services may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs.

SECTION VIII: CHILD WELFARE WAIVER IV-E DEMONSTRATION ACTIVITIES

Assessment of Performance

The Waiver will offer several opportunities for further assessment of performance through formal evaluation of evidence-based practices and trauma-informed care, and ongoing CANS-F data. As of the writing of this report, Evidence Based Practices (EBPs) have not yet been fully implemented, and so there is no formal evaluation data available for those, nor has the trauma-informed plan been implemented. There is, however, early CANS-F data available (See Appendix P, CANS-F Report), which shows that approximately one-fourth of families assessed appear to have complex needs (six or more “actionable” needs on the instrument). Among the actionable needs identified, the most common included family conflict and financial resources. For caregivers, the most common needs identified included mental health and substance use. Older youth had high levels of actionable needs related to their mental health as well as relationships with their biological parents. Among those children/youth found to have been exposed to trauma, the most common traumas reported were exposure to neglect or being a witness to family violence.

The CANS-F data also provides data on family and child strengths. The most commonly identified family strengths were residential stability and supportive extended family relationships. The most common child strength was relationships with family members.

Needed support/Technical Assistance

Technical assistance for the Title IV-E Waiver is expected to be provided by The Institute (University of Maryland School of Social Work) and Chapin Hall at the University of Chicago. Technical assistance will focus on:

- Continuous Quality Improvement (CQI)
- Strategic planning and governance structure
- Data and evidence
- CANS/CANS-F
- Implementation support
- Policy
- Stakeholder engagement
- Leadership and staff support

Collaborations

Maryland DHR works with several partners on the Title IV-E Waiver:

1. *Casey Family Programs* – Casey Family Programs has been an integral partner in Maryland’s Title IV-E Waiver since the original application. Casey participates in governance teams, provides logistical support/technical assistance, and has sponsored several Technical Assistance Days/other meetings.
2. *The Institute (University of Maryland School of Social Work)* – Maryland DHR has had a contract with The Institute since the original application was developed. The Institute provides ongoing technical assistance and support as well as training/TA and data analysis regarding the CANS and CANS-F, and attends the governance team meetings.

3. *Advisory Council* – From November 2014 to March 2016, the Advisory Council met monthly; in March 2016, however, it was decided to reduce the schedule to quarterly meetings. The Advisory Council consists of members from sister state agencies (Governor’s Office for Children, Maryland State Department of Education, Maryland Department of Health and Mental Hygiene, Maryland Department of Budget Management), Local Departments of Social Services (LDSS), and community members (Kennedy Krieger, Advocates for Children and Youth, Provider Action Council, etc.). Council members review data related to the Title IV-E Waiver, and have provided guidance on communications issues, the trauma strategic plan, and other issues.
4. *EBP Providers/Developers/Partners* – As of the writing of this report, several LDSS are in the process of procuring EBP services from providers. More information regarding selected providers will be available in next year’s report. Already selected providers include:
 - a. *Family Junction* – provider of Incredible Years (expanded implementation with Allegany Department of Social Services (DSS))
 - b. *Georgia State University* – developer/trainer for SafeCare (to be implemented in Prince George’s and Howard County’s DSS)
 - c. *Solution-Based Casework* – developer/trainer for Solution-Based Casework (to be implemented in Baltimore City)
 - d. *Center for Evidence-Based Practice in Child Welfare (University of Maryland School of Social Work)* – working in collaboration with Baltimore County DSS on CBT+/ Partnering for Success

Array of Services

The Title IV-E Waiver intends to increase the array of services available in all jurisdictions by increasing the availability of evidence-based practices (EBPs) across the state. Although only nine LDSSs are implementing EBPs in the first year of the Title IV-E Waiver, it is hoped that positive outcomes will be seen in these EBPs, making them appropriate to expand to other jurisdictions.

1. Services that address the needs of families in addition to individual children in order to create a safe home environment – SafeCare, Incredible Years, Nurturing Parenting, Family Functional Therapy (FFT)
2. Services that enable children to remain safely with their parents – SafeCare, Incredible Years, Nurturing Parenting, STEPS/FAST
3. Services that help children in foster and adoptive placements achieve permanency – FFT, Parent-Child Interaction Therapy (PCIT), Cognitive Behavior Therapy+/(CBT+)

Additionally, the Title IV-E Waiver effort will increase the use of trauma-informed practice across the State.

Figure 8.1

Maryland’s CFSP Goals	Title IV-E Waiver EBPs and Expected/Research-Based Outcomes
Goal 1 – Improve the <u>safety</u> for all infants, children, and youth who have a Child Protective Services (CPS) investigation; Objective: Reduce recurrence of Maltreatment.	SafeCare – shown by research to reduce re-abuse. Solution-Based Casework - Improvement in standards of safety, permanency and well-being.

Maryland's CFSP Goals	Title IV-E Waiver EBPs and Expected/Research-Based Outcomes
<p>Goal 2 – Achieve <u>permanency</u> for all infants, children, and youth; Objectives: Improve services so that children are able to exit care; Reduce reentry into care from reunification.</p>	<p>SafeCare - Improvements in health, safety, and parenting.</p> <p>Solution-Based Casework - Improvement in standards of safety, permanency and well-being.</p> <p>Incredible Years - Improved parenting skills for appropriate discipline and monitoring. Improvements in children's social behaviors, emotional regulation, and coping.</p> <p>Nurturing Parenting - Treatment focuses on parenting methods contributing to attachment problems, disciplinary problems, neglect of children's basic needs, and lack of supervision.</p> <p>Family Functional Therapy - can be used as an alternative to Out-of-Home Placement. Treatment focuses on family communication, parenting, problem-solving, and conflict management skills.</p> <p>Parent-Child Interaction Therapy - Treatment focuses on decreasing child behavior problems, improving child social skills and cooperation, and securing the attachment between parent and child. Decrease in parental distress.</p> <p>Cognitive Behavior Therapy+/Partnering for Success - Decrease in disruptive child/youth behaviors. Increases in functioning and effective parenting skills.</p> <p>Parental Substance Abuse Treatment/ Job Training/ Housing – anticipated to reduce need for Out-of-Home Placement.</p>

Title IV-E Waiver- Activities/Implementation

Maryland's Title IV-E Waiver activities fall into four broad categories:

1. Governance
2. Evidence-based practice roll-out
3. CANS-F implementation
4. Reinvestment projects

Governance – Maryland’s Title IV- Waiver project, named Families Blossom, is now governed by three committees:

1. Core Team – comprised of DHR SSA and fiscal staff; meets weekly.
2. Implementation Team – comprised of the Core Team plus staff from Casey Family Programs and The Institute (UMD School of Social Work); meets biweekly.
3. Advisory Council – comprised of sister state agency staff and community members; meets quarterly.

Evidence-based practice roll-out - In this past year, Maryland has identified and begun implementation of several evidence-based practices (EBPs) as part of its Title IV-E Waiver initiatives. Maryland is currently implementing eight EBPs in nine jurisdictions:

- **Local Departments of Social Services Service Models**
 - SafeCare – Prince George’s and Howard Counties
 - Solution-Based Casework – Baltimore City
- **Parenting Models**
 - Incredible Years – Allegany County
 - Nurturing Parenting – Harford County
- **Child Mental Health/Behavioral Health Models**
 - Family Functional Therapy (FFT) – Anne Arundel County
 - Parent-Child Interaction Therapy (PCIT)– Anne Arundel County
 - Cognitive Behavior Therapy+/Partnering for Success – Baltimore County
 - STEPS and FAST (Wraparound programs) - Washington County

Figure 8.2

EBP	Training / Implementation Plan
SafeCare	Training completed in February and March. Implementation scheduled for May 2016.
Solution-Based Casework	Contract being finalized as of writing of this report. Staff training and implementation to occur over the next year. Kickoff held April 2016.
Incredible Years	Services to begin June 2016.
Nurturing Parenting	Training completed. Services began in April 2016 with 8 parents and 20 children.
FFT	Contract being finalized as of writing of this report.
PCIT	Contract being finalized as of writing of this report.
CBT+/Partnering for Success	Kick-off held April 2016. Training scheduled for June 2016 with 40 mental health providers and 45 DSS case workers.
STEPS/FAST	Contract being finalized as of writing of this report.

CANS-F implementation - Please see the attached Semi-Annual Report, dated 2/29/16 (Appendix Q Semi-Annual Report 1) for updates on the CANS-F implementation.

SFY 2016 Reinvestment projects –

1. Family Support Funds – Maryland DHR allocated a total of \$1.5M to LDSS in Family Support Funds. Funds were allocated to be used for services included in clients’ service plan to address safety, permanency, and/or well-being. Services such as transportation, substance abuse or mental health services, parent aide services, and other supportive services were approved for

Family Support Funds. Jurisdictions received between \$10,000 and \$540,000, based on their total served SFY 2015 numbers for CPS, In-Home and Out-of-Home.

2. Child Advocacy Centers (CACs) – Maryland DHR allocated a total of \$630,000 to 21 LDSS to be used for Child Advocacy Centers, either to assist with accreditation or for other related child-welfare services.
3. Center for Adoption Support and Education (CASE) - Maryland DHR allocated \$251,000 to the Center for Adoption Support and Education for services in Prince George’s and Montgomery counties, focusing on children exiting through guardianship and adoption, and transition aged youth.

In next year’s report, additional data from the Title IV-E Waiver evaluation will be available on indicators including:

- Rates of reunification, adoption or guardianship;
- Placement stability (using the federal CFSR measure of rate of placement moves per day of foster care)
- Length of stay;
- The number of cases that are served in the Alternative Response track compared to the use of the Investigative Response track;
- Rates of residential treatment / group care placement among youth in care; and
- Child and youth functioning (using the CANS/CANS-F).

During the Readiness Assessment process for the Title IV-E Waiver, parental substance abuse was identified as one of the largest drivers of children entering out-of-home care: 29% of all children entering care for the first time had at least one parent with a substance abuse problem; 18% of all reentries did so as well.⁴ Substance abuse services will be an important part of the new services to be implemented under the Title IV-E Waiver in the coming year. Jurisdictional proposals for substance abuse services included Casey Family Programs’ START program, Motivational Interviewing, embedding substance abuse screeners/treatment staff within LDSS, and other services. One proposal already approved by DHR/SSA is Baltimore City’s plan to combine substance abuse treatment with a job training program and a housing subsidy for parents involved in child welfare; a critical aspect of this program is that the substance abuse program will either be outpatient, or, if inpatient, young children will be able to be placed with their parents during treatment. Title IV-E Waiver funds would be used for the housing subsidy, while other funds are already identified for housing (TANF) and substance abuse (Medicaid). DHR/SSA is working with the Maryland Department of Health and Mental Hygiene and others to move forward on plans in other jurisdictions.

⁴ <http://www.dhr.state.md.us/blog/wp-content/uploads/2015/01/MARYLAND-data-packet-3-6-15.pdf>

SECTION IX: QUALITY ASSURANCE

Over the last year, the priority with Quality Assurance has been to revise the accountability process of Maryland's overall Continuous Quality Assurance (CQI) strategic plan that includes a review of the entire child welfare services continuum. The revised implementation activities have involved aligning the compliance components with the continuous quality improvement aspect of training and technical assistance needs.

Stakeholder forums

A series of stakeholder forums were conducted on March 25, 2015 and April 23, 2015. Based on the feedback from those initial stakeholder forums, SSA convened a local department forum on November 19, 2015 to share the proposed changes to integrate the model into the practice and highlight readiness aspects to help Maryland prepare for Round 3 of the Child and Family Services Reviews (CFSR). Maryland is building the infrastructure to prepare for a state review for the CFSR. During the next year, Maryland will finalize the state review plan to submit for federal approval. The pending activities include, addressing the case review sampling methodology; practicing using the case review tool, the federal Onsite Review Instrument (OSRI), and developing training curriculum and recruitment protocol for reviewers.

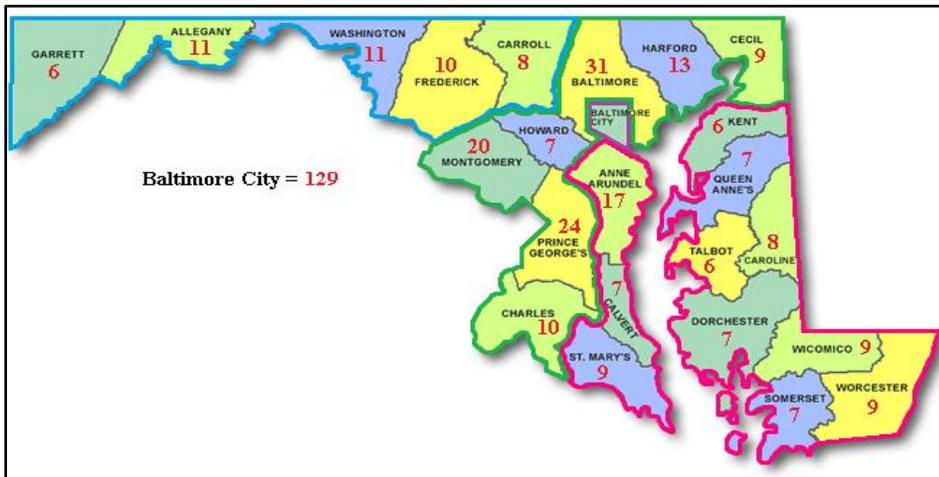


Figure 1 Distribution of statewide case reviews based on local case sizes using FY2014 data.

CQI Handbook

After the November 2015 forum, SSA developed a local Continuous Quality Improvement (CQI) handbook and refined the proposed Quality Assurance (QA) indicator to ensure that the measure reflected the consolidated practice benchmark requirements. SSA also developed an internal QA Desk Reference Guide (CFSR.Appendix G, Item 25 QA Desk Reference Guide) to explain the process as a guide policy and practice integration. The intent is for SSA to engage local departments from the beginning of the two-year review process to jointly assess the practice strengths and challenges.

Local departments will complete a self-assessment and assess baseline trends for the QA indicators. Prior to the onsite review, SSA will begin conducting MD CHESIE case reviews. A series of interviews and focus groups will be conducted to solicit a cross-section of stakeholder feedback. Once the

information is gathered, SSA will complete a CQI Report that will include the results from the local assessments, baseline data indicators, case reviews, and onsite reviews. The CQI Report will be the foundation of the Continuous Improvement Plan (CIP). The CIP will be a fluid document for the local departments and SSA to reinforce good practice activities; and to devise technical assistance supports to improve areas of concern. Maryland plans to enhance the technical assistance loop with the revised process to strengthen the CQI model. This process will reinforce the internal SSA policy integration efforts by developing technical assistance plans that will address local needs but tackle larger policy, practice and systemic concerns.

Maryland's new CQI process started in January 2016 and included a tentative review schedule through December 2018. SSA has been using the Onsite Review Instrument (OSRI) to practice conducting the case reviews based on the samples provided from the University of Maryland School of Social Work (UMB). Orientation meetings were held with Wicomico and Worcester Counties in February 2016 to begin the self-assessment process. University of Maryland, Baltimore (UMB) will begin compiling the self-assessment information submitted by both of those jurisdictions in April 2016. Onsite reviews will begin in Wicomico and Worcester Counties in April and May 2016.

Results

Over the last year, the Continuous Quality Improvement team has begun implementing the components of Maryland's CQI strategic plan. The Orientation Meeting has been conducted in the following counties:

- Wicomico;
- Worcester;
- Caroline; and
- Talbot

Case Reviews using the Onsite Review Instrument (OSRI) have been completed for the following counties:

- Wicomico; and
- Worcester.

The **Onsite Review** for Wicomico County took place April 12-14, 2016. The following data was extracted from the case reviews and the on-site visit to Wicomico County. This review took place within the time frame of this report (May 1, 2015- April 30, 2016) The data supports that Maryland has a functioning QA system, and that Maryland's services and programs are functioning well to meet the child safety, permanency, and well-being goals.

A total of 14 cases were reviewed in MD CHESSIE. There were four Out-of-Home cases, 3 In-Home cases, 3 Alternative Response cases and 4 Investigative cases reviewed. Alternative Response and Investigative Response cases did not have case related interviews conducted.

Outcome: Safety

Of the 14 cases reviewed 85% (12) were rated Substantially Achieved for Safety Outcome 1 and Safety Outcome 2. There was one case that received a rating of Partially Achieved and 1 that received a rating of Not Achieved and 2 cases that were rated Non Applicable.

Outcome: Permanency

Permanency Outcome 1: Children have Permanency and Stability in their Living Situations: For Permanency Outcome 1 there were only 5 cases that were applicable to be rated. Of the five that were applicable, four of them met the criteria for Substantially Achieved and only 1 was Partially Achieved.

Outcome: Well-Being

Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs

71% of the cases reviewed were Substantially Achieved ratings. 14% of the cases reviewed were partially achieved, and 14 % were Not Achieved.

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

28% of the cases reviewed meet Substantially Achieved but the remaining 71% (10 cases) were not applicable.

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

78% of the cases reviewed meet Substantially Achieved. .07% of the cases reviewed were not achieved. 14% of the cases reviewed were non-applicable.

For the 2017 APSR, Maryland is on track to complete reviews in 13 jurisdictions. The same data regarding Safety, Permanency and Well-Being will be reviewed in each jurisdiction. CIP's will be developed for each jurisdiction, and SSA will continue to monitor areas needing improvement by reviewing the LDSS' Scorecard results, and the Place Matters Initiatives, as well as having scheduled telephone check-ins with the local department.

SECTION X: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

CAPTA Spending Plan (past and future)

The following items correspond to the activities mentioned in SEC. 106 Grants to States for Child Abuse and Neglect Prevention and Treatment Programs [42 U.S.C. 5106a]. There are 14 activities specified in SEC. 106 and Maryland is planning for activity in several. Following each paragraph is the number in parenthesis corresponding to the section in SEC. 106.

