

Citizens Review Board For Children



ANNUAL REPORT
FISCAL YEAR 2022
(July 1st 2021 - June 30th 2022)

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Introduction

Maryland's Citizens Review Board for Children (CRBC) is comprised of volunteer citizens and Department of Human Services (DHS) staff that provide child welfare expertise, guidance and support to the State and Local Boards.

CRBC is charged with examining the policies, practices and procedures of Maryland's child protective services, evaluating and making recommendations for systemic improvement in accordance with §5-539 and § 5-539.1 and the Federal Child Abuse and Treatment Act (CAPTA) (Section 106 (c)).

CRBC reviews cases of children and youth in Out-of-Home Placement, monitors child welfare programs and makes recommendations for system improvements. Although CRBC is housed within the DHS organizational structure, it is an independent entity overseen by its State Board.

There is a Memorandum of Agreement (MOA) between the Department of Human Services (DHS), the Social Services Administration (SSA) and CRBC that guides the work parameters by which CRBC and DHS function regarding CRBC review of cases.

The CRBC State Board reviews and coordinates the activities of the local review boards. The board also examines policy issues, procedures, legislation, resources and barriers relating to Out-of-Home Placement and the permanency of children. The State Board makes recommendations to the General Assembly around ways of improving Maryland's child welfare system.

Since January 2021, the local Boards have conducted virtual instead of in person case reviews of children in Out-of-Home Placement for all Local Department of Social Services (LDSS) and in every jurisdiction. Individual recommendations regarding permanency, placement, safety and well-being are sent to the Local Juvenile Courts, the LDSS and interested parties involved with the child's care.

This CRBC Fiscal Year 2022 (FY2022) Annual Report contains CRBC's findings from our case reviews, advocacy efforts, CPS panel activities and recommendations for systemic improvements.

On behalf of the State Board of the Maryland Citizens Review Board for Children (CRBC), it's staff and citizen volunteer board members, I present our FY2022 Annual Report.

Sincerely,
Nettie Anderson-Burrs
State Board Chair

Executive Summary

The COVID-19 Pandemic began during the third quarter of fiscal year 2020. As a result, children, youth and families were exposed to additional stressors. The state of emergency, mandatory telework and stay at home orders in addition to day care and school closures, unemployment, housing and food insecurities likely added trauma for the most vulnerable children in Maryland. In CRBC'S FY2021 Annual Report CRBC indicated that as a result of additional challenges and stressors it was even more imperative to ensure support, provide trauma informed services and a capable child welfare workforce that is supported with the necessary resources to ensure appropriate oversight of Maryland's most vulnerable children and families' needs.

Demographic changes due to retirements and child welfare staff turnover precipitated by the pandemic and likely continuously impacted by competitive processes such as compensation, advancement opportunities and employment flexibility, in addition to hiring delays impacts the quality of services and ultimately safety, well-being, permanency.

In many jurisdictions child welfare staff vacancies increased significantly. Local Departments of Social Services (LDSS) faced in some cases unprecedented challenges with social worker and supervisory vacancies, leading to increased caseload, increased workload. This resulted in some interruption in continuity of delivery of care and services from gaps created by staff shortages. LDSS simultaneously faced challenges with increasingly more complex cases requiring intensive behavioral and mental health support, intervention, services and placements that are scarce and for some jurisdictions not available. Expanding and investing in proven innovative strategies for workforce recruitment, development and retention is necessary to support the challenging and necessary work of Maryland's child welfare staff. A well-equipped and supported child welfare workforce requires and deserves the necessary resources including placements for children and youth in out of home placement. The ability to provide oversight of health, mental health and educational services at the local department level is imperative to ensure that decisions regarding health, mental health, education, services, placement, safety and permanency are made with consideration of relevant factors for Maryland's most vulnerable children, youth and families. Access to data and coordination of services at the state and local level beyond initial assessments is needed. Ensuring that children and youth have health, mental health and education needs met beyond initial assessments is crucial for child safety, well-being, permanency and improving outcomes. This requires shareability of information and documentation of health and education services and progress.

Older youth aging out of care while a decreasing segment of the out-of-home placement population in recent years due to the number of youths aging out, present unique challenges due to their age and especially in instances where there is substance use, complex behavioral, health or mental health issues. The need for adequate preparedness for older youth aging out of care necessitates addressing issues including lack of resources and youth engagement.

During fiscal year 2022, the Citizens Review Board for Children reviewed 660 cases of children and

youth in Out-of-Home Placements statewide. Reviews are conducted per a work plan developed in coordination with DHS and SSA with targeted review criteria based on Out-of-Home Placement permanency plans of any children/youths who has a sibling in care. This report includes Out-of-Home Placement review findings and CRBC activities including legislative advocacy and recommendations for system improvement for FY2022.

Health and Education Findings for statewide reviews include:

CRBC conducted virtual reviews of local department of social services cases statewide. Reviews included Google Meet interviews with local department staff and interested parties identified by the local department of social services such as parents, youth, caregivers, providers, CASA, therapists and other relevant parties to individual cases. At the time of the review local review boards requested information and documentation regarding education and health including preventive physical, dental and vision exams. Reviewers also considered medication reviews, treatment recommendations, health and mental health follow up appointments and referrals recommended by medical providers.

- The local boards found that for 284 (43%) of the 660 total cases reviewed, the health needs of the children/youth had been met.
- Approximately 286 (43%) of the children/youths were prescribed medication.
- Approximately 243 (37%) of the children/youths were prescribed psychotropic medication.
- The local boards found that there were completed medical records for 188 (28%) of the total cases reviewed.
- The local boards agreed that 404 (61%) of the children/youth were being appropriately prepared to meet educational goals.

Demographic findings for statewide reviews include:

- 411 (62%) of the children/youth were African American.
- 214 (32%) of the children/youth were Caucasian.
- 348 (53%) of the children/youth were Male.
- 312 (47%) of the children/youth were Female.

CRBC conducted 213 Reunification reviews. Findings include:

- 64 cases (30%) had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan for 113 (53%) of the cases reviewed.
- The local boards found that the local departments made efforts to involve the family in case planning for 154 (72%) of the cases reviewed.
- The local boards found that service agreements were signed for 49 (23%) of the eligible cases reviewed.
- The local boards agreed that the signed service agreements were appropriate to meet the needs of 47 of the 49 the children/youths.

CRBC conducted 80 Adoption reviews. Findings include:

- 16 (20%) of the 80 cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan for 77 (96%) of the cases reviewed.

- The local boards identified the following barriers preventing the adoption process or preventing progress in the child’s case:
 - Pre-Adoptive resources not identified.
 - Child in pre-adoptive home, but adoption not finalized.
 - Efforts not made to move towards finalization.
 - Child does not consent.
 - Appeal by birth parents.
 - Other court related barrier.

CRBC conducted 265 Another Planned Permanent Living Arrangement (APPLA) reviews.

APPLA is the least desired permanency plan and should only be considered when all other permanency options have been thoroughly explored and ruled out. APPLA is often synonymous with long term foster care. Many youths with a permanency planning goal of APPLA remain in care until their case is closed when they age out of the foster care system. Findings include:

- 49 (18%) of the 265 cases had a plan of APPLA for 3 or more years.
- The local boards agreed with the permanency plan of APPLA for 264 (99%) of the 265 cases statewide. 256 of the cases reviewed with a permanency plan of APPLA were youth between the ages of 17-20.
- 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 circumstances that adulthood can bring about on a regular basis. The local boards agreed that for 227 (86%) of the 265 cases of youth with a permanency planning goal of APPLA that a permanent connection had been identified, and the local boards agreed that the identified permanent connections were appropriate for 218 (96%) of the 227 cases.

Barriers to Permanency/Issues

The local boards identified the following barriers to permanency/issues:

- No service agreement with parents
- No current safety or risk assessment
- Lack of concurrent planning
- Lack of follow-up (general)
- Youth placed outside of home jurisdiction
- Youth has not been assessed for mental health concerns
- Issues related to substance abuse
- Other service resource barrier
- Other physical health barrier
- Youth refuses mental health treatment including therapy
- Other placement barrier
- Other child/youth related barrier
- Non-compliance with service agreement

- Child has behavior problems in the home
- Youth non-compliant with medication
- Youth engages in risky behavior

Ready By 21 (Transitioning Youth)

Age of Youth (14 years and older all permanency plans = 438 cases)

- 144 (33%) of the 438 youths reviewed were between 14-16 years old.
- 166 (38%) of the 438 youths reviewed were between 17-19 years old.
- 137 (31%) of the 438 youths reviewed were 20 years old.

Independent Living skills (438 cases)

- The local boards agreed that 210 (48%) of the eligible youths were receiving appropriate services to prepare for independent living.

Employment (438 cases)

- The local boards found that 157 (36%) of the 438 eligible youths were employed or participating in paid or unpaid work experience.
- The local boards agreed that 207 (47%) of the 438 eligible youths were being appropriately prepared to meet employment goals.

Housing (137 cases)

Transitioning Youth (20 and over with a permanency plan of APPLA or exiting care to independence within a year of the date of review).

- The local boards found that 86 (63%) of the 137 youths had a housing plan specified.
- The local boards agreed that 88 (64%) of the 137 youths were being appropriately prepared for transitioning out of care.

Concurrent Planning

Concurrent planning is an approach that seeks to eliminate delays in attaining permanent families for children in foster care. In concurrent planning, an alternative permanency plan or goal is pursued at the same time rather than being pursued after reunification has been ruled out. The Adoption and Safe Families Act (ASFA) of 1997 provided for legal sanctioning of concurrent planning in states by requiring that agencies make reasonable efforts to find permanent families for children in foster care should reunification fail and stating that efforts could be made concurrently with reunification attempts.

At least 21 states have linked concurrent planning to positive results including reduced time to permanency and establishing appropriate permanency goals, enhanced reunification or adoption efforts by engaging parents and reduced time to adoption finalization over the course of two

review cycles of the Federal Child and Family Services Review (Child Welfare Information Gateway, Issue Brief 2012, Children's Bureau/ACYF). DHS/SSA Policy Directive #13-2, dated October 12, 2012 was developed as a result of Maryland reviewing case planning policy including best practices and concurrent planning as part of Maryland's performance improvement plan.

CRBC supports concurrent planning when used in accordance with state policy to achieve goals of promoting safety, well-being, and permanency for children in out of home placement, reducing the number of placements in foster care and maintaining continuity of relationships with family, friends and community resources for children in out-of-home care.

According to SSA Policy Directive #13-2 a concurrent plan is required when the plan is reunification with parent or legal guardian, placement with a relative for adoption or custody and guardianship, and guardianship or adoption by a non-relative (prior to termination of parental rights).

The local boards found the following in statewide reviews:

- A total of 99 (25%) of the 395 eligible cases (660 total – 265 APPLA cases) had a concurrent permanency plan identified by the Local Juvenile Courts.
- The Local Departments (LDSS) were implementing the concurrent permanency plans identified by the Local Juvenile Courts for 86 (87%) of the 99 cases.
- The local boards found that for 133 (34%) of the 395 eligible cases the Local Departments (LDSS) were engaged in concurrent planning.

CRBC Recommendations to the Department of Human Services

1. Review and develop policies and practices to ensure that they are trauma informed policies.
2. Ensure consistency in the availability and delivery of services to children and youth involved with child welfare statewide by identifying resource needs and gaps to address lack of access.
3. Develop a system to track and monitor health including mental health of children and youth in out-of-home placement at the state and LDSS level to include documentation of health and education services and progress.
4. Identify gaps and areas needing improvement in the child welfare workforce. Increase efforts to improve workforce development in order to attain and maintain a highly experienced and skilled workforce to include transfer of knowledge. Develop and implement measures to retain child welfare staff by considering case and workloads, staff development and training, quality of supervision, competitive compensation, opportunities for advancement and filling vacancies expeditiously.
5. Coordination of services across Public Agencies such as Primary Care, Behavioral Health, Medicaid, Juvenile Criminal Systems, Education, and Public Assistance in an effort to improve

preventive health, mental health and education needs being met, and improving outcomes for children and youth in Out-of-Home Placement.

6. Ensure adequate in state resources to provide services to children and youth with intensive needs. Children with serious behavioral, emotional, and medical needs that require additional structure not provided in family or other group settings in state, should receive appropriate services and level of support for their own safety and the safety of others and to help improve outcomes.
7. Increase concurrent planning to increase the likelihood of establishing the appropriate permanency plan or goal and achieve permanency without undue delay.
8. Explore other permanency options at least every 6 months for children and youth with a permanency plan of APPLA.
9. Continue to focus on increasing the number of relative/kin placement and permanency resources.
10. Explore adoption counseling for children and youth that have not consented to adoption.
11. Transitional planning should begin for youth at 14 to include housing, education, employment, and mentoring. Plans should be developed by the youth with the assistance of the Department of Social Services worker and others identified by the youth for support. Engagement of the youth and individuals identified by the youth is important. The plan should build on the youth's strengths and support their needs. While it is important to understand and meet legislative requirements for youth transitional plans, it is crucial that child welfare professionals working with youth view transitional planning as a process that unfolds over time and through close youth engagement and not a checklist of items to accomplish.¹
12. Ensure that youth 14 and older begin to prepare for self-sufficiency by providing resources and opportunities for consistent independent living skills for youth statewide.
13. Ensure that youth are engaged in opportunities to use independent living skills obtained prior to transitioning out of care.
14. Identify and increase housing resources and funding to address the lack of affordable housing options available for aging out youth.
15. Ensure that a specific housing plan is identified for older youth transitioning out of care at least 6 months prior to the anticipated date of discharge or before youth's 21st birthday.
16. Increase opportunities for community partnerships to connect, to use life/independent skills, to gain employment experience and to improve affordable housing options for older youth exiting care.

¹Child Welfare Information Gateway <https://www.childwelfare.gov>

Acknowledgements

CRBC would like to acknowledge the commitment, dedication, passion, and service of all stakeholders advocating on behalf of Maryland's most vulnerable children to improve outcomes during FY2022 including:

- ★ CRBC Governor Appointed members for their tireless efforts on behalf of Maryland's most vulnerable children and youth. CRBC volunteers have been dedicated and committed to the mission, vision and goals of CRBC, successfully transitioning from conducting in person to 385 virtual case reviews and interviews, providing individual case advocacy.
- ★ The Department of Human Services (DHS)
- ★ The Social Services Administration (SSA)
- ★ The Local Departments of Social Services (LDSS), Baltimore County & Montgomery County (DHHS)
- ★ The State Council on Child Abuse and Neglect (SCCAN)
- ★ The State Child Fatality Review Team (SCFRT)
- ★ The Coalition to Protect Maryland's Children (CPMC)
- ★ Maryland CASA Association
- ★ The Local Juvenile Courts of Maryland
- ★ All Community Partners who strive to improve outcomes for children and youth involved with child welfare

SSA Response to the CRBC FY2021 Annual Report

(Reprinted for inclusion in Annual Report)



Larry Hogan, Governor | Boyd K. Rutherford, Lt. Governor | Lourdes R. Padilla, Secretary

April 26, 2022

Nettie Anderson-Burrs, Chairperson
Citizens Review Board for Children
1100 Eastern Avenue
Baltimore, Maryland 21221

Dear Ms. Anderson-Burrs and Review Board Members:

The Department of Human Services, Social Services Administration (DHS/SSA) extends its appreciation for the work of the Citizens Review Board for Children (CRBC). The CRBC annual report provides information that is essential for DHS/SSA to improve its services to Maryland's families, children, and youth who are involved with the child welfare system. The constructive feedback contained in the report, as well as the information received during meetings with CRBC leadership, contribute a great deal to our Continuous Quality Improvement (CQI) efforts.

