

Citizens Review Board For Children



ANNUAL REPORT

FISCAL 2018

(July 1st 2017 - June 30th 2018)

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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 DHR/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.

The local Boards meet at the local department of social services in each jurisdiction to conduct reviews of children in out-of-home placement. Individual recommendations regarding permanency, placement, safety and well being are sent to the local juvenile courts, the local department of social services and interested parties involved with the child's care.

This CRBC FY2018 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 Fiscal 2018 Annual Report.

Sincerely,

Nettie Anderson-Burrs
State Board Chair

Executive Summary

During fiscal year 2018, the Citizens Review Board for Children reviewed 1241 cases of children and youth in out-of-home placements. Reviews are conducted per a work plan developed in coordination with the DHS and SSA with targeted review criteria based on out-of-home placement permanency plans. This report includes out-of-home placement review findings and CRBC activities including legislative advocacy and recommendations for system improvement.

Health and Education Findings for statewide reviews include:

CRBC conducted on site reviews at local department of social services statewide. Reviews included face to face 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 in only 46% of the total cases reviewed the health needs of the children/youth had been met.
- Approximately 48% the children/youths were prescribed medication.
- Approximately 41% of the children/youths were prescribed psychotropic medication.
- The local boards found that there were completed medical records in 44% of the total cases reviewed.
- The local boards agreed that 90% of the children/youth were being appropriately prepared to meet educational goals.

Demographic findings for statewide reviews include:

- 62% of the children/youth were African American.
- 32% of the children/youth were Caucasian.
- 49% of the children/youth were male.
- 51% of the children/youth were female.

CRBC conducted 396 Reunification reviews. Findings include:

- 45 cases had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan in 98% of cases reviewed.
- The local boards found that service agreements were signed in 41% of the cases.
- The local board found that local departments made efforts to involve the family in case planning in 81% of the cases reviewed.
- The local boards agreed that 96% of the signed service agreements were appropriate to meet the needs of the child.

CRBC conducted 234 Adoption reviews. Findings include:

- 36 cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan in 98% 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 488 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 youth with a permanency planning goal of APPLA remain in care until their case is closed on their 21st birthday. Findings include:

- 100 cases had a plan of APPLA for 3 or more years.
- The local boards agreed with the permanency plan of APPLA in 98% of the 478 cases statewide. 454 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 in 71% (348) 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 connection was appropriate in 339 of the cases.

Barriers/Issues

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

- No service agreement with parents
- Non-compliance with service agreement
- No current safety or risk assessment
- Lack of concurrent planning
- Lack of follow-up (general)
- Child has behavior problems in the home
- Issues related to substance abuse
- Other physical health barrier
- Other placement barrier
- Other service resource barrier

- Other child/youth related barrier
- Youth placed outside of home jurisdiction
- Youth has not been assessed for mental health concerns
- Youth refuses mental health treatment including therapy
- 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 = 774 cases)

- 29% (224) of the youth reviewed were between 14-16 years old.
- 43% (331) of the youth reviewed were between 17-19 years old.
- 28% (219) of the youth reviewed were 20 years old.

Independent Living skills

- The local boards agreed that 79% (549) of the 704 eligible youths were receiving appropriate services to prepare for independent living.

Employment

- The local boards found that 34% (236) of the 697 eligible youths were employed or participating in paid or unpaid work experience.
- The local boards agreed that 371 youths were being appropriately prepared to meet employment goals.

Housing

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 52% (114) of the 219 youths had a housing plan specified.
- The local boards agreed that 162 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 141 cases had a concurrent permanency plan identified by the local juvenile courts.
- The local boards found that in 133 (94%) of the cases with concurrent permanency plans the local department was implementing the concurrent plans identified by the local juvenile courts.

CRBC Recommendations to the Department of Human Services

1. Ensure consistency in the availability and delivery of services to children and youth involved with child welfare statewide.
2. 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 and competitive compensation.
3. Develop a system to track and verify that children and youth are receiving appropriate health and mental health services across jurisdictions.
4. Ensure that MD Think is shareable and collects or accesses health/mental health data including preventive physical/dental/vision exams and recommended treatment and follow-up care.
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 health needs being met and outcomes for children in out-of-home placement.
6. Increase the number of relative/kin placement and permanency resources.
7. Explore adoption counseling for children and youth that have not consented to adoption.
8. Ensure that concurrent planning occurs to increase the likelihood of establishing the appropriate permanency plan or goal and achieve permanency without undue delay.
9. Explore other permanency options at least every 6 months for children and youth with a permanency plan of APPLA.
10. Ensure that a housing plan is identified for older youth transitioning out of care at least 6 months prior to the anticipated date of discharge or youth's 21st birthday.
11. Ensure that youth are engaged in opportunities to use independent living skills obtained prior to transitioning out of care.
12. Increase opportunities for community partnerships to connect life/independent skills with employment, and to improve affordable housing options for older youth.

Acknowledgements

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

- ★ CRBC Governor Appointed Volunteers
- ★ The Department of Human Services (DHS)
- ★ The Social Services Administration (SSA)
- ★ The Local Departments of Social Services (LDSS) and (DHHS) Montgomery County
- ★ 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 Essentials for Childhood
- ★ The Family Tree
- ★ The Local Juvenile Courts of Maryland
- ★ All Community Partners who strive to improve outcomes for children and youth involved with child welfare

Special Acknowledgements

CRBC would like to thank the following for their leadership, service, attention and efforts to promote safety and well-being for children and youth during Fiscal Year 2018:

- ★ Governor Larry Hogan for signing legislation that promotes child safety and well-being including HB 1582 and HB 1072.
- ★ Lourdes Padilla, Secretary of DHS for contributing to promoting awareness of Adverse Childhood Experiences (ACES).
- ★ Rebecca Jones Gaston, Executive Director of SSA for responding to CRBC review findings by exploring ways to address gaps in health and education, for planning to develop the Medical Director position to identify strategies related to recommendations made by CRBC regarding health care needs of youth in foster care, for promoting awareness of ACES and showing the film Resilience at SSA statewide Regional Supervisory Meetings.
- ★ Delegate CT Wilson for sponsoring several bills during the legislative session recommended by The State Council On Child Abuse and Neglect (SCCAN) that promote well-being and prevention of child maltreatment including HB1582 which requires a State Medical Director for Child Welfare.
- ★ Claudia Remington, SCCAN Executive Director for showing the film documentary Resilience : The Biology of Stress and The Science of Hope and facilitating discussions for CRBC's State Board and citizen volunteer members across the state during CRBC's FY 2018 Annual In-Service Training, and for advocacy efforts promoting safety, well-being and prevention of child maltreatment.
- ★ Wendy Lane, MD MPH for her advocacy and supporting recommendations for improvements in health care for children involved with the child welfare system.

SSA Response to CRBC FY2017 Annual Report

(Reprinted for inclusion in Annual Report)



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

June 26, 2018

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

Dear Ms. Anderson-Burrs:

The Maryland Department of Human Services (DHS) expresses its gratitude for the work of the Citizen's Review Board for Children (CRBC). The work of the CRBC and the annual report provide great insights for DHS to review and improve services to children in the state of Maryland. DHS continues to benefit from the observations and feedback of the CRBC case reviews. In addition, meeting with CRBC leadership was extremely helpful to DHS in understanding the methodology and areas that could be streamlined and strengthened.

Of particular note, the report identifies gaps in services to foster youth around health and education. In the fall of 2017, the Social Services Administration (SSA) had the opportunity to develop and strengthen an integrated approach to child and family Well-Being. SSA reorganized to construct the Child and Family Well-Being unit. The goal of the Well-Being unit is to ensure that children and families are on healthy developmental trajectories and achieve well-being outcomes. With a focus on Caregiver and child functioning, the unit aims to incorporate a developmentally appropriate approach for children of all ages, from infancy through early adulthood.

The Well-Being unit consists of a Child and Family Well-Being Manager, an Education Specialist, and a Health Specialist. With a focus on education, physical and mental health, the well-being unit is working to refine and implement robust well-being strategies for the children and youth we serve, ensuring that every young person in foster care has the permanent connections, opportunities, and support needed for a successful transition to adulthood.

Over the past year, the Social Services Administration (SSA) in the Department of Human Services has developed an enhanced integrated practice model and will soon begin implementation. Our practice model encompasses our core values of family-centered, community-focused, strength-based, and trauma responsive practice. The primary focus of our work is preventing child maltreatment and fatalities, preventing adult maltreatment, reducing the need for out of home placement, increasing permanency, and ensuring families live safely in communities.

During the 2018 Legislative Session, DHS was mandated to have a medical director at the state level. This position will be developed to identify strategies related to the recommendations of the CRBC regarding the health care needs of youth in foster care. SSA is exploring implementation strategies regarding this position and looking forward to collaborating with the CRBC.

SSA, in partnership with our stakeholders, sister agencies, and community partners continue to examine data related to safety, permanency, and well-being and identify strategies to improve outcomes for children and families. Over the next year, SSA plans to work closely with our partners to expand the array of services accessible to families in Maryland.

We continue to be thankful for your reports and the work of the CRBC. We are looking forward to our continued partnership.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rebecca Jones Gaston', written over a light gray grid background.

Rebecca Jones Gaston, MSW
Executive Director
Social Services Administration

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). There are 140 volunteers serving on local boards. CRBC reviews cases of children in out-of-home placement, 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.