The Maryland Department of Human Resources received \$458,491 in fiscal year 2017 Child Abuse Prevention and Treatment Act (CAPTA) federal grant and does not plan on any major policy shift from that reported in the State's submission for FY15. Maryland historically used and will continue to use the bulk of funds received from the CAPTA federal grant to support child abuse and neglect prevention

activities in Maryland. For the past several years the state negotiated and entered into two contracts for child maltreatment prevention services. The first contract is with the University of Maryland School of Social Work's Ruth Young Center for Family Connections Program (FCP), Grandparent Connections to continue working with grandparents raising their grandchildren keeping them safe from abuse and neglect and out of the child welfare system. This program also provides a learning experience for master's level graduate students in social work who are employed as case managers working with families. This contract is awarded annually in the amount of \$195,000. The vendor for the service will remain the same for this year. (SEC. 106 #11)

In SFY15 the Family Connections Program (FCP) provided services to a total of 79 families including 212 children; 62 cases were closed. Services included various activities conducted directly with a family or on their behalf to achieve mutually defined goals. Services included assessment, planning, and referrals to services and/or resources; individual, conjoint, family and group counseling; case management; provision of concrete resources; and advocacy.

One of the basic practice principles of FCP is to provide outcome driven practice. This is achieved by using clinical instruments in practice, integrating them into development of comprehensive assessments, and then, based on the assessment, developing goal driven service plans with families that are used to track the direction and progress of service. The instruments are used both to inform practice for individual families and to evaluate outcomes of the program as a whole. FCP continues to use 12 family/caregiver measures and eight child measures. In this year FCP achieved outcomes similar to previous years: statistically significant decreases in caregiver depressive symptoms, trauma symptomatology, as well as increases in the perception of the adequacy of family resources and parental sense of competency.

Thirty-five children had both a baseline and closing assessment of child functioning, as measured on the Child Behavior Check List (CBCL). Because of the small sample size, no statistical tests were conducted. In general, those children who had experienced trauma scored higher for risk factors and lower in protective factors and often still scored in a range of needing clinical intervention at closure even when there were improvements. However, there was still a decrease in both externalizing and internalizing problem behaviors. The needs of those families with trauma history are greater and persist over time based on the specific trauma and the challenging context in which these families live, indicating the need for continued services for the families. FCP coordinates with community partners to facilitate on-going services.

The second contract supported with CAPTA funds is for an array of services including a 24-hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups. The award from CAPTA is \$101,770 annually and has been awarded to the Family Tree, Maryland's chapter of the Prevent Child Abuse America and Parents Anonymous for a five-year period beginning in 2011.

The following data is from reports submitted by The Family Tree for August 2014 - July 2015. Six hundred thirty (630) participants were served in 23 parenting class cycles held in Baltimore City, Baltimore County, and Prince George's County. Four hundred twenty-five (425) parents were served in the Parent Support groups meeting four hundred and three (403) times.

In addition, the Family Tree served 117 families in their home visiting program in Baltimore City, Baltimore County and Prince George's County (233 visits). The Helpline yielded a total of 4,069 calls.

The Department is preparing a competitive Request for Proposals (RFP) similar to the one released in 2011. While the Department is looking to support prevention activities that align with the current program, there is no guarantee that the current vendor will be awarded the contract for the upcoming years. The current vendor is the Family Tree and serves families in Baltimore City and Prince George's County. The upcoming RFP, if approved for release allows proposals that address any two counties or one county and Baltimore City.

The last purely prevention initiative awarded CAPTA funds is to the State Council on Child Abuse and Neglect (SCCAN), one of Maryland's 3 CAPTA citizen review panels. Beginning in 2009 the Secretary of the Department of Human Resources committed \$75,000 annually to support SCCAN. DHR continues to support the salary of the SCCAN Executive Director.

SCCAN membership includes representatives from all of Maryland's child serving Departments (Health and Mental Hygiene-DHMH, Juvenile Services, and Education), the Director of the agency receiving CAPTA Part II funds, physicians, legislators, victims of abuse/neglect and other individuals' interest in child abuse/neglect prevention, detection and intervention. The CAPTA panel serves as a place where parties can meet to discuss a range of issues effecting children and discuss plans for coordinating services. A portion of each full SCCAN meeting is dedicated to a presentation on a promising or evidence-based prevention program. In addition to the full bi-monthly SCCAN meetings there are committee meetings that generate reports back to the full Council. Please see the SCCAN Annual Report, Appendix AF and the Department's response letter at Appendix AG . (SEC. 106 #14)

SCCAN meets all of its CAPTA responsibilities in addition to voluntarily taking on the drafting of the State prevention plan. SCCAN again this year invited several individuals representing Evidence-Based and Promising Practices to Maryland for their input on effective prevention programs to be considered for inclusion in the prevention plan. For one of the SCCAN meetings representatives from the commission studying child abuse and neglect fatalities was asked to speak about their work and the recommendations for preventing child deaths. In the months following the meeting the SCCAN Executive Director hosted a meeting between representatives from DHMH (administratively houses the State Child Fatality Review Team) and this Department regarding improving Maryland's review process. The decision was made to revisit the issue following the Legislative Session and appointment of an Executive Director for SSA. As the time nears for actual writing of the prevention plan, CAPTA funds from either a new award or unexpended funds from a current year will be used to support the effort. Once written, a series of activities will be scheduled to promote the plan and encourage coordination between governmental and non-profit organizations to accomplish its goals. This will likely occur in 2015 and 2016. (SEC. 106 # 11)

Local Departments of Social Services (LDSS) will continue to receive \$68,555 in CAPTA funds to support two important initiatives. First, investigations into allegations of mental injury to a child are required by State law to include two assessments of a child's mental or psychological ability to function (\$20,555 allocated to local departments based on caseload size). These assessments can be costly and local departments receive an allocation of CAPTA funds to enhance their ability to obtain the assessments when needed. Second, each local department will receive \$2,000 annually to support activities of their multidisciplinary teams (\$48,000). Funds can be used to offset costs to participants (mileage, child care, etc.), bring specialists to the team meetings or provide for the team's infrastructure. The central office supported these local department activities for the past several years and plans to continue as long as the need exists. (SEC. 106 #2 and #3)

The remaining \$33,605 is used to support various Local Departments of Social Services requests for training. For example, annually the Washington County Department of Social Services receives \$5,000 to support their regional child maltreatment conference held in April. Other jurisdictions seek support to address secondary issues experienced by staff.

In last year's report it was explained that the Department used CAPTA funds to support a contract with the Children's Research Center. Center staff assisted with replacing Maryland's risk assessment with the actuarial model developed by them. Two new tools, a risk assessment and a risk re-assessment, were developed and prepared for embedding in MD CHESSIE with plans for release for LDSS use in January 2016. These two tools, coupled with the revised safety assessment and the CANS-F (discussed in the Department's IV-B report) were to comprise the comprehensive assessment of CPS and In-Home Services. However, the decision was made to continue with the current risk assessment tool until the state's new web-based child welfare information system goes online. (SEC. 106 #4)

Finally, a small amount of the grant is reserved to support travel expenses for the State Liaison Officer (SLO) to attend the Annual SLO meeting and bi-annual National Conference on Child Abuse and Neglect and funds to support travel for Maryland's nominee for the Commissioner's Award given at the National Conference. (SEC. 106 #6 and #10).

Program Descriptions:

- As stated above, Maryland awarded a 5-year grant for prevention services that include a 24-hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups to the Family Tree of Maryland. The plan is to issue a request for proposals to continue to provide these services. Local Departments of Social Services can refer individuals and families to these programs and the services can also be accessed directly by the public. Maryland child welfare staff routinely refers families for prevention interventions at all stages of the continuum beginning at screening through investigation and on-going services. Structured Decision-Making, used at screening, includes referring families not appropriate for investigation to other services within the agency or to service providers in the community.
- Again, while not supported directly with CAPTA funds, the staff in the Central Office and local departments conducts training for mandated reports. Central office staff is called on routinely to provide training for mandated reporters at the National Association of Social Workers (NASW) annual conference, at schools for their social work and guidance staff, at local colleges where students soon to be employed in day care and other child related fields are receiving instruction, and at hospitals upon request. Local department staff also conducts training for their mandated reporters upon request. Maryland State Department of Education requires local schools to provide training on recognizing and reporting child abuse and neglect annually and invite local staff to conduct the training. The Department participated in making a video several years ago that local school jurisdictions continue to use.
- Maryland makes use of Family Involvement Meetings (FIMs) and one of the triggers for holding a meeting is at the point where assessment indicates that it is unsafe for a child to remain home. Individuals knowledgeable of the family's situation are called together to make a plan of safe care for the child. Signs of Safety, a model for safety planning are now widely used by CPS staff.
- Maryland has had a long standing policy on the use of multi-disciplinary teams that encourages community participation in case decision making and local program planning. These teams can be standing or ad hoc and both are expected to have community partners as active participants.

Also, the membership composition of the State Council on Child Abuse and Neglect is defined in Maryland Family Law and includes representatives from each of Maryland's child serving Departments, local law enforcement, prosecutors, legislators, consumers of child welfare services, faith based service providers, child advocates, community service providers and a representative from both the State's Children's Justice Act Committee and Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP) program. Collaboration and cooperation is a hallmark of the Council whose membership committee is now in a position to interview and select a person for Council membership from a list of candidates interested in the program. A discussion of Maryland's ability to submit information on Child Protection Services Workforce and Juvenile Justice Transfers is provided in Section XIII of this report.

- Maryland has a policy that directs Local Departments of Social Services to receive reports on, and take action to address the safety needs of children born substance exposed including newborns with Fetal Alcohol Spectrum Disorder. This policy is discussed thoroughly in the Child Protective Services Section. Plans are being discussed to introduce legislation in the 2017 General Assembly to include language that requires reporting when the mother or infant tests positive at birth for a drug consistent with a treatment plan. If the law does not change, it will be a barrier to the Governor's Assurance Statement for the Child Abuse and Neglect State Plan.
- Human Trafficking - Responses to sex trafficking in child welfare have been evolving and changing in accordance with both Federal changes and ongoing assessment and reassessment of what constitutes best practice.

Maryland is in the process of revising the COMAR regulations to comply with the changes in the federal definition of sex trafficking. Maryland has not elected to accept the higher age of 24 offered under 75(8) and CFCIP (447). Maryland will continue to address youth under 18 only.

With the passage of P.L. 113-183, the Department has reviewed existing policies for compliance and clarity in relation to any changes required due to the passage of this legislation and changes in CAPTA. While the human trafficking policy (SSA-CW#14-15), the CPS screening policy (SSA-CW# 15-30), and the runaway and missing and/or abducted children policy (SSA-CW# 14-5) address requirements related to P.L. 113-183, recent changes in policy have been drafted to be in full compliance. New policy has been drafted to inform all child welfare staff of the requirements in CAPTA that screening for human trafficking be done for all youth receiving services. A screening tool that had already been developed is to be added to MD CHESSIE which is to be completed by the worker for both an initial screen as well as screening after a runaway incident. Workers have been directed to scan the tool into MD CHESSIE until such time as the tool is able to be incorporated into the system. A request has also been made to add an identifier in MD CHESSIE that can be used for non pimp controlled cases. Drafts of all revised and new policies on trafficking are currently in circulation for comment. In addition, review of the data collection is underway to identify any youth reported by Title IV-E agencies who are human trafficking victims. Requests have been submitted for changes in the collection of data within MD CHESSIE. Currently the data base does not capture non-pimp controlled CPS referrals as maltreatment and a request has been submitted in order to capture this correctly for federal reporting requirements. In addition to the changes in policy, discussions are underway to develop a strategy for making Maryland's current definition of child sexual abuse consistent with the wording provided in the Justice for Victims of Trafficking Act of 2015 with the plan to have it effective by May 27, 2017.

Maryland has adopted the definition of sex trafficking that "sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act" for all youth under 18. The Department realizes that changes are needed in state

law to meet the new CAPTA requirements for human sex trafficking of youth and Substance Exposed Newborns.

Legislation for the 2017 legislative session has been drafted that will add the phrase “or sex trafficking of a child” to the current definition of sexual abuse in Maryland law. Trafficking would no longer be listed under sexual abuse as an inclusion, and the definition of sex trafficking will be added as category of its own. With the passage of this legislation, Maryland’s law will be in compliance with CAPTA.

Efforts to ensure the passage of the legislation through the Maryland General Assembly with the bill effective date by May 29, 2017 include:

- Working with the Office of Government Affairs to present the legislation as an SSA bill;
- Identifying a sponsor(s) for the legislation;
- Advocating for support from the Safe Harbor Task Force;
- Eliciting support of the Maryland Human Trafficking Task Force and Victim Services Subcommittee;
- Identifying all barriers regarding passage of the legislature and strategize managing barriers;
- Identifying survivors who can provide testimony.

In order to ensure that Child in Need of Assistance (CINA) orders can be provided for those victims in need, Maryland has worked with staff from the Administrative Office of the Courts to ensure that the CINA statute was in compliance with the changes made in Family Law. The Administrative Office of the Courts will also be submitting legislation to make the necessary changes to the CINA statute.

On December 5, 2014, the Child Sex Trafficking Victims Support Initiative, a grant awarded to the University of Maryland, School of Social Work and the Department of Human Resources, held their kick off meeting with identified coalition members who will participate in the five-year grant project. Sub-grantee partners include; Healthy Teen Network, Maryland Legal Aide Bureau, and TurnAround, Inc. Subsequent meetings have been held at least monthly to map out grant activities; including training needs, survey tool development, and placement needs, and policy and data collection. The initiative also has formed a coalition, with multiple partners and meets quarterly. As a result of the grant initiative and work done to create appropriate algorithms, DHR is able to utilize the CANS-F to identify any foster youth who may be at risk of trafficking. The School of Social Work has been working to identify indicators on the CANS-F that would flag any youth in foster care who might be at risk (due to the presence of these indicators) of human trafficking. Once risk is identified, DHR needs to develop a comprehensive plan to further screen and if needed link the youth to services. Given the lack of any additional funding, determining how at risk youth will receive further screening and services has been very challenging. The first pull of CANS data has been completed but follow-up screening and services remain undetermined. Much of the progress that Maryland has been able to make in the provision of trafficking compliance has been in cooperation with the grant and the added manpower that has been provided through the grant. Given the ever evolving nature of trafficking and the demands on service provision, loss of this resource in the coming years may prove challenging.

A further challenge involves how CPS can respond to cases of “suspected” trafficking; those cases where the information provided does not meet the standard for an “indicated or unsubstantiated” finding but does suggest the possibility or risk of trafficking. Referrals for services can be made but follow-up may not be possible even if desired.

While the Maryland Human Trafficking Task Force has been the main collaborative partner, given the wide representation of agencies represented on the task force, the Department has participated in multiple opportunities to meet with others to review how procedures and policies that are in place have been effective or require revision. Monthly grant meetings, a meeting in April 2015 at the Baltimore FBI headquarters that included local jurisdictions who have served trafficking victims, state law enforcement and service providers as well as monthly task force meetings have informed all aspects of identification and service provision for the population. Changes have been made to the human trafficking policy in response to feedback and may require further revision in order to ensure that this population is being provided with services that meet their unique needs as well as to clarify procedural issues that are unique to this population. Conversations have revolved around how to best prevent repeat abuse from occurring and at the same time providing families with the capacity to protect their children involved in trafficking. Often trafficking victims are reluctant to accept services, are high risk for runaway and return to trafficking and continued abuse before they are able to accept recovery. Given the challenges presented by this population, continual assessment, review and revision in collaboration with service providers, law enforcement and task force members has been necessary. Review of service provision, training for child welfare workers and the trauma needs of victims are ongoing to determine best practice for this population and how best to maximize the ability to work toward, holding onto victims when recovered.

Currently the DHR policy analyst and the University of Maryland grant coordinator review each trafficking referral. The policy analyst also reviews all screened out trafficking cases. Input on cases has been provided when deemed necessary due to management, placement or issues noted regarding problems between law enforcement and child welfare. Both screened in as well as screened out referrals are reviewed to ensure that the referral has been managed appropriately and that the screener has not missed anything. Trafficking is very new to Child Welfare and not all staff has a comprehensive understanding of the definition or signs of trafficking. The policy analyst will contact the CPS manager and discuss the referral and what actions need to take place and if a case should be screened in that has not been screened in. Additional training with the CPS DHR Program Manager and the human trafficking policy analyst have also been offered to screening staff to assist in proper identification of trafficking cases.

Training on human trafficking has been included in the screening training provided to all jurisdictions. Baltimore City after hour screeners were provided training specifically in human trafficking as they are designated to receive trafficking referrals that occur after hours.

Part of the Child Sex Trafficking Victims Support Initiative grant has been a review of the current child welfare training needs. Focus groups were held in multiple jurisdictions with child welfare staff to assess the needs of staff when working with trafficking victims. In conjunction with Healthy Teen Network, a grantee subcontractor, two new sex trafficking curriculums have been developed and are currently in the process of being piloted. With feedback from the pilots, adjustments to the trainings have been made. These trainings will be rolled out to all current child welfare staff and will eventually be added to the pre service required training for all new staff.

Given the vulnerability of trafficking victims and the risk of trafficking for youth in foster care; Maryland has continued to work closely with both the Maryland Human Trafficking Task Force as well as local Task Forces in Montgomery, Prince George's and Talbot Counties. In collaboration with the University of Maryland, Child Sex Trafficking Victims Support Initiative pilot trainings for the Human Trafficking 101 and 201 curriculums have been taking place so that the mandatory child welfare training on both

curriculums are available next year. In addition to this training DHR/SSA staff participated in the Center for States human trafficking training for trainers. Additional training for designated providers was also conducted to assist the two current providers in Maryland serving victims to increase their skills and knowledge in regards to trafficking victims. DHR in collaboration with the University of Maryland grant initiative has been working closely with The Institute for Innovation & Implementation to strengthen the CANS and CANS-F data to identify possible “at risk” child welfare youth.