DHS/SSA recognizes the need for consistent availability of critical services to meet the complex and individual needs of the families, children, and youth we serve. Across Maryland, we continue to strengthen partnerships with key service providers, stakeholders, sister agencies, and community partners to better coordinate services, communicate the needs of children and families, and raise awareness regarding needed services. The Department has implemented a phased roll-out to expand its capacity to serve families, children, and youth with prevention focused evidence-based practices (EBPs) across Maryland in 18 jurisdictions. Families First Prevention Services Act made it possible to expand offering Healthy Families America, Parent Child Interaction Therapy, Multisystemic Therapy, and Functional Family Therapy in Maryland in order to build upon the success we have already seen serving families with these EBPs in some jurisdictions.

In addition, DHS/SSA recognizes the importance of developing consistent and trauma-responsive services for Maryland's children, youth, families, and vulnerable adults. Maryland implemented its Integrated Practice Model (IPM) in 2020 and has continued to provide coaching to supervisory teams across the State in order to support consistent service delivery. The IPM espouses principles of practice to ensure our services are family-centered, individualized and strengths-based, trauma-responsive, outcomes driven, community-focused, and culturally and linguistically responsive. The IPM also highlights the need for a safe, engaged, and well-prepared professional workforce and aligns with CRBC's recommendations.

Of particular note, the CRBC report recommends that the Department develop a system to track and monitor health including mental health of children and youth in out-of-home placement. Under the leadership of the DHS Child Welfare Medical Director, the Department entered into an agreement

with the Chesapeake Regional Information System for our Patients (CRISP). This agreement allows the DHS Child Welfare Medical Director to access CRISP data in order to identify the health and wellness needs of children in the Department's care.

DHS/SSA has also partnered with the Governor's Office for Crime Prevention Youth and Victim Services and the Maryland Department of Health (MDH) to engage our private placement providers in discussions regarding access to higher levels of care. Through coordination with MDH, Maryland continues to offer Voluntary Placement Agreements to those families whose youth are eligible for a higher level of care reducing the number of youths in the State's care and custody.

In support of creating lasting permanency for children and youth in care, DHS/SSA has also entered into two contracts - Family Connections Program and Child Maltreatment Prevention Services striving to increase kinship placements and permanency resources. Additionally, DHS/SSA has developed contracts to provide adoption counseling and pre- and post-adoption support services to children, youth, and families. In regards to adoption counseling for youth who did not consent to adoption, DHS/SSA plans to explore the services offered to youth and what, if any, additional pre-adoption supports are needed. The Department remains committed to working diligently to address barriers to permanency for Maryland's children.

The CRBC recommendations around older youth transition planning, including planning for housing and other independent living skills are currently being explored by our Placement and Permanency Implementation Team. This team continues to provide support and guidance on SSA's broader goals of ensuring children, youth and vulnerable adults are:

- Safe and free from maltreatment
- Living with safe, supportive, and stable families and in least restrictive environments where they can grow and thrive
- Able to achieve timely and lasting permanency; and
- Connected with professionals, family members, and other supportive resources to enable them to sustain success upon exiting our child welfare system.

Through our Implementation Teamwork, DHS/SSA has updated the Youth Transition Plan (YTP) and process. This includes the integration of youth voice and allows space for growth and change over time. Transitional planning should begin for youth at age 14 to include housing, education, employment, and mentoring. Our goal is that all child welfare professionals who work with youth will view transitional planning as a process that unfolds over time and requires close youth involvement and ongoing engagement.

As such, the YTP is a youth driven document that is designed to be utilized statewide by all transition-age youth. To ensure services meet the needs of Maryland's youth in care, the YTP process includes an instructional video specifically tailored to our older youth. The YTP is also available online via Maryland's MyLife website. In addition, to address the housing needs of youth emerging from foster care, DHS/SSA maintains its partnership with the U.S. Department of Housing and Urban Development (HUD) to support maintenance of the Family Unification Program (FUP). DHS/SSA has also collaborated with the Maryland Developmental Disabilities Administration (DDA) to locate sustainable housing for youth who have disabilities.

The CRBC's careful assessment of our practices is very much appreciated. We are committed to continuing to identify and strategically implement best practices to effectively serve children, youth,

families, and vulnerable adults across Maryland. We look forward to our ongoing partnership with the CRBC in this regard.

Sincerely,

Denise Conway, LCSW-C
Executive Director
Social Services Administration
Maryland Department of Human Services

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CRBC Program Description

The Citizen Review Board for Children is rooted in a number of core values, which relate to society's responsibility to children and the unique developmental needs of children. We have a strong value of believing that children need permanence within a family, and that their significant emotional attachments should be maintained. We know children develop through a series of nurturing interactions with their parents, siblings and other family members, as well as culture and environment. Therefore, a child's identity or sense of selfhood grows from these relationships.

In addition, we believe children grow and are best protected in the context of a family. If parents or kin are not able to provide care and protection for their children, then children should be placed temporarily in a family setting, which will maintain the child's significant emotional bonds and promote the child's cultural ties.

The CRBC review process upholds the moral responsibility of the State and citizenry to ensure a safe passage to healthy adulthood for our children, and to respect the importance of family and culture.

As case reviewers, CRBC values independence and objectivity, and we are committed to reporting accurately what we observe to make recommendations with no other interest in mind but what is best for children. In addition, CRBC provides an opportunity to identify barriers that can be eradicated and can improve the lives of children and their families: and improve the services of the child welfare system (CRBC, 2013).

The Citizens Review Board for Children consists of Governor appointed volunteers from state and local boards. Currently, there are 35 local review boards representing all 24 jurisdictions (23 counties and Baltimore City). Volunteer members serving on local boards, review cases of children in Out-of-Home Placement. CRBC monitors child welfare programs and makes recommendations for system improvements.

The State Board reviews and coordinates the activities of the local review boards. The State Board also examines policy issues, procedures, legislation, resources, and barriers relating to Out-of-Home Placement and the permanency of children. The State Board makes recommendations to the General Assembly around ways of improving Maryland's child welfare system.

The Citizens Review Board for Children supports all efforts to provide permanency for children in foster care. The State Board provides oversight to Maryland's child protection agencies and trains volunteer citizen panels to aid in child protection efforts.

Mission Statement

To conduct case reviews of children in out-of-home care, make timely individual case and systemic child welfare recommendations; and advocate for legislative and systematic child welfare improvements to promote safety and permanency.

Vision Statement

We envision the protection of all children from abuse and neglect, only placing children in out-of-home care when necessary; and providing families with the help they need to stay intact; children will be safe in a permanent living arrangement.

Goals

Volunteer citizens review cases in order to gather information about how effectively the child welfare system discharges its responsibilities and to advocate, as necessary for each child reviewed in out-of-home care.

The Citizens Review Board for Children provides useful and timely information about the adequacy and effectiveness of efforts to promote child safety and well-being, to achieve or maintain permanency for children and about plans and efforts to improve services.

The Citizens Review Board for Children makes recommendations for improving case management and the child welfare system, and effectively communicates the recommendations to decision makers and the public.

Discrimination Statement

The Citizens Review Board for Children (CRBC) renounces any policy or practice of discrimination on the basis of race, gender, national origin, ethnicity, religion, disability, or sexual orientation that is or would be applicable to its citizen reviewers or staff or to the children, families, and employees involved in the child welfare system (CRBC, 2013).

Confidentiality

CRBC local board members are bound by strict confidentiality requirements. Under Maryland Human Services Code § 1-201 (2013), all records concerning out-of-home care are confidential and unauthorized disclosure is a criminal offense subject to a fine not exceeding \$500 or imprisonment not exceeding 90 days, or both. Each local board member shall be presented with the statutory language on confidentiality, including the penalty for breach thereof, and sign a confidentiality statement prior to having access to any confidential information.

CRBC FY2022 Retention, Recruitment, Training and Activities

During FY2022, CRBC continued to utilize recruitment and retention strategies to ensure membership and facilitation of reviews in all 23 counties and Baltimore City. Many of CRBC members have been dedicated and committed to serving on behalf of Maryland's most vulnerable children and youth for numerous years. Ongoing recruitment is necessary to account for some expected reduction to avoid attrition. Passive recruitment efforts continued in order to support CRBC's mission, vision and goals.

In FY2022, 20 members were selected by a selection committee, recommended for appointment and appointed by the Governor to local out-of-home placement review boards in jurisdictions where they reside across the state. CRBC provided orientation and pre-service training for newly appointed members and in commemoration of National Child Abuse Prevention Month in April 2022 CRBC hosted training titled Cultural Learning Implications and Approaches for Respecting Who We Are. The focus of the training included participants appreciating the need for and importance of cultural awareness, for participants to gain knowledge and skills to effectively handle cultural variations, for participants to be able to bridge cross cultural communication barriers and to apply to the CRBC review process and advocacy. The training was facilitated by Dr. Edwin Green, Jr., ED. D, Executive Director of the 413 Center, Inc and CRBC Local Out of Home Placement Baltimore City Board Member.

CRBC Individual Case Reviews

As a result of the Pandemic, state of emergency and the Governor's mandatory telework order beginning on March 13, 2020 in the 3rd Quarter of FY2020, in person case reviews, in person recruitment and in person training was suspended. CRBC was successful in developing a process to transition from in person, on site reviews at local departments of social services to virtual reviews. Reviews were conducted virtually during FY2022.

Promoting Safety, Well-Being and Permanency

CRBC's priorities remained the safety and well-being of Maryland's most vulnerable children and youth. CRBC facilitated quarterly or as needed virtual meetings with local department of social services administrators in Baltimore County, Prince George's County and Baltimore City to discuss CRBC review findings, for individual and jurisdictional advocacy including to address lack of reasonable efforts findings by the juvenile court on several occasions in Prince George's County. CRBC members and LDSS child welfare Administrators and staff worked collaboratively to discuss and identify ways to address findings that needed attention and intervention. CRBC advocated for resources and support for children and youth, child welfare staff, caregivers and providers. CRBC participated in virtual meetings with members of the Department of Human Services, Social Services Administration, including Executive Directors Michelle Farr, and Denise Conway, in addition to members of the Child and Family Well-Being, Permanency, Placement and Education team representatives.

Virtual meetings with the Department of Human Services and Social Services Administration staff were held to discuss CRBC findings, concerns and for educational advocacy. Discussions included the lack of shared health and education information available at the LDSS (the potential impact on case management, planning, decision making, placement stability and permanency). Lack of documentation of preventive exams, updated medical records and concerns regarding educational services for children and youth with special education or special needs in out-of-home placement was discussed.

Education Advocacy Committee (EAC) Activities

Educational Advocacy

Education is a crucial component in well-being. It increases opportunities and choices in life due to the skills and confidence gained when appropriate educational services including emotional and mental health services are provided to support a child reaching their full potential.

Educational concerns consequent COVID that had arisen during the CRBC review process prompted the establishment of an Educational Advocacy Committee (EAC) in fiscal year 2021. The committee is a sub-committee of CRBC's State Board and its purpose is to support CRBC's efforts with advocacy around improvement in educational services for children in foster care. The committee makes recommendations to the State Board. The goal is that all of Maryland's children will have access to safe, equitable and sustainable education to support the well-being and success of all of Maryland's children.

This prompted plans for a deeper look of cases including those with Individual Education Plans (IEP) and those cases where a child may be in need of special education services but, as yet, have not been referred.

Also, consideration regarding if there was sufficient examination and review of these cases. Additional considerations include the following:

- The need for data on the number of children within foster care who qualify for special education services.
- The need for every foster child who has been identified as in need of special education to have a parent or person who can function as the parent in an IEP meeting
- Procedures within Department of Human Services (DHS) and Maryland State Department of Education (MSDE) regarding children in foster care
- Residential placement resources for a child who qualifies for special education
- Practices and policies of DHS regarding oversight of IEP development and implementation

The committee engaged in information gathering and a series of meetings with individuals with expertise in education and education advocacy during FY 2021 in addition to review of state and

federal policies and guidelines. In FY2022 the committee engaged in observation and surveying of selected local out of home placement reviews.

CRBC State Board will focus on providing training on education including state, federal and DHS policy, special education and educational advocacy to all of its members.

CRBC FY2022 Legislative Activities

CRBC has a Children's Legislative Activities Committee (CLAC) and was a voting member of the Coalition to Protect Maryland's Children (CPMC) in FY2022.

During the 2022 legislative session CLAC reviewed legislation and supported via CPMC with the goal met for 9. CRBC supported with testimony with the goal met for 3 and opposed 2 bills via CPMC with the goal met for both. CRBC opposed 1 bill with testimony with the goal met. Below are some of the bills that CRBC took a position on:

Supported

SB0820/HB1248-Child Abuse and Neglect-Investigations-Timeliness

SB656/HB0766-Children-Residential Treatment Centers-Education Funding

SB0003/HB0297-Facilities-Disabilities, Juveniles, Behavioral Health Care-Children and Community Relations Plans

S0020/HB0284-Criminal Procedure-Out of Court Statements-Child Victims

SB0017/HB0561-Child Custody-Cases Involving Child Abuse or Domestic Violence Training for Judges

SB0002/HB0032-Mental Health Law-Petitions for Emergency Evaluations

SB0012/HB0129-Behavioral Health Crisis Response Services and Public Safety Answering Points-Modifications

HB0496-Commission on the Establishment of a Family and Medical Leave Insurance Program

HB1169-Child Abuse and Neglect-Training of Health Care Professionals

HB0406-Children in Out of Home Placements-Placement in Medical Facilities

HB0118-Public Schools-Student Attendance-Excused Absences for Mental Health

HB0097-workgroup on Black, Latino, Asian American, Pacific Islander and Other Underrepresented Behavioral Health Professionals

Opposed

HB1155-Foster Parents, Kinship Parents, Pre-Adoptive Parents, and Caregivers Right to Intervene

SB0843/HB1335-Perinatal Care-Drug and Alcohol Testing and Screening-Consent

HB1320-Criminal Law-Sexual Crimes-Allowing Minor Who is a Previous Offender to Be in the Presence of Another Minor

CRBC Out-of-Home Placement Case Reviews

Targeted Review Criteria

The Department of Human Services (DHS), formerly the Department of Human Resources (DHR), Social Services Administration (SSA) and the Citizens Review Board for Children (CRBC) together have created a review work plan for targeted reviews of children in out-of-home-placement. This work plan contains targeted review criteria based on out-of-home-placement permanency plans.

Reunification:

- Already established plans of Reunification for children 10 years of age and older. CRBC will conduct a review for a child 10 years of age and older who has an established primary permanency plan of Reunification and has been in care 12 months or longer.

Adoption:

- Existing plans of Adoption. CRBC will conduct a review of a child that has had a plan of Adoption for over 12 months. The purpose of the review is to assess the appropriateness of the plan and identify barriers to achieve the plan.
- Newly changed plans of Adoption. CRBC will conduct a review of a child within 5 months after the establishment of Adoption as a primary permanency plan. The purpose is to ensure that there is adequate and appropriate movement by the local departments to promote and achieve the Adoption.

Another Planned Permanent Living Arrangement (APPLA):

- Already established plans of APPLA for youth 16 years of age and younger. CRBC will conduct a full review of a child 16 years of age and younger who has an established primary permanency plan of APPLA. The primary purpose of the review is to assess appropriateness of the plan and review documentation of the Federal APPLA requirements.
- Newly established plans of APPLA. CRBC will conduct a review of a child within 5 months after the establishment of APPLA as the primary permanency plan. Local Boards will review cases to ensure that local departments have made adequate and appropriate efforts to assess if a plan of APPLA was the most appropriate recourse for the child.