Fiscal Year 2018 Activities

Recruitment of local out-of-Home placement review board members remained a CRBC priority in order to ensure that reviews would be conducted in all 23 counties and Baltimore City. Many 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 and to avoid attrition. There were 13 selection interviews by local selection committees and appointments by the Governor statewide to CRBC local out-of-home placement review boards. Charles, Dorchester and Harford County Local Out-of-Home Placement Review Boards attained full membership and two members were appointed to the Kent/Queen Anne's County Board. Additionally, requests for appointments were made to the Governor for Allegany, Garrett and Somerset counties.

CRBC conducted four new member orientation and pre-service training sessions. In addition CRBC conducted four In-service training sessions for existing members titled Resilience: The Biology of Stress & The Science of Hope with a film presentation and panel discussions facilitated by Claudia Remington, Executive Director of SCCAN during April, recognizing National Child Abuse Prevention Awareness and Volunteer Appreciation month. The trainings were held at the College of Southern Maryland, Chesapeake College, Leisure World and at the Rice Auditorium in Catonsville, Maryland. Discussion panelist included members of local communities including representatives from local department of social services staff, DHS staff, foster/adoptive parents, Baltimore County Police Department, Baltimore City Mayor's Office, behavioral and mental health, community work force development, community advocates and child welfare stakeholders.

In June, CRBC coordinated a circuit meeting for Baltimore and Harford County members at Harford Community college with presentations on Substance Exposed Newborns (SENS) by Harford County Department of Social Services staff, Baltimore County Infants and Toddlers, and Jennifer Thomas, BSN,RNC-NIC, Staff Development Nurse, Special Care Nursery and Children's Center, UM Upper Chesapeake Medical Center. Also in June CRBC coordinated a circuit meeting for the upper and lower Eastern Shore (Cecil, Talbot, Kent, Queen Anne's, Dorchester, Somerset, Wicomico and Worcester counties) with presentations by representatives from Dorchester County Department of Social Services, Thrive By 25, Chesapeake College, and community partners regarding education and preparing older youth for transition including the financial aid process. The meeting was attended by CRBC members, educators, local DSS staff, CASA and CRBC staff.

Members of CRBC attended and participated in meetings hosted by the Social Services Administration and DHS. CRBC representatives met with SSA's Executive and Office of Technology Team. In addition CRBC participated in the Social Services Administration's (SSA) Well-Being Work Group, Alternative Response Work Group, Advisory Board and Regional Supervisory Meetings.

Members of CRBC met with the Director of Baltimore City DSS and with Administrators and staff of the Local Department of Social Services in Baltimore, Carroll, Cecil, Dorchester, Frederick, Harford, Howard, Montgomery, Prince George's, Queen Anne's and Somerset counties to discuss CRBC findings and recommendations for improvement. Discussions also included the importance of documentation including health, mental health and education documentation, and continuing to work collaboratively to help improve outcomes for children in out-of-home placement.

In January 2018 the CRBC State Board Chair and the Administrator met with Rebecca Jones Gaston, Executive Director of the Social Services Administration, to discuss CRBC findings and recommendations including health findings and CRBC concerns regarding lack of documentation of health services such as needed physical, dental, vision and recommended follow up care/treatment by health care providers. Included in this report is the response from Rebecca Jones Gaston to CRBC's Fiscal Year 2017 Annual Report.

The State Board Chair attended and represented CRBC at The National Citizens Review Panel (NCRP) Conference hosted by the state of Michigan in June 2018. Representatives from citizen review panels around the nation attended. The theme was: Navigating The Road Ahead: "Promising Practices to Demonstrate Change". The conference provided a forum for discussion of best practices and innovative ideas on enhancing public participation in protecting children. Activities included panel discussions, presentations, workshops and sessions led by individuals with expertise in various areas including child welfare, family law, legislation and advocacy. Topic areas included cross system collaboration, effective training for system improvements, domestic violence, substance abuse and mental health, retention and staff turnover, youth transitioning out of care, human trafficking and community of care.

Promoting Well-Being and Prevention of Maltreatment

Members of CRBC participated with Maryland's other CAPTA citizen panels, the State Council on Child Abuse and Neglect (SCCAN) and the State Child Fatality Review Team (SCFRT) on the Maryland Child Abuse & Neglect Fatalities (MCANF) Work Group. The purpose of the work group is to make recommendations to prevent future child abuse and neglect fatalities and near fatalities. Goals include:

- Reviewing child death cases in order to develop accurate cross-system aggregate data to understand causes (risk factors, substance abuse, domestic violence, mental illness, etc.) of child abuse and neglect fatalities.
- Develop recommendations to improve policies, programs, practices and training within child and family serving agencies (health care providers, hospitals, WIC, Early Care and Learning, parental mental health and substance abuse services, law enforcement, CPS, schools, etc.) to prevent child abuse and neglect and related fatalities and near fatalities.

CRBC participated in the Medical Director Legislative Workgroup contributing to and supporting recommendations for improvement in health care for children and youth involved in the child welfare system.

CRBC Legislative Activities

During the 2018 legislative session CRBC continued its legislative child welfare advocacy efforts by being an active organizational member of the Coalition to Protect Maryland's Children (CPMC). The State Board's Children's Legislative Advocacy Committee (CLAC) weighs in on legislation and makes recommendations to the State Board. Some successful and significant legislation that CRBC supported included the following:

HB1744: Child Abuse and Neglect-Substance Exposed Newborns-Reporting.

Alters the conditions under which a health care practitioner is NOT required to make a report to DHS if a newborn is born substance exposed. A report is not required if the healthcare practitioner:

- Has knowledge that the Director of the institution has made a report regarding the substance exposed newborn to the DHS.
- Has verified at the time of delivery-the mother was using a controlled substance as currently prescribed for the mother by a licensed practitioner.
- Determines that the newborn does not display effects of withdrawal from the controlled substance exposure.
- Determines that the newborn does not display effects of fetal alcohol syndrome.
- Determines that the newborn is not affected by the substance abuse.

HB1582: Human Services-Child Receiving Child Welfare Services-Centralized Comprehensive Health Care Monitoring Program.

The Medical Director position will be developed to identify strategies related to recommendations of CRBC and other child welfare stakeholders regarding the health care needs of youth in foster care.¹

The bill creates a State Medical Director for children receiving child welfare services that:

- Collects data on timeliness and effectiveness of health services.
- Tracks health outcomes.
- Assesses the competency including cultural health competency of health care providers who evaluate and treat abused and neglected youth in foster care.
- Periodically assesses the supply and diversity of health care services that evaluate and treat youth in foster care.

¹ Department of Human Services (DHS) response by Rebecca Jones Gaston, Executive Director of Social Services Administration dated June 26, 2018 to CRBC FY 2017 Annual Report.

- Works with stakeholders to identify systemic problems affecting health care and develop solutions.
- Ensures best practice medical review and evaluation.

HB1072: Child Sexual Abuse Prevention Instruction Training.

- Requires that every public school employee receive instructional training on the identification, prevention and reporting of child sexual abuse.

SB85: Tuition Waiver: Foster Care Recipients Eligibility.

Expands the categories of Foster Youth Eligibility for Tuition Waiver and Allows 10 Years to obtain a degree. Categories include:

- Resided in Out of Home (OOH) Placement on 18th birthday or when graduated from high school or successfully completed their GED.
- Resided in OOH on or after 13th birthday for at least 1 year and was placed in guardianship or adoption.
- Resided in OOH in Maryland for at least 1 year on or after 13th birthday and returned home to parent(s).
- The younger sibling of someone who was in OOH on or after 13th birthday and was placed in guardianship or adopted.

SB308/HB431: Fostering employment Act of 2018.

SB1218: Ending Youth Homelessness Act of 2018.

HB574/SB291: Family Law-Protecting the Children in State Custody.

HB1386: Public Schools-Reporting Child Abuse Telephone Number.

HB1517/SB877: Behavioral Health Services and Voluntary Placement Agreements-Children and Young Adults-Reports.

Out-of-Home Placement 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.