DHR participates in both the Maryland Human Trafficking Task Force as well as the Victims Support Subcommittee. Both groups have representation from multiple agencies. The Victims Support Subcommittee has a large representation which includes the Department of Juvenile Services (DJS), Local Departments of Social Services, law enforcement, Governor's Office of Crime Control & Prevention (GOCCP), provider agencies, homeless shelter staff, faith based agencies, sexual assault agency, legal centers, and survivors. The Victims Support group addresses challenges, issues that arise between various agencies, needs, gaps in service, problems encountered, changes need as well as having outside speakers who can inform practice. This group has dealt with both macro and micro issues relating to trafficking and works to solve problems and how to best ensure that victims are provided with needed services and to address changes needed.

The University of Maryland Safe Center for trafficking victims began serving victims in Prince George's and Montgomery Counties, providing what is hoped to be a best practice model for this population. Araminta Freedom Initiative is also seeking to open a group home in Maryland for trafficking victims and DHR has participated in several meetings to assist this effort. Both DHR and University of Maryland grant staff have held trainings for judges, law enforcement, education providers and providers.

Training was also conducted in February of this year with the two provider agency staff who are currently providing services to trafficking victims who are found Child In Need of Assistance (CINA). Again, given the lack of funding, it has been challenging to secure more partner agencies or develop resources to provide services for this population.

The grant initiative has also permitted the collection of data on all trafficking referrals received by Local Departments of Social Services (LDSS). The number of referrals is tracked and additional factors such as need for emergency placement, age, race, and whether receiving child welfare services at time of referral are reviewed. From May 1, 2015 to April 30, 2016, 103 human trafficking referrals representing 92 youth were received by the Department.

- Maryland's State Liaison Officer is Stephen Berry, LCSW-C, In-Home manager located at DHR/SSA, 311 W. Saratoga St., Room 552, Baltimore., MD 21201, (410) 767-7018 or sberry@maryland.gov. Mr. Berry is not identified as the State Liaison Officer on the Department's website.

Citizen Review – Each of Maryland's three citizen review panels, Citizen's Review Board for Children (Annual Report, Appendix B and response letter, Appendix C), State Council on Child Abuse and Neglect and State Child Fatality Review Team continued their work during the past year. The Fatality Report and State Council on Child Abuse and Neglect Annual Report are expected to be completed in the summer.

Child Protective Workforce – Advancement in CPS is based on years of service, level of education and licensure. An individual employed as a CPS supervisor (Social Work Supervisor, Family Services) must be

licensed at the LCSW or LCSW-C level (established by the Maryland Board of Social Work Examiners) and have a minimum of 3 years experience providing child welfare services.

Maryland strives to maintain an average worker caseload at the standards established by the Child Welfare League of America. For CPS investigations the caseload standard is 1:12. In December 2015 the ratio was 1:7.5. Neither Maryland law nor regulation establishes a worker to case ratio for an individual employed as a CPS worker. The staffing ratio standards for Maryland are described under the Child Welfare Workforce section. As of December 2015 the average supervisor to worker ratio was 1:5.4.

Infants and Toddlers Report – The federal Child Abuse Prevention and Treatment Act requires children birth through their third birthday who are involved in a substantiated (Indicated in Maryland) case of child abuse or neglect be referred to early intervention services funded under part C of the Individuals with Disabilities Education Act. In Maryland that program is Infant and Toddlers. Each of Maryland's twenty-four jurisdictions have agreements between child protective services and the Infant and Toddlers program that spells out the referral process.

Additionally, Maryland's safety and risk assessments both direct attention to children 0-5 years of age. The revised Safe-C asks workers to consider when a child is under the age of six as a factor influencing vulnerability. The Maryland Risk Assessment has workers classifying children 2 and under as 'high' risk and those 3-7 as 'moderate' risk.

Child Fatality Reporting – Maryland has several possible ways that child fatalities come to the attention of the Department. Social Services Administration Policy Directive #10-5 requires that the central office be notified whenever a child in an active or recently closed child welfare case is involved in a fatality, critical incident or sustains a serious physical injury. Additionally, all child fatalities where child abuse or neglect is suspected to be a contributing factor in the death are investigated by LDSS staff and information forwarded to the central office.

Each local department has a representative on the local child fatality review team (CFR). CFRs are administered by the Department of Health and Mental Hygiene and at the State level functions as one of Maryland's three citizen review panels (designation as a citizen review panel is in Maryland law). Cases that come before the local team include many where abuse and neglect are not factors that contributed to the death. If and when there is a suspicion that child abuse or neglect was a factor in the death the LDSS initiates an investigation and the central office notified as required by policy. Other members of the local teams include law enforcement, health department representatives and other community agencies. Information regarding the law enforcement investigation is presented at the team meetings and LDSS and law enforcement coordinate their efforts when the fatality under review possibly resulted from child abuse or neglect. In most instances however, the LDSS has investigated prior to the team meetings since many reports of suspected child abuse/neglect resulting in the death of a child start with notification to the LDSS from law enforcement. Information from the coordinated investigations is documented in MD CHESSE and contributes to data for reporting on child fatalities where child abuse/neglect was determined to be a factor in the death.

The official notice the local CFR teams receive is from the Office of the Chief Medical Examiner (OCME). When a county has a death or deaths of a child under 18, the following month the local CFR team coordinator receives a list of those deaths directly from the OCME. This is the CFR coordinator's official notification for CFR purposes. (The list is compiled by county of residence of the deceased, not county of death). The Office of the Chief Medical Examiner sends out the list of fatalities to local review panels

and a form for each child death to be used to guide the local review. Local teams then complete the local Child Fatality Review reporting form and submit it to the State Fatality Review Team for tabulation and analysis for their annual report. Maryland does have the State Child Fatality Review Team's annual report, and while it contains information that has a broader focus than just child abuse/neglect related child fatalities, it will be used to augment Maryland's NCANDS report. (The annual report is submitted as part of the Annual Progress and Services Review submission). The OCME cases are the cases local CFR teams are to review. The cases that go to the OCME are the cases that are "unusual or unexpected" child deaths. (A death from leukemia in the hospital would not go to the OCME.)

The Department of Health and Mental Hygiene also sends monthly to the local CFR coordinator and to Health Officers in each county, a list from the Vital Statistics Administration (VSA) of all deaths collected by the VSA in the previous month (not just unusual and unexpected deaths). The list is called an Abbreviated Death Record (ADR), and is a courtesy list sent to help speed the local review process and/or provide extra information. The official notification for CFR teams to do a case review comes from the OCME and the Maryland law requires the OCME to send such cases to the local CFR teams.

When there is any suspicion that abuse or neglect contributed to a child's death an investigation is initiated. All investigations are documented in MD CHESSIE and those where there is a fatality is identified as such. Abuse or neglect can be 'indicated', 'unsubstantiated' or 'ruled out' as a contributor to the child's death. When completing Maryland's National Child Abuse and Neglect Data System (NCANDS) report, data from MD CHESSIE is used for reporting purposes.

The following is a description of the process for reporting fatality data to NCANDS:

According to NCANDS a child fatality is "...the death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death." Fatalities are reported to NCANDS in two main ways. The first manner is as a field in the child level file and the second is as a field in the agency file. The deaths listed in the child file are instances where child abuse/neglect was a contributing factor in the death. The agency file count is a subset of this number where the family had received Family Preservation Services in the previous 5 years. Maryland uses the information collected in the Maltreatment Characteristics tabs to label a fatality as either the cause of death or a contributing cause of death for a child involved in report.

Maryland produces two types of statistical reports on child fatalities based on information generated by local department staff and forwarded to the central office as required by policy. All deaths in active child welfare cases, irrespective of whether abuse or neglect is determined to be a factor, are reflected in one report. On a monthly basis information is collected on children who die while a local department is involved in an investigation or providing service. Many of the children fall in the category of 'medically fragile' or come to the department's attention following a life threatening illness or chronic condition. A small number of situations involve children who sustain injury from abuse or neglect, are in Out-of-Home Placement, who then die from injury sustained prior to a local department's involvement. Also, a small number of deaths occur during or immediately following a local department involvement and abuse/neglect are determined to be a contributor.

A second statistical report is produced on a calendar and fiscal year basis on child fatalities investigated where it is determined that abuse or neglect contributed to the death, and of those, the number where there was active or recent involvement by a local department. This report is produced for the

legislature. To view the Maryland State Child Fatality Review Team 2015 Annual Legislative Report, please see Appendix AH and the Department's response letter, Appendix AI.

During the past year the State Council on Child Abuse and Neglect (SCCAN) invited a representative from the National Commission on Child Abuse and Neglect Fatalities for a presentation. The Commissioner resides in Maryland and plans are to meet with her to review DHR's current review system and make improvements.

Disclosure of Information – During the 2010 Legislative Session, the Maryland General Assembly, with strong support from the Department of Human Resources, passed HB 1141 – Child Abuse and Neglect – Disclosure of Information. The bill was signed into law by the Governor and was effective on October 1, 2010. The law requires that the Department release certain information regarding child fatalities and near fatalities where child abuse or neglect is determined to be a contributor to the death or near death when such information is requested. Child Fatality/Near Fatality and memorandum dated 4/17/2012 providing instruction to LDSS staff for completing the report can be found in Appendix R. All of the information required for release found in ACYF-CB-PI-13-04, CAPTA Fatality and Near Fatality Public Disclosure Policy (p. 15) is requested on the form for LDSS staff to complete at the conclusion of their investigation. Maryland Law requires that the name of the child in fatalities where it is determined that child abuse or neglect contributed to the death be released. In the case of near fatalities the name cannot be released.

SECTION XI: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

Maryland refers to the Chafee Foster Care Independence Program as Ready By 21/Transitional Youth services. The goal for Maryland's Ready By 21/Transitional Youth Services is to assist youth with making a successful transition from Out-of-Home Placement to successful adulthood. Nearly half of the youth in foster care in Maryland are between the ages of 14-20, with almost 30% of youth in care ages 18-20. Maryland believes that youth who receive Ready By 21 services are more prepared for adulthood and have a better chance to be self-sufficient adults. The Department of Human Resources (DHR) provides Ready By 21 services to all youth in any Out-of-Home Placement (foster care, kinship care, and pre-adoptive placement), 14 through 20 years of age, regardless of permanency plan or placement type. The overarching goal is preparation for self-sufficiency.

Ready by 21

The youth who receive Ready By 21 services are provided basic living skills primarily in partnership with their resource provider and caseworker. The youth also have the opportunity to participate in appropriate individual and group life skills building classes and activities. Together the youth, resource provider and caseworker assess the youth's proficiency in life skills. The assessment outcomes are used to determine the ability of the youth to meet their daily living activities. Individual goals and services are arranged and offered according to the needs of the youth.

Through the delivery Ready By 21 services, youth are encouraged to take an active role in planning the activities and services needed for self-sufficiency. Ready By 21 services are designed to prepare youth for self-sufficiency. The core strategies of Ready By 21 are:

- Stable Housing
- Education
- Health Care
- Mentors
- Financial Stability

Accomplishments

DHR has continues to ensure that our older youth population are receiving appropriate services. Approximately 1,303 consumer credit reports were processed from May 2015 - April 2016.

- 88% of youth (1,153 youth) did not have a credit history;
- 7% (92 youth) of the consumer credit reports processed contained inaccuracies and or discrepancies; 62% (57 youth) of the inaccuracies and or discrepancies were successfully expunged and or resolved. DHR continues to work to resolve all credit reporting issues for youth.
- Consumer credit reports were processed for 100% of youth ages 14-17 in Out-of-Home Placement;

DHR has continued to ensure that our transitioning youth are connected with valuable relationships with mentors and/or adults upon their exit from foster care. As reported by the National Youth in Transition Database Survey (NYTD 2016), a large percent (92%) of foster youth reported having a current positive connection to an adult at the time of the initial survey (2011), when the youth were 17 years old. Since the initial survey a large percentage of this cohort reports maintaining a positive connection with an adult. Follow-up surveys in 2013 (youth are 19 years old) indicate over 82% of youth who

continue to be in foster care report having a current positive connection to an adult, while 92% of children in this same cohort who have been discharged from foster care report having a current positive connection to an adult. Finally, in 2015 this cohort was surveyed again (at age 21) and reported growing numbers (87%) of positive connections with an adult among the youth who aged out of foster care at age 21, while among those youth who had exited foster care prior to age 21, there was a slight decrease, to just above 90 percent. In comparison, among youth aging out of foster care (by reaching age 21 while in foster care) between July 2015 through June 2016, 93% report having a stable adult in their life or report being a part of a support group. Although most of these youth exit foster care without a permanent home, it is encouraging that a very high proportion reports that they have a mentor or adult connection in their lives.

Throughout this year, DHR has worked closely with DHMH and local department of social services to ensure that transitioning youth secure their health care services upon exiting foster care. As reported by the National Youth in Transition Database Survey (NYDT, 2016), nearly all (98%) of foster youth who participated in this study reported having some type of health insurance. Of this cohort in 2011 (at age 17), 63% reported having Medicaid and 35% reported having some other type of medical insurance. Follow-up surveys with this cohort in 2013 (at age 19) indicate that among youth still in foster care, 77% reported having Medicaid and 17% report having some other type of health insurance. For this same cohort, of those youth who have been discharged from care, 63% reported having Medicaid and 29% reported having some other type of health insurance. The same participants participated in this survey again in 2015 (at age 21), and among those, nearly 95% reported having some type of health insurance. Youth who have been discharged from care reported much lower rates of having some form of health care at about 65%. Of these, 51% reported having Medicaid and 14% reported having some other type of health insurance. Similarly, DHR's Maryland Ready By 21 Survey (report period July 2015 through June 2016) indicate that among the 328 participants in the survey, 95% have a primary care physician, 66% have received or are currently receiving mental health treatment, and 19% have received or are currently receiving substance abuse treatment. It appears therefore that most of these youth are connected to a health provider and receiving health services.

DHR continues to explore employment opportunities for our older youth population. DHR has established relationships with community partners and expects to build employment networks in the upcoming year. Details about these opportunities are provided below.

Services

Maryland continues to identify and institute best practices and improve services by developing and strengthening services and partnerships that will improve outcomes for youth exiting foster care. Services are provided to youth ages 14-21 in Out-of-Home care. Services include but are not limited to: case planning including transitional planning, independent living service agreements, and life skills assessments and training; to address needs for self-sufficiency. Maryland provides the following services:

- Maryland Youth Transitional Plan - Each child starting at age 14 starts a Maryland Youth Transitional Plan which is updated every 180 days, to ensure all youth establish a personalized comprehensive written plan outlining his or her preparations for transitioning from Out-of-Home Placement to adulthood. During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth has acquired skills and has overcome barriers to completing school, obtaining and maintaining gainful employment, finding adequate and affordable housing, finding a connection and accessing health and mental health care. Youth

are also provided a Life Skills Assessment and individual or group training to enhance independent living skills.

- Assistance with Educational Services - The youth receive information, resources, tutoring services, flex funds and/or post-secondary funds (State Tuition Waiver and the Educational Tuition Waiver (page 131) to meet their educational goals.
- Mentoring/Permanent Connections – One of the core strategies for Ready By 21 is for youth exiting care to have a Mentor or permanent connections. LDSS have established relationships with community members to mentor older youth in foster care and continue to be a support after the youth exits care. This relationship allows the youth to have a person to provide support and guidance. LDSS staff provides family finding services for all youth.
- Semi Independent Living Arrangement (SILA) provides youth ages 16-21 an opportunity to learn and practice independent living skills and activities. The youth is placed in an approved setting, such as an apartment and receives monitoring and supportive independent living preparation skills. Youth specific tasks should be included in the independent living service agreement and transitional plan of the youth while they receive services from the Local Department of Social Services (LDSS). Over the last year there were over 360 youth participating in a SILA placement.
- Youth that exit Out-of-Home Placement must be given the opportunity to engage in age or developmentally appropriate activities. Through the implementation of Youth Matter caseworkers are required to engage youth in the case planning process. Youth are mandated to attend all Family Involvement Meetings (FIMs) and drive the services outlined in their transitional plans and service agreements. Resource providers are required to allow youth to participate in activities that are age appropriate for them.
- SSA accesses consumer credit reports for youth age 14-21 years old in Out-of-Home Placement annually. The credit reports are pulled from each of the three (3) major credit reporting agencies (i.e., TransUnion, Equifax and Experian). The consumer credit reports, in turn, are used to advance financial literacy and foster self-sufficiency of youth in Out-of-Home Placement. DHR has continued to provide technical assistance to Baltimore City as it relates to youth understanding the importance of credit and interpreting consumer credit reports. The technical assistance was delivered as part of a life skills training and that was co-facilitated by Baltimore City's Keys to Success Program.
- SSA evaluates the Ready By 21 services through reviewing the data collected by youth that complete the Ready By 21 Survey prior to aging out of foster care. Through this data SSA will be able to change practice and policy to provide better services to youth. SSA also developed an evaluation process for life skills trainings. This evaluation process began in July 2015. The data from the survey is being used in developing and revising current life skills trainings and exploring developing a statewide curriculum in some areas of life skills trainings.
- Services to former foster youth - Independent Living Aftercare services are available on a voluntary basis to youth 18 to 21 years old who were in out-of-home placement on their 18th birthday and exited care after their 18th birthday. Independent Living Aftercare services are designed to support former foster care youth ages 18 to 21 years old in their effort to achieve self-sufficiency. These services are divided into two types: Independent Living After Care Services or Enhanced After Care Voluntary Placement Services. Youth re-entering Out-of-Home Placement through an Enhanced After Care Voluntary Placement Agreement (EA VPA) are entitled to all services provided to youth in Out-of-Home Placement.
- Youth that exit Out-of-Home Placement via adoption or relative guardianship after their 16th birthday are eligible to receive Independent Living After Care Services. Independent Living Aftercare services are designed to support former foster care youth ages 18 to 21 years old in

their effort to achieve self-sufficiency. Beginning at age 13 youth in Out-of-Home Placement receive an Annual Notice of Benefits Brochure which outlines the services they are entitled to receive if they exit care which includes Independent Living After Care Services.