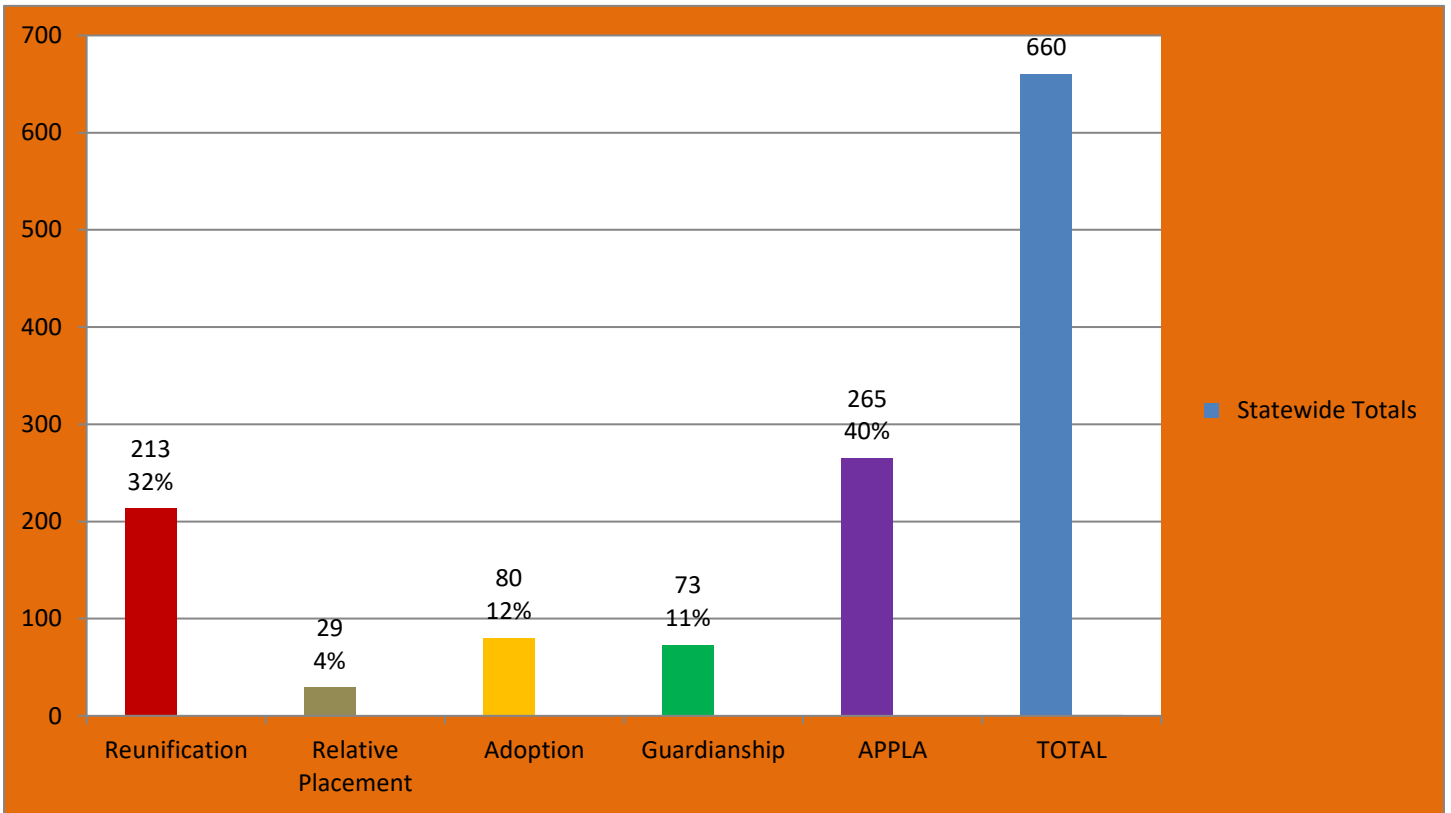
Older Youth Aging Out

- Older youth aging-out or remaining in the care of the State at age 17 and 20 years old. CRBC will conduct a review of youth that are 17 and 20 years of age. The primary purpose of the review is to assess if services were provided to prepare the youth to transition to successful adulthood.

Re-Review Cases:

- Assessment of progress made by LDSS. CRBC will conduct follow-up reviews during the fourth quarter of the current fiscal year of any cases wherein the local board identified barriers that may impede adequate progress. The purpose of the review is to assess the status of the child and any progress made by LDSS to determine if identified barriers have been removed.

CRBC FY2022 Case Review Findings by Permanency Plan



*(Note: Relative Placement is the combined total of Relative Placement for Adoption (2) and Relative Placement for Custody/Guardianship (29))

Gender Totals (660)

Male	Female
348 (53%)	312 (47%)

Male

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
113 (53%)	18 (62%)	47 (59%)	42 (58%)	128 (48%)

Female

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
100 (47%)	11 (38%)	33 (41%)	31 (42%)	137 (52%)

Ethnicity Overall (660)

African American	Caucasian	Asian	Native American	Other
411 (62%)	214 (32%)	8 (1%)	3 (>1%)	24 (4%)

Age Range by Permanency Plan

[RE] = Reunification

[RA] = Relative Placement for Adoption

[RG] = Relative Placement for Custody & Guardianship

[AD] = Non-Relative Adoption

[CG] = Non-Relative Custody & Guardianship

[AP] = Another Planned Permanent Living Arrangement (APPLA)

AGE RANGE	RE	RA	RG	AD	CG	AP	Totals
age 1 thru 5	23	1	5	22	3	0	54
age 6 thru 10	42	1	5	11	10	0	80
age 11 thru 13	45	0	4	13	17	0	79
age 14 thru 16	71	0	10	18	36	9	144
age 17 thru 19	26	0	3	5	6	126	166
age 20	6	0	0	0	1	130	137
Totals	213	2	27	80	73	265	660

CRBC FY2022 Case Reviews by Jurisdiction & Permanency Plans

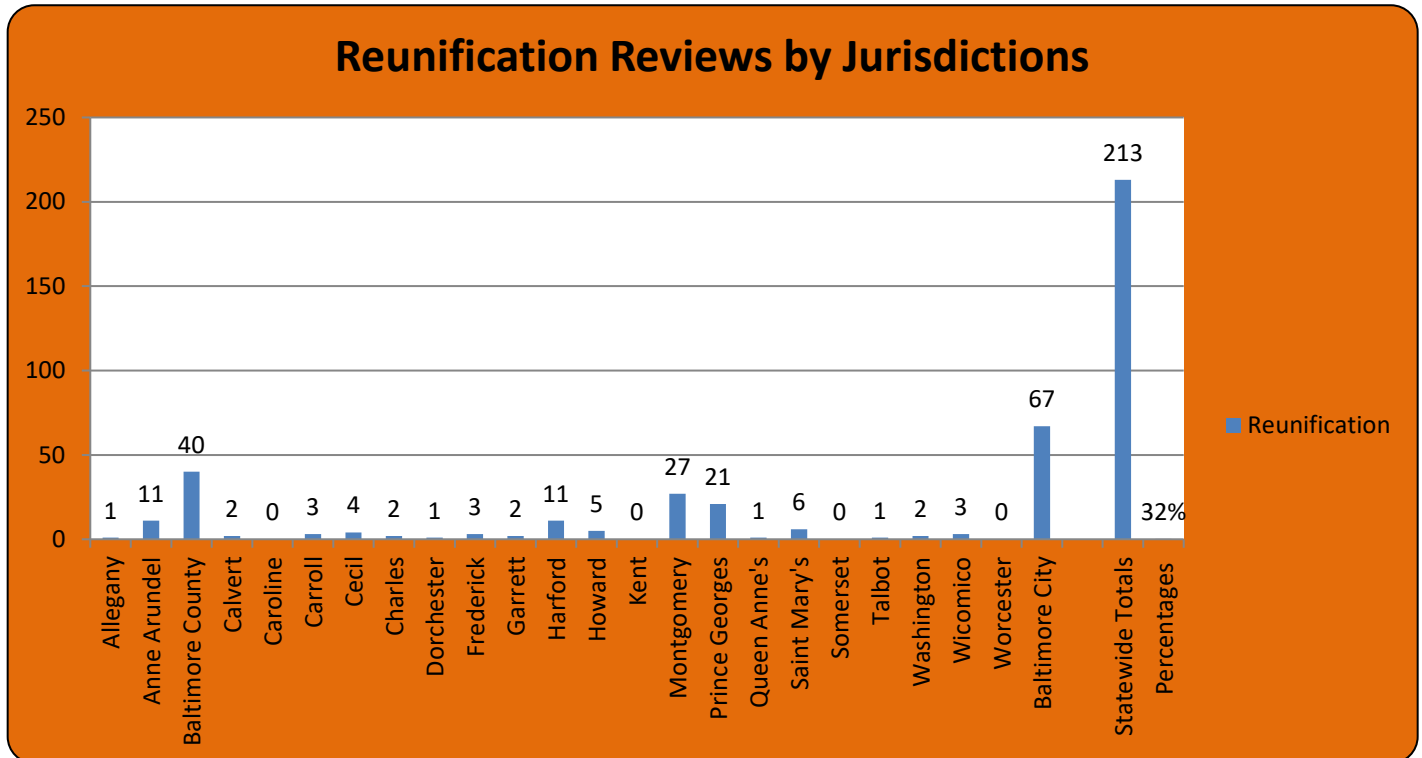
Jurn #	County	Reunification	Relative Placement	Adoption	Custody Guardianship	APPLA	TOTAL	Boards held
01	Allegany	1	0	2	0	2	5	2
02	Anne Arundel	11	1	0	4	10	26	7
03	Baltimore County	40	1	10	1	33	85	23
04	Calvert	2	1	0	0	5	8	2
05	Caroline	0	1	0	0	2	3	1
06	Carroll	3	0	0	1	3	7	2
07	Cecil	4	0	1	2	8	15	4
08	Charles	2	0	0	1	9	12	3
09	Dorchester	1	0	0	1	4	6	2
10	Frederick	3	0	5	2	7	17	5
11	Garrett	2	0	0	1	1	4	1
12	Harford	11	1	11	0	6	29	7
13	Howard	5	0	0	0	6	11	3
14	Kent	0	0	1	1	0	2	1
15	Montgomery	27	2	16	19	23	87	23
16	Prince Georges	21	4	6	3	40	74	20
17	Queen Anne	1	0	0	0	1	2	1
18	Saint Mary's	6	0	4	1	5	16	4
19	Somerset	0	2	1	2	1	4	1
20	Talbot	1	0	1	1	1	4	1
21	Washington	2	3	2	2	15	24	6
22	Wicomico	3	0	2	0	3	8	2
23	Worcester	0	0	2	0	4	6	2
49	Baltimore City	67	13	16	33	76	205	60
	Statewide Totals	213	29	80	73	265	660	183
	Percentages	32%	4%	12%	11%	40%	100%	

* Relative Placement is the combined total of Relative Placement for Adoption = 2 and Relative Placement for Custody/Guardianship = 27

CRBC conducted a total of 660 individual out-of-home case reviews (each case reviewed represents 1 child/youth) in all 24 Jurisdictions on 183 boards that held reviews during Fiscal Year 2022.

Reunification Case Reviews

The permanency plan of Reunification is generally the initial goal for every child that enters out-of-home placement and appropriate efforts should be made to ensure that the child/youth is receiving the services that are necessary to reunite with their family and have permanency. It is equally as important to make sure that reasonable efforts have been made with the identified parent or caregiver to promote reunification without undue delay.



Age Range	Statewide Totals	Reunification	Percentage
Age 1 thru 5	54	23	43%
Age 6 thru 10	80	42	53%
Age 11 thru 13	79	45	57%
Age 14 thru 16	144	71	49%
Age 17 thru 19	166	26	16%
Age 20	137	6	4%
Total	660	213	32%

Permanency

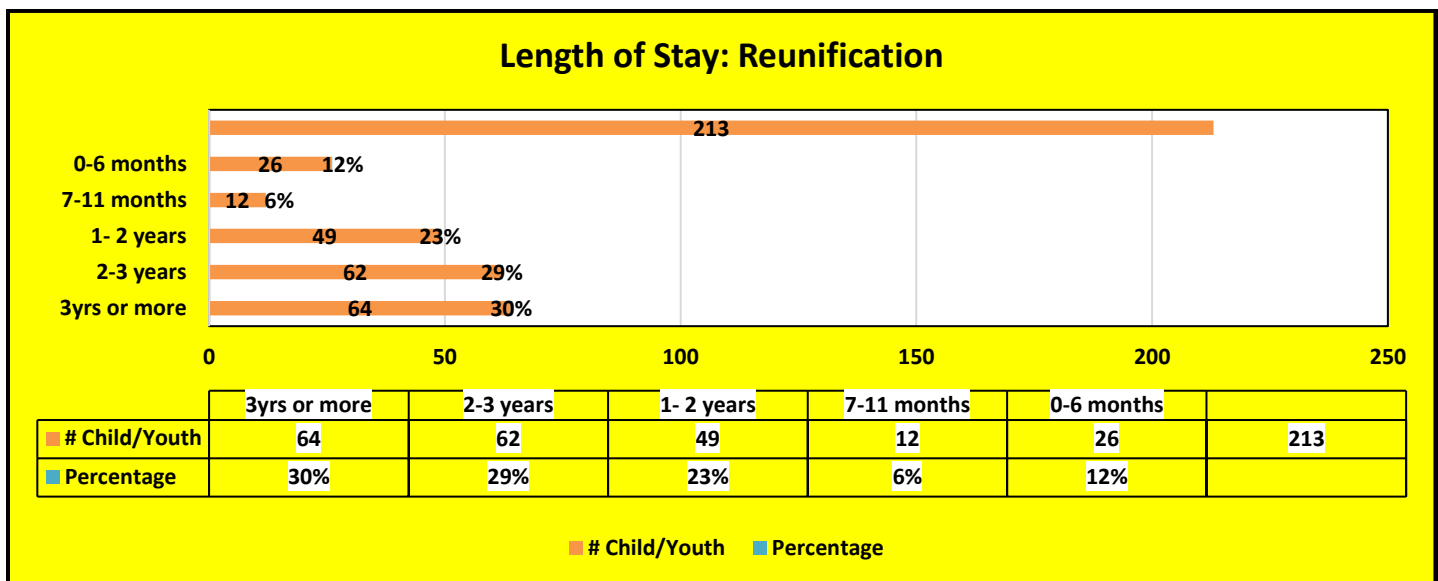
The local boards agreed with the permanency plan of reunification for 113 (53%) of the 213 cases reviewed.

The local Juvenile Courts identified concurrent permanency plans for 63 (30%) of the 213 cases reviewed.

The local departments (LDSS) were implementing the concurrent plans set by the local Juvenile Courts for 54 (86%) of the 63 cases.

Length of Stay for Children/Youths with a plan of Reunification

The local boards found that the lengths of stay for the 213 children/youths with a plan of Reunification were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local departments held family involvement meetings prior to entry for 154 (72%) of the 213 cases reviewed.

Service Agreements: The local departments had signed service agreements for 49 (23%) of the 211 eligible cases. 2 cases were Post-TPR children under the age of 14. Efforts to involve the families in the service agreement process were made for 94 (45%) of the 211 cases.

The local boards agreed that the service agreements were appropriate for 47 (96%) of the 49 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
27	Formal Kinship Care
18	Regular Foster Care
11	Restricted (Relative) Foster Care
10	Treatment Foster Care
65	Treatment Foster Care (Private)
13	Residential Group Home
20	Therapeutic Group Home
3	Independent Living Residential Program
6	Residential Treatment Center
2	Teen Mother Program
1	Non-Relative
5	Diagnostic Center
3	Other
1	Correctional Institution (LA)
4	Inpatient Psychiatric Care (LA)
4	Runaway (LA)
1	Secure Detention Facility (LA)
16	Trial Home Visit (LA)
3	Unapproved Kinship Home (LA)

In 96 (45%) of the 213 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 180 (84%) of the 213 cases reviewed.