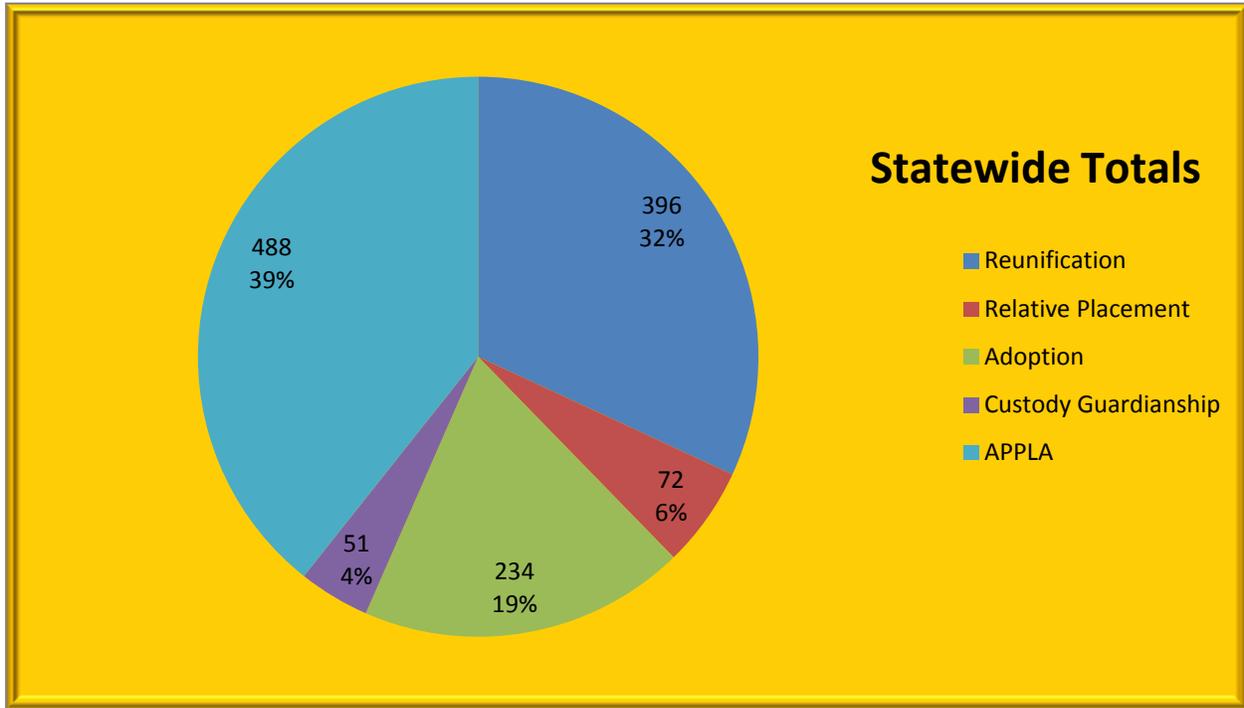
Older Youth Aging Out

- 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.

FY2018 Review Findings Percentages by Permanency Plan



Gender Totals (1241)

Male	Female
604 (49%)	637 (51%)

Male (604)

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
203 (34%)	33 (5%)	125 (21%)	25 (4%)	218 (36%)

Female (637)

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
193 (30%)	39 (6%)	109 (17%)	26 (4%)	270 (43%)

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

Ethnicity Overall (1241)

African American	Caucasian	Asian	Native American	Other
763 (62%)	401 (32%)	8 (1%)	1 (< 1%)	68 (5%)

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 0 thru 5	53	11	10	104	2	0	180
age 6 thru 10	63	4	9	47	7	0	130
age 11 thru 13	86	3	10	30	12	0	141
age 14 thru 16	129	1	14	42	20	24	230
age 17 thru 19	60	1	9	10	9	250	339
age 20	5	0	0	1	1	214	221
Totals	396	20	52	234	51	488	1241

Case Reviews by Jurisdiction

Jurn #	County	Reunification	Relative Placement	Adoption	Custody Guardianship	APPLA	TOTAL
01	Allegany	2	1	7	0	1	11
02	Anne Arundel	18	4	9	0	25	56
03	Baltimore County	48	1	26	3	49	127
04	Calvert	11	3	8	2	8	32
05	Caroline	8	5	2	0	1	16
06	Carroll	5	0	2	0	7	14
07	Cecil	10	2	12	1	14	39
08	Charles	10	1	7	7	9	34
09	Dorchester	5	0	3	1	7	16
10	Frederick	11	4	13	0	11	39
11	Garrett	1	0	5	0	0	6
12	Harford	23	6	11	5	21	66
13	Howard	5	0	1	0	17	23
14	Kent	3	0	0	2	0	5
15	Montgomery	74	11	26	6	33	150
16	Prince Georges	48	0	17	7	54	126
17	Queen Anne	2	0	0	0	1	3
18	Saint Mary's	12	1	5	0	1	19
19	Somerset	5	0	7	0	2	14
20	Talbot	1	0	5	0	0	6
21	Washington	19	0	10	0	17	46
22	Wicomico	1	3	4	1	4	13
23	Worcester	6	0	3	0	7	16
49	Baltimore City	68	30	51	16	199	364
24	Statewide Totals	396	72	234	51	488	1241
24	Percentages	32%	6%	19%	4%	39%	100%

*(Note: Relative Placement is the combined total of Relative Placement for Adoption = 20: Relative Placement for Custody/Guardianship = 52)

CRBC conducted a total of 1241 individual out-of-home case reviews including 21 re-reviews (each case reviewed represents 1 child/youth) in all 24 Jurisdictions on 188 boards that held reviews during fiscal year 2018.

Re-reviews are conducted when the local board determines that there are significant areas of concern that need to be addressed and/or resolved by the local department. These re-reviews are follow-ups to

regular reviews to ascertain whether adequate progress has been made and whether the local department followed the local board's recommendation.

Re-reviews are held in the 4th quarter and only Harford County and Baltimore City had re-reviews.

Harford County (11 re-reviews)

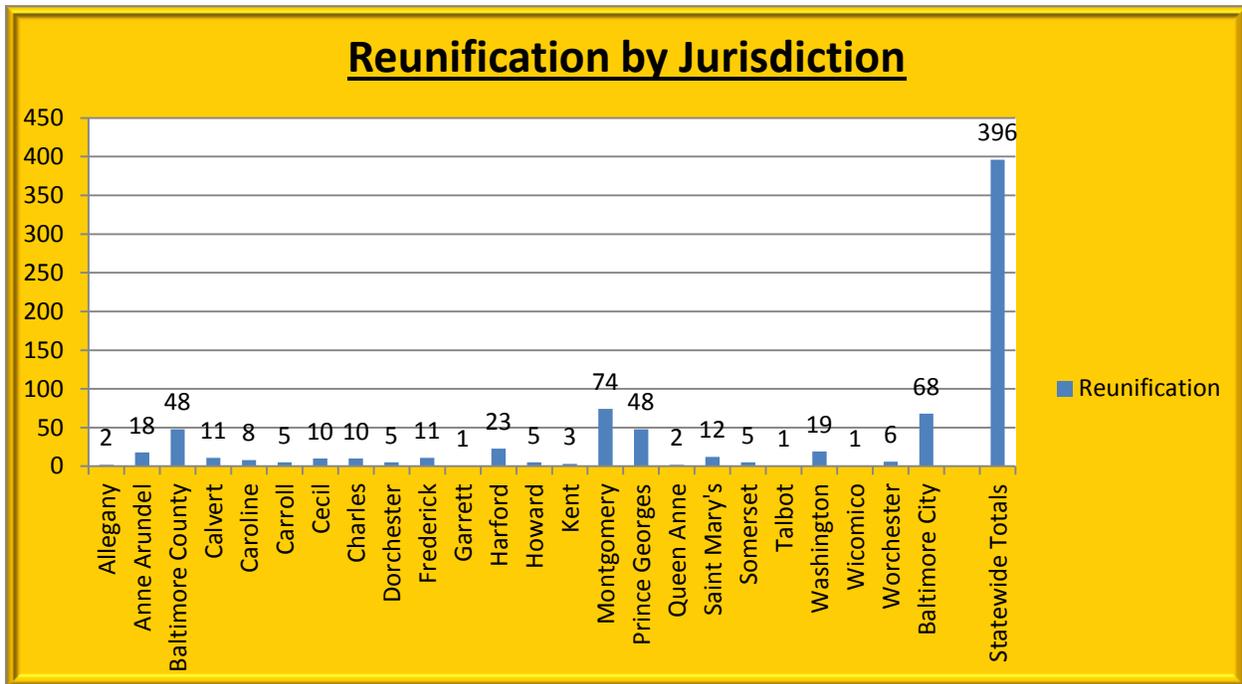
Area of Concern	# of Cases	Addressed/Resolved			Adequate Progress Made		Board's Recommendation Followed		
		Yes	No	Part	Adequate	Inadequate	Yes	No	Part
Permanency	4	1		3	1	3	1	1	2
Placement	2			2		2			2
Safety	2	2				2			2
Mental Health	1	1			1		1		
Physical Health	5	1	4		1	4	1	1	3
Independence	4	2	1	1	2	2	2		2
Family	2		1	1		2			2
Other	2		2			2			2

Baltimore City (10 re-reviews)

Area of Concern	# of Cases	Addressed/Resolved			Adequate Progress Made		Board's Recommendation Followed		
		Yes	No	Part	Adequate	Inadequate	Yes	No	Part
Permanency	1	1			1				1
Placement	1	1			1		1		
Safety	4	4			4		2		2
Mental Health	2	2			2		1		1
Physical Health	6	2	3	1	6				6
Independence	4	3	1		4		1		3
Youth	1	1			1		1		

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.