Life Skills Assessment

Maryland continues to use a life skills assessment tool annually for all youth ages 14-21 as part of assisting youth transition to self-sufficiency. Every youth between the ages of 14-21 are administered the Casey Life Skills Assessment annually.

The purpose of the Casey Life Skills Assessment tool is to assess a youth's life skills readiness. Agency staff, youth, foster parents and caregivers can conduct the assessments and use the learning tools to assess the strengths and areas in need of improvement for the youth. Every youth who enters out-of-home care services should receive an assessment regardless of their future permanency plan or the type of placement. From the assessment, the case manager should establish an individual life skills plan as well as connect the youth to the age appropriate group for life skills training. Local departments conduct group life skills training from (4) four to (8) times per calendar year. Then, an annual assessment would be completed to test the progress and determine future goals.

Once the Casey Life Skills Assessment is completed the local department can connect the youth to the appropriate group for life skills training. Maryland designed the following topics that the local departments include in their agenda for the life skills group training:

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

The Ready By 21 Manual includes a chapter on the Casey Life Skills Assessment and on life skills. Included in the Ready By 21 Manual is the correct way for LDSS staff to document the Casey Life Skills Assessment in MD CHESSIE.

DHR provided trainings to resource providers including foster parents and group home/Independent Living providers at quarterly provider meetings throughout the State on Ready By 21 / transitional youth services. These training topics included transitioning youth from foster care to independent living, special considerations for older youth placements, and youth participation in Family Involvement Meetings (FIM's) and transitional planning.

The LGBTQ (Lesbian, Gay, Bisexual, Transgender, Questioning) Conference was held September 2015 at Chesapeake College, Wye Mills, MD. The conference included a panel of current foster youth or youth who had aged out of care. The conference attendees were comprised of legal, mental health, and social worker professionals from the Eastern Shore Counties. The youth spoke to local department staff, courts, resource parents, and other community partners regarding their LGBTQ experiences. Feedback from attendees was this conference increased awareness for LGBTQ youth, how both placement and other services and activities are provided, and the need for sensitivity surrounding their issues.

Plans for 2016-2017

- Revise the Maryland Youth Transitional Plan; SSA will partner with Local Departments of Social Services (LDSS) Independent Living Coordinators to develop a youth and caseworker friendly transitional plan.
- Provide additional leadership trainings to the State Youth Advisory Board (SYAB) and local department youth advisory boards.
- Provide on-going training and technical assistance for LDSS on Ready By 21 and Youth Matter.
- Revise the Ready By 21 Manual to reflect changes in Maryland law that occurred during the 2016 legislative session.
- Provide training and technical assistance to LDSS on understanding credit reporting and strategies to fix youth credit reports.
- Develop an App called “MYLIFE” to be used by youth. The following information will be available on the App: Transitional Services, Important web links, MD Transition Plan, RB21 Benchmarks, 2015 Youth Handbook, etc.
- Issue a Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) policy directive in 2016. LDSS staff and resource providers (public and private) will be trained on the policy. This policy will ensure the safety and well-being of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in Out-of-Home Placement. All child welfare staff shall provide affirming care to LGBTQ youth and families involved with DHR. The policy will highlight the following areas: placement sensitivity, clothing and grooming, affirming services, and confidentiality. Also planned is a partnership with the Human Rights Campaign to conduct mandatory Statewide training for all child welfare staff on best practices and policy for both the placement services and other activities that LGBTQ youth will undertake while receiving child welfare services.
- DHR will also form a workgroup with community partners, stakeholders, and local departments of social services in order to explore how to best increase and improve sensitivity and inclusion for LGBTQ youth in community activities.
- Teach all child welfare staff via a webinar beginning in July 2016, “Reasonable and Prudent Parent Standard,” a policy issued in October 2015. Resource providers are already being trained on the standard.
- Continue to expand and explore innovative strategies over the next year to support the older youth population. Through the results collected from the Ready By 21 survey, Maryland has revised some of its current practice to emphasize areas for improvement, such as employment. Moving forward Maryland is exploring a statewide career/education assessment which will assist LDSS staff with linking the youth with employment or educational employment opportunities that meet their interests and abilities.
- Develop a statewide education/career assessment tool.
- DHR will focus on expanding the knowledge of the Maryland Tuition Waiver Voucher and ETV. In the 2016 legislative session changes were made to Maryland Tuition Waiver, this revision will need to be communicated to LDSS caseworkers, community stakeholders and current and former foster youth. DHR plans to do this through policy, regulations and trainings. The SYAB (State Youth Advisory Board) will be included in this process.
- DHR plans to train and educate staff on working with LGBTQ youth and families; foster youth will also be incorporated into this training.
- DHR continues to explore a match savings program for our transitioning youth. Currently, DHR is preparing a request for proposal in order to secure a contractor to administer the program.

State Youth Advisory Board

The State Youth Advisory Board (SYAB), also known as MY LIFE (Maryland Youth Launching Initiatives for Empowerment), consists of a diverse group of youth current foster youth from across the State of Maryland. The purpose of the SYAB is to provide a vehicle in which information about the Transitional Youth Services Program can be gained and recommendations for improvements can be made. The board serves to empower youth to have a positive effect in their communities, encourage youth to develop skills necessary for independent living and leadership development and review State and Federal legislation that may affect them.

The SYAB meets monthly to review and provide feedback to DHR on draft policy, proposed legislation and regulations. The board members review data collected by DHR and provides feedback to how DHR can improve services to youth. This includes reviews of the Ready By 21 Survey and National Youth in Transition Database (NYTD) data. Through youth feedback, DHR has revised curriculum related to several life skills domains to improve services where data identifies weaknesses. To expand the feedback from youth, members of the SYAB also incorporate additional youth from their local departments in the review of policy and regulation.

Last year, the SYAB assisted DHR with the review and implementation of two policies that strongly impacted youth in foster care, LGBTQ and Reasonable and Prudent Parent Standard policy. The SYAB reviewed and provided feedback on these two policies. Members of the SYAB sat on panel presentations to speak about the needs of the LGBTQ population in foster care.

The State plans to continue to expand the State Youth Advisory Board in the next year by providing on-going leadership trainings/retreats and involving the board with more of the legislative process for bills that affect this population.

Maryland 21st Annual Teen Conference

SSA held its statewide 21st annual Teen Conference on June 24-25, 2015 at Towson University in Towson, Maryland. The conference hosted over 120 youth, ages 14 to 17, in foster care from across Maryland. The event was youth-organized and youth-driven as the State Youth Advisory Board (known as Maryland Youth Launching Initiatives For Empowerment “M.Y.L.I.F.E.”) played a leading role in organizing the conference and hosting. The theme of the summit was, “Ready By 21” to highlight the importance of life skill development and transitional planning as essential factors in preparing for young adulthood. The conference captured the essence of this theme by inviting professional speakers to conduct workshops related to the five life domain areas (education, employment, financial literacy, supportive connections, and health care) associated with transitional planning. Youth participants were educated on types of independent living services that would help them with their planning and preparation. Participants were also inspired by a phenomenal motivational keynote speech by Mr. Michael Sanders, who talked about loving one’s self and going after your goal. Maryland State Delegate C.T. Wilson, who is a strong supportive ally, shared memories about lived experiences in foster care. The conference wrapped up with a photo slide presentation to reflect on the entire conference and tips for life preparation for adulthood.

Thrive @ 25

The Thrive @ 25 Initiative is a promising pilot program with the purpose of reducing adverse outcomes for transitional youth in foster care. This initiative is a three-year 2 million dollar granted program awarded by the Children's Bureau. The program offers a series of intense supportive and wrap-around

services for youth that exit foster care in the Eastern Shore region of Maryland. It is an initiative to end homelessness for youth within that region.

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)

Data Collection

Maryland continues to participate and make progress in improving its process to collect NYTD data. Maryland has made a number of improvements in the last two years that have dramatically improved SSA's ability to collect data timely and to meet survey response rates required, as follows:

- Served Population improvements: On a monthly basis as necessary, SSA sends exception reports to local jurisdictions containing the names of children who will be included in the six-month NYTD Served Population, indicating which of those are falling short on the education record update (last grade completed). As a result of these efforts, SSA data collection for the NYTD Served Population meets data completion standards set by the federal government.
- Survey Population improvements – There are two kinds of methods that are used, depending on whether data is collected as a baseline or follow-up surveys:
 - Baseline -- Every week DHR/SSA issues a list of children who have turned 17 while in foster care indicating the number of days remaining to achieve timely survey data entry. This list is issued on a weekly basis in order for local jurisdictions to see those youth whose days remaining are growing short. As a result of these efforts, Maryland achieved better than 90% survey collection of the 2014 baseline compared to 35% survey collection of its original 2011 baseline.
 - Follow-up -- In order to achieve 80% for active foster care clients turning 19 and 21, DHR/SSA issues to local jurisdictions a weekly update of all the youth whose birthdays occur during the six-month report period whose follow-up surveys are pending. Consequently, the NYTD survey response rate for youth active in foster care has exceeded 90%. In order to achieve at least 60% for youth who have left foster care, SSA central staff members conduct several kinds of searches in order to find the youth and make contact: checking MD CHESSIE for contact information about the youth or any relationships (relatives, employers, schools)—if the youth is currently served in other social services, the youth's worker is contacted in order to make an approach; conducting searches with other DHR administrations, such as the Family Investment Administration, or with other State agencies, such as the Motor Vehicle Administration; and finally, if necessary, searching in privately held databases such as Lexus-Nexus. Once the youth is found, the next challenge is encouraging them to participate in the NYTD Survey. Until the resources were no longer available, DHR/SSA had offered a gift card for participation in the follow-up survey, starting with \$25 and increasing to \$50, as resources permitted, in order to provide incentive for the youth to participate in the NYTD survey, once located. As a result of these efforts, Maryland has met the 60% response rate for youth who have left foster care. At this time, alternatives to gift cards are being explored as the agency is phasing out the use of gift cards.

Review

NYTD data is collected and used to drive services provided to youth in Out-of-Home Placement. The feedback received from the NYTD survey is review by DHR and is presented and reviewed by a number

of partners. The purpose presenting and reviewing the data with partners is to discuss changes in practice that will better address the areas of need identified in the survey. During this period, NYTD was discussed with the FCCIP and Resource Providers (group providers and resource parents). Through this data and discussion changes were made to education including adjustments in the tuition waiver law and the need for development of foster youth employment opportunities.

Results and information from NYTD surveys are also shared and discussed with youth, the staff at the Local Departments of Social Services (LDSS), and with agency front line case workers and supervisors. A summary of NYTD cohort 1 results is attached (Appendix AD). In the efforts to inform youth about NYTD, DHR has dedicated a page on the mdconnectmylife.org website which provides youth information through three simple questions: What is NYTD? Why is it important? Why should I complete NYTD? The importance and results of NYTD will continue to be discussed at various times throughout the year with the State Youth Advisory Board (SYAB) members, with emphasis on the critical importance of receiving input from youth. Youth feedback provides essential understanding of the needs of youth leaving foster care, and points to child welfare service areas that can improve so that youth can have better outcomes.

At the SYAB meetings, youth are able to provide feedback on areas where services can improve. As areas of concern are identified, LDSS are provided feedback that they can use to improve the life skills classes and other training sessions. The data collected from the NYTD surveys are used to enhance the Ready By 21 services provided to all youth in foster care ages 14 and above. This initiative is a critically important initiative that Maryland is undertaking to assure that foster care youth who age out of foster care have the best preparation possible for the next steps in their young adult lives. NYTD and Ready by 21 workshops were held at the Annual Teen conferences to educate youth on the importance of their role in NYTD and the data that are being produced from NYTD.

During the SYAB meeting, youth also play an important role in providing feedback to DHR on policy and practice. The feedback provided by the youth is high priority as DHR moves to change practice and policy to better serve the children and families of Maryland. NYTD survey data is presented to the youth and their feedback is incorporated in the revisions to the Ready By 21 Manual as well as the other policies. Trainings that will be presented to caseworkers are presented to the youth to determine any adjustments. The youth played an important role in the LGBTQ policy and the training's that will be taking place next reporting period. Youth are also reviewed changes made to the sex trafficking policy and Runaway/Missing foster youth policy and feed back was provided. Each year as DHR staff begin preparing the APSR report the area that address youth are reviewed for feedback.

The results of the survey data are also shared with community stakeholders. In May 2015, NYTD data was reviewed and discussed at the Maryland Court Improvement Project Summit held in Prince George's County. The NYTD data is also reviewed by SSA staff in order to revise current policy and practice; and with LDSS' supervisors and administrators during the Out-of-Home Placement Managers meeting and Regional Supervisors meetings. During these meetings and based on feedback from supervisors, program and policies are evaluated and suggestions for improving services often emerge. For example, there is a growing consensus that achieving permanency among children and youth, and promoting lifelong permanent connections with at least one adult, is critical, rather than encouraging youth to remain in and then age out of foster care. Maryland will continue to explore additional ways to address concerns identified through review of the NYTD results.

HOMELESSNESS PREVENTION

Maryland partners with the Runaway and Homeless Youth Act (RHYA) grantees either contracted providers or partners. RHYA funds three key pillars of intervention to help homeless youth:

- Street Outreach: provides education, treatment, counseling and referrals to vital services.
- Basic Center: provides temporary shelter, counseling, family reunification services and aftercare services.
- Transitional Living: provides longer-term housing with supportive services, including Maternal Group Homes.

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)

1. Loving Arms (RHYA Contract Recipient; Street Outreach, Basic Center and Transitional)

- Loving Arms is a RHYA contract recipient as a Street Outreach, Basic Center and Transitional Living provider. The Loving Arms Basic Center provides:
 - Up to 21 days of shelter/transitional services for up to 8 youth at a time.
 - Food, clothing and medical care
 - Individual, group and family counseling
 - Crisis Intervention
 - Recreation programs
 - Aftercare services for youth after they leave the shelter

Although Maryland's Department of Human Resources (DHR) Social Services Administration (SSA) does not have a contract with Loving Arms, DHR works closely with Loving Arms to ensure that the recipient fully understands that homeless youth 17 and under that come to their emergency shelter or that they assist as part of street outreach efforts needs to be referred to the Local Departments of Social Services (LDSS) to be screened for neglect/abuse.

In addition, any homeless youth 18 years to before their 21st birthday identified by Loving Arms needs to be screened for a history of foster care. Youth with a history of foster care may be eligible for enhanced or independent living after care services.

Loving Arms provides shelter and transitional living for young adults 18 and older who do not meet the eligibility requirements for enhanced or independent living after care services.

- Loving Arms street outreach provides:
 - Street-based education and outreach
 - Access to emergency shelter

- Survival aid
- Individual assessments
- Treatment and counseling
- Prevention and education activities
- Information and referrals
- Crisis intervention
- Follow-up support
- Connection to community services
- Basic need supplies (food, clothing, hygiene, first-aid)

2. St. Ann’s Center for Children, Youth and Families (RHYA Grantee) (Transitional Maternity Housing)

DHR contracts with St. Ann’s Center for Children, Youth, and Families (RHYA contract recipient) as a Licensed Child Placement Agency for Teen Mother & Baby Program.

St. Ann’s Grace House offers residential care for pregnant adolescents and young mothers (ages 13-21) and their babies. St. Ann’s Center for Children, Youth and Families prepares the transitioning young mothers to independent housing options. This continuum of care assists in preparing youth to achieve successful outcomes: safe exit from homelessness, family reunification, establishment of permanent connection(s), employment, and sustainable independent living. Young mothers who may not be ready to transition out-of-care at Grace House at 21 on their own are referred to St. Ann’s Hope House & Faith House. St. Ann’s Hope House & Faith House is a transitional and supportive housing program for pregnant and parenting women experiencing homelessness and instability.

3. Aids Inter-faith Residential Services (AIRS)/City Steps (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. In addition any homeless youth identified by AIRS/City Steps 18 before their 21st birthday needs to be screened for a history of foster care to determine eligibility for enhanced or independent living after care services. AIRS/City Steps provides shelter and transitional living programs for young people 18 years or older who do not meet the eligibility requirements for enhanced or independent living after care services. Youth who are transitioning out-of-care that do not have stable housing can be referred to AIRS /City Steps for independent living permanent supportive housing programs.

Three Transitional Living Programs operate under AIRS/City Steps: The Carriage House, The Geraldine Young Family Life Center and Restoration Gardens I. Details regarding the services offered are as follows:

- **The Carriage House Transitional Living Program (AIRS RHYA Grantee)** provides supportive case management, independent living skills training, educational and job coaching to support job skills and income growth for homeless youth and is the only such program in Maryland. Residential services are available for seven single young men and women, ages 18-21, with a history of homelessness and a readiness to take advantage of support services for up to 21 months. Eligibility includes homeless youth ages 18-21, low income individuals with or without a disability.