Placement Stability

The local boards found that in 95 (45%) of the 213 cases reviewed there were changes in placement within the 12 months prior to the review. 60 (63%) of the 95 cases had 1 placement change, 16 (17%) had 2 placement changes, 9 (9%) had 3 placement changes and 10 (11%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 65 (68%) of the 95 cases.

The following levels of care were found for the 95 most recent placement changes:

- 28 (29%) were in less restrictive placements
- 17 (18%) were in more restrictive placements
- 47 (49%) had the same level of care
- 3 (3%) runaway

The local boards found that the primary positive reasons for the 95 most recent placement changes were:

- Transition towards a permanency goal: 33 cases
- Placement with relatives: 6 cases
- Placement with siblings: 1 case

Provider specific issues for the most recent placement changes were:

- Allegation of provider abuse/neglect: 4 cases
- Provider home closed: 5 cases
- Provider request: 6 cases

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 23 cases
- Threats of harm to self/others: 1 case
- Sexualized: 3 cases
- Runaway: 3 cases
- Hospitalization: 5 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

- Yes, for 77 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

- Yes, for 87 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 86 (40%) of the 213 children/youths reviewed had developmental or special needs.
- Current Physical: 120 (56%) children/youths had a current physical exam.
- Current Vision: 75 (35%) children/youths had a current vision exam.

- Current Dental: 94 (44%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 42 (55%) of 76 eligible children/youths.
- Completed Medical Records: The local departments reported that 58 (27%) children/youths had completed medical records in their case files.
- Prescription Medication: 102 (48%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for 101 (99%) of the 102 children/youths.
- Refused Prescribed Medication: 18 (18%) of the 102 children/youths refused to take prescribed medication.
- Psychotropic Medication: 92 (43%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for 91 (99%) of the 92 children/youths.
- Mental Health Issues: 158 (74%) children/youths had mental health issues.
- Mental Health Diagnosis: 155 (98%) of the 158 children/youths had a mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 130 (82%) of the 158 children/youths.
- Mental Health Issues/Transitioning/Services: 3 youths with mental health issues who were transitioning out of care, had an identified plan to receive services in the adult mental health system and 2 youths did not have a plan.
- Substance Abuse: 21 (10%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 3 (14%) of the 21 children/youths.
- Behavioral Issues: 113 (53%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 84 (74%) of the 113 children/youths.
- Standard Health Exams: 4 (2%) of the 213 children/youths refused to comply with standard health exams.

The local boards found that the health needs of 80 (38%) of the 213 children/youths had been met.

Education

190 (89%) of the 213 children/youths reviewed were enrolled in school or another educational/vocational program. 186 of the 190 were in Pre-K thru 12th grade, 3 were enrolled in a GED program and 1 was in college. 3 of the 23 children/youths not enrolled in school or another educational/vocational program had already graduated high school, 7 refused to attend school and 13 were under the age of 5.

109 (59%) of the 186 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 69 (63%) of the 109 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 80 (73%) of the 109 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 138 (73%) of the 190 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 100 cases)

13 (13%) of the 100 youths were employed or participating in paid or unpaid work experience. 2 youths were unable to participate due to being medically fragile, 21 due to mental health reasons and 2 were in a Correctional Facility.

22 (22%) youths were referred to summer or year-round training and/or employment opportunities.

The local boards agreed that 25 (25%) youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 100 cases)

The local boards agreed that 25 (25%) of the 100 youths were receiving appropriate services to prepare for independent living. 2 youths were unable to receive appropriate services due to being medically fragile, 21 due to mental health reasons and 2 were in a Correctional Facility.

18 youths had completed a Life Skills Assessment and 24 were receiving required independent living skills.

➤ Housing (Transitioning Youth – 6 cases)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Housing had been specified for 1 of the 6 youths transitioning out of care.

Alternative housing options were provided for 1 youth.

The local boards agreed with the transitional housing plan for 1 youth.

The local boards agreed that 1 youth was being appropriately prepared to transition out of care.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 191 (90%) of the 213 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that for 57 (27%) of the 213 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	131	59
No	82	154

Frequency of Visits	With Parents	With Relatives
Daily	4	8
Once a week	44	14
More than once a week	17	3
Once a month	11	7
More than once a month	31	11
Quarterly	2	1
Yes, but undocumented	22	15

Supervision of Visits	With Parents	With Relatives
Supervised	40	9
Unsupervised	91	50

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	22	7
Other Agency Representative		
Biological Family Member	7	1
Foster Parent	8	1
Other	3	

Where do Visits Occur?	With Parents	With Relatives
Parent/Relative Home	47	46
LDSS/Visitation Center	17	
Public Area	29	7
Child's/Youth's Placement	35	6
Other	3	

Overnight Stays	With Parents	With Relatives
Yes	37	27
No	94	32

Siblings/Visits

The local boards found that 132 (62%) of the 213 children/youths had siblings in care. 59 of the 132 children/youths had 1 sibling in care, 32 had 2 siblings in care, 20 had 3 siblings in care, 14 had 4 siblings in care and 6 had 5 siblings in care. Efforts were made to place siblings who did not reside together for 106 children/youths. 81 children/youths with siblings in care had visits with their siblings who did not reside with them and 62 had visits with their siblings who were not in care.

Barriers to Permanency/Issues

The local boards identified the following barriers to permanency/issues:

- No service agreement with parents.
- No service agreement with youth.
- Missing or lack of documentation.
- Annual physicals not current.
- Board does not agree with current permanency plan.
- Dentals not current.
- Vision not current.
- No current IEP.
- Other child/youth related barrier.
- Other agency related barrier.
- Other independence barrier.
- Other education barrier.
- Youth has not been assessed for mental health concerns.
- Poor coordination within DSS.
- Worker did not submit referral for needed resource/service.
- Lack of concurrent planning.
- Youth not enrolled in school.
- Child has behavior problems in the home.
- Youth not attending school or in GED program.
- Other physical health barrier.
- No follow up on medical referrals.
- Other placement barrier.

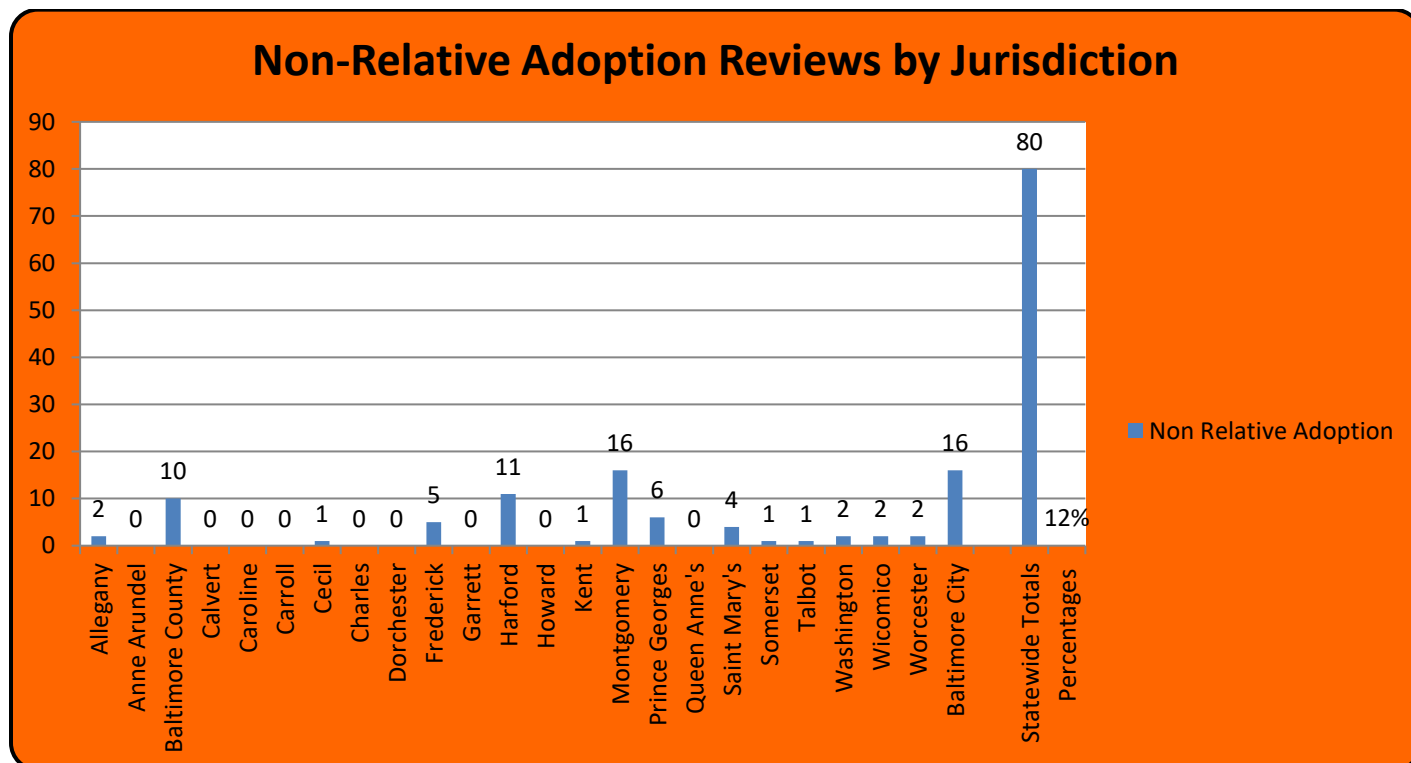
- Transitional housing has not been identified.
- Inadequate preparation for independence (general).
- Youth engages in risky behavior.
- No current Safe-C/G.
- Other court related barrier.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- Youth placed outside of home jurisdiction.
- Youth not employed and transitioning out of care.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 139 (65%) of the 213 children reviewed.

Non-Relative Adoption Case Reviews

When parental rights are terminated (TPR) Adoption becomes the preferred permanency plan. There are a number of factors to consider when a plan of adoption has been established, ranging from the termination of parental rights to what post adoption services are made available to the adoptive families. Reasonable efforts should be made to identify adoptive resources and provide appropriate services identified to remove barriers to adoption and achieve permanency for the child/youth in a timely manner.



Age Range	Statewide Totals	Adoption	Percentage
Age 1 thru 5	54	22	41%
Age 6 thru 10	80	22	28%
Age 11 thru 13	79	13	16%
Age 14 thru 16	144	18	13%
Age 17 thru 19	166	5	3%
Age 20	137	0	N/A
Total	660	80	12%

Permanency

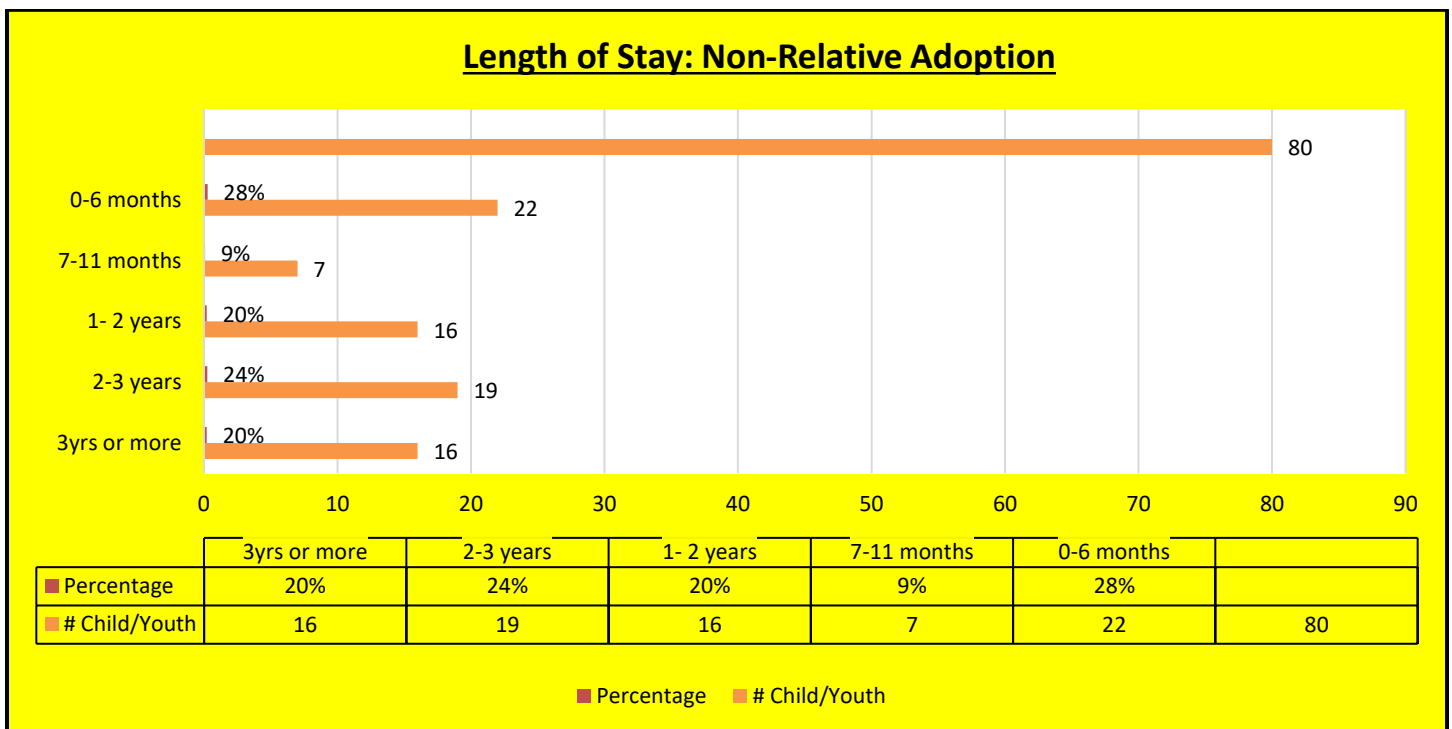
The local boards agreed with the permanency plan of Non-Relative Adoption for 70 (88%) of the 80 cases reviewed.

The local Juvenile Courts identified concurrent permanency plans for 13 (16%) of the cases reviewed.

The local departments were implementing the concurrent permanency plans set by the local Juvenile Courts for the 13 cases.

Lengths of Stay for Children/Youths with a plan of Adoption

The local boards found that the lengths of stay for the 80 children/youths with a plan of Non-Relative Adoption were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local departments held family involvement meetings prior to entry for 55 (69%) of the 80 cases reviewed.

Service Agreements: The local departments had signed service agreements for 8 (17%) of the 47 eligible cases. 33 cases were Post-TPR children under the age of 14. Efforts to involve the families in the service agreement process were made for 16 (34%) of the 47 cases.

The local boards agreed that the service agreements were appropriate for the 8 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
2	Formal Kinship Care
24	Pre-Finalized Adoptive Home
17	Regular Foster Care
3	Treatment Foster Care
17	Treatment Foster Care (Private)
3	Residential Group Home
5	Therapeutic Group Home
4	Residential Treatment Center
2	Other
1	Inpatient Medical Care Facility (LA)
1	Runaway (LA)
1	Secure Detention Facility (LA)

In 44 (55%) of the 80 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 77 (96%) of the 80 cases reviewed.

Placement Stability

The local boards found that in 25 (31%) of the 80 cases reviewed there was a change in placement within the 12 months prior to the review. 12 (48%) of the 25 cases had 1 placement change, 5 (20%) had 2 placement changes, 5 (20%) had 3 placement changes, and 3 (12%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 15 (60%) of the 25 cases.