Permanency

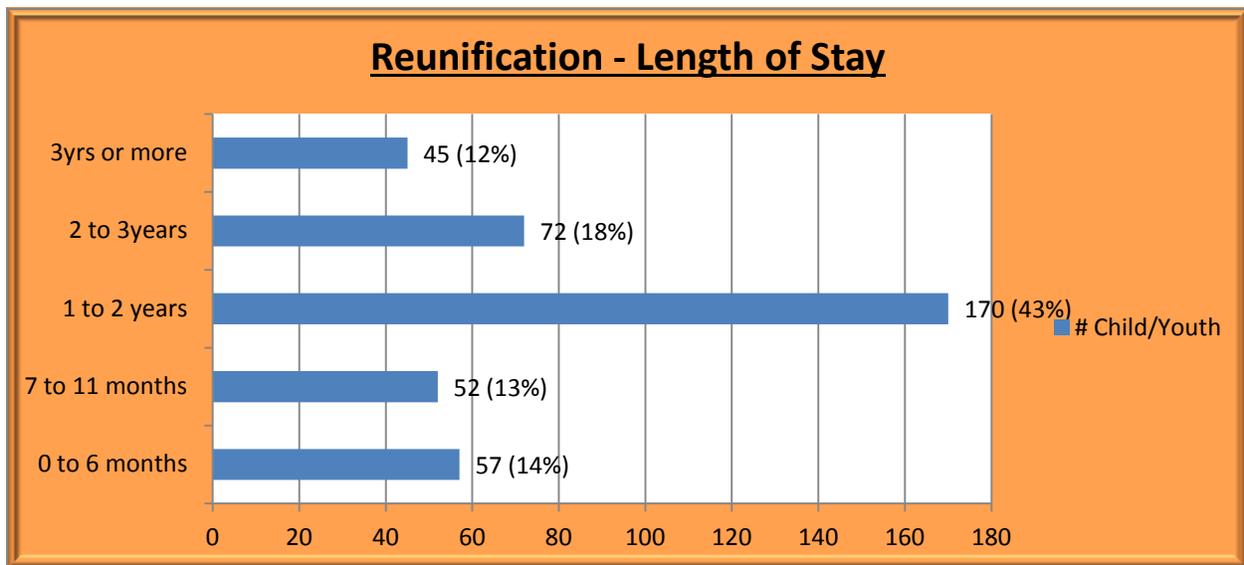
The local boards agreed with the permanency plan of reunification in 301 (76%) of the 396 cases reviewed.

The local juvenile courts identified a concurrent permanency plan for 75 (19%) of the 396 cases reviewed. The concurrent plans identified were Relative Placement for Adoption, 3 (4%), Relative Placement for Custody & Guardianship, 30 (40%), Non Relative Adoption, 5 (7%), Non Relative Custody & Guardianship, 31 (41%), and APPLA, 6 (8%).

The local departments were implementing the concurrent plans set by the local juvenile courts in 73 of the 75 cases.

Length of Time a Child/Youth had a plan of Reunification

Of the 396 Reunification cases reviewed the local boards found that the length of time the child/youth had a plan of Reunification were as follows:



Placement

The local boards agreed with the departments' placement plan in 390 (98%) of the 396 cases reviewed. The majority of the placements were in Private Treatment Foster Care (37%), Therapeutic Group Homes (16%), Regular Foster Care (11%), and Residential Treatment Centers (10%).

Number of Cases	Placement
31	Formal Kinship Care
3	Pre-Finalized Adoptive Home
44	Regular Foster Care
21	Restricted (Relative) Foster Care
0	Treatment Foster Care
145	Treatment Foster Care (Private)
8	Residential Group Home
2	Teen Mother Program
62	Therapeutic Group Home
5	Independent Residential Living Program
38	Residential Treatment Center
1	Psychiatric Respite
1	Diagnostic Center
31	None
4	Other

Placement Stability

The local boards found that in 217 (55%) of the 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 also found that in 188 (47%) of the cases reviewed there were changes in placement within the 12 months prior to the review. 101 (54%) of the cases had 1 placement change, 60 (32%) had 2 placement changes, 17 (9%) had 3 placement changes and 10 (<1%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 127 (68%) of the 188 cases.

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

- 69 (37%) had the same level of care
- 64 (34%) were in less restrictive placements
- 49 (26%) were in more restrictive placements
- 5 (3%) unknown, information not available
- 1 (<1%) child on runaway

The local boards found that the primary positive reason for the most recent placement changes were for (a) transition towards a permanency goal 46 (24%) of the cases.

Provider specific issues for the most recent placement changes were:

- a) Provider home closed: 2 cases
- b) Provider requests: 5 cases
- c) Allegation of provider abuse/neglect: 13 cases
- d) Founded incident of provider abuse/neglect: 10 cases
- e) Incompatible match: 11 cases

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

- a) Behavioral: 64 cases
- b) Threats of harm to self/others: 1 case
- c) Sexualized: 2 cases
- d) Delinquent behavior: 2 cases
- e) Runaway: 6 cases
- f) Hospitalization: 3 cases
- g) Child/youth requests removal: 3 cases

Placement specific services for the most recent placement changes were:

- a) Placement services not adequate to support the provider: 7 cases

- b) N/A – placement from shelter or temporary placement: 2 cases
- c) Unknown (info not available): 2 cases

Current placement match between child’s needs and the provider’s ability to meet those needs:

- a) Yes: 182 cases
- b) No: 2 cases
- c) N/A – runaway, sila, or other non-provider living arrangement: 3 cases
- d) Unknown (info not available): 1 case

Case Planning

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 300 (76%) of the 396 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 315 (80%) of the cases reviewed and had a signed service agreement for 163 (41%) cases.

The local boards found that the service agreement was appropriate for the 163 signed cases.

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 92 (23%) of the 396 children/youths reviewed had developmental or special needs.
- Current Physical: 310 (78%) children/youths had a current physical exam.
- Current Vision: 259 (65%) children/youths had a current vision exam.
- Current Dental: 236 (60%) children/youths had a current dental exam.
- Completed Medical Records: The local department reported that 201 (51%) children/youths had completed medical records in their case files.
- Prescription Medication: 234 (59%) children/youths were taking prescription medication.
- Psychotropic Medication: 211 (53%) children/youths were taking psychotropic medication.
- Mental Health Issues: 307 (78%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 298 (97%) of the 307 children/youths.
- Mental Health Issues/Transitioning/Services: 6 (2%) of the 307 youths with mental health issues, were transitioning out of care and had an identified plan to receive services in the adult mental health system.

- Substance Abuse: 25 (6%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 18 (72%) of the 25 children/youths.
- Behavioral Issues: 189 (48%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 184 (97%) of the 189 children/youths.

The local boards found that the health needs of 208 (53%) of the 396 children/youths had been met and 8 children/youths refused to comply with standard health exams.

Education

337 (85%) of the 396 children/youths reviewed were enrolled in school or another educational/vocational program. 2 of the 337 were in college. 9 (15%) of the 59 children/youths not in school had graduated high school, 10 (17%) refused to attend and 40 (68%) were under the age of 5.

The local boards agreed that the children/youths enrolled in school or another educational/vocational program were all being appropriately prepared to meet educational goals.

Ready by 21

- Employment (age 14 and older – 195 (49%) cases)

30 (15%) of the 195 youths were employed or participating in paid or unpaid work experience. 3 youth were unable to work due to being medically fragile, 22 were unable to work due to mental health, 1 was in a juvenile detention facility and 1 was in a correctional facility.

The local boards agreed that the youths were being appropriately prepared to meet employment goals.

- Independent Living Services (age 14 and older – 195 (49%) cases)

The local boards agreed that 132 (68%) of the 195 youths were receiving appropriate services to prepare for independent living.

- Housing (Transitioning Youth – 5 (1%) 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 4 of the 5 youths transitioning out of care.

The local boards agreed that the 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 382 (96%) of the 396 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 134 (34%) of the 396 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	301	105
No	95	291

Frequency of Visits	With Parents	With Relatives
Daily	13	7
Once a week	90	17
More than once a week	35	14
Once a month	53	31
More than once a month	94	27
Quarterly	6	4
Yes, but undocumented	10	5
Never		

Supervision of Visits	With Parents	With Relatives
Supervised	126	15
Unsupervised	175	90

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	89	12
Other Agency Representative	4	2
Biological Family Member	21	1
Foster Parent	7	
Other	5	

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	86	64
LDSS Visitation Center	76	11

Public Area	58	19
Child's/Youth's Placement	58	7
Other	23	4

Overnight Stays	With Parents	With Relatives
Yes	106	57
No	195	48

The local boards found that 194 (49%) of the 396 children/youths had siblings in care and they all had visits with their siblings in care.