- **The Geraldine Young Family Life Center (Transitional Living Program, AIRS RHYA Grantee)** serving parenting youth, ages 18-24 that provides supportive case management, independent living skills training, educational and job coaching to support job skills and income growth for homeless or unstably housed youth and their children. Residential services are available for 12 young parents and their children for a period of up to 24 months. Eligibility: Homeless individuals 18-24, low income women with/without a disability and their family members.
- **Restoration Gardens I** is a 43-unit apartment complex in Southern Park Heights in Baltimore City for young adults. The facility includes a fully computer-networked building with enhanced support and community services, with strong ties to employment and educational opportunities. Eligibility includes homeless or transitioning youth age 18-24, low income individuals with or without a disability.

4. Hearts & Homes for Youth (Transitional Housing)

- DHR contracts with **Hearts & Homes for Youth (RHYA Contract Recipient) as a licensed Child Placement Agency.** **Hearts and Homes** Damamli program is dedicated to supporting pregnant and parenting teen mothers in Maryland, placing emphasis on educating young mothers to be able to thrive independently. Young women learn critical life skills necessary to build a future and successfully live independently.

Outreach

In addition to the RHYA, Maryland uses other outreach methods.

- **Maryland 211**
2-1-1 *Maryland* provides a link to community health and human service resources statewide. It is also used as a way for Marylanders to connect with opportunities to offer help to others. 2-1-1 Maryland connects to health and human service resources in the community 24 hours a day, 7 days a week, in over 180 languages.
- **Youth Empowerment Society**
Baltimore City is the home of Maryland's first non-residential drop-in center specifically for unaccompanied homeless youth, the YES (Youth Empowered Society) Drop-In Center. YES provides a safe space for homeless youth ages 14 to 25 to meet basic needs and develop supportive relationships. YES provides street outreach to connect disconnected homeless youth to services and is a resource for disconnected homeless youth statewide.
- **Youth Reach Maryland**
In 2014, Maryland demonstrated a strong commitment to better understand the size, scope, and characteristics of the unaccompanied homeless youth population by establishing Youth REACH MD. 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. A

Steering Committee comprised of individuals representing the General Assembly, government agencies, local Continuums of Care (CoCs), and other key organizations was formed to guide the activities of the Demonstration Project.

DHCD contracted with The Institute for Innovation & Implementation, University of Maryland School of Social Work (The Institute) to serve as the Coordinating Entity, managing the primary activities of the Demonstration Projection. Under the guidance of the Steering Committee, the Institute coordinated with the CoCs named in the legislation, which served as the implementing bodies for Maryland's Demonstration Youth Count.

DHCD and the Steering Committee operationalized the authorizing legislation for the Demonstration Project into three goals for the Project:

- To engage youth, young adults, local community members, and federal, state and local constituencies in preventing and ending youth homelessness through participation in the design and implementation of the Demonstration Youth Count and the associated policy and evaluation activities;
- To conduct an effective Demonstration Youth Count as an ongoing way for federal, state and local constituencies to track progress in understanding and meeting the needs of unaccompanied homeless youth and young adults that will result in programmatic, budgetary, and policy changes to end and prevent youth homelessness; and,
- To incorporate housing and homeless services and programs into the multi-agency data collaborative at the University of Maryland to provide quality, up-to-date, longitudinal data and information related to overall program efficiency and effectiveness in serving the children, youth, and families of Maryland.

Results of Disconnected Homeless Youth

Youth REACH MD is the State's first-ever comprehensive survey and census of youth and young adults who are experiencing homelessness. The enumeration unfolded across eight jurisdictions over a three-week period from September 28, 2015, to October 16, 2015, and was preceded by intensive planning activities by a litany of experts and organizations including: The Institute for Innovation & Implementation, University of Maryland School of Social Work for the Maryland Department of Housing & Community Development, Governor's Office for Children, Maryland State Department of Education, Journey Home (Baltimore City), Baltimore County Department of Planning, Somerset County Health Department, Washington County Community Action Council, University of Maryland School of Social Work, Baltimore County Public Schools, Office of Delegate Mary Washington, McDaniel College, Homeless Persons Representation Project, Anne Arundel County Public Schools, Baltimore City Mayor's Office of Human Services, Sarah's House (Anne Arundel County), Prince George's County Department of Social Services, Homeless Alliance for the Lower Shore, and Health Care for the Homeless.

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). Differences between the Youth REACH MD count and the PIT count include the length of the count (more than one week for Youth REACH MD compared to one day for HUD) and scope of definitions of homeless or being unstably housed. Importantly, one key

difference is the focus and location of the counts. The focus of Youth REACH MD was exclusively on youth and young adults, whereas the PIT count covers all ages. The findings suggest that the existing PIT count data vastly undercount the population of unaccompanied individuals under 25 years old with unstable housing or who are homeless in Maryland.

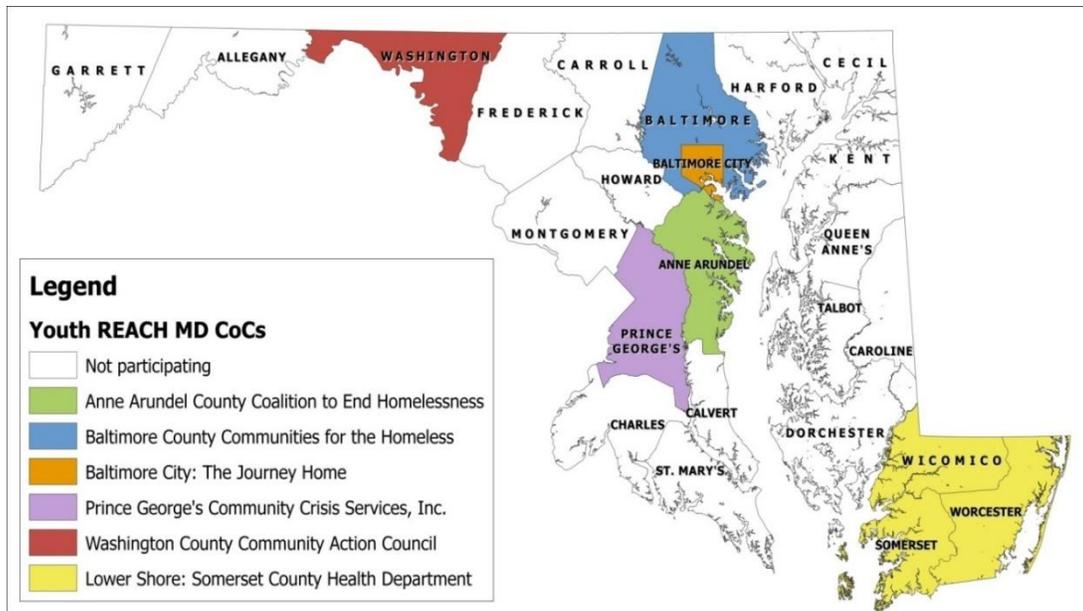
There also was a lack of overlap between the population reached through the survey and those who accessed services in Baltimore City. One explanation for this lack of overlap is that many of the youth that meet Youth REACH MD’s criteria for “unaccompanied homeless youth” do not identify as homeless and thus may not seek to access the mainstream homeless services system. Other youth may mistrust that system or feel unsafe in it, or may simply be unaware of resources available through the CoC. Youth who are homeless and couch surfing or doubled-up may not be eligible for many HUD-funded programs so are not represented in the data from these services. While 834 (68%) of the 1,223 youth and young adults surveyed met the Youth REACH MD definition of unaccompanied homeless youth, only 228 (19%) met HUD’s more narrow living situation definition of unaccompanied homeless youth (see Figure 11.1, from www.youthreachmd.com).

Figure 11.1

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

The report from Youth Reach MD gives the subsequent findings and recommendations to better serve disconnected homeless youth. The eight jurisdictions that were named in the authorizing legislation for Youth REACH MD to serve as the implementing bodies for the Demonstration Count included Anne Arundel/Annapolis, Baltimore City, Baltimore County, Prince George’s County, the Lower Shore (Somerset, Worcester, and Wicomico Counties), and Washington County (see Figure 11.2 for a map of participating jurisdictions). These jurisdictions were selected because they are representative of Maryland’s geography (comprising urban, suburban, and rural areas) and because they recorded relatively high rates of unaccompanied homeless students compared to other jurisdictions. The full report is expected to be released to the general public in July, 2016, and can be accessed at www.youthreachmd.com.

Figure 11.2



Results of Disconnected Youth

Disconnected youth are teenagers and young adults who are between the ages of 16 and 24 who are neither working nor in school. Some are ready to work but unable to find a position; others need to work but face individual or systemic barriers due to transitioning from foster care or juvenile justice facilities, homelessness, early parenthood, and other challenges. The diverse nature of the population suggests that multiple options and approaches will be required to effectively address the scope of the problem.

Approximately 94,000, or one in 10, Maryland youth are disconnected, with the highest percentages located in Baltimore City and Caroline, Dorchester, Washington and Worcester Counties. Ten Maryland jurisdictions have disconnection rates higher than the national average. The Governor's Office for Children analyzes Statewide policies that impact youth disconnection, identifies gaps in services, and provides information on promising strategies for reconnection. To see the full report please click on the link goc.maryland.gov/disconnected-youth/

Office of the Department of Human Resources Secretary's Foster Youth Ombudsman

Another form of outreach that DHR implemented in 2016 is the new position of the Foster Youth Ombudsman. The Foster Youth Ombudsman will visit all Child Care Agencies, Local Department of Social Services (LDSS) and Life Skills Classes as a way to introduce the new position and how the position's services may be utilized by foster youth, LDSS staff and Child Care Provider Staff. This introduction will include the education around the eligibility around enhanced after care and independent after care services. The DHR helpline (1-800-332-6347) includes a direct referral for foster youth to the Foster Youth Ombudsman for assistance.

Baltimore Homeless Youth Initiative

SSA Out-of-Home staff are members of the Baltimore Homeless Youth Initiatives (BHYI) Committee. The Baltimore Homeless Youth Initiative was created in response to a need for a comprehensive continuum

of housing, resources, services and care for Baltimore's homeless and unstably housed youth and young adults between the ages of 14-24. The Baltimore Homeless Youth Initiative is an umbrella organization comprised of service providers, government agencies, advocates, and formerly homeless youth. While the BHYI does not provide any direct services, it provides support and networking opportunities for its members.

The BHYI has a group of youth leaders that engage homeless youth involved in member projects and in the community with issues pertaining to the overarching problem of youth homelessness. The BHYI Youth Advisory Board meets every third Wednesday of the month. SSA staff attend to provide trainings and to ensure that disconnected homeless youth advocates, youth peer-to-peer-mentors, homeless service providers and shelters understand the process of referring disconnected homeless youth 18 and under for services through the LDSS. For youth ages 18-21 who were in foster care, trainings have been conducted and will continue to be conducted around DHR Enhanced and Regular After Care policies.

In this coming year DHR plans to conduct trainings statewide to Homeless advocates, shelters, and service providers to ensure they understand the process of referring disconnected homeless youth 18 and under for services through the Local Departments of Social Services (LDSS). SSA will also conduct trainings around DHR/SSA Enhanced and Regular After Care policies for LDSS, homeless shelter staff, homeless advocates and service providers.

The Governor's Interagency Council on Homelessness

DHR staff are Board Members of the Governor's Interagency Council on Homelessness. The Interagency Council on Homelessness (ICH) was established by Maryland Senate Bill 796 (2014) to examine statewide initiatives aimed at ending homelessness throughout Maryland. The ICH includes representatives from 12 state agencies including the Governor's Office for Children Youth and Families, 3 representatives from local Continuums of Care (the sixteen federally-recognized bodies created to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency) and 6 advocates from throughout the State as well as a community member who has experienced homelessness.

The ICH Goals for 2015-2016 as outlined by the Legislation:

- Coordinate state policy recommendations and working relationships among state, local, and nonprofit agencies concerning efforts to remedy and prevent homelessness across the state.
- Disseminate information and educate the public about the prevalence and causes of and responses to homelessness.
- Coordinate data sharing between local Continuums of Care (CoC) and make annual recommendations to the state legislature that are in compliance with federal policy initiatives and funding strategies.
- Analyze the need for and availability of affordable and accessible housing resources and recommend changes necessary to move towards a statewide housing first approach.
- Solicit input from the advocacy, business and faith communities as well as from consumers, regarding policy and program development for the homeless population and identify supportive services necessary to best serve special populations such as veterans, youth, families and individuals with behavioral health barriers to housing.

Plans for 2016 - 2017

For information on Plans for 2016-2017, please view: <http://www.dhr.state.md.us/blog/wp-content/uploads/2015/02/Expanded-Homeless-Services-Framework-2.8.16.pdf>

Emergency Shelters

Baltimore City also has two federally-funded emergency shelters for unaccompanied homeless minors, Loving Arms, Inc. (see information on Pg. 116 for Loving Arms, Inc.) and Rose Street Youth Shelter, a seven-bed emergency shelter for youth as well as basic needs such as toiletries and government benefits screenings one transitional housing provider, AIRS City Steps (Pg. 117), and one permanent supportive housing program, Restoration Gardens (Pg. 118).

Prince George's County is home to a federally-funded emergency shelter for unaccompanied homeless minors. Promise Place (operated by Sasha Bruce Youthwork). In addition, Prince George's County's Local Department of Social Services operates the Youth Development Program and St. Ann's operates Faith House, Hope House, and the Residential Teen Mother Baby Program, all of which are transitional housing programs. For more information on Promise Place, please see: <http://sashabruce.org/news/2015-annual-report-released/>

Employment

Summer Youth Program, Maryland's 24 jurisdictions

Maryland's 24 jurisdictions implement a summer youth employment program beginning at age 14 for foster youth.

Summer Youth Program, Department of Human Resources

DHR also has piloted a summer youth program (6-8 weeks in the summer) with the Maryland State Legislature for a summer internship program for foster youth in most of the jurisdictions. Seventeen youth participated in 2014-2015 with one youth joining the State with a fulltime job. All youth who participated were able to gain valuable experience in their internship field of interest. This internship has now become law with a delayed effective date of 2017. The delayed effective date was put in place to allow for comprehensive planning to ensure youth from all jurisdictions can participate.

Department of Budget and Management, summer internships

Department of Human Resources works with the Department of Budget and Management to secure statewide summer internships in Maryland State Agencies that are tailored to the interests and needs of interested foster youth. The summer youth internship program is extremely important to the foster youth because it provides youth in care, beginning at age 15, with the opportunity to work in a professional setting to obtain job skills and experience and assist youth with job experience for resume-building. During the 2016 Maryland Legislative session, Senate Bill 785, Foster Youth Summer Internship Program was introduced and signed into law April 12, 2016. This law continues a program, administered by the Department of Human Resources, to provide foster youth with training and experience through internships in agencies within the Executive Branch of state government. The effective date is January 2017.

New Efforts – Planned for 2016 – 2017

Building Pathways Demonstration Project

Maryland is exploring a promising program Information Technology and finance program called, "Building Pathways Demonstration Project." This program is a year-long, on-boarding, immersive, and live-in program that teaches youth the skills of entry-level information technology or finance. The program offers both intense classroom learning and on-the-job training with an employment partner. Once participants successfully complete the program, they will be placed in entry-level information technology jobs that provide livable waged salaries.

Recruitment and Retention Plan

The Social Services Administration (SSA), in coordination with DHR's Strategic Planning Office is developing a recruitment and retention plan by implementing a process that includes a career assessment and aptitude test in SFY 2017. The career assessment will identify opportunities and careers of interest that match the youth's interest and the aptitude test will identify whether or not the youth is academically able to handle the training to complete the curriculum or job training to successfully enter a career or job. If the youth is not academically ready, the LDSS can then put a plan in place to prepare the young person academically.

State Highway Administration Partnerships

DHR currently has partnerships with the State Highway Administration and Baltimore County Community College to develop a vocational program in diesel mechanic and construction for out-of-school youth (ages 18—24) connected with Maryland's foster care system and other underserved populations. The goal of the program is to provide young adults with on-the-job experience that will enhance their work ethic, work-based knowledge, and scholastic aptitude towards a certification in the diesel mechanical technician, computer-aided design, welding, and / or construction pre-apprenticeship career-based industries. The program offers a host of supportive and wraparound services to ensure their retention, success, and job attainment once they have received their certification. Interested prospective participants attend informational sessions.

Lowe's

DHR currently has a partnership with Lowe's to offer seasonal job opportunities to foster youth. The employment hiring event held in March of 2016 conducted interviews and 27 young people were offered jobs. Acceptance of jobs is pending. Seasonal job opportunities can be a step to part-time and full-time jobs.

National Security Agency

DHR is currently exploring a partnership with the National Security Agency (NSA) to offer employment and internships to young people.

Job Corp

- DHR is partnering in late April 2016 with the Job Corp program to develop and implement a process of recruitment, support and retention that ensures the foster youth have the best chance for success.
- DHR's young TANF and foster care populations, in addition to the Department of Labor and Licensing and Regulation (DLLR's) youth workforce development programs, utilize the Hiring Agreement Program, a legislative mandate, to increase foster youth job placements and promote independence. The Hiring Agreement Program provides specific populations with first priority to State contracted jobs.
- Over the next year DHR will explore partnerships with the corporate, private and governmental businesses to offer employment/internship and mentorship opportunities to our foster youth population.

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.

There is no time limitation on FUP family vouchers. Youth are eligible for FUP if they are at least 18 years old and not more than 21 years old and left foster care at age 16 or older and lack adequate housing. FUP vouchers used by youth are limited, by statute, to 18 months of housing assistance. Families and youths may use the vouchers provided through FUP to lease decent, safe, and sanitary housing in the private housing market.

In addition to rental assistance, supportive services must be provided to FUP youths by the Local Department of Social Services (LDSS) for the entire 18 months in which the youth participates in the program. Examples of the skills targeted by these services include money management skills, job preparation, educational counseling, and proper nutrition and meal preparation. The program does not require LDSS to provide supportive services for families; however, LDSS make them available to families as well. Currently, 100 FUP vouchers are utilized in Baltimore City with an additional 185 FUP vouchers used throughout the State.