The following levels of care were found for the 25 most recent placement changes:

- 4 (16%) were in less restrictive placements
- 7 (28%) were in more restrictive placements
- 13 (52%) had the same level of care
- 1 (4%) runaway

The local boards found that the primary positive reasons for the 25 most recent placement changes were:

- Transition towards a permanency goal: 9 cases

Provider specific issues for the most recent placement changes were:

- Provider home closed: 1 case
- Provider request: 1 case
- Allegation of provider abuse/neglect: 3 cases
- Founded incident of provider abuse/neglect: 1 case

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 4 cases
- Threats of harm to self or others: 1 case
- Sexualized: 1 case
- Delinquent behavior: 2 cases
- Runaway: 1 case

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

- Yes, for 16 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

- Yes, for 22 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 37 (46%) of the 80 children/youths reviewed had developmental or special needs.
- Current Physical: 57 (71%) children/youths had a current physical exam.
- Current Vision: 35 (44%) children/youths had a current vision exam.
- Current Dental: 45 (56%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 23 (68%) of 34 eligible children/youths.
- Completed Medical Records: The local departments reported that 27 (33%) children/youths had completed medical records in their case files.
- Prescription Medication: 41 (51%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for the 41 (51%) children/youths.

- Refused Prescribed Medication: 2 (5%) of the 41 children/youths refused to take prescribed medication.
- Psychotropic Medication: 33 (41%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for 32 (40%) children/youths.
- Mental Health Issues: 52 (65%) children/youths had mental health issues.
- Mental Health Diagnosis: 49 (61%) children/youths had mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 41 (83%) of the 49 children/youths.
- Mental Health Issues/Transitioning/Services: Not applicable. None of the youths with mental health issues were transitioning out of care.
- Substance Abuse: 4 (5%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes, for the 4 children/youths.
- Behavioral Issues: 43 (54%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 38 (88%) of the 43 children/youths.
- Standard Health Exams: 2 (2%) of the 80 children/youths refused to comply with standard health exams.
- The local boards found that the health needs of 48 (60%) of the 80 children/youths had been met.

Education

65 (81%) of the 80 children/youths reviewed were enrolled in school or another educational/vocational program. 64 of the 65 children/youths were in Pre-K thru 12th grade and 1 child/youth was enrolled in a GED program. 3 of the 15 children/youths not enrolled in school or another educational/vocational program refused to attend school and 12 were under the age of 5.

43 (66%) of the 65 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 30 (70%) of the 43 cases had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 29 (45%) of the 64 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 54 (83%) of the 65 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 23 cases)

4 (17%) of the 23 youths were employed or participating in paid or unpaid work experience.

2 youths were unable to participate due to being medically fragile, 3 due to mental health reasons and 1 was in a Correctional Facility.

3 (13%) of the 23 youths were referred to summer or year-round training and/or employment opportunities.

The local boards agreed that 4 (17%) youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 23 cases)

2 youths were unable to receive appropriate services due to being medically fragile, 3 due to mental health reasons and 1 was in a Correctional Facility.

4 youths had completed a Life Skills Assessment and 5 were receiving required independent living skills.

The local boards agreed that 5 (22%) of the 23 youths were receiving appropriate services to prepare for independent living.

➤ Housing (Transitioning Youth – None)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Not applicable.

Child's Consent to Adoption

The age of consent for adoption in the State of Maryland is ten. Children 10 and older must consent to be adopted. The local boards found that 20 (25%) of the 80 children/youths consented to adoption and 34 (43%) children/youths were under the age of consent.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child's Consent to Adoption	Cases
Yes	20
Yes, with conditions	1
Child did not want to be Adopted	6

N/A under age of consent	34
No, Medically Fragile, unable to consent	3
No, Mental Health Reasons, unable to consent	2
Unknown	14

Pre-Adoptive Placement, Recruitment, Services and Resources

Pre-Adoptive Placements (45 cases)

45 (56%) of the 80 children/youths with a plan of adoption were placed in pre-adoptive homes. The family structure was comprised of a married couple for 29 (64%) of the 45 cases, an unmarried couple for 3 (7%) and a single female for 13 (29%) cases. The relationship to the pre-adoptive children/youths was a relative foster parent for 1 case, non-relative foster parents for 41 cases and fictive kin foster parents for 3 cases.

Lengths of time in the pre-adoptive placements were as follows:

- 1 case(s) from 1 to 3 months
- 8 case(s) from 4 to 6 months
- 7 case(s) from 12 to 15 months
- 7 case(s) from 16 to 20 months
- 22 case(s) 21 months or more

An adoptive home study was completed and approved for 32 (71%) of the 45 cases.

The local boards agreed that appropriate services and supports were in place for the pre-adoptive families to meet the identified needs of the children/youths for all 45 (100%) cases.

The local boards found that the pre-adoptive placements were appropriate for all 45 (100%) cases.

Adoptive Recruitment (35 cases)

The local boards found that the local department had documented efforts to find an adoptive resource for 18 (51%) of the 35 children/youths not placed in pre-adoptive homes. The adoptive recruitment resources included Adopt Us Kids, Adoption Together, Wednesdays Child, Wednesday's Wonderful Kids and Local Channel 4 news.

The local boards agreed that the adoptive recruitment efforts were appropriate for the 18 (51%) children/youths.

Post-Adoptive Services and Resources (80 cases)

Post-adoptive services were needed for all 45 (100%) children/youths placed in pre-adoptive homes. The services that were needed were Medical for 41 cases, Mental Health services for 22 cases, Educational services for 21 cases, Respite Services for 5 cases and DDA services for 4 cases.

Post-adoptive subsidies were needed for 24 (53%) of the 45 children/youths.

The local boards agreed that the post-adoptive services and resources were appropriate for 53 (66%) of the 80 children/youths.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 71 (89%) of the 80 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that for 33 (41%) of the 80 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	20	12
No	60	68

Frequency of Visits	With Parents	With Relatives
Daily		
Once a week	4	
More than once a week		2
Once a month	9	3
More than once a month	5	1
Quarterly		
Yes, but undocumented	2	6

Supervision of Visits	With Parents	With Relatives
Supervised	12	4
Unsupervised	8	8

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	10	1
Other Agency Representative		
Biological Family Member		
Foster Parent	1	3
Other	1	

Where do Visits Occur?	With Parents	With Relatives
Parent/Relative Home	4	5
LDSS/Visitation Center	10	
Public Area	3	1
Child's/Youth's Placement	3	5
Other		1

Overnight Stays	With Parents	With Relatives
Yes	5	6
No	15	6

Siblings/Visits

The local board found that 51 (64%) of the 80 children/youths had siblings in care. 23 of the 51 children/youths had 1 sibling in care, 16 had 2 siblings in care, 1 had 3 siblings in care, 8 had 4 siblings in care and 3 had 5 siblings in care. Efforts were made to place siblings who did not reside together for 35 (69%) of the 51 children/youths. 32 (40%) of the 51 children/youths with siblings in care had visits with their siblings who did not reside with them. 11 children/youths had visits with their siblings who were not in care.

Barriers to Permanency/Issues

The local boards identified the following barriers to permanency/issues:

- No service agreement with youth.
- Missing or lack of documentation.
- Child has behavior problems in the home.
- TPR not granted.
- Child in pre-adoptive home but adoption not finalized.
- Disrupted finalized adoption.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Board does not agree with current permanency plan.
- Other independence barrier.
- Pre-Adoptive resources not identified.
- Other education barrier.
- Lack of concurrent planning.
- Youth placed outside of home jurisdiction.
- No current Safe-C/G.
- Postponement or continuation of hearings.
- Appeal by birth parents.

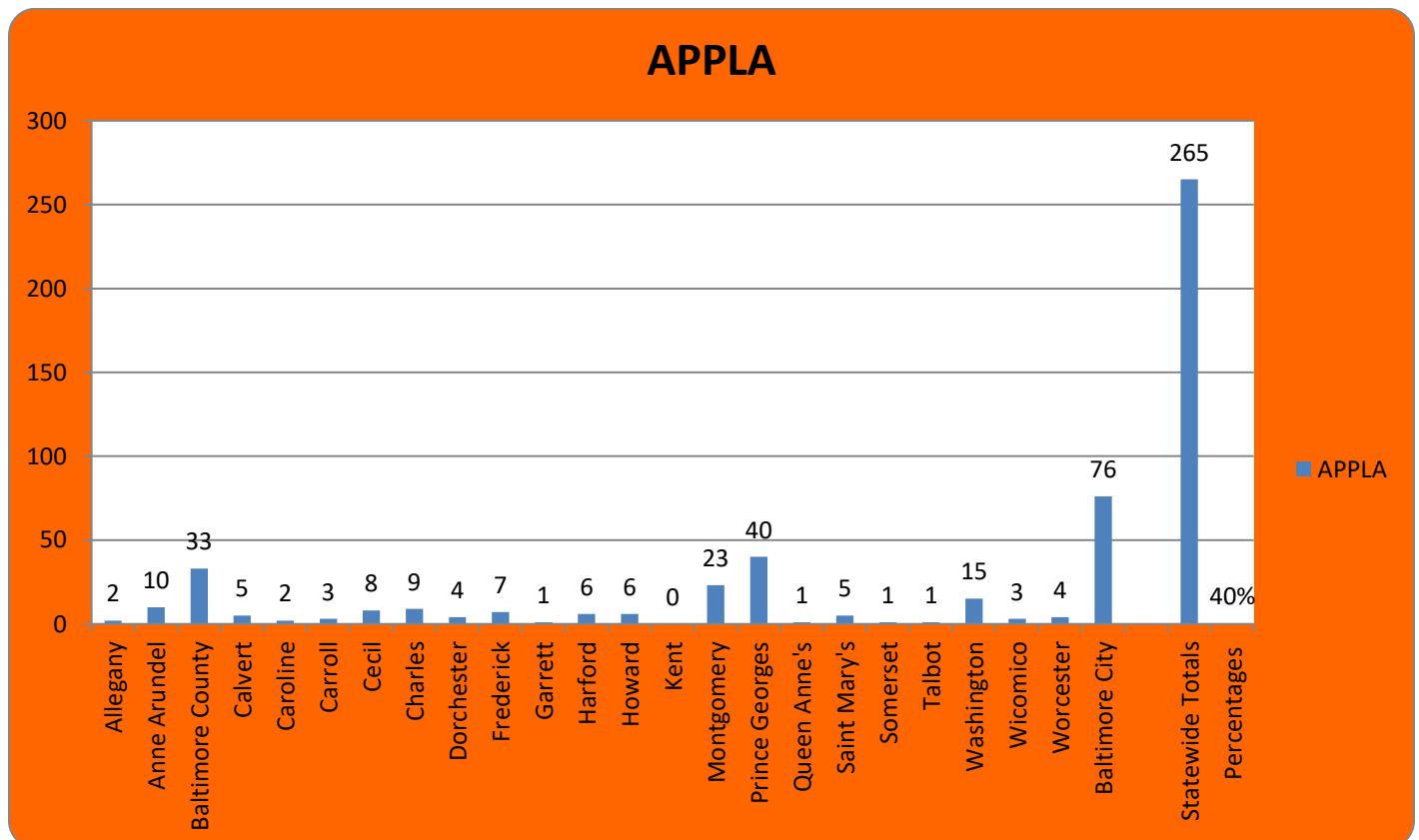
Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 65 (81%) of the 80 children reviewed.

APPLA Reviews (Another Planned Permanent Living Arrangement)

APPLA is the least desired permanency plan. All efforts should be made to rule out all other permanency plans including reunification with birth family, relative placement for custody and guardianship or adoption, adoption to a non-relative and guardianship to a non-relative before a child/youth's permanency plan is designated as APPLA.

Out of the total number of 660 cases reviewed, 265 (40%) of the cases had a plan of APPLA. Baltimore City had the most cases at 76 (29%), Prince George's County 40 cases (15%), Baltimore County 33 cases (13%), Montgomery County 23 cases (9%), Washington County 15 cases (6%), Anne Arundel County 10 cases (4%), Charles County 9 cases (3%) and Cecil County 8 cases (3%). All other counties had two percent or less. Many of the cases reviewed were cases of older youth, between 17 and 20 years of age who are expected to remain in care until they age out on their 21st birthday.



Age Range	Statewide Totals	APPLA	Percentage
Age 1 thru 5	54	0	N/A
Age 6 thru 10	80	0	N/A
Age 11 thru 13	79	0	N/A
Age 14 thru 16	144	9	6%
Age 17 thru 19	166	126	76%
Age 20	137	130	95%
Total	660	265	40%

Permanency

The local boards agreed with the permanency plan of APPLA for 264 (99%) of the 265 cases reviewed.

Category of APPLA plan

The local boards found the following categories for the APPLA plans were:

- Emancipation/Independence: 221 (85%) cases
- Transition to an Adult Supportive Living Arrangement: 39 (15%) cases

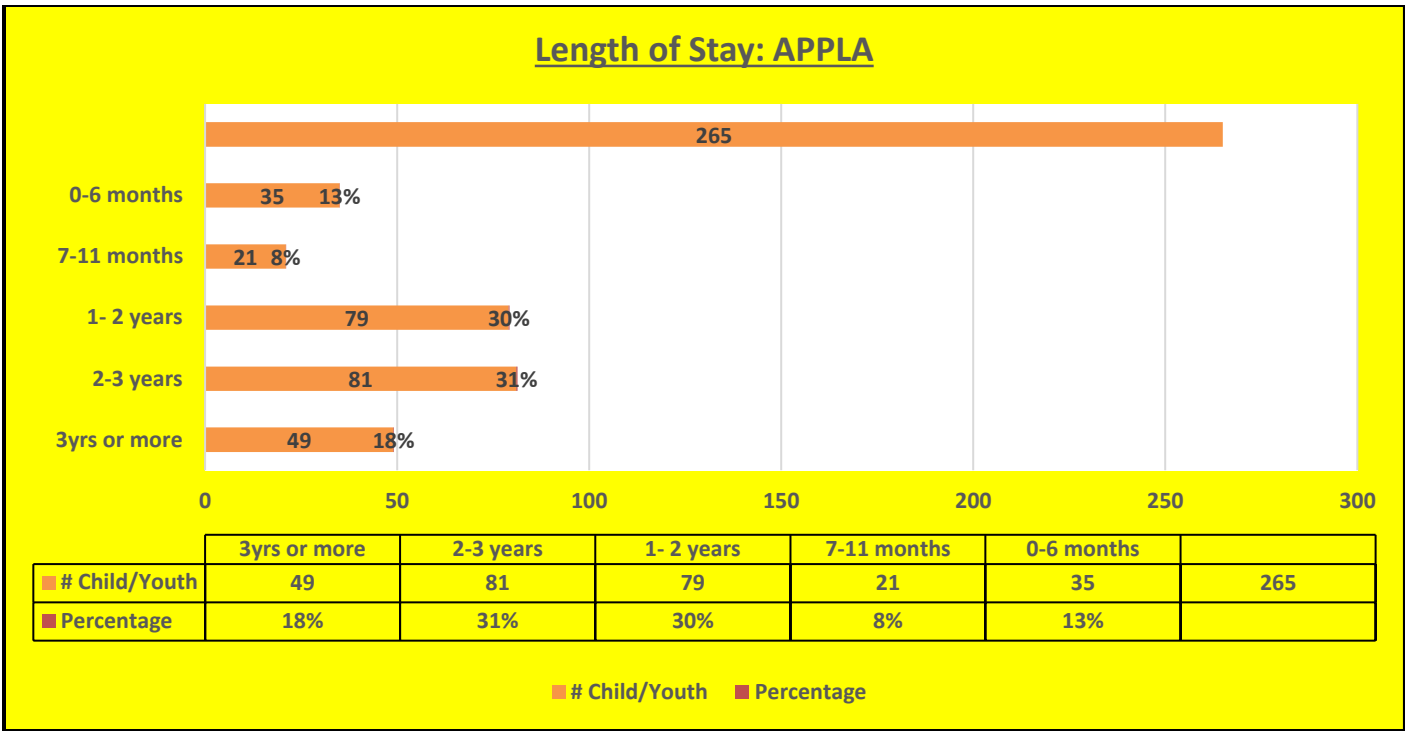
Permanent Connections (265 cases)

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 circumstances that adulthood can bring about on a regular basis.