Barriers/Issues

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

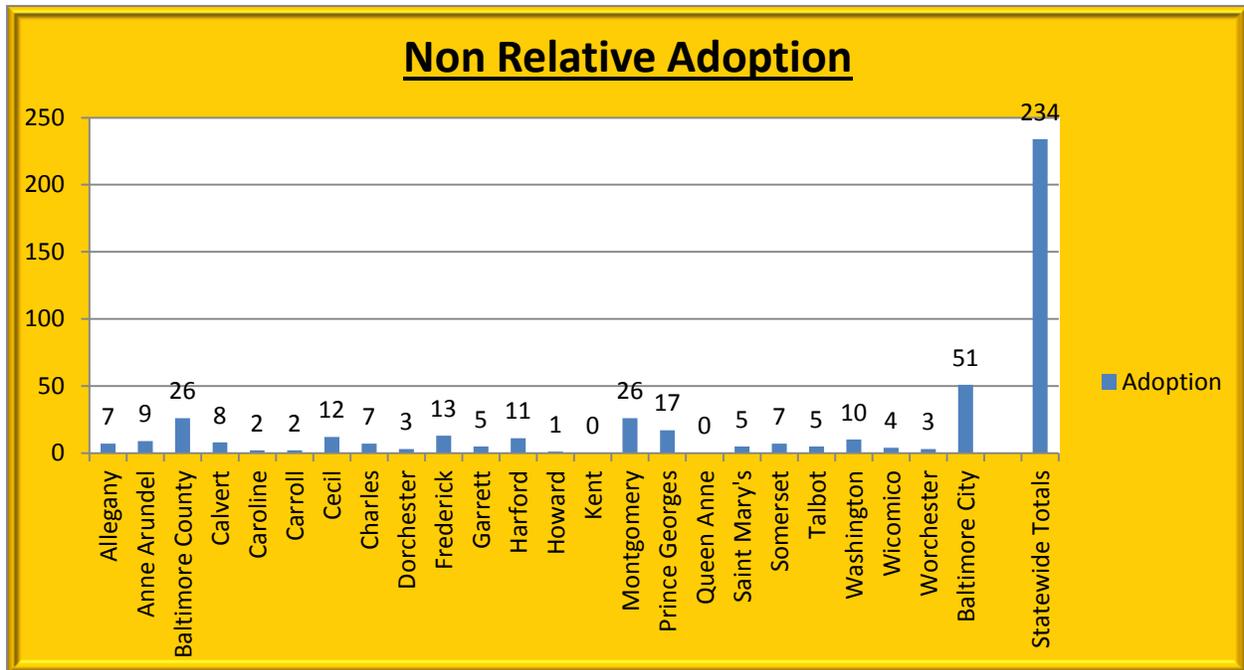
- Board does not agree with current permanency plan.
- Lack of concurrent planning.
- No service agreement with parents.
- No service agreement with youth.
- Youth placed outside of home jurisdiction.
- Missing or lack of documentation.
- Other agency related barriers.
- Other education barrier.
- Other independence barrier.
- Other child/youth related barrier.
- Other family related barrier.
- Not maintaining contact with the department.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- No current Safe-C/G.
- No current IEP.
- No follow up on medical referrals.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- Child has behavior problems in the home.
- Issues related to substance abuse.

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 374 (94%) of the 396 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.



Permanency

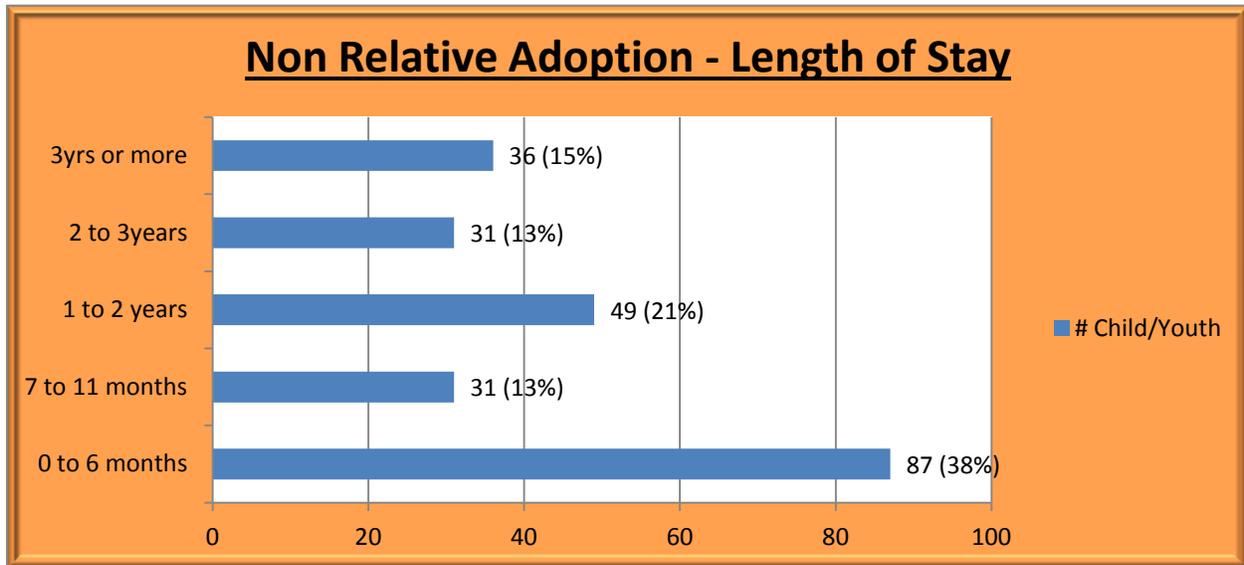
The local boards agreed with the permanency plan of Non Relative Adoption in 227 (97%) of the 234 cases reviewed.

The local juvenile courts identified a concurrent permanency plan for 37 (16%) of the cases reviewed. The concurrent plans identified were Reunification, 8 (22%), Relative Placement for Adoption, 3 (8%), Relative Placement for Custody & Guardianship, 12 (32%), and Non Relative Custody & Guardianship, 14 (38%).

The local departments were implementing the concurrent plans set by the local juvenile courts in 33 (89%) of the 37 cases.

Length of time Child/Youth had a plan of Adoption

Of the 234 Non Relative Adoption cases reviewed the local boards found that the length of time the child/youth had a plan of Adoption were as follows:



Placement

The local boards agreed with the departments' placement plan in 230 (98%) of the 234 cases reviewed. The majority of the placements were in Pre-Finalized Adoptive Homes (65%) and Private Treatment Foster Care Private (20%).

Number of Cases	Placement
2	Formal Kinship Care
152	Pre-Finalized Adoptive Home
9	Regular Foster Care
0	Restricted (Relative) Foster Care
1	Treatment Foster Care
48	Treatment Foster Care (Private)
3	Residential Group Home
0	Teen Mother Program
11	Therapeutic Group Home
0	Independent Residential Living Program
2	Residential Treatment Center
0	Psychiatric Respite
0	Diagnostic Center
2	None
4	Other

Placement Stability

The local boards found that in 152 (65%) of the 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 also found that in 70 (30%) of the cases reviewed there was a change in placement within the 12 months prior to the review. 49 (70%) of the cases reviewed had 1 placement change, 17 (24%) had 2 placement changes, 3 (4%) had 3 placement changes and 1 (1%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 49 (70%) of the 70 cases.

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

- 33 (47%) had the same level of care
- 29 (41%) were in less restrictive placements
- 7 (10%) were in more restrictive placements
- 1 (<1%) child on runaway

The local board found that the primary positive reason for the most recent placement changes were for (a) transition towards a permanency goal for 36 (51%) of the cases.

Provider specific issues for the most recent placement changes were:

- a) Provider home closed: 2 cases
- b) Provider requests: 2
- c) Allegation of provider abuse/neglect: 6
- d) Incompatible match: 6

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

- a) Behavioral: 17 cases
- b) Delinquent behavior: 1
- c) Runaway: 1
- d) Hospitalization: 1
- e) Child/youth requests removal: 2

Placement specific services for the most recent placement changes were:

- a) Placement services adequate to support the provider: 68 cases
- b) Placement services not adequate to support the provider: 0

Current placement match between child's needs and the provider's ability to meet those needs:

- a) Yes: 69 cases
- b) No: 1

Case Planning

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 160 (68%) of the 234 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 93 (40%) of the cases reviewed and had a signed service agreement for 47 (20%) cases. 93 (40%) of the cases were a Post TPR child under the age of 14.

The local boards found that the service agreement was appropriate for the 47 signed cases.

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 42 (18%) of the 234 children/youths reviewed had developmental or special needs.
- Current Physical: 33 (14%) children/youths had a current physical exam.
- Current Vision: 173 (74%) children/youths had a current vision exam.
- Current Dental: 157 (67%) children/youths had a current dental exam.
- Completed Medical Records: The local departments reported that 148 (63%) children/youths had completed medical records in their case files.
- Prescription Medication: 95 (41%) children/youths were taking prescription medication.
- Psychotropic Medication: 73 (31%) children/youths were taking psychotropic medication.
- Mental Health Issues: 109 (47%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for all 109 children/youths.
- Mental Health Issues/Transitioning/Services: 3 (3%) of the 109 youths with mental health issues, were transitioning out of care and had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 3 (1%) youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for all 3 youths.
- Behavioral Issues: 64 (27%) children/youths had behavioral issues.

- Behavioral Issues Addressed: Yes, for 63 (99%) of the 64 children/youths.

The local boards found that the health needs of 156 (66%) of the 234 children/youths had been met and 3 (1%) children/youths refused to comply with standard health exams.

Education

148 (63%) of the 234 children/youths reviewed were enrolled in school or another educational/vocational program. 1 (1%) of the 86 children/youths who were not in school had graduated high school, 6 (7%) refused to attend and 79 (92%) were under the age of 5.

The local boards agreed that the children/youths enrolled in school or another educational/vocational program were all being appropriately prepared to meet educational goals.

Ready by 21

- Employment (age 14 and older – 52 (22%) cases)

4 (8%) of the 52 youths were employed or participating in paid or unpaid work experience. 3 youth were unable to work due to being medically fragile and 5 were unable to work due to mental health.

The local boards agreed that 14 youths were being appropriately prepared to meet employment goals.

- Independent Living Services (age 14 and older – 52 (22%) cases)

The local boards agreed that 34 (65%) of the 52 youths were receiving appropriate services to prepare for independent living.

- Housing (Transitioning Youth – 1 (< 1%) case)
(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Housing had not been specified for the 1 youth transitioning out of care.

The local boards agreed that the youth was not being appropriately prepared to transition out of care.