New for 2016

Restoration Gardens II DHR has established a Memorandum of Understanding (MOU) with French Development Company AIRS, Empire Homes of Maryland, Inc. to develop 42 units of Low Income Housing Tax Credit ("LIHTC") housing for Transition Aged Youth known as Restoration Gardens 2. The new transitional living program for disconnected homeless and transitional foster youth breaks ground in July. There will be 8 units set aside for foster transitional youth.

PREGNANCY PREVENTION

The Maryland Department of Human Resources partners with an array of stakeholders to provide educational and resources to youth in foster care on sexual and reproductive health. Below are listed partnering agencies and a brief description of collaborative efforts to prevent and promote safe sexual choices and activities:

- Sexual Health and Adolescent Risk Prevention (SHARP) is a 2-day training (2 hours per day) for 16-18 year old youth in foster care placed in or around Baltimore City that provides an intensive, interactive dual-session intervention incorporating videos, lectures, group discussions and activities. SHARP also provides a method for encouraging change in health risk behaviors through open, supportive, and non-confrontational discussion. Topics for discussion include participants' current drinking behaviors, the health consequences of alcohol use, and strategies for reducing sexual risk behaviors in the context of drinking.
- Sexual Education Classes are included in the Maryland school curriculum; all public schools teach sexuality education under Maryland's Code of Administrative Regulations. Maryland's foster youth are included in these classes during the school year.
- Maryland's Local Departments of Social Services (LDSS) ensure that life skills are offered on an ongoing basis. Life skills are an essential tool in youth developing the necessary skills to become self-sufficient. Life skills are taught in a variety of different settings including: placement resource provider, private agency, or LDSS. When life skills are taught by the resource provider the youth receives hands on experiences, however the life skills classes through the LDSS allow the youth to gain knowledge as well as form peer relationships. The LDSS ensure when possible all youth 14-21 participate in group life skills classes. Maryland has identified seven areas for teaching life skills that coincide with the Ready by 21 benchmarks. The LDSS ensure that these areas are addressed in the curriculum for life skills classes. Particular to sexual education and reproductive health youth participate in life skills sessions on sexual relationships; sexual education that includes forms of birth control, how to practice safe sex, practices to avoid sexually transmitted diseases, and the human immunodeficiency virus (HIV). Life skills are offered from ages 14-20 years.
- POWER through Choices, the only promising effective sex education curriculum exclusively for youth in foster care. Youth in foster care experience higher rates of teen pregnancy, and the POWER through Choices curriculum empowers youth to make healthy, positive choices about their sexual behaviors. Power through Choices is tailored to the unique needs of youth in Out-of-Home care. For more information, please review: <http://www.siecus.org/index.cfm?fuseaction=page.viewPage&pageID=1342&nodeID=1>
 - The POWER through Choices curriculum is being implemented in Baltimore City, through the Baltimore City Health Department, as part of two federal grants: the Office of Adolescent Health Teen Pregnancy Prevention Initiative, and the Family and Youth Services Bureau Personal Responsibility Program. In the coming year DHR explore how to expand the program statewide.

October- December 2015		January- March 2016	
Youth (PTC)		Youth (PTC)	
<i>Cumulative Total since 2012</i>	209	<i>Cumulative Total since 2012</i>	213
Male	116	Male	121
Female	92	Female	92
<i>Oct.-Dec. 2015 quarter</i>	4	<i>Jan. – Mar. 2016 quarter</i>	14
Male	0	Male	10
Female	4	Female	4

Data Source: University of Maryland Child Welfare Academy

Figure 11.2

SECTION XII: UPDATES TO TARGETED PLANS WITHIN THE 2015-2019 CFSP/ 2016 APSR

Foster and Adoptive Parent Diligent Recruitment Plan

The revised Foster and Adoptive Parent Diligent Recruitment Plan may be found in Appendix S.

Progress

Maryland reports the following accomplishments:

- Annual Resource Parent Appreciation Event-May 2015
 - 26 Local Departments of Social Services resource parents were honored at the Governor's Mansion and presented with Governor Citations, gift cards, baseball tickets as tokens of appreciation for their service.
- Fall 2015 Resource Parent Conference
 - A total of 117 resource parents registered for the conference held at the Hagerstown Community College. This conference is mostly attended by resource parents from western Maryland. It is important to note that the Child Welfare Academy utilized a new Learning Management System which made the registration process for resource parents more user friendly. Conference topics included:
 - Discipline: Finding Children's Strengths in the Oddest Places Healing Childhood Trauma in Foster Care
 - The Impact of Grief & Loss on Everyone in the World of Foster Care, Getting Connected: Linking Prospective Adoptive Families with the Children Who are Waiting
 - Lord Help Me Love This Child: When Loving Hurt Children Hurts the Family
 - Youth Matters: Engaging Foster Care Teens
 - Confronting Conflict: Learning to Navigate Difficult Conversations
 - Working Towards Openness in the Birth Parent Relationship
 - Feedback from the attendees included:
 - Easy to obtain resource parent discipline requirement
 - Topics applicable to children in home
 - Suggestion of more topics on trauma, working with birth parents
- Spring 2016 Resource Parent Conference
 - The conference was held at Chesapeake College in Wye Mills, Maryland. A total of 141 resource parents were in attendance. Resource parents were also able to obtain the Reasonable and Prudent Parenting training at the conference.
- Statewide P.L. 113-183 (Reasonable and Prudent Parenting (RPP)) Implementation for child welfare staff began in Fall 2015.
 - A training webinar was conducted with 85 resource home administrators, supervisors and home workers in October 2015. The webinar covered the federal regulations, RPP SSA policy directive #16-17, the Maryland implementation process, as well as a question and answer period.
 - In conjunction with the Office of Licensing and Monitoring, SSA staff met with the provider community at one of the quarterly meetings in November 2015. The training included the overview of the federal regulations P.L. 118-183, the group home mandated designee requirement, RPP SSA policy directive #16-17, and a question and answer period.

- In conjunction with the University of Maryland School of Social Work Training Department, SSA began the RPP implementation training of the public resource parents in March 2015. Trainings are conducted by LDSS resource home training staff for prospective applicants in the home study process as well as existing resource parents. SSA has a goal of 100% compliance rate by September 2016 for all 24 local departments. This goal is targeted toward all existing resource parents that need to be trained on the RPPS. The new regulations have also been incorporated into the PRIDE training for resource parents interested in fostering children. Resource home workers and case workers are responsible for documenting in MD CHESSIE how the resource parent is applying the Reasonable and Prudent Parenting Standard (RPPS) to children in their care. The Foster Parent Rights and Responsibilities form has been revised to include the training and understanding of the standard and how it is to be applied.
- Maryland ensured that public and private resource parents and child care institutions were trained on the Reasonable and Prudent Parenting Standard. The State is now ensuring that Child Welfare and Group Home staff are applying the standard. Public resource parents have to sign the Foster Parent Rights and Responsibilities to acknowledge that they have been trained and will adhere to the standard using reasonable and prudent parenting. Documents are to be stored in the file cabinet within MD CHESSIE. Child care institutions have been required to designate a person who ensures that the RPPS are applied to children in congregate care equally. The State and OLM will monitor both private and public homes equally.
- LGBTQ Conference held September 2015 at Chesapeake College. (Please refer to the Ready by 21 section for more details.) The conference consisted of a panel of current foster youth or youth who had aged out of care. The team was comprised of legal, mental health, and social worker professionals from the Eastern Shore Counties. The youth spoke to local department staff, courts, resource parents, and other community partners regarding their LGBTQ experiences.

Policies for Recruitment

- Maryland prohibits the discrimination towards the diversity of children. Resource parents are expected and encourage to foster/adopt regardless of a child's sexual preference or racial background.
- Maryland contracts for private residential childcare providers and prohibits the discrimination of employees (resource parents) or in accepting children
- Maryland also prohibits against the discrimination of LGBTQ youth for public/private placements.

Changes/Additions to the Plan

Technical assistance was provided by the National Resource Center for Diligent Recruitment to improve the statewide Resource Home Recruitment Plan. Local Departments of Social Services provided feedback for the plan during local affiliate meetings.

The following areas were identified as needing improvement in the NRC's assessment:

- More comprehensive plans are needed for local entities, but Maryland is also in need of creating a good comprehensive statewide plan that includes identifying statewide needs as well as individual needs of the 24 local departments throughout the state;

- Improvements in the structure of the statewide plan and in the use of data to define the need and set data driven goals;
- The necessity to establish state level plans in a manner that can be translated to meet local program needs and goals.

Child Welfare Data was pulled from MD CHESSE for the purpose of identifying what the local department resource recruitment and retention needs are across the state of Maryland following areas from:

- Number of children in care by racial ethnicity
- Number of resource homes (public and private)
- Number of older youth in care by age groupings
- Number of sibling placements
- Number of legally free children

After evaluation of the data, feedback from the Assistant Directors and the NRC technical assistance, the following goals were determined:

- Increase the number of resource parents in Maryland to meet the needs of the state. The needs of the state are determined by the data pulled in the following areas noted above.
- Increase certification rate of eligible resource applicants by 20%.
- Increase youth stability in public/private resource homes.
- Increase recruitment efforts for minority children in care.
- Strengthen the need for state technical assistance around targeted recruitment.

Health Care Oversight and Coordination Plan

The Health Care Oversight and Coordination Plan may be found in Appendix T.

Accomplishments / Progress

Since the implementation of the Peer to Peer Program (The Peer to Peer Program conducts pre-authorization review for antipsychotic medication treatment for youth that receive Medicaid; more information may be found in The Health Care Oversight and Coordination Plan, Appendix T) and the Oversight of Psychotropic Medication Policy (Appendix T) there has been a decrease in the use of anti-psychotic medication for children in Out-of-Home Placement. (Please see Attachment 6 for data). As part of a continuation to improve practices, DHR created two workgroups around Psychotropic Medication Oversight. These workgroups will examine ways to expand the Peer to Peer program and also examine ways to identify barriers in the Local Department of Social Services' practice.

DHR worked diligently this year to rebuild partnerships with sister agencies and community partners such as DHMH and University of Maryland. DHR has also continued to solicit feedback from the Local Departments of Social Services as well as health care practitioners around the state in order to improve access to services statewide. Please see Goal 3, Strengthen the well-being for infants, children and youth in foster care for more detail around these efforts. With continued collaboration with other state agencies, DHR expects to continue to see a decrease in the use of psychotropic medication for foster youth.

Disaster Plan

No changes to the Disaster Plan were necessary this year. There were two activations of the State Emergency Response Plan which were relevant to this report: The Pope's visit to the United States, and the January 2016 Blizzard. Please see Appendix U, Disasters.

Training Plan

Please see the Appendix E, Child and Family Services, Items 26 and 27, and CFSR.Appendix.H. FY2016 Training Updates (July 2015-June 2016) Final.

SECTION XIII: Statistical and Supporting Information

CHILD PROTECTIVE SERVICES WORKFORCE

Maryland's child welfare workforce which includes Child Protective Services workers is comprised of approximately 2,000 staff. There are nearly 1,200 child welfare caseworkers in the 24 local jurisdictions and over 200 supervisors. In 1998 Maryland's General Assembly passed legislation which required the Department of Human Resources (DHR) to hire only human services professionals as caseworkers and require that all new casework staff pass a competency test before being granted permanent employment status. The bill prohibits DHR from employing contractual caseworkers or supervisors, except to meet an unanticipated need, in which case no contractual position is to last longer than one year.

Education / Qualifications

CPS caseworkers as well as all casework staff must possess a minimum of a Bachelor's of Arts Degree in a human service related field. No experience is required for entry level caseworkers other than the possession of a degree in a related human services field. As of January 1, 2016, Salaries for CPS caseworkers range from \$34,390 to \$65,827 based on years of experience and level of education. There are various caseworker positions which are listed in figure 13.1 with the minimum education and years of experience requirements.

Child Protective Services (CPS) Supervisors, as well as all Child Welfare Supervisors must have a Masters of Social Work Degree and possess an advanced license to practice social work in the state of Maryland. Supervisors must have a minimum of 3 years of experience in child welfare or a related field. Supervisors' salaries range from \$44,017 to \$75,012 depending on years of experience.

Recruitment and hiring of child welfare staff is completed at the local level. Job announcements are posted on the DHR Website as well as the Maryland Department of Budget and Management's Website. Job postings are also sent to the American Public Health Association (APHA) and National Association of Social Workers (NASW) for posting All CPS staff members are required to have a minimum of a BA or BS from an accredited institution in order to qualify to be a Child Protective Services (CPS) worker. Hiring preferences are for those applicants with a Masters of Social Work.

Once an employee is hired, the Department currently does not track if an employee earns a Master's degree after employment unless the employee applies for a position that requires a Master's degree or the years of experience. SSA plans to capture the current education degrees of the CPS workforce through a survey to be issued in December 2016 and will be able to report on the education of the CPS staff in the 2017 APSR report.

Figure 13.1

CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF 1/1/16	
CPS CASEWORKERS				
CASEWORK SPECIALIST FAMILY SERVICES	Master's Degree in Social Work	None	\$38,880.00	\$61,691.00
FAMILY SERVICE CASEWORKER TRAINEE	BA in appropriate behavioral science	None	\$34,390.00	\$54,186.00
FAMILY SERVICES CASEWORKER I	BA in appropriate behavioral science	1 Year	\$36,557.00	\$57,808.00
FAMILY SERVICES CASEWORKER II	BA in appropriate behavioral science	2 Years	\$38,880.00	\$61,691.00
FAMILY SERVICES CASEWORKER III	BA in social work	3 Years	\$41,358.00	\$65,827.00
CPS SUPERVISORS				
FAMILY SERVICES CASEWORKER SUPERVISOR	Master's Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	3 Years	\$44,017.00	\$70,265.00
SOCIAL WORKER I FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	None	\$41,358.00	\$65,827.00
SOCIAL WORKER II FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	1 Year	\$44,017.00	\$70,265.00

CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF	
			1/1/16	
SOCIAL WORK SUPERVISOR FAMILY SERVICES	Master's Degree in Social Work plus license as Certified or Certified Clinical Social Worker	3 Years	\$46,857.00	\$75,012.00

The current vacancy rate in child welfare is approximately 9.6 % (as of beginning of May 2016). Maryland has had challenges recruiting Child Welfare supervisors that possess a LCSW/LCSW-C and 18 months experience in the State of Maryland. There have not been challenges filling caseworker positions with qualified staff. To review demographic information; age, gender, race/ethnicity of the current CPS staff, please review Appendix V.

Training

New Child Welfare staff, including CPS employees are required to attend the pre-service training offered at the Child Welfare Academy and pass the competency exam administered to the pre-service training participants. The Pre-Service modules which include:

- Module I Foundations of Practice
- Module II Engaging Families in the Process of Change to Promote Safety, Permanency and Well-Being
- Module III Conducting Family Centered Assessments
- Module IV Planning with the Family
- Module V Working Effectively with the Court
- Module VI Implementing Strategies for Achieving Safety, Permanency and Well-being

CPS staff as well as child welfare staff upon completion and passage of the Pre-Service Training must also complete these additional courses, with Introduction to CPS and Alternative Response specific courses for CPS staff.

- SOS: Assessing and Planning for Risk and Safety
- Introduction to CPS/In-Home Family Services/Out of Home Placement
- Alternative Response
- Trauma Informed Casework
- Family Centered Planning: Recipes for Success
- Impact of Maltreatment on Child Development
- Secondary Traumatic Stress
- Enhancing Your Credibility in Court
- A Journey to Remember: The Caseworker's Role on the Road to Recovery
- Intimate Partner Violence: Assessment, Dynamics and Intervention

No Annual training is currently required after the Pre-Service and Additional courses listed above are completed. CPS workers are eligible to participate in on-going training offered by the Child Welfare

Academy. Other entities offer training in which staff may participate: Children's Alliance offers yearly training for CPS staff in specific categories related to child abuse and neglect. This training is generally cost free to staff. Additional training is available to staff through community based workshops. University of Maryland, School of Social Work offers some free workshops to the child welfare staff. In addition, staff may elect to take a workshop for which they would have to pay through the University of Maryland. National Association of Social Workers, Maryland Chapter offer workshops, as does Kennedy Krieger Institute, Department of Mental Health and Hygiene and others in Maryland which any worker can elect to enroll.

For more information on training, please see Appendix E, Child and Family Services Review Systemic Factors, Items 26 and 27.

Licensing

Employees with a social work license are required to maintain a minimum of 40 Continuing Education Units (CEUs) in approved courses every 2 years in order to maintain their license in Maryland. This requirement is monitored by the Maryland Board of Social Work Examiners.

Maryland Caseload Standards

The standard CPS worker/CPS response ratio is 1:12. As of December 2015, the average CPS caseload was 1:7.5. The maximum data indicates that the highest LDSS ratio for that date was 14.2 cases per worker. During that same month, the supervisor/worker ratio averaged 5.4 workers. CPS supervisors do not carry a caseload.

The staffing ratio standards for Maryland are set as follows:

- Investigations - 1:12 (Count of Open CPS Responses--Investigative or Alternative Response)
- In-Home Services - 1:12 (Count of Families Served)
- In-Home IFPS – 1:6 (Count of Families Served)
- Out-of-Home Services - 1:15 (Count of Foster Children)
- ICPC - 1:30 (Count of Home Studies)
- Referrals - 1:122 (Count of Screening Referrals)
- Public Family Foster Homes - New Applications - 1:14 (Count of New Applications)
- Public Family Foster Homes - Open Homes - 1:36 (Count of Active Foster Homes)

JUVENILE JUSTICE TRANSFERS

The State of Maryland looked at this reporting requirement. At this point no children under the care of the State child protection system have been transferred into the custody of the State juvenile services system. The Department defined these children as having a legal status of supervision of custody and still residing in their home. They are not committed to the State or in Out-of-Home Placement.