The local boards found that for 227 (86%) of the 265 cases reviewed, a permanent connection had been identified for the children/youths by the local departments and that the identified permanent connections were appropriate for 218 (96%) of the 227 cases.

Length of stay Child/Youth had a plan of APPLA

The local boards found that the lengths of stay of the 265 children/youths with a plan of APPLA were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 173 (65%) of the 265 cases reviewed.

Service Agreements: The local departments had signed service agreements for 126 (48%) of the 265 cases. Efforts to involve the families in the service agreement process were made for 159 (60%) cases.

The local boards found that the service agreements were appropriate for 120 (95%) of the 126 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
3	Formal Kinship Care
9	Regular Foster Care
1	Restricted (Relative) Foster Care
2	Treatment Foster Care
60	Treatment Foster Care (Private)
1	Alternative Living Units
19	Residential Group Home
14	Teen Mother Program
18	Therapeutic Group Home

51	Independent Living Residential Program
2	Residential Treatment Center
7	Relative
7	Non-Relative
24	Own Dwelling
2	Diagnostic Center
1	Psychiatric Respite
7	Other
	Living Arrangement (LA)
5	College (LA)*
3	Correctional Institution (LA)
1	Own Home/Apartment (LA)
1	Inpatient Psychiatric Care (LA)*
2	Inpatient Medical Care (LA)*
9	Runaway (LA)
3	Secure Detention Facility (LA)
1	Military (LA)
1	Unapproved Kinship Home (LA)
9	Unapproved Living Arrangement (LA)
2	Other

(*These cases have both a living arrangement and a placement) Living arrangements are usually temporary and not paid placements.

In 126 (48%) of the 265 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 230 (87%) of the 265 cases reviewed.

Placement Stability

The local boards found that for 111 (42%) cases reviewed there was a change in the placement in the last 12 months prior to being reviewed. 66 (60%) of the 111 cases had 1 placement change, 30 (27%) had 2 placement changes, 8 (7%) had 3 placement changes and 7 (6%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 50 (45%) of the 111 cases.

- 46 (41%) were in less restrictive placements
- 8 (7%) were in more restrictive placements
- 46 (41%) had the same level of care
- 8 (7%) youth on runaway

The primary positive reason for the most recent placement changes were:

- Transition towards a permanency goal: 48 cases
- Placement with siblings: 1 case

Provider specific issues for the most recent placement changes included:

- Provider home closed: 1 case
- Provider request: 1 case

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 28 cases
- Sexualized: 2 cases
- Delinquent behavior: 1 case
- Runaway: 12 cases
- Hospitalization: 2 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

- Yes, for 89 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

- Yes, for 91 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 66 (25%) of the 265 children/youths reviewed had developmental or special needs.
- Current Physical: 143 (54%) children/youths had a current physical exam.
- Current Vision: 114 (43%) children/youths had a current vision exam.
- Current Dental: 115 (43%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 54 (57%) of 95 eligible children/youths.
- Completed Medical Records: The local departments reported that 74 (28%) of the children/youths had completed medical records in their case files.
- Prescription Medication: 89 (33%) children/youths were taking prescription medication.

- Prescription Medication Monitored: Prescription medication was being monitored regularly for 87 (98%) of the 89 children/youths.
- Refused Prescribed Medication: 66 (74%) of the 89 children/youths refused to take prescribed medication.
- Psychotropic Medication: 77 (29%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for 75 (97%) of the 77 children/youths.
- Mental Health Issues: 214 (81%) children/youths had mental health issues.
- Mental Health Diagnosis: 210 (79%) children/youths had mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 124 (58%) of the 214 children/youths.
- Mental Health Issues/Transitioning/Services: 23 (11%) of the 214 youths with mental health issues who were transitioning out of care, had an identified plan to receive services in the adult mental health system and 37 (17%) did not have an identified plan.
- Substance Abuse: 73 (28%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 22 (30%) of the 73 children/youths.
- Behavioral Issues: 127 (48%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 68 (54%) of the 127 children/youths.
- Standard Health Exams: 42 (16%) of the 265 children/youths refused to comply with standard health exams.
- The local boards found that the health needs of 108 (41%) of the 265 children/youths had been met.

Education

118 (31%) of the 265 children/youths reviewed were enrolled in school or another educational/vocational program. 81 (69%) of the 49 were in Pre-K through 12th grade, 7 (6%) were enrolled in a GED program, 24 (20%) were in college and 6 (5%) were in trade school. 102 (69%) of the 147 children/youths not enrolled in school or another educational/vocational program had already graduated high school and 45 (31%) refused to attend school.

54 (67%) of the 81 children/youths enrolled in Pre-K through 12th grade had a 504 or IEP plan. 36 (44%) of the 81 children/youths had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 36 (44%) of the 81 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 220 (83%) of the 265 children/youths enrolled in school or another educational/vocational program and/or had graduated high school/GED or were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 262 cases)

129 (49%) of the 262 youths were employed or participating in paid or unpaid work experience.

7 youths were unable to participate due to being medically fragile and 12 youths due to mental health reasons.

1 youth was unable to participate due to being in a Juvenile Justice Facility and 3 youths due to being in a Correctional Institution.

73 youths (28%) were referred to summer or year-round training and/or employment opportunities.

The local boards agreed that 159 youths (61%) were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 262 cases)

7 youths were unable to receive appropriate services due to being medically fragile and 12 youths due to mental health reasons.

1 youth was unable to receive appropriate services due to being in a Juvenile Justice Facility and 3 youths due to being in a Correctional Institution.

146 youths (56%) had completed a Life Skills Assessment for successful transition to adulthood.

151 youths (58%) were receiving required independent living skills.

The local boards agreed that 157 youths (60%) were receiving appropriate services to prepare for independent living.

➤ Housing (Transitioning Youth – 130 cases)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Housing had been specified for 85 (65%) of the 130 youths transitioning out of care.

Alternative housing options were provided for 98 youths.

The local boards agreed with the transitional housing plan for 98 youths.

The local boards agreed that 98 (75%) of the 130 youths were being appropriately prepared to transition out of care.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 243 (92%) of the 265 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 66 (25%) of the 265 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	106	82
No	159	183

Frequency of Visits	With Parents	With Relatives
Daily		
Once a week	11	8
More than once a week	7	2
Once a month	19	10
More than once a month	23	10
Quarterly	6	1
Yes, but undocumented	40	51

Supervision of Visits	With Parents	With Relatives
Supervised	4	4
Unsupervised	102	78

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	2	1
Other Agency Representative	2	2

Biological Family Member		
Foster Parent		
Other		1

Where do Visits Occur?	With Parents	With Relatives
Parent/Relative Home	66	66
LDSS/Visitation Center	1	1
Public Area	18	6
Child's/Youth's Placement	20	8
Other	1	1

Overnight Stays	With Parents	With Relatives
Yes	45	55
No	61	27

Siblings/Visits

The local boards found that 57 (22%) of the 265 children/youths had siblings in care. 47 of the 57 children/youths had 1 sibling in care, 5 had 2 siblings in care, 4 had 3 siblings in care and 1 had 5 siblings in care. Efforts were made to place siblings who did not reside together for 35 (61%) of the 57 children/youths. 35 (61%) of the 57 children/youths with siblings in care had visits with their siblings who did not reside with them. 115 children/youths had visits with their siblings who were not in care.

Barriers to Permanency/Issues

The local boards identified the following barriers to permanency/issues:

- No service agreement with parents.
- No service agreement with youth.
- Youth placed outside of home jurisdiction.
- Missing or lack of documentation.
- Child has behavior problems in the home.
- Issues related to substance abuse.
- Not following up on referrals.
- Youth not enrolled in school.
- Youth not attending school or in GED program.
- Youth not receiving adequate services.
- No current IEP.
- Board does not agree with current permanency plan.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- No follow up on medical referrals.
- Transitional housing has not been identified.
- Inadequate preparation for independence (general).
- Youth not employed and transitioning out of care.

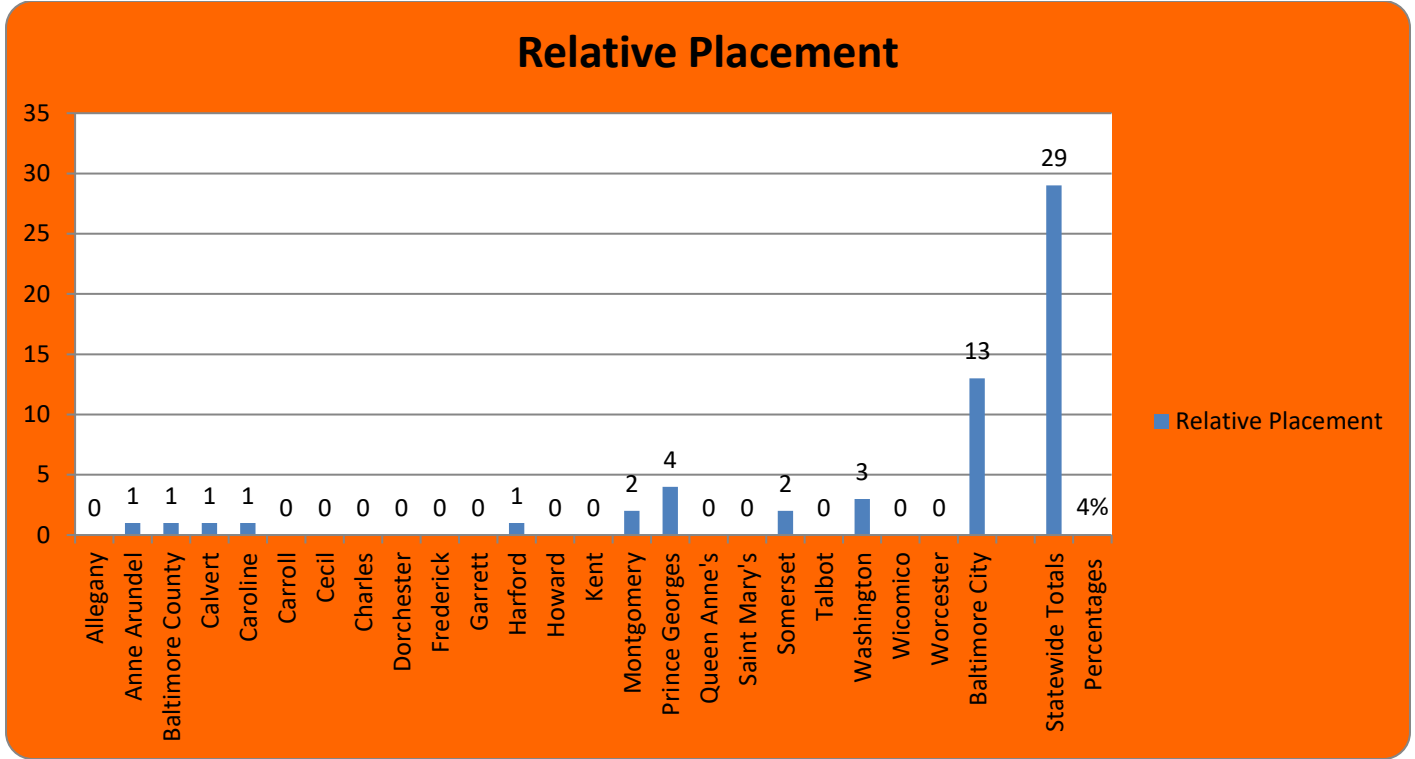
- Other education barrier.
- Other independence barrier.
- Other placement barrier.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- No current Safe C/G.
- Youth engages in risky behavior.
- Other mental health barrier.
- Other legal barrier.
- Other child/youth related barrier.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 208 (76%) of the 265 children reviewed.

Relative Placement Case Reviews

It is the responsibility of the local departments to seek out opportunities for placement with a blood relative or explore other permanency resources including fictive kin when reunification is not possible.



Category of Relative Placement

- Relative Placement for Adoption: 2 cases
- Relative Placement for Custody/Guardianship: 27 cases

Age Range	Totals	Relative Placement	Percentage
Age 1 thru 5	54	6	11%
Age 6 thru 10	80	6	8%
Age 11 thru 13	79	4	5%
Age 14 thru 16	144	10	7%
Age 17 thru 19	166	3	2%
Age 20	137	0	N/A
Total	660	29	4%

Permanency

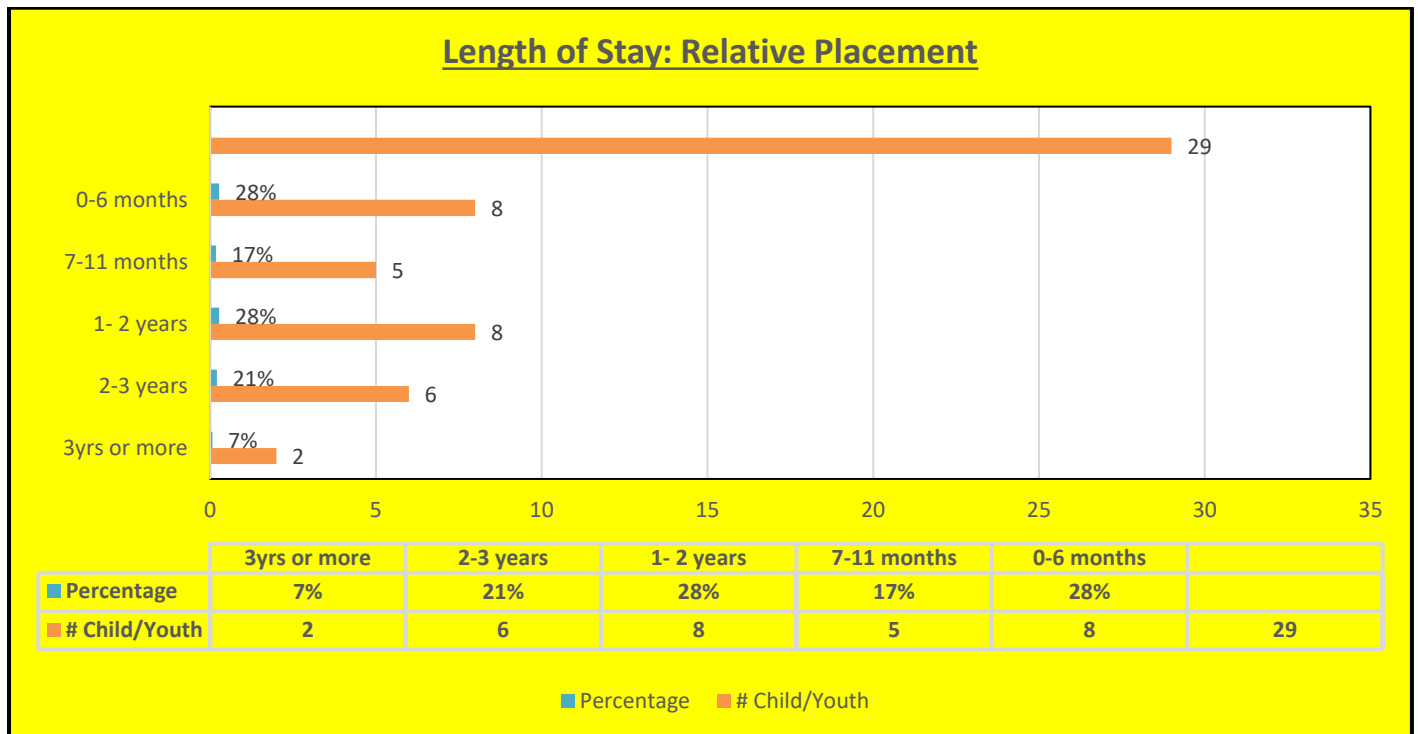
The local boards agreed with the permanency plan of relative placement for 22 (76%) of the 29 cases reviewed.