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 46 (20%) of the 234 children/youths consented to adoption and an additional 16 (9%) children/youths consented to adoption with conditions.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child's Consent to Adoption	Cases
Yes	46
Yes, with conditions	16
Child did not want to be Adopted	14
N/A under age of consent	135
No, Medically Fragile/Mental Health	9
No, Concurrent Plan is Reunification	0
No, Relative Placement	0
Unknown	14

Pre-Adoptive Services, Placements and Resources

168 (72%) of the 234 children/youths with a plan of adoption were placed in a pre-adoptive home. The family structure was comprised of a married couple for 117 (70%) of the 168 cases, an unmarried couple for 5 (3%), a single female for 43 (26%) and a single male for 3 (2%) . The relationship to the pre-adoptive children/youths was a relative foster parent in 8 (5%) cases, a non-relative foster parent in 153 (91%) and a fictive kin foster parent in 7 (4%) cases.

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

- 10 case(s) from 1 to 3 months
- 7 case(s) from 4 to 6 months
- 16 case(s) from 7 to 9 months
- 13 case(s) from 10 to 12 months
- 19 case(s) from 12 to 15 months
- 16 case(s) from 16 to 20 months
- 87 case(s) 21 months or more

An adoptive home study was completed and approved for 141 (84%) of the 168 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 in all 168 (100%) cases.

The local boards found that the pre-adoptive placements were appropriate for all 168 (100%) cases.

Adoptive Recruitment

The local boards found that the local department had documented efforts to find an adoptive resource for 39 (59%) of the 66 children/youths not placed in a pre-adoptive home. Some of the adoptive recruitment resources were Adopt Us Kids, Bark Foundation, Digital Me, Heart & Gallery, Wednesdays Child, Adoption Together and Wendy's Wonderful Child.

The local boards agreed that the adoptive recruitment efforts were appropriate for all 39 children/youths.

Post-Adoptive Services and Resources

Post-adoptive services were needed for 182 (78%) of the 234 children/youths. This includes 14 of the 66 children/youths not placed in a pre-adoptive home.

Some of the services that were needed for the 182 children/youths were Medical for 180, Mental Health for 79, Educational for 62, Respite Services and DDA services for 9 children/youths.

The local boards agreed that the post-adoptive services and resources were appropriate for the 182 children/youths.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 229 (98%) of the 234 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 70 (30%) of the 234 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	83	31
No	151	203

Frequency of Visits	With Parents	With Relatives
Daily	2	5
Once a week	16	4
More than once a week	2	2
Once a month	36	13
More than once a month	16	3
Quarterly	5	4
Yes, but undocumented	6	0
Never		

Supervision of Visits	With Parents	With Relatives
Supervised	68	14
Unsupervised	15	17

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	54	12
Other Agency Representative	1	0
Biological Family Member	2	0
Foster Parent	11	2
Other		

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	2	10
LDSS Visitation Center	38	6
Public Area	31	12
Child's/Youth's Placement	6	1
Other	6	2

Overnight Stays	With Parents	With Relatives
Yes	2	6
No	81	25

The local boards found that 128 (55%) of the 234 children/youths had siblings in care and they all had visits with their siblings in care.

Barriers/Issues

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

- Child in pre-adoptive home, but adoption not finalized.
- Pre-adoptive resources not identified.
- Efforts not made to move towards finalization.
- Child does not consent.
- Appeal by birth parents.
- Legal representation for parent.
- No service agreement with parents.
- No service agreement with youth.
- Youth placed outside of home jurisdiction.
- Missing or lack of documentation.
- Board does not agree with current permanency plan.
- Lack of concurrent planning.

- Inadequate casework services.
- Lack of progress in implementation.
- Department non-compliant with accepted plan.
- Poor coordination within DSS.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Other coordination barrier.
- Other court related barrier.
- Other agency related barriers.
- Other education barrier.

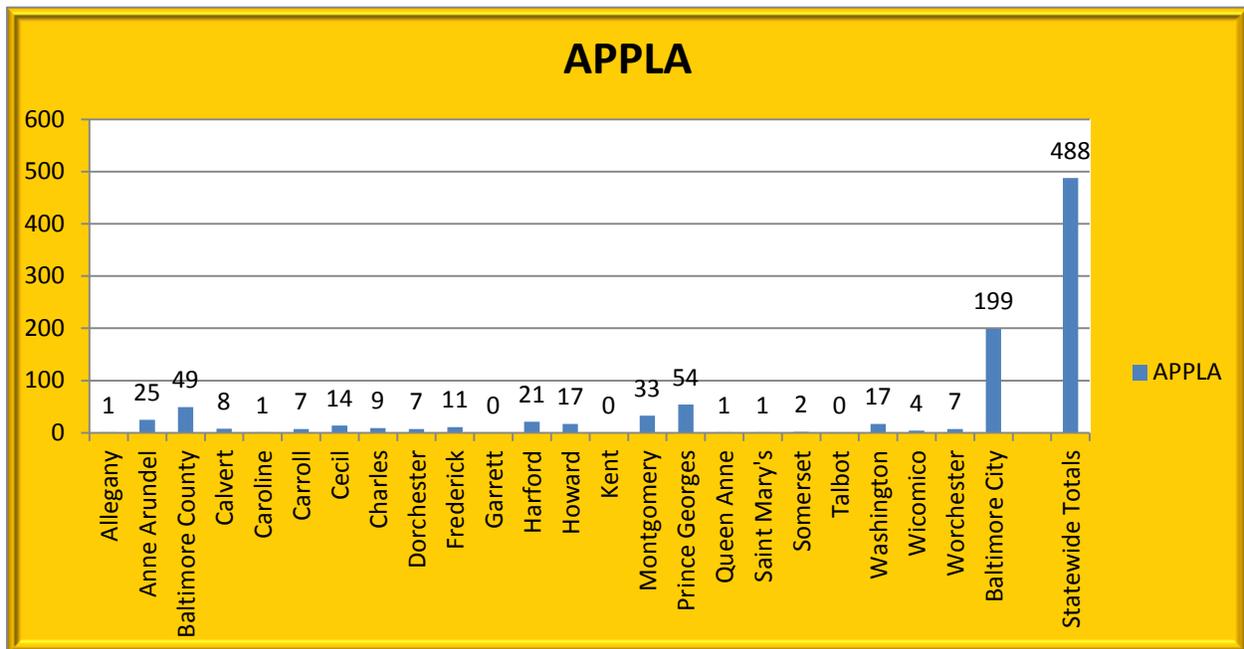
Summary

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 225 (96%) of the 234 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 1241 cases reviewed, 488 (39%) of the cases had a plan of APPLA. Baltimore City had the most (199 cases) 41%, Prince George's County (54) 11%, Baltimore County (49) 10% and Montgomery County (33) 8%. All other counties had five 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.



Permanency

The local boards agreed with the permanency plan of APPLA in 486 (99%) of the 488 cases reviewed.

Category of APPLA plan

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

- Emancipation/Independence: 444 (91%) cases
- Transition to an Adult Supportive Living Arrangement: 41 (8%) cases
- Other: 3 (<1%) cases

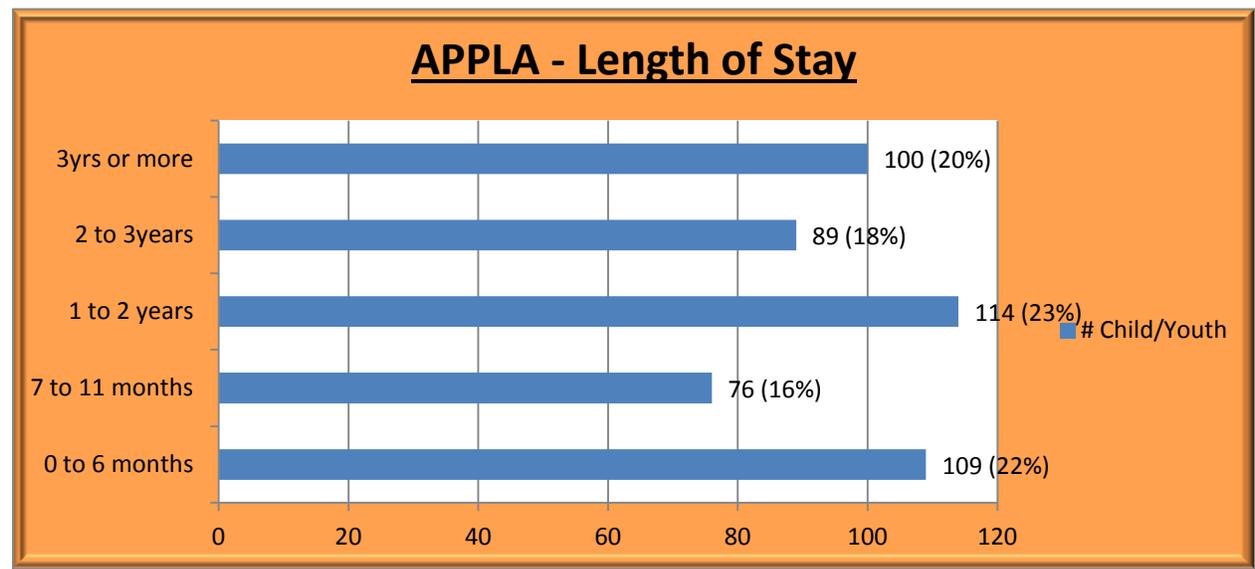
Permanent Connections

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 in 348 (71%) of the 488 cases reviewed, a permanent connection had been identified for the children/youths by the local departments and that the identified permanent connection was appropriate in 339 (69%) cases.