EDUCATION & TRAINING VOUCHER PROGRAM/ TUITION WAIVER

The federal government makes available, through an amendment of the Chafee Foster Care Independence program, additional funds for post-secondary educational opportunities. This program is known as the Educational and Training Voucher Program (ETV). Maryland's ETV program is administered by Foster Care to Success (FC2S) and provides eligible youth with up to \$5,000.00 per federal fiscal year for college and vocational training for full time students. Part time students may be eligible for up to \$2,500 annually.

Foster care youth are eligible for ETV if they are:

- A current foster/ kinship care youth, voluntarily placed or committed to the State of Maryland;
- A youth adopted from foster care after the age of 16;
- A youth, who after the age of 16, entered into a guardianship placement from foster care or
- A former foster care youth who left care at the age of 18 but is not yet 21.

Additionally, foster care youth must be:

- Age 18, 19 or 20 when completing an initial application for ETV
- A high school graduate or a General Education Development (GED) recipient; and
- Accepted/enrolled at a college, university or accredited vocational school.

Participation in the ETV program is renewable until the youth's 23rd birthday provided the youth began receiving ETV prior his/her 21st birthday. Youth must demonstrate that they are actively enrolled in school and maintain a minimum 2.0 GPA.

Progress / Accomplishments

DHR/SSA has utilized numerous strategies to establish, strengthen and expand access to the ETV program. Representatives from the state have attended Ready by 21 sponsored youth events sponsored by Baltimore City, Charles, St. Mary's and Calvert counties and provided literature and technical support to youth and families on the benefits of the program and how to access funds. DHR/SSA has completed a State training for community partners and staff to heighten access to the ETV program. DHR/SSA representatives attended State Independent Living Coordinators meetings to engage the local Independent Living Coordinators to further advance the program. DHR/SSA continues to work cooperatively with Foster Care to Success to ensure that student applications for the program are processed and approved in a timely manner.

Maryland will continue to ensure that funds for the Education and Training Voucher (ETV) Program are available to eligible children in Out-of-Home Placement. For academic year 2014-2015, 315 youth received funding through ETV. Total amount of student checks as of June 2015 was \$1,241,724.00. One hundred forty-one (141) of the recipients were new to the program and 174 were returning students who were funded in previous years. (Appendix W)

Foster Care to Success provided private scholarship funding to seven (7) Maryland Students for a total of \$21,650.00. Foster Care to Success continues to provide student support services to the youth that received ETV funding. The following are the student support services that were offered for the 2014-2015 school year:

Care Packages: Students were sent care packages four times throughout the academic year. Each box was themed and sent to students who actively participated in the ETV Program. The care packages contained school supplies, toiletries, and treats.

Academic Success Program (ASP): ASP provides age-appropriate information to students who are in different academic and social stages of young adulthood. First-year students need basic information and encouragement, while upperclassmen need to focus on academic progression. All students are enrolled in ASP once they are funded.

Students who are pregnant and parenting receive more intensive ASP support with phone calls that focus on helping them realistically plan on how giving birth and/or parenting affects their post-secondary plans.

Aim Higher Fellow Program: Foster youth who obtain higher education and training say they want to give back and help those who are younger do well in school and life. The Aim Higher Program and the Fellow's component promotes and facilitates meaningful volunteer work that meets the needs of the foster care community while helping Fellows develop tangible skills and leadership traits. The purpose of the program is threefold:

- To teach professional presentation skills to students that can be used while in school and throughout their professional life
- To engage current FC2S students in volunteerism
- To provide critical information and resources to high school age foster youth (as well as their case workers, care givers, and other advocates) about what it takes to be successful in post-secondary education.

Recipients selected for the year-long program came to Washington, D.C. in June 2015 for training in how to promote college readiness to foster youth who are still in high school in their communities. Fellows were given a stipend, and housing and transportation were provided as well as entertainment and social events. Three students from Maryland participated in the program.

The MD Fellows will present to groups throughout the academic year. An employee with a Master's of Social Work (MSW) manages the program and coordinates the logistics of the students' presentations to prevent conflicts with school and other obligations. The manager debriefs with the Fellows after each event, not only identifying what went well and what the students feel they need to work on, but also helping them emotionally process the experience. The manager also surveys the local community to identify needs and opportunities for the students to present at professional conferences, youth conferences, and in meetings with public officials.

In addition to the ongoing support of the program manager, Fellows are encouraged to work with a Senior Year Coach if they are not receiving those services from their college. Additional group trainings are offered throughout the year via webinars, and a small group training session may be offered in MD based on students' availability and interest.

Mentoring/Coaching: MD ETV students who have good communication skills and reliable means of communicating (telephone, internet, etc.) are offered a mentor who makes a one-year commitment to the student. These well-trained and supported volunteers communicate with the student throughout the school year, at least two times a week, via phone calls and text messaging, email, and Facebook. This is a strategic coaching model, designed to meet the individual student's academic and social/emotional development needs. Mentors encourage and offer guidance on issues such as: communicating with instructors, graduation requirements, career planning and employment skills and etiquette.

Senior Year Coaching: All MD ETV students who met the expanded criteria were recruited for this coaching program, which was developed to match students who will be looking for a job after graduation with a professional coach who is either a certified life/career coach or a Human Resources (HR) professional. The goal of this program is to encourage students to plan ahead, avail themselves of opportunities, and identify gaps or weaknesses in their resume before they graduate.

Coaches encourage students to focus on tangibles and tasks such as:

- Making an appointment with advisors on campus to do a degree audit,
- Identifying internships, fellowships and student abroad opportunities early,
- Understanding how volunteer work or part-time employment should be presented on a resume,
- Developing a plan to collect and keep important documentation such as letters of reference, and
- Identifying opportunities to work on projects with a professor or in the community on a report or publication.

Planned for 2016-2017

The State will continue to collaborate and strategize with FC2S to ensure that previous mentioned student support services will be available to youth for the 2015-2016 school and beyond. The State will continue to collaborate with FC2S in an effort to increase the number of youth accessing available funds and services by providing training to staff at the LDSS and by providing technical support at LDSS youth events.

The State will continue to work with FC2S with expanding data collection efforts on the youth that receive ETV funding. The data element expansion includes, but is not limited to, the percentage of youth that graduate from college or complete a vocational programs and percentage of youth that report that they were able to secure employment within six to twelve month after graduating.

MARYLAND STATE TUITION WAIVER

Maryland will continue to provide a waiver of tuition for certain youth in, or formerly in, Out-of-Home Placement attending a Maryland public institution of higher education. The waiver can be used for foster or former foster youth who are enrolled as a candidate for an associate, bachelor's degree or vocational certificate at a Maryland college or institution. The waiver is applied to the cost of tuition and registration as well as all fees that are required as a condition of enrollment. Scholarships and grants that the youth receives may not be used to pay for these costs. In order to be eligible for the Maryland Tuition Waiver Program, a youth must have:

1. Been placed in Out-of-Home Placement by the Maryland Department of Human Resources; and
2. Resided in an Out-of-Home Placement in Maryland at the time he or she graduated from high school or successfully completed a general equivalency examination; or
3. Resided in an Out-of-Home Placement on his or her 13th birthday and was placed into guardianship or adopted out of an Out-of-Home Placement after his or her 13th birthday; or
4. Been the younger sibling of a child who meets the qualifications stated either in 1 or 2 and was placed into guardianship or adopted concurrently out of Out-of-Home Placement by the same guardianship or adoptive family.

106 students received the Maryland State Tuition Waiver for the 2013-2014 academic year. The 2014-2015 report will be available in May 2016. (Appendix X)

The State continues to work closely with the LDSS and the public colleges and universities across Maryland to ensure that all incoming students are provided Maryland State Tuition Waiver Verification letters upon request. The State continues to work with the Maryland Higher Education Commission (MHEC) to collect data including a list of all students who received the tuition waiver.

The State and Local Departments of Social Services (LDSS) have developed numerous strategies and interventions to increase youth participation in the ETV and Maryland State Tuition Waiver programs. These strategies and interventions include LDSS sponsored college tours to enhance youth interest in post-secondary education; technical assistance with college and scholarship applications and providing life skills classes and informational workshops that explore post-secondary educational and employment opportunities. The State employs Independent Living Coordinators (ILC) in each of the 24 local departments. The State and local department ILC's meet monthly and time is allotted on every agenda to discuss education and/or conduct training on any changes in policy.

Each LDSS has identified and utilized an Independent Living Coordinator (ILC) who is able to provide direct assistance and technical support to youth in foster care who are planning their post-secondary educational experiences. Youth are able to work with the ILC and their case workers to obtain information about benefits, complete applications for college vocational programs, Free Application for Federal Student Aid (FAFSA) and ETV. ILC's attend Family Involvement Meetings (FIMs) and transitional planning meeting for youth in care ages 14-20. The ILC from the local departments report that Family Involvement Meetings (FIM) and youth transitional planning meetings are used effectively to educate and assist youth with academic plans.

Highlights

The ILC's from Prince George's, Dorchester, Allegany, Frederick counties and Baltimore City report that youth in care have participated in agency sponsored college tours and educational seminars at Bowie State University, University of Maryland Eastern Shore and University of Maryland at College Park. Baltimore City is unique in that the local department provides services to the largest percentage of transitional aged youth in care. To that end the LDSS has developed two programs to assist transitional aged youth. Keys to Success (K2S) is an intensive, three-week program for youth ages 18-20 who are in need of educational and employment assistance. The K2S Specialists assist each youth in the cohort complete Free Application for Federal Student Aid (FAFSA) and ETV applications and seek academic and/or vocational programs to meet individual needs and interests. K2S provides this support to 10-20 youth per month.

Baltimore City has also developed the Ready by 21 Program (RB21) wherein all youth ages 14-20 in BCDSS foster care receive transitional services. In addition to the local department's ILC, Ready by 21 employs six Ready by 21 Specialists who work with youth to develop and actualize transitional plans for housing, health care, employment, financial literacy and education. Youth are able to access Specialists during business hours at the office located at 1920 N. Broadway, Baltimore, MD. The office is equipped with classrooms for life skills seminars, K2S; a computer lab and youth lounge. RB21 provides services, support and technical assistance to approximately 60 youth each month.

Ready by 21 hosts numerous events to encourage youth participation in services and benefits. During the 2014-2015 academic year RB21 hosted a FAFSA celebration where youth were invited to meet representatives from Morgan State University, Coppin State University, Community College of Baltimore County and Baltimore City Community College. Youth enjoyed food, raffles and completed FAFSA and ETV applications. Ready by 21 has partnered with Caring for Young Minds and sent youth to attend their out-of-state Historically Black College and University (HBCU) tour. RB21 has also developed partnerships with College Bound Foundation and the National Association for College Admission Counseling to enhance interest in post-secondary education.

Maryland Higher Education Commission (MHEC)

DHR/SSA in collaboration with the Maryland Higher Education Commission (MHEC) developed the 2016-2017 Maryland State Tuition Waiver for Foster Care Recipients list of eligible youth. DHR/SSA provided a comprehensive list of youth who meet the eligibility criteria for the waiver; MHEC distributed the list to all of the public colleges and universities in Maryland in an effort to increase access and participation in the waiver program. MHEC consulted with DHR/SSA to review the changes in legislation and will publish the guidelines and eligibility criteria on the DHR and MHEC websites.

The State will continue collaborating with the Maryland Higher Education Commission (MHEC) to ensure that the requirements for the tuition waiver are understood by the local department staff, foster youth, resource parents, private placement providers, and colleges across the State.

Out-of-Home Education Committee (OHEC)

DHR will resume the collaborative Out-of-Home Education Committee (OHEC). The committee is comprised of representatives from DHR, Department of Juvenile Services (DJS) and the Maryland Department of Education (MSDE) to address legislative matters. In the upcoming year, the committee will develop work groups to collaborate and complete revisions to the Maryland Education Handbook and to develop training materials to highlight changes in state educational policy. OHEC has committed to meeting quarterly to complete these tasks.

Special Education Advisory Committee (SESAC)

DHR has reestablished the partnership with the Special Education Advisory Committee (SESAC). DHR will represent and participate on the committee. SESAC is established in accordance with the provisions of the Individuals with Disabilities Education Act (IDEA). The mission of SESAC is to advise and assist the Maryland State Department of Education, Division of Special Education/ Early Intervention Services Administration in administering, promoting, planning, coordinating and improving the delivery of special

education and related services and to assure that all children with disabilities 3-21 years of age, and their families have access to appropriate education and related services.

Education Behavioral Health Community of Practice (CoP)

DHR will continue to represent and participate in the Education Behavioral Health Community of Practice (CoP). The Community of Practice is a collaborative initiative that utilizes a family-school-community shared agenda to further promote awareness of behavioral health issues in Maryland's schools. Additionally, the CoP serves as the State Advisory Committee for the Advancing Wellness and Resilience Education (AWARE) grant program that expands the capacity of state education agencies (SEA) and local education agencies (LEA) to:

- Increase awareness of mental health issues among school-age youth
- Train school personnel and other adults who interact with school-age youth so they can detect and respond to mental health issues
- Connect children, youth, and families who may experience behavioral health issues with appropriate services

DHR will present Planning for Transitional Aged Youth in Foster Care at the annual School Health Interdisciplinary Program (SHIP) conference in August 2016. The presentation will provide useful information and strategies to enhance school staff and health workers' ability to engage and assist students who are in foster care.

Education Stability

Improving educational stability and educational outcomes for children and youth in Out-of-Home Placement continues to be a major priority for the Department of Human Resources (DHR). The Out-of-Home Education Committee (OHEC) is the vehicle by which ongoing strategies for improving educational stability and educational outcomes are developed. OHEC is a cross-agency workgroup with representatives from child welfare, juvenile service, education, and the courts. Due to changes at SSA, the committee has not met in approximately one year. Initial meetings have been held to re-establish the OHEC meetings. The first meeting is scheduled to take place in May 2016.

The areas of focus for OHEC are the following:

- Updating the Access to Education for Children in State Supervised Care Manual,
- Updating the WebEx training: "*Education Matters*,"
- Addressing the educational needs of Transitional Youth (i.e. college preparation, Statewide College Tours, vocational training, and etc.),
- Specialized Training regarding Special Education,
- Information and Data Sharing on the Local Levels. (i.e. local school system and Local Departments of Social Services), and
- The Every Student Succeeds Act.

Implementation Supports

In 2015, the DHR/SSA Education Specialist and the Attorney General's Office were involved in two trainings on Education Stability; one training in Charles County and one training in Wicomico County. The training in Wicomico County was sponsored by the local judiciary system, and several counties attended. As a result of the Wicomico County training, Local Departments of Social Services (LDSS) on the Eastern Shore asked for specialized training on Special Education, specifically, Individualized Education Program (IEP) for youth in care. In April 2016, DHR/SSA sponsored, the MID-Shore Training: "Understanding the IEP Process and Advocating for Educational Rights of Youth Who Are in Foster Care." This training was a collaborative effort with the Maryland Disability Law Center (MDLC). Approximately 18 caseworkers from the Shore attended the training. The second half of the training was interactive, as the workers were guided through an actual Individualized Education Program (IEP). The feedback and evaluations provided by the participants was positive. The training addressed many different questions regarding the Department's involvement in the IEP process for youth in foster care.

INTER-COUNTRY ADOPTIONS

Maryland does not provide any specific programs targeted to children adopted from other countries. At this time, any family can access the In-Home Services continuum for supportive services as these services are provided without regard to the family structure. If these children enter care, they receive the same services as those provided to children born in this country, aimed at reunifying the family as soon as possible.

Beginning July 1, 2015, Maryland implemented a tracking system that identifies children who were adopted from other countries and entered into state custody as a result of the disruption of a placement for adoption (Appendix Y) or the dissolution of adoption (Appendix Z). This tracking system also included information on the agencies who handled the placement or the adoption, plans for the child, and the reasons for the disruption or dissolution of the adoption. Each Local Department of Social Services (LDSS) is responsible for tracking and reporting the number of children who were adopted from other countries and who have entered into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution.

These reports are submitted on quarterly basis for FY 2016:

- July 1, 2015-September 30, 2015: 0 cases reported
- October 1, 2015-December 31, 2015: 0 cases reported
- January 1, 2016-March 30, 2016: 1 case reported: *Adopted from the Ukraine through America World, Adoption Disruption. Initially placed as a Voluntary Placement and transitioned to a Child In Need of Assistance (CINA). Parents are not in agreement at this time with child returning to their home.*
- April 1, 2016-June 30, 2016: Due July 15, 2016

MONTHLY CASEWORKER VISIT DATA

Maryland's Local Departments of Social Services (LDSS) are required to have a number of contacts with a foster or kinship child on a regular basis. Contacts can be in the form of phone calls, e-mails, letters or visits. A monthly visit is a face-to-face contact that includes dialogue (or communication as appropriate

to the age and ability of the child) and exchange information pertinent to the child and family. This distinguishes a visit from a simple contact. Visitation or face-to-face contacts are vitally important to the provision of child welfare services, meeting the needs of the child, promoting well-being, and achieving permanency.

Policy Directive #12-7, Caseworker Visitation with Child,

<http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2016-03%20Caseworker%20Visitation%20with%20Child.pdf> provides a detailed outline of the standards for the communication and information gathered during the monthly face-to-face visit.

Maryland has reached a high level of performance for caseworker visitation, and established a solid track record documenting caseworker visitation in MD CHESSIE (Maryland’s SACWIS). Maryland had begun generating caseworker visitation data entirely from MD CHESSIE starting with the FFY2011 report, and has successfully shifted to the new federal methodology required for FFY2012. Indeed, Maryland’s performance in documenting caseworker visitation has surpassed the FFY2015 targets since 2013.