The local Juvenile Courts identified concurrent permanency plans for 4 (14%) of the 29 cases reviewed.

The local departments were implementing the concurrent plans set by the local Juvenile Courts for the 4 cases.

Lengths of Stay for Children/Youth with a plan of Relative Placement

The local boards found that the lengths of stay of the 29 children/youths with a plan of Relative Placement for Adoption and/or Custody/Guardianship were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 21 (72%) of the 29 cases reviewed.

Service Agreements: The local departments had signed service agreements for 3 (13%) of the 23 eligible cases. 6 cases were Post-TPR children/youths under the age of 14. Efforts to involve the families in the service agreement process were made for 9 (39%) of the 23 eligible cases reviewed.

The local boards agreed that the service agreements were appropriate for the 3 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
4	Formal Kinship Care
2	Pre-Finalized Adoptive Home
3	Regular Foster Care
5	Restricted (Relative) Foster Care
9	Treatment Foster Care (Private)
2	Residential Group Home
2	Residential Treatment Center
1	Psychiatric Respite
1	Runaway (LA)

The local boards found that in 16 (55%) of the 29 cases reviewed the children/youths were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the placement plan for 26 (88%) of the 29 cases reviewed.

Placement Stability

The Local boards found that for 4 (14%) of the 29 cases reviewed there was a change in placement within the 12 months prior to the review. 1 (25%) of the 4 cases had 1 placement change, 2 (50%) had 2 placement changes and 1 (25%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 3 of the 4 cases.

The following levels of care were found for the 4 most recent placement changes:

- 4 cases (100%) had the same level of care

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 3 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

- Yes, for all 4 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

- Yes, for all 4 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 3 (10%) of the 29 children/youths reviewed had developmental or special needs.
- Current Physical: 17 (59%) children/youths had a current physical exam.
- Current Vision: 11 (38%) children/youths had a current vision exam.
- Current Dental: 14 (48%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 2 (28%) of the 7 eligible children/youths.
- Completed Medical Records: The local departments reported that 11 (38%) of the children/youths had completed medical records in their case files.
- Prescription Medication: 12 (41%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for all 12 children/youths.
- Refused Prescribed Medication: 5 (42%) of the 12 children/youths refused to take prescribed medication.
- Psychotropic Medication: 6 (21%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for all 6 children/youths.
- Mental Health Issues: 21 (72%) children/youths had mental health issues.
- Mental Health Diagnosis: 21 (72%) children/youths had a mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 12 (57%) of the 21 children/youths.
- Mental Health Issues/Transitioning/Services: Not applicable. None of the children/youths with mental health issues were transitioning out of care.

- Substance Abuse: 2 (7%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes, for 1 of the 2 children/youths.
- Behavioral Issues: 18 (62%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 14 (78%) of the 18 children/youths.
- Standard Health Exams: 1 (3%) of the 29 children/youths refused to comply with standard health exams.
- The local boards found that the health needs of 12 (41%) of the 10 children/youths had been met.

Education

24 (83%) of the 29 children/youths reviewed were enrolled in school or another educational/vocational program. All 24 (100%) were in Pre-K through 12th grade. 1 of the 5 (20%) children/youths not enrolled in school or another educational/vocational program had already graduated high school, 1 (20%) child/youth refused to attend school and 3 (60%) were under the age of 5.

6 (25%) of the 24 children/youths enrolled in Pre-K through 12th grade had a 504 or IEP plan. 3 of the 6 children/youths had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 9 (38%) of the 24 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 19 (76%) of the 25 children/youths enrolled in school or another educational/vocational program and/or had graduated high school/GED or were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 12 cases)

4 (33%) of the 12 youths were employed or participating in paid or unpaid work experience.

3 youths (25%) were referred to summer or year-round training and/or employment opportunities.

The local boards agreed that 7 youths (58%) were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 12 cases)

The local boards agreed that 7 (58%) of the 12 youths were receiving appropriate services to prepare for independent living and 6 youths had completed a Life Skills Assessment.

- Housing (Transitioning Youth – None)
(Age 20 and/or planning to discharge within a year from the review)

Not Applicable.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 26 (90%) of the 29 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that for 8 (28%) of the 29 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	9	9
No	20	20

Frequency of Visits	With Parents	With Relatives
Daily		
Once a week		2
More than once a week	1	
Once a month	3	2
More than once a month	4	
Quarterly		3
Yes, but undocumented	1	2

Supervision of Visits	With Parents	With Relatives
Supervised	6	1
Unsupervised	3	8

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	4	
Other Agency Representative		
Biological Family Member		

Foster Parent		
Other	2	1

Where do Visits Occur?	With Parents	With Relatives
Parent/Relative Home		4
LDSS Visitation Center		
Public Area	4	1
Child's/Youth's Placement	4	4
Other	1	

Overnight Stays	With Parents	With Relatives
Yes	1	5
No	8	4

Siblings/Visits

The local boards found that 15 (52%) of the 29 children/youths had siblings in care. 5 of the 15 children/youths had 1 sibling in care, 5 had 2 siblings in care and 5 had 3 siblings in care. Efforts were made to place siblings who did not reside together for 8 (53%) of the 15 children/youths. 10 (67%) of the 15 children/youths with siblings in care had visits with their siblings who did not reside with them. 12 children/youths had visits with their siblings who were not in care.

Barriers/Issues

The local boards identified the following barriers to permanency/issues:

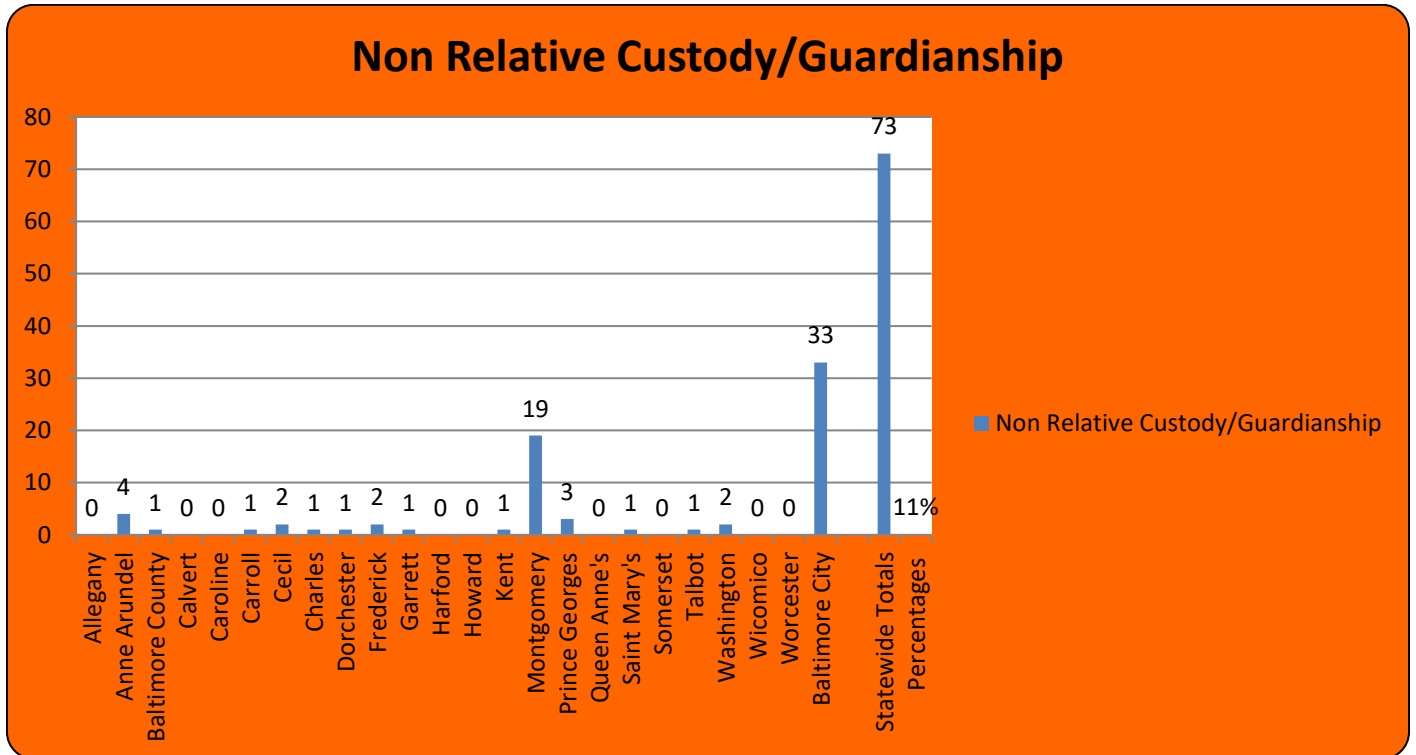
- Youth placed outside of home jurisdiction.
- Lack of concurrent planning.
- No service agreement with youth.
- Missing or lack of documentation.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Child has behavior problems in the home.
- Not following up on referrals.
- Other child/youth related barrier.
- No follow up on medical referrals.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 20 (69%) of the 29 children reviewed.

Non-Relative Custody/Guardianship Reviews

Custody and guardianship is another option that local departments can explore for permanency, and that is made available to a caregiver that would like to provide a permanent home for a child/youth, without having the rights of the parents terminated. This plan allows the child/youth to have a connection with their external family members.



Age Range	Statewide Totals	Custody/Guardian	Percentage
Age 1 thru 5	54	3	6%
Age 6 thru 10	80	10	13%
Age 11 thru 13	79	17	22%
Age 14 thru 16	144	36	25%
Age 17 thru 19	166	6	4%
Age 20	137	1	<1%
Total	660	73	11%

Permanency

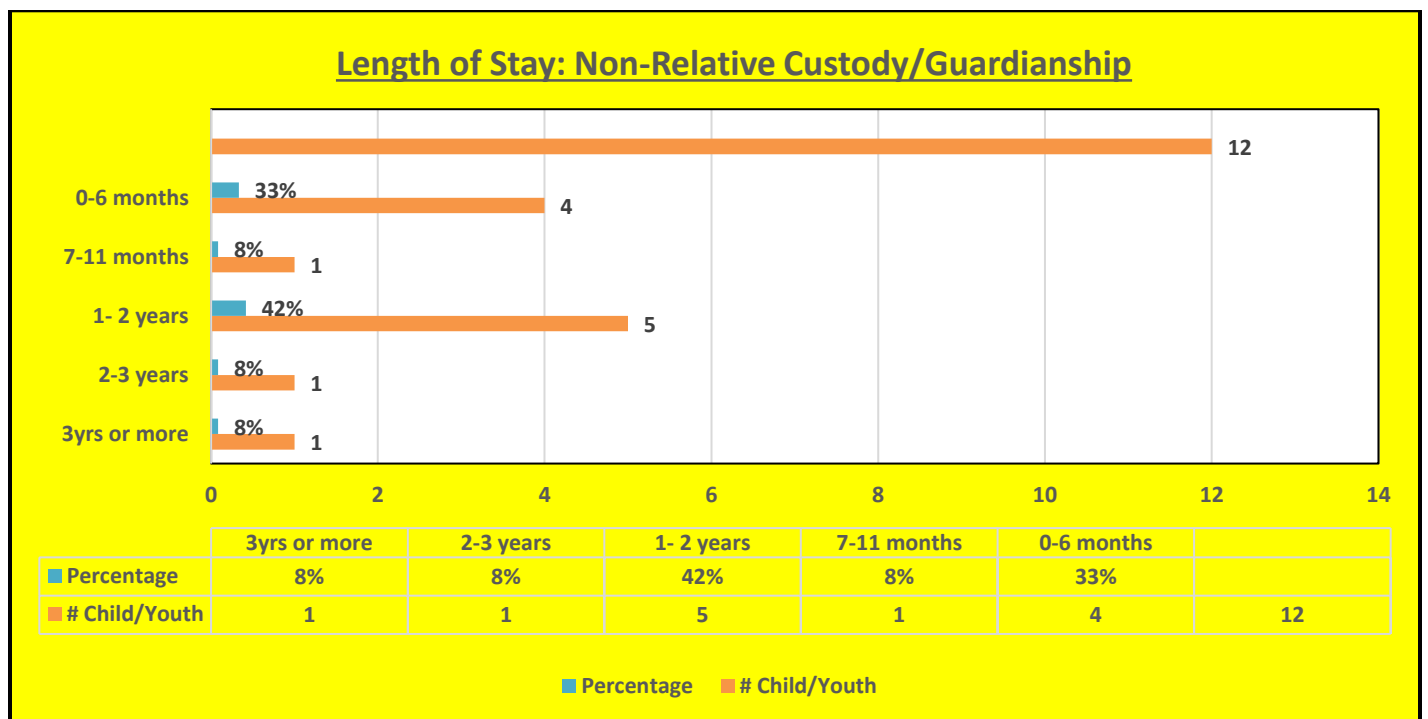
The local boards agreed with the permanency plan of Non-Relative Custody/Guardianship for 71 (97%) of the 73 cases reviewed.

The local Juvenile Courts identified a concurrent permanency plan for 18 (25%) of the 73 cases reviewed.

The local departments were implementing the concurrent permanency plans set by the local Juvenile Courts for 14 (77%) of the 18 cases.

Lengths of Stay for Children/Youths with a plan of Non-Relative Custody/Guardianship

The local boards found that the lengths of stay of the 73 children/youths with a plan of Non-Relative Custody/Guardianship were as follows:



Case Planning

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 43 (59%) of the 73 cases reviewed.

Service Agreements: The local departments had signed service agreement for 16 (24%) of the 66 eligible cases. 7 cases were Post-TPR children/youths under the age of 14. Efforts to involve the families in the service agreement process were made for 33 (50%) of the 66 eligible cases reviewed.

The local boards found that the service agreements were appropriate for the 16 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
3	Formal Kinship Care
7	Regular Foster Care
1	Restricted (Relative) Foster Care
2	Treatment Foster Care
37	Treatment Foster Care (Private)
1	Residential Group Home
12	Therapeutic Group Home
2	Residential Treatment Center
1	Diagnostic Center
4	Other
2	Runaway (LA)
1	Secure Detention Facility (LA)

The local boards found that for 37 (51%) of the 73 cases reviewed the children/youths were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the placement plan for 68 (93%) of the 73 cases reviewed.

Placement Stability

The Local boards found that for 28 (38%) of the 73 cases reviewed there was a change in placement within the 12 months prior to the review. 14 (50%) of the 28 cases had 1 placement change, 11 (39%) had 2 changes, 2 (7%) had 3 changes and 1 (4%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 13 (46%) of the 28 cases.