Length of time Child/Youth had a plan of APPLA

Of the 488 APPLA cases reviewed the local boards found that the length of time the child/youth had a plan of APPLA were as follows:



Placement

The local boards agreed with the departments' placement plan for 459 (94%) of the 488 cases reviewed. The majority of placements were in Private Treatment Foster Care (28%), Independent Living Residential Program (20%), Other (13%), Therapeutic Group Homes (9%) and Own Dwelling (9%).

Number of Cases	Placement
3	Formal Kinship Care
13	Regular Foster Care
7	Restricted (Relative) Foster Care
1	Treatment Foster Care
139	Treatment Foster Care (Private)

13	Residential Group Home
19	Teen Mother Program
45	Therapeutic Group Home
96	Independent Living Residential Program
11	Residential Treatment Center
13	Relative
14	Non-Relative
43	Own Dwelling
2	Diagnostic Center
66	None
3	Other

Placement Stability

The local boards found that for 251 (51%) of the cases reviewed the child/youth were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards also found that for 276 (57%) cases reviewed there was a change in the placement in the last 12 months prior to being reviewed. 139 (50%) of the 276 cases reviewed had 1 placement change, 93 (34%) had 2 placement changes, 23 (8%) had 3 placement changes and 21 (8%) had 4 or more placement changes.

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

- 78 (28%) had the same level of care
- 140 (51%) were in less restrictive placements
- 42 (15%) were in more restrictive placements
- 17 (6%) were unknown, information not available
- 9 (3%) youth on runaway

The local board found that the primary positive reason for the most recent placement changes were for (a) transition towards a permanency goal 104 (38%) of the cases and (b) placement with relatives 7 (2%).

Provider specific issues for the most recent placement changes were:

- a) Provider home closed: 12 cases
- b) Allegation of provider abuse/neglect: 1 cases
- c) Founded incident of provider abuse/neglect: 1 cases
- d) Incompatible match: 24 cases

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

- a) Behavioral: 69 cases
- b) Health: 1 case
- c) Threats of harm to self or others: 3 cases
- d) Delinquent behavior: 14 cases
- e) Runaway: 19 cases
- f) Hospitalization: 3 cases
- g) Child/youth requests removal: 5 cases
- h) Other: 40 cases

Placement specific services for the most recent placement changes were:

- a) Placement services adequate to support the provider: 260 cases
- b) Placement services not adequate to support the provider: 4 cases
- c) N/A – placement from shelter or temporary placement: 7 cases

Current placement match between child's needs and the provider's ability to meet those needs:

- a) Yes: 225 cases
- b) No: 4 cases
- c) N/A – runaway, sila, or other non-provider living arrangement: 37 cases

Case Planning

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 267 (55%) of the 488 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 370 (76%) of the cases reviewed and had a signed service agreement for 250 (51%) cases.

The local boards found that the service agreement was appropriate for the 250 signed cases.

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 85 (17%) of the 488 children/youths reviewed had developmental or special needs.
- Current Physical: 272 (56%) children/youths had a current physical exam.
- Current Vision: 226 (46%) children/youths had a current vision exam.
- Current Dental: 206 (42%) children/youths had a current dental exam.
- Completed Medical Records: The local departments reported that 134 (27%) children/youths had completed medical records in their case files.

- Prescription Medication: 213 (44%) children/youths were taking prescription medication.
- Psychotropic Medication: 176 (36%) children/youths were taking psychotropic medication.
- Mental Health Issues: 332 (68%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 234 (70%) of the 332 children/youths.
- Mental Health Issues/Transitioning/Services: 46 (14%) of the 332 youths with mental health issues, were transitioning out of care and had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 103 (21%) youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 31 (30%) of the 103 youths
- Behavioral Issues: 199 (41%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 145 (73%) of the 199 children/youths

The local boards found that the health needs of 140 (29%) of the 488 children/youths had been met and 73 (15%) children/youths refused to comply with standard health exams.

Education

252 (52%) of the 488 children/youths reviewed were enrolled in school or another educational/vocational program. 67 (27%) of the 252 were in college and 5 (2%) were in a trade school. 158 (67%) of the 236 youths who were not in school had graduated high school, and 78 (33%) refused to attend school.

The local boards agreed that the children/youths enrolled in school or another educational/vocational program were all being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 487 (99%) cases)

198 (41%) of the 487 youths were employed or participating in paid or unpaid work experience. 6 were not able to work due to being medically fragile, 19 were unable to work due to mental health and 9 were in a correctional facility.

The local boards agreed that 283 (58%) of the 487 youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 487 (99%) cases)

The local boards agreed that 339 (69%) of the 487 youths were receiving appropriate services to prepare for independent living.

➤ Housing (Transitioning Youth – 211 (43%) 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 111 (53%) of the 211 youths transitioning out of care.

The local boards agreed that the 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 448 (92%) of the 488 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 129 (26%) of the 488 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	230	151
No	258	337

Frequency of Visits	With Parents	With Relatives
Daily	24	16
Once a week	32	20
More than once a week	24	17
Once a month	47	24
More than once a month	43	28
Quarterly	8	7
Yes, but undocumented	52	39
Never		

Supervision of Visits	With Parents	With Relatives
Supervised	13	1
Unsupervised	217	150

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	7	1
Other Agency Representative	2	
Biological Family Member	1	
Foster Parent		
Other	3	

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	148	111
LDSS Visitation Center	9	1
Public Area	39	20
Child's/Youth's Placement	24	11
Other	10	8

Overnight Stays	With Parents	With Relatives
Yes	114	74
No	116	77

The local boards found that 100 (20%) of the 488 children/youths had siblings in care and they all had visits with their siblings in care.

Barriers/Issues

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

- No service agreement with child.
- No service agreement with parents.
- No service agreement with youth.
- Non-compliant with service agreement.
- No current Safe-C/G.
- No current safety or risk assessment.
- No current IEP.
- No follow up on medical referrals.
- Lack of concurrent planning.
- Lack of follow-up (general).
- Missing or lack of documentation.
- Child has behavior problems in the home.
- Not following up on referrals.
- Issues related to substance abuse.

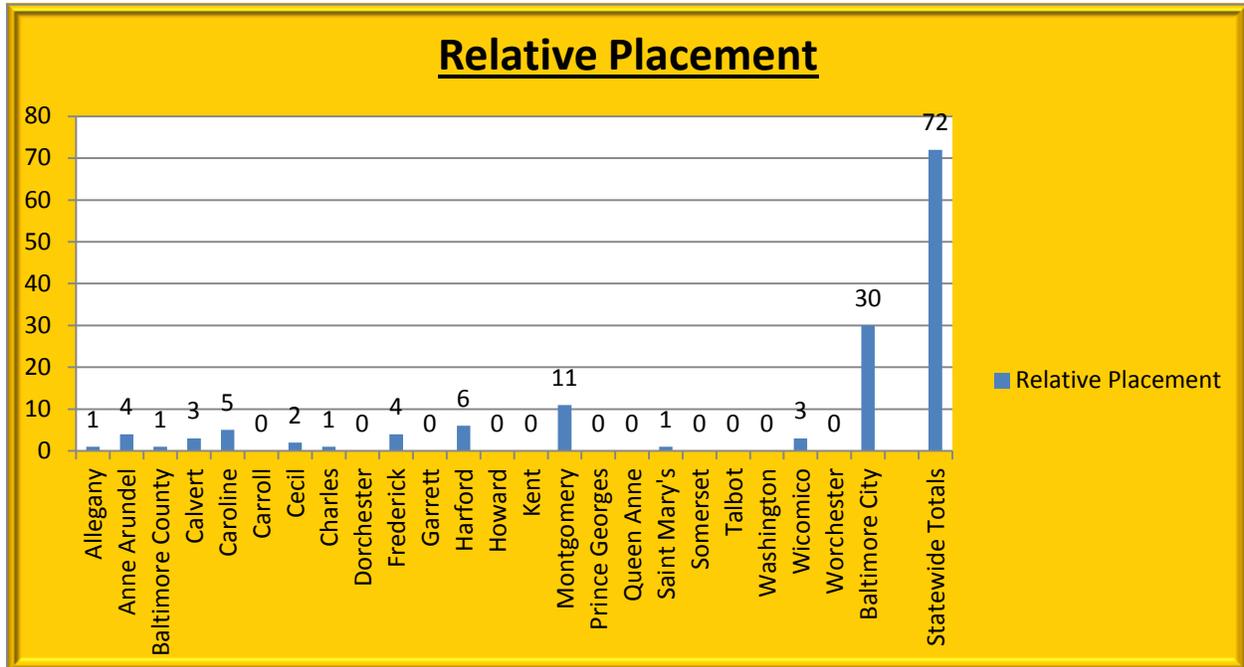
- Youth not enrolled in school.
- Youth not attending school or in GED program.
- Board does not agree with current permanency plan.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Other physical health barrier.
- Other independence barrier.
- Other placement barrier.
- Other service resource barrier.
- Other child/youth related barrier.
- Other education barrier.
- Youth placed outside of home jurisdiction.
- Youth has not been assessed for mental health concerns.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- Youth engages in risky behavior.
- Youth not employed and transitioning out of care.
- Refusal to locate or maintain employment.
- Transitional housing has not been identified.
- Inadequate preparation for independence.
- Inadequate preparation for independence (general).

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 422 (86%) of the 488 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 when reunification is not possible.