For caseworker visitation data, please visit:

<http://www.dhr.state.md.us/documents/Data%20and%20Reports/SSA/Monthly%20Place%20Matters%20Data/SFY%202015/2015-06-Place-Matters-Data.pdf>

Figure 13.2

Caseworker Visits Goals and Maryland Performance					
FFY	2012	2013	2014	2015	2016 *
Goal	90%	90%	90%	95%	95%
Result	94.6%	96.6%	96.8%	97.1%	97.3%
Caseworker Visits in the Home Goals and Maryland Performance					
FFY	2012	2013	2014	2015	2016 *
Goal	50%	50%	50%	50%	50%
Result	69.7%	72.5%	73.7%	75.4%	77.8%

* Performance for FFY2016 is for first half of year: October 2015 through March 2016

Data Source: MD CHESSIE

Maryland uses a monthly data report to help the LDSS track their progress documenting caseworker visitation that has proven very effective, and will continue to use this feedback to sustain the State’s performance in this area.

Policy

In July 2015, the Department distributed a policy directive delineating the new federal requirements for caseworker visitation funds. Each LDSS was required to submit a caseworker visitation plan for the period July 1, 2015 – June 30, 2016 to ensure the guidelines are met and are also required to submit quarterly reports that state how the funds were spent. Moving forward, LDSS will be required to submit a plan on a yearly basis. The plans are approved by Central staff.

Utilizing Funds

The LDSS are utilizing the caseworker visitation funds in various ways to improve the quality of caseworker visits focusing on caseworker decision making on the safety, permanency, and well-being of foster-children and on caseworker recruitment, retention, and training. Various trainings are offered by several local departments across the State utilizing the Caseworker Visitation funds. These trainings are separate from the training offered by the Child Welfare Academy. Examples of trainings include enhancing skill building for assessing risk and safety; cultural diversity training; resiliency and best practices for working with Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) youth; and compassion fatigue and vicarious trauma. Finally, several employee recognition events or retreats are being held in various local departments to reward outstanding achievement and dedication of caseworkers.

SECTION XIV: STATEWIDE CARE MANAGEMENT ENTITY & CARE COORDINATION ORGANIZATIONS

The Care Management Entity (CME) in Maryland serves as an entry point for specific populations of children, youth and families with intensive needs so that they can achieve the goals of safety, permanency, and well-being through intensive care coordination using a Wraparound service delivery model and the development of home- and community-based services.

The CME program has been available statewide since November 2009. After originally being available in three regions, one statewide CME has been operational after initial procurement in 2012. Following re-procurement in 2014, the Governor's Office for Children (GOC), on behalf of the Children's Cabinet, again awarded a two-year contract for the statewide CME to serve multiple youth populations funded by Children's Cabinet Interagency Funds (CCIF) and a SAMHSA Systems of Care Grant (Rural CARES).

The CME serves youth in their homes and communities through two state-funded initiatives: Stability Initiative for youth involved with the Departments of Juvenile Services or Human Resources, and the SAFETY (Schools and Families Empowering Their Youth) Initiative. The Stability Initiative serves youth with a diagnosis of serious emotional disturbance (SED) that is at risk of Out-of-Home Placement or in Out-of-Home Placement who are returning to a community-based placement. This includes youth involved with Juvenile Services who are reentering the community following a placement and youth involved with the Department of Human Resources with active Child Protective Services/In-Home Services cases, youth at risk for voluntary placement agreement or who are working toward family reunification after an Out-of-Home Placement. The SAFETY initiative serves youth who are discharged from a Residential Treatment Center (RTC) placement with a discharge plan that recommends community-based services, youth who are enrolled in a Home and Hospital Program, and at-risk youth experiencing significant behavioral difficulties. Youth enrolled in the SAFETY initiative were referred by local school systems, Local Care Teams, Local Management Boards or Core Service Agencies.

In October 2014, Maryland launched a redesigned Targeted Case Management (TCM) Program for children and youth provided by Care Coordination Organizations (CCOs) that are comparable to a CME in structure and function. This program serves eligible Medical Assistance participants. At the same time, the State received approval for a new Section 1915i Medicaid State Plan Amendment that authorizes a special community-based benefit package for some youth with serious behavioral health disorders. The revamped TCM program serves youth in the community using a three-level care coordination model. Youth at the highest level of care coordination (Level III) receive intensive care coordination via the Wraparound service delivery model, and may also receive additional 1915i services if the family meets income eligibility. Each local Core Service Agency or a combination of Core Service Agencies has procured, or is in the process of procuring, a local CCO. DHMH is collaborating with local entities to develop the service array required for 1915i implementation. According to Medicaid mandates, Maryland's 1915i program must be implemented statewide within 5 years of the program approval date of October 1, 2014.

In October 2015, as part of a larger effort to streamline government without reducing services, the Children's Cabinet decided to integrate the two programs with the goal of merging the eligibility requirements, training protocols, and referral processes. By eliminating the bifurcated system operated by separate State Agencies, referral and enrollment is streamlined and federal funds are maximized. As part of the integration, all referrals to the Care Management Entity were suspended effective October 1, 2015. Youth who were already enrolled in the Care Management Entity prior to October 1 were eligible to continue their service throughout the remainder of their eligibility until the end of the contract on

June 30, 2016. Governor Hogan included approximately \$4.4M in his proposed SFY17 budget to support this integration of services.

Through a SAMHSA Systems of Care Expansion Implementation Grant, Launching Individual Futures Together (LIFT) has piloted the program model for a CCO providing TCM in Baltimore County. LIFT is partnering with DHMH’s statewide process to share lessons learned and prepare for full 1915(i) implementation by developing the local service array and leveraging the newly-available Medicaid funding for intensive care coordination.

GRANTS AND INITIATIVES WITH DHR INVOLVEMENT

Figure 14.1

Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
1915(i) Home and Community State Plan Amendment	Medicaid Title XIX	Approved 10/1/2014	FFY15: \$5 million	Will allow youth who meet specific financial criteria and are ages 0-22 with serious behavioral health problems access to the full range of Medicaid services and intensive care coordination using Wraparound
Child Sex Trafficking Victims Initiative	ACF	2014-2019	\$1,250,000 annually	ACF Grant to build internal capacity for addressing the issue of sex trafficking within the child welfare population. This initiative will spearhead efforts to develop a cohesive training plan for DHR staff, develop a screening tool to better identify trafficked and exploited youth, and build infrastructure capacity between state and local child welfare agencies and victim services providers to ensure that children and adolescents who have been trafficked or are at-risk for being trafficked have access to an array of comprehensive, high-quality services.
LIFT	SAMHSA	10/1/12 – 9/29/16	FFY16: \$997,547	System of Care expansion grant that allows Baltimore County youth with serious emotional disturbance to access wraparound services

Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
LINKs (The Multi-agency data collaborative at the University of Maryland)	University of Maryland, School of Social Work and the Annie E. Casey Foundation	7/1/2014 - 6/30/2016	approximately \$60,000 annually	Linking Information to eNhanCe Knowledge (LINKs) is a multi-agency data collaborative that aims to facilitate comprehensive, data-driven, evidence-based decision making in Maryland through the use of a linked data system. LINKs is designed to meet the demand from stakeholders at all levels (local, state, and federal) for quality, up-to-date, longitudinal data and information related to overall program efficiency and effectiveness in serving the children, youth, and families of Maryland.
Project LAUNCH	SAMHSA	10/1/12 – 9/30/17	FFY15: Approx. \$800,000	Demonstration grant to improve health and well-being among children ages 0-8 in Baltimore City
SAFETY Initiative	MD Children’s Cabinet Interagency Fund	2012 –June 30, 2016	N/A	Serves youth with significant behavioral difficulties in a CME using the Wraparound model
Stability Initiative	MD Children’s Cabinet Interagency Fund	2012 – June 30, 2016	N/A	Serves youth with serious emotional disturbance who are at-risk of Out-of-Home Placement in a CME using the Wraparound model
Thrive@25	ACF	9/30/15 – 9/29/18	Total: \$668,000 (approx.) annually	Implementation grant to prevent and end homelessness among youth involved with the child welfare system and with child welfare histories on Maryland’s Mid-Shore.
Youth REACH MD	MD Dept of Housing & Community Development	9/30/14- 9/30/17	\$200,000 (est.) annually	Demonstration project to identify and enumerate unaccompanied & homeless youth and young adults in 6 areas of the state

Maryland Family Network

CBCAP, Title II of IV-B Report to Department of Human Resources

May 2015 -- April 2016

Background

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. MFN is governed by a Board of Directors who, in matters related to the establishment and operation of the family support network, solicits input and feedback from parents and providers of the Family Support Center network and Early Head Start Policy Council. A parent and a representative of a local program are members of the Board. Via contracts, it acts as a fiscal and management intermediary between funders, most notably the State, and community-based providers. It provides fiscal support, grants management, technical assistance, training, and quality assurance to child abuse prevention programs throughout the State, known as Family Support Centers. This network was created to serve as a front-end prevention system in response to the State's skyrocketing reports of child abuse and neglect and resulting from foster care placements, its high teenage pregnancy rate, and growing recognition of the relationships between adolescent parenting and long-term welfare dependency, limited success in education and job attainment; and negative outcomes for children of teenagers.

MFN acts as liaison, partner and advocate with state agencies, most notably the Maryland Department of Human Resources through participation on such decision-making state-sponsored bodies as the Maryland IV-E Waiver Advisory Council, and the Maryland Caregivers Support Coordinating Council. Active participation with other statewide groups includes the State Council on Child Abuse and Neglect (SCCAN), the State Advisory Council for Early Childhood Education and Care; the Head Start State Collaboration Project; and the State Interagency Coordinating Council for Individuals with Disabilities Education Act (IDEA) Part C.

Accomplishments: May 2015 through April 2016

Goal 1: Improve the safety for all infants, children, and youth

MFN accomplished this goal using three primary service delivery strategies:

Family Support Centers (26 centers statewide). Family Support Centers (FSCs) are community-based programs that provide free services to parents with young children birth through age three to help them raise healthy children and build productive futures. Located in 26 Maryland neighborhoods marked by high numbers of pregnant and parenting adolescents, families with low incomes, low birth weight babies, high concentrations of poverty and other factors that put children at-risk for child maltreatment.

Centers provide comprehensive, preventive services to pregnant women and young families with children under age four, together. These among other factors are known to put children at-risk for child maltreatment. 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. Seven specific outcomes have been identified for the Centers. They are: children are immunized on time; children meet age-appropriate developmental milestones, or are linked with appropriate services;

parents develop good parenting skills; parents advocate for services and assistance that will benefit their families and negotiate the service system to obtain needed services; adults increase educational attainment levels; adults move toward self-sufficiency; and adults plan and space subsequent pregnancies.

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. This means an increase of 107 infants and toddlers receiving full day/full year child care for Baltimore City, Anne Arundel, Caroline, Cecil, and Talbot Counties parents who are working or in school. One of the Centers is housed in a facility serving homeless families and their children in Baltimore City. MFN is partnering with Maryland State Department of Education to pair EHS funds with child care subsidy funding for full 10-hour day care for these children.

Maryland Child Care Resource Network (MCCRN) (12 centers statewide). 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. MCCRN is the largest provider of training for the child care community in Maryland, offering training directly to child care providers and also to those who are trainers. Training services enhance the quality of care when the child care providers participate in high-quality professional development and training opportunities. Each Child Care Resource Center provides training and professional development opportunities to child care providers, through workshops, series training, conferences, and professional development institutes.

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. LOCATE: Child Care counsels parents on locating and selecting licensed, quality child care best suited to their needs, preferences and ability to pay. Over 18,000 parents (unique users) used the online LOCATE service, and about 3,400 parents logged into the after-school activities database.

Goal 2: Achieve permanency for all infants, children, and youth

Maryland Family Network and its community-based partners offer program services aimed at prevention and early intervention. Family support programs continue to make a positive difference in the lives of vulnerable families. The families served through the statewide network of Family Support programs are predominantly low-income, single heads of households, raising infants and toddlers, often alone. Many of the parents who come through the doors were adolescents when they first became

pregnant, many of them are displaced and in transition, and most lack a high school education or job history. Reaching this group is essential to prevent child abuse and neglect, break the cycle of poverty, and move two generations towards social and economic self-sufficiency.

In an effort to prevent foster care placements and achieve permanency for families, Family Support programs offered supports to grandparents raising grandchildren, services for families whose children have been removed by child welfare, home visits for adjudicated youth who are parents, and outreach to non-custodial fathers. Family Support Centers (FSC) have provided direct services to homeless families within the Centers and at shelters and to migrant workers. Programs provide ESOL classes and family literacy services and employ staff who speaks compatible languages with diverse populations. In addition, MFN demonstrated an extraordinary commitment to children with disabilities and their families as FSCs have provided “natural environments” for inclusion of infants and toddlers with disabilities.

Through LOCATE: Child Care, MFN published a Respite Care Resource Guide to help parents identify potential applicants for respite care. The Guide provides a list of agencies and organizations that offer respite care services to families in Maryland. The resources included in the Guide are intended as referrals only and are not given as recommendations. All of the information about the services is submitted from the agencies themselves. MFN/LOCATE does not license, endorse, or recommend any of the agencies or the caregivers and urges parents to take the necessary precautions when selecting a caregiver for their child or adult. The Guide provides concrete information for parents to use with recruiting, interviewing, and selecting respite care providers; including guidance with conducting background checks.

Goal 3: Strengthen the well-being for all infants, children, and youth

Maryland Family Network is the State lead for Strengthening Families incorporating the Protective Factors throughout its network of Family Support programs. Protective factors are conditions or attributes of individuals, families, and communities that reduce or eliminate risk and promote healthy development and well-being of children and families. These factors help ensure that children and youth function well at home, in school, at work, and in the community. Protective factors also can serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Research has found that successful interventions must both reduce risk factors and promote protective factors to ensure child and family well-being. 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.

Efforts to strengthen parental knowledge of child development, build social connections, and provide parents with leadership skills was provided again this year through a structured Parent Leadership program. Sixty-four (64) parents within Maryland’s network of Family Support and Early Head Start Centers received up to four days of intensive leadership training. Three two-day sessions were held for parents residing in Western Maryland, Eastern Shore, and Baltimore City/County. The Parent Leadership Institute is comprised of two levels: introductory and advanced. The introductory session focuses on defining leadership, decision making, communication skills, and critical thinking. The session culminated with action planning for the use of skills acquired. The advanced session provides opportunities for

participants to engage in skill building activities, testing their own abilities and confidence, and engaging in relationships with parents from other jurisdictions. The training focus was placed on the parents' role as adults building on self-sufficiency and informed decision making, thereby enhancing their role as advocates for their children and families. One of the highlights of this training was the identification of parent leaders to speak before stakeholders. Several did so throughout the year, including fathers.

Among the core services of the Family Support and Early Head Start Centers is the provision of a child development program for very young children. 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. Age-appropriate curriculum for infants and toddlers is provided; screenings for developmental delays using the Ages and Stages questionnaire (ASQ) and immunization checks. As stated above, across all programs statewide, 96.2% of participating children were immunized on time.

Plans for May 2016 – April 2017

Continuation and sustainability of "best practices" within existing *network* program services as described above is MFN's focus for the next year. In addition, MFN intends to expand the Strengthening Families Parent Café programs targeting the southern Maryland region of the State. MFN will continue this work in an effort to create a widespread understanding of the types of programs and providers can do, and in some cases already do, to promote healthy child development and reduce the incidence of child abuse and neglect.

SECTION XV: Financial

Maryland intends to expend twenty percent on each of the following services: family preservation, community-based family support, time-limited family reunification and adoption promotion and support services.

In FY 2005, state and local spending on IV-B part 1 activities totaled \$64.5 million. These amounts include services that prevent the risk of abuse, assist families at risk of having a child removed from their home, promote the timely return of a child to his/her home, and if returning home is not an option, provide appropriate placement and permanency.

In FFY2014, state and local spending on IV-B part 2 activities totaled \$100 million. These amounts include services that prevent the risk of abuse, assist families at risk of having a child removed from their home, promote the timely return of a child to his/her home, and if returning home is not an option, provide appropriate placement and permanency. The FY 1992 baseline is \$31.7 million.

The State does not spend Title IV-B, Subpart 1 funds for foster care maintenance payments, adoption assistance payment or child day care related to employment or training for employment.

See Appendices AB and AC for the CFS Parts I, II and III Excel and PDF Forms.

SECTION XVI: APPENDICES

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Appendix	B	Citizen's Review Board for Children's Annual Report
Appendix	C	Citizen's Review Board for Children's Annual Report Response Letter
Appendix	D	Support Letter, American Pediatrics Grant
Appendix	E	Child and Family Services Review Systemic Factors
Appendix	F	Maryland SAFE-C
Appendix	G	Safety Plan
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Appendix	I	MD CHESSIE Coordinators' Prioritization Survey
Appendix	J	Survey of MD CHESSIE Users and Contacts
Appendix	K	New and Improved Child Welfare Database Survey
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Appendix	M	Training Manual Modules Updated During the Period of April 2015 - March 2016
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Appendix	AB	CFS-101, Parts I, II, III, Excel
Appendix	AC	CFS-101, Parts I, II, III, PDF, signed
Appendix	AD	NYTD-Summary-Cohort
Appendix	AE	Revised CFS FFY2016
Appendix	AF	State Council on Child Abuse and Neglect Annual (SCCAN) Report
Appendix	AG	Response letter to SCCAN Annual Report
Appendix	AH	Child Fatality Annual Report
Appendix	AI	Response letter to Child Fatality Annual Report
Appendix	AJ	Maryland Title IV-E Readiness Assessment Process and Evaluation