The following levels of care were found for the 28 most recent placement changes:

- 8 (29%) were in less restrictive placements
- 7 (25%) were in more restrictive placements
- 12 (43%) had the same level of care
- 1 (4%) child/youth on runaway

The primary positive reasons for the most recent placement changes were:

- Transition towards a permanency goal: 8 cases
- Placement with relatives: 1 case

Provider specific issues for the most recent placement changes were:

- Incompatible match: 2 cases
- Allegation of provider abuse/neglect: 1 case

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 8 cases
- Threats of harm to self or others: 2 cases
- Sexualized: 1 case
- Delinquent behavior: 1 case
- Runaway: 2 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

- Yes, for 21 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

- Yes, for 24 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 34 (47%) of the 73 children/youths reviewed had developmental or special needs.
- Current Physical: 43 (59%) children/youths had a current physical exam.
- Current Vision: 30 (41%) children/youths had a current vision exam.
- Current Dental: 32 (44%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 15 (45%) of 33 eligible children/youths.
- Completed Medical Records: The local departments reported that 18 (25%) children/youths had completed medical records in their case files.
- Prescription Medication: 42 (58%) children/youths were taking prescription medication.

- Prescription Medication Monitored: Prescription medication was being monitored regularly for 40 (95%) of the 42 children/youths.
- Refused Prescribed Medication: 6 (14%) of the 42 children/youths refused to take prescribed medication.
- Psychotropic Medication: 35 (48%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for 33 (94%) of the 35 children/youths.
- Mental Health Issues: 59 (81%) children/youths had mental health issues.
- Mental Health Diagnosis: 61 (84%) children/youths had a mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 45 (76%) of the 59 children/youths.
- Mental Health Issues/Transitioning/Services: 1 youth with mental health issues who was transitioning out of care had an identified plan to receive services in the adult mental health system and 1 youth did not have a plan.
- Substance Abuse: 6 (8%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 1 (16%) of the 6 children/youths.
- Behavioral Issues: 45 (62%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 40 (89%) of the 45 children/youths.
- Standard Health Exams: 4 (6%) of the 73 children/youths refused to comply with standard health exams.
- The local boards found that the health needs of 36 (49%) of the 73 children/youths had been met.

Education

67 (75%) of the 73 children/youths reviewed were enrolled in school or another educational/vocational program. 66 (90%) were in Pre-K through 12th grade and 1 youth was enrolled in a GED program. 1 of the 6 youths not enrolled in school or another educational/vocational program had already graduated high school/GED program, 3 youths refused to attend school and 2 children were under the age of 5.

37 (55%) of the 67 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 26 (70%) of the 37 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 32 (48%) of the 67 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 58 (85%) of the 67 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 41 cases)

7 (17%) of the 41 youths were employed or participating in paid or unpaid work experience.

1 youth was unable to participate due to being medically fragile, 3 youths due to mental health reasons and 2 youths were in a Juvenile Justice Center.

11 (27%) of the 41 youths were referred to summer or year-round training and/or employment opportunities.

The local boards agreed that 14 (34%) of the 41 youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 41 cases)

1 youth was unable to receive appropriate services due to being medically fragile, 3 youths due to mental health reasons and 2 youths were in a Juvenile Justice Center.

13 (32%) of the 41 youths had completed a Life Skills Assessment.

The local boards agreed that 16 (25%) of the 41 youths were receiving appropriate services to prepare for independent living.

➤ Housing (Transitioning Youth – 1 case)

(Age 20 and/or planning to discharge within a year from the review)

Housing had been specified for the youth transitioning out of care.

Alternative housing options were provided for the youth.

The local boards agreed with the transitional housing plan for the youth.

The local boards agreed that 1 youth was being appropriately prepared to transition out of care.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 68 (93%) of the 73 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that for 8 (11%) of the 73 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	12	16
No	61	57

Frequency of Visits	With Parents	With Relatives
Daily		
Once a week	4	1
More than once a week		
Once a month	5	9
More than once a month	2	2
Quarterly	1	1
Yes, but undocumented		3

Supervision of Visits	With Parents	With Relatives
Supervised	9	6
Unsupervised	3	10

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	5	1
Other Agency Representative	1	2
Biological Family Member	1	2
Foster Parent	2	1
Other		

Where do Visits Occur?	With Parents	With Relatives
Parent/Relative Home	1	8
LDSS/Visitation Center	3	1
Public Area	2	1
Child's/Youth's Placement	3	4
Other	3	2

Overnight Stays	With Parents	With Relatives

Yes	8	7
No	4	9

Siblings/Visits

The local boards found that 50 (69%) of the 73 children/youths had siblings in care. 25 (50%) of the 50 children/youths had 1 sibling in care, 12 had 2 siblings in care, 10 had 3 siblings in care, 1 had 4 siblings in care and 2 had 5 siblings in care. Efforts were made to place siblings who did not reside together for 39 (78%) of the 50 children/youths. 42 (84%) of the 50 children/youths with siblings in care had visits with their siblings who did not reside with them. 21 (29%) of the 73 children/youths had visits with their siblings who were not in care.

Barriers/Issues

The local boards identified the following barriers to permanency/issues:

- Lack of concurrent planning.
- No service agreement with youth.
- No current IEP.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Youth placed outside of home jurisdiction.
- Board does not agree with current permanency plan.
- Inadequate preparation for independence.
- Other independence barrier.
- Other education barrier.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 68 (93%) of the 73 children reviewed

Montgomery County Citizens Review Panel

December 22, 2022

The Montgomery County Citizens Review Panel has continued to meet monthly throughout FY2022. The Panel has consisted of between 6 – 8 active members and the Panel continues to work with the County to recruit additional Panel members.

Current Panel Members:

Stacey McNeely (Chair)
Laura Coyle
Laura Brown
Ronald Whalen
Kay Farley
Shaoli Katana

Agenda items that the Panel has focused on:

- Recruitment and Retention of Resource (Foster) Parents
- LGBTQ Foster Youth: Services available to youth and young adults
- Recruitment and Retention of Resource Homes:
 - The Panel began an assessment of this SSA policy issue by reviewing two prior CWS Resource Home surveys and established its own survey, asking Child Welfare staff to complete.
 - The Panel reviewed the staff's responses and developed a summary.
 - The Panel will be discussing the summary in an effort to identify areas for follow up and further review.

Increase Panel focus:

- This includes working with the State Citizens Review Board for Children (CRBC) for background and resource materials to new Panel members, invitations to new Panel members to CRBC's pre-service training sessions, and invitations to all Panel members to all CRBC's in-service training sessions.
- The Panel is also increasing awareness of potential opportunities to collaborate with other County panels, boards and commissions in areas of overlapping interest.

CRBC FY2022 Review Metrics

Total # of Children - Scheduled on the Preliminary:	1565
Total # of Children - Closed (adopted, reunified, exited care), Non-Submission:	565
Total # of Children - Rescheduled (DSS caseworker requests, board overload):	277
Total # of Children - Eligible for Review:	723
Total # of Children - Reviewed at the Board:	660
Total # of Children - Not Reviewed at the Board (worker no shows, closed):	63
Percentage of Children Reviewed for the Period:	91%
Percentage of Children Not Reviewed for the Period:	9%
Recommendation Reports to DSS - Number Sent:	660
Recommendation Reports to DSS - Number Sent on Time:	583
Recommendation Reports to DSS - Percentage Sent on Time:	88%
Recommendation Reports from DSS - Number of Responses Received: ¹	233
Recommendation Reports from DSS - Percentage of DSS Responses:	36%
Recommendation Reports from DSS - Number Received on Time:	195
Recommendation Reports from DSS - Percentage Received on Time	84%
Number of Boards Held	183
Recommendation Reports - Number of DSS Agreement:	228
Recommendation Reports - Percentage of DSS Agreement:	98%
Recommendation Reports - Number of DSS Disagreement:	5
Recommendation Reports - Percentage of DSS Disagreement:	2%
Recommendation Reports - Number of Blank/Unanswered: ²	0
Recommendation Reports - Percentage of Blank/Unanswered:	0%
Percentage of REUNIFICATION Children Reviewed for the Period:	32%
Percentage of RELATIVE PLACEMENT - Adoption Children Reviewed:	<1%
Percentage of RELATIVE PLACEMENT - C & G Children Reviewed:	4%
Percentage of ADOPTION Children Reviewed for the Period:	12%
Percentage of CUSTODY/GUARDIANSHIP Children Reviewed for the Period:	11%
Percentage of APPLA Children Reviewed for the Period:	40%

¹ The Local Department of Social Services is required by COMAR 07.01.06.06 (H) to respond to the local out-of-home placement review board's recommendations within 10 days of receipt of the report.

² The number of recommendation report responses received from the Local Department of Social Services that did not indicate acceptance or non-acceptance of the local board's recommendation.

CRBC FY2022 State Board

Nettie Anderson-Burrs (Chair)

Circuit 4: Representing Allegany, Garrett, and Washington Counties

Delores Alexander (Vice Chair)

Circuit 3: Representing Baltimore and Harford Counties

Dr. Theresa Stafford

Circuit 1: Representing Dorchester, Somerset, Wicomico, and Worcester Counties

Reginald Groce Sr.

Circuit 2: Representing Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties

Dr. Kathy Boyer-Schick

Circuit 5: Representing Anne Arundel, Carroll, and Howard Counties

Sandra "Kay" Farley

Circuit 6: Representing Frederick and Montgomery Counties

Davina Richardson

Circuit 7: Representing Calvert, Charles, Prince George's, and St. Mary's Counties

Beatrice Lee

Circuit 8: Representing Baltimore City

Rita Jones

Circuit 8: Representing Baltimore City

Benia Richardson

Circuit 8: Representing Baltimore City

Denise E. Wheeler

CRBC Administrator

CRBC FY2022 Members

Ms. Carmen Jackson	Mrs. Nechelle Kopernacki	Ms. Melissa Burch
Ms. Shirley Struck	Mrs. Velma Walton	Ms. Iris Pierce
Mrs. Mary Ann Bleeke	Mrs. Roberta Berry	Mrs. Davina Richardson
Ms. Heidi Busch	Mr. Robert Foster Jr.	Mrs. Linda Love McCormick
Mr. David Ferris	Mrs. Denise Joseph	Mr. Kashmere Mims
Mrs. Catherine Gonzalez	Ms. Gail Radcliff	Ms Marilyn Moses
Ms Elaine Reed	Mrs. Kamilah Way	Ms Jessalyn Schwartz
Mrs. Linda Robeson	Mrs. Katrena Batson Bailey	Ms. Mildred Stewart
Ms. Delores Alexander	Mrs. Shirley Greene	Ms. Stephanie Vaughn Bovell
Mrs. Jennifer Gill	Mrs. Barbara Hubbard	Ms. Celinda Carr
Ms. Melissa Parkins-Tabron	Mrs. Portia Johnson-Ennels	Dr. Jessica Denny
Ms. Laura Steele	Dr. Norby Lee	Mrs. Terry Perkins-Black
Ms. Rosina Watkins	Dr. Theresa Stafford	Ms. Elli Straus
Ms. Juanita Bellamy	Mrs. Vatrice Walker	Dr. Corinne Vinpool
Ms. Beverly Corporal	Ms. Helen Johnson	Mrs. Patricia Duncan
Ms Pashia Covington	Ms. Lise Robinson	Ms. Theresa Thomas
Mrs. Ernestine Jackson-Dunston	Ms. Katie Sillex	Mr. Kirkland Hall Sr.
Mr. David Marshall	Mrs. Sharde Twyman	Ms. Deonna Henson
Ms. Tamara Vaughn McDuffie	Mrs. Nancy Wiley	Ms. Vanessa Ward
Mrs. Charlotte Williams	Mrs. Debra Stephens	Dr. Sharon Washington
Mr. Wesley Hordge	Ms. Manolya Bayar	Ms. Stephanie Chester
Ms. Gail McCloud	Mrs. Pamela Dorsey	Mrs. Brenda Gaines-Blake
Mrs. Gwendolyn Statham	Mrs. Virginia Heidenreich	Mrs. Phyllis Hubbard
Mrs. Jean West	Ms. Maureen North	Mrs. Mary Taylor-Acree
Ms. Cherrylynn Williams	Mr. Quintin Seadler	Ms. Nettie Anderson-Burrs
Ms. Tambra Chisolm	Mr. John Kelly	Mrs Jean Harries
Mrs Anita Fishbein	Mr. Donald Pressler	Ms. Joanne Morgan
Mr. Edwin Green Jr.	Mrs. Patricia Soffen	Ms. Judith Niedzielski
Mrs. Eunice Johnson	Mr. Kyle Kirby Esq.	Mrs. Karen Nugent
Ms. Gabrielle Shirley	Ms. Deborah Wiener	Mrs. Yvonne Armwood
Ms. Nicole Cooksey	Us. Alison Obrien	Ms. Doretha Henry
Ms. Denise Lienesch	Ms. Alicia Prager Stern	Mr. Robert Horsey
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Mrs. Wanda Morlock	Ms. Sandra Farley	Mrs. Helen Lockwood
Dr. William Dash	Mrs. Susan Fensterheim	Mrs. Terry Smith
Ms. Courtney Edwards	Mrs. Janis Tabor	Mrs. Valerie Turner
Ms. Adelaide Lagnese	Ms. Sandra Dee Hoffman	Mrs. Tara Armstrong
Ms. Kimberly Odam	Ms. Cheryl Keeney	Ms. Otanya Brown
Ms. Carmen Shanholtz	Mrs. Claire McLaughlin	Ms. Joyce Carter
Ms. Dianne Fox	Mr. David Schardt	Dr. Thomas Dorsett
	Mr. Erwin Brown Jr.	

Ms. Joann Henson	Ms. Lisa Jordan	Mrs. Helene Goldberg
Mr. Reed Hutner	Mr Dennis Lee	Ms. Suzanne Parejo
Ms . Stephanie Lansey	Mr. James Myers	Ms. Benia Richardson
Ms. Charmika Burton	Mr. Tyler Alcorn	Dr. Patricia Whitmore-Kendall
Ms. Jackie Donowitz	Ms. Katrina Brooks	
Mr. Leon Henry	Ms. Rosemarie Mensuphu-Bey	Ms. Barbara Crosby
Mrs. Jennifer Joyner		Ms. Terri Howard
Ms. Beatrice Lee	Ms. Ella Pope	Ms. Britonya Jackson
Mrs. Rasheeda Peppers	Mr. Gregory Riddick	Ms. Ginnie McKnight
Ms. Elizabeth Williams	Ms. Valerie Sampson	Ms. Deanna Miles-Brown
Ms. Sharon Buie	Mrs. Roslyn Chester	Mr. Cortly Witherspoon
Mrs. Rita Jones	Dr. Walter Gill	

New Members appointed by the Governor in Fiscal Year 2022.

Mr. Gregory Riddick	Ms. Tamara Vaughn McDuffie	Ms. Kristin Morris
Ms. Marilyn Moses	Ms. Stephanie Vaughn Bovell	Ms. Paula Fleet
Ms. Jeronna Truitt-Smith	Ms. Kashmere Mims	Ms. Martika Futrell
Ms. Karen Milbourne-Haggins	Ms. Janis Tabor	Mr. Joshua Payne
Ms. Alicia Prager Stern	Mr. David Marshall	Ms. Joelen Stone Frank
Mr. Dennis Lee	Ms. Tambra Chisolm	Ms. Hailey Peters
Mr. Tyler Alcorn	Mr. David Ferris	

CRBC FY2022 Staff Members

Denise E. Wheeler
Administrator

Crystal Young, MSW
Assistant Administrator

Jerome Findlay
Information Technology Officer

Hope Smith
IT Functional Analyst

Michele Foster, MSW
Child Welfare Specialist

Marlo Palmer-Dixon, M.P.A
Child Welfare Specialist

Nikia Greene
Child Welfare Specialist

Sandy Colea, CVA
Volunteer Activities Coordinator Supervisor

Lakira Whitaker,
Volunteer Activities Coordinator II

Agnes Smith
Executive Assistant

Cindy Hunter-Gray
Lead Secretary

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