Category of Relative Placement

- Relative placement for Adoption: 20 cases
- Relative placement for Custody/Guardianship: 52 cases

Permanency

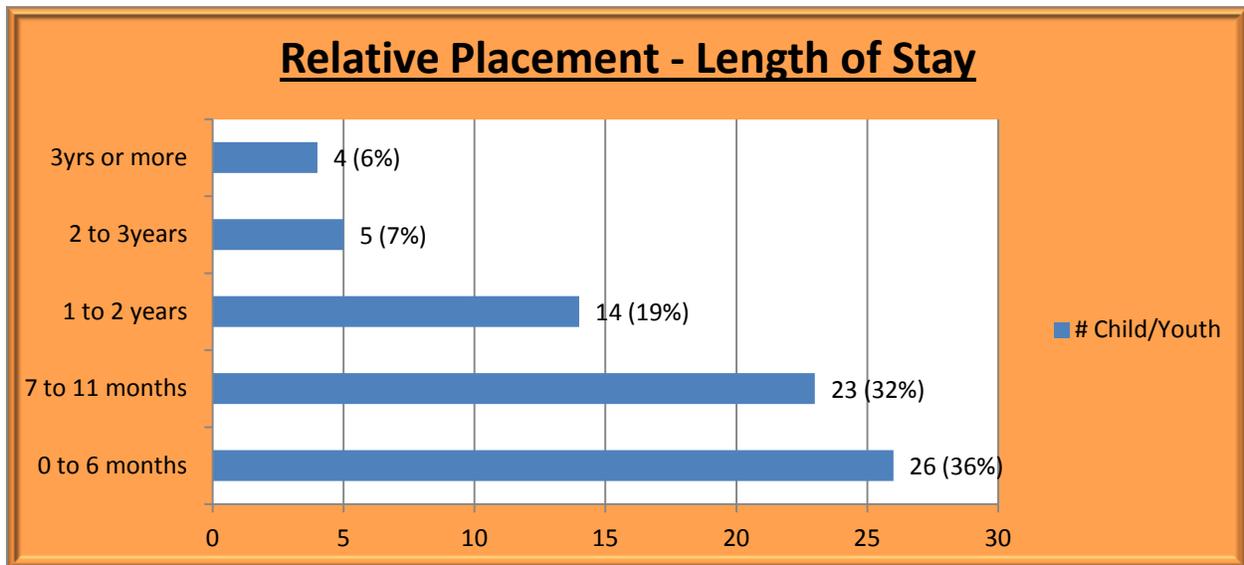
The local boards agreed with the permanency plan of relative placement in 63 (88%) of the 72 cases reviewed.

The local juvenile courts identified a concurrent permanency plan for 14 (19%) of the cases reviewed. The concurrent plans identified were Reunification 5 (36%), Non Relative Adoption 5 (36%), Non Relative Custody & Guardianship 3 (21%), and APPLA 1 (7%).

The local departments were implementing the concurrent plans set by the local juvenile courts in all 14 cases.

Length of time child/youth had a plan of Relative Placement

Of the 72 cases reviewed the local boards found that the length of time the child/youth had a plan of Relative Placement for custody/guardianship or adoption were as follows:



Placement

The local boards agreed with the placement plan in 68 (94%) of the 72 cases reviewed. The majority of placements were in Formal Kinship Care (19%).

Number of Cases	Placement
11	Pre-Finalized Adoptive Home
14	Formal Kinship Care
11	Regular Foster Care
11	Restricted (Relative) Foster Care
7	Treatment Foster Care (Private)
1	Residential Group Home
6	Therapeutic Group Home
1	Independent Residential Living Program
1	Residential Treatment Center
1	Diagnostic Center
8	None

Placement Stability

The local boards found that in 36 (50%) of the 72 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 also found that in 24 (33%) cases reviewed there was a change in placement within the 12 months prior to the review. 7 (29%) of the cases reviewed had 1 placement change, 7 (29%) had 2 placement changes and 10 (42%) had 3 placement changes.

A family involvement meeting took place with the most recent placement changes for 6 (25%) of the 24 cases.

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

- 11 (46%) were in less restrictive placements
- 8 (33%) were in more restrictive placements
- 4 (17%) had the same level of care
- 1 (4%) child on runaway

The local boards found that the primary positive reason for the most recent placement changes were for (a) transition towards a permanency goal for 7 (29%) of the cases, (b) placement with relatives 1 (4%) and (c) placement with siblings 1 (4%).

Provider specific issues for the most recent placement changes were:

- a) Allegation of provider abuse/neglect: 2 cases

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

- a) Behavioral: 10 cases
- b) Runaway: 3 cases
- c) Other: 1 case

Placement specific services for the most recent placement changes were:

- a) Placement services adequate to support the provider: 23 cases

Current placement match between child's needs and the provider's ability to meet those needs:

- a) Yes: 19 cases
- b) No: 1 case

Case Planning

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 38 (53%) of the 72 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 38 (53%) of the 72 cases reviewed and had a signed service agreement for 15 (21%) cases.

The local boards found that the service agreement was appropriate for the 15 signed cases.

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 11 (15%) of the 72 children/youths reviewed had developmental or special needs.
- Current Physical: 59 (82%) children/youths had a current physical exam.
- Current Vision: 52 (72%) children/youths had a current vision exam.
- Current Dental: 40 (56%) children/youths had a current dental exam.
- Completed Medical Records: The local department reported that 29 (40%) children/youths had completed medical records in their case files.
- Prescription Medication: 25 (35%) children/youths were taking prescription medication.
- Psychotropic Medication: 19 (26%) children/youths were taking psychotropic medication.
- Mental Health Issues: 38 (53%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 36 (95%) of the 38 children/youths
- Mental Health Issues/Transitioning/Services: N/A, none of the children/youths with a mental health issue were transitioning out of care.
- Substance Abuse: 4 (6%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 1 (25%) of the 4 children/youths
- Behavioral Issues: 30 (42%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 27 (90%) of the 30 children/youths

The local boards found that the health needs of 36 (50%) of the 72 children/youths had been met and 7 children/youths refused to comply with standard health exams.

Education

50 (69%) of the 72 children/youths reviewed were enrolled in school or another educational/vocational program. 1 of the 50 youths was in college, 1 (5%) of the 22 youths who

was not in school had graduated high school, 3 (14%) refused to attend and 18 (82%) were under the age of 5.

The local boards agreed that the children/youths enrolled in school or another educational/vocational program were all being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 24 (33%) cases)

2 (8%) of the 24 youths were employed or participating in paid or unpaid work experience. 1 youth was not able to work due to mental health and 1 was unable to work due to being in a juvenile detention facility.

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

➤ Independent Living Services (age 14 and older – 24 (33%) cases)

The local boards agreed that 10 (42%) of the 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 5 (25%) of the 20 children/youths with a plan of relative placement for adoption.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child’s Consent to Adoption	Cases
Yes	5
Yes, with conditions	0
Child did not want to be Adopted	2
N/A under age of consent	11
No, Medically Fragile/Mental Health	1
No, Concurrent Plan is Reunification	0

No, Relative Placement	0
Unknown	1

Pre-Adoptive Services, Placements and Resources

13 (65%) of the 20 children/youths with a plan of adoption were placed in a pre-adoptive home. The family structure was comprised of a married couple for 6 (46%) of the 20 cases, and a single female for 7 (54%). The relationship to the pre-adoptive children/youths was a relative foster parent for 12 (92%) cases, and a non-relative foster parent for 1 (8%) case.

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

- 1 case(s) from 4 to 6 months
- 1 case(s) from 7 to 9 months
- 2 case(s) from 12 to 15 months
- 1 case(s) from 16 to 20 months
- 8 case(s) 21 months or more

An adoptive home study was completed and approved for 11 (85%) of the 13 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 13 (100%) cases.

The local boards found that the pre-adoptive placements were appropriate for 12 (92%) cases.

Adoptive Recruitment

The local boards found that the local department had documented efforts to find an adoptive resource for 3 (43%) of the 7 children/youths not placed in a pre-adoptive home. Some of the adoptive recruitment resources were Maternal Relatives, Present Caregiver and Wendy's Wonderful Child.

The local boards agreed that the adoptive recruitment efforts were appropriate for all 3 (43%) children/youths.

Post-Adoptive Services and Resources

Post-adoptive services were needed for 16 (80%) of the 20 children/youths. This includes 3 of the 7 children/youths not placed in a pre-adoptive home.

Some of the services that were needed for the 16 children/youths were Medical for all, Mental Health for 4, Educational for 3, Respite Services for 2 and DDA services for 2.

The local boards agreed that the post-adoptive services and resources were appropriate for all 16 children/youths.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 67 (93%) of the 72 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 18 (25%) of the 72 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	35	25
No	37	47

Frequency of Visits	With Parents	With Relatives
Daily	7	3
Once a week	11	5
More than once a week	1	
Once a month	12	6
More than once a month	3	6
Quarterly		4
Yes, but undocumented	1	1
Never		

Supervision of Visits	With Parents	With Relatives
Supervised	23	7
Unsupervised	12	18

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	12	
Other Agency Representative		
Biological Family Member	7	5
Foster Parent	1	
Other	3	2

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	7	18
LDSS Visitation Center	10	1
Public Area	3	2
Child's/Youth's Placement	13	2
Other	2	2

Overnight Stays	With Parents	With Relatives
Yes	2	9
No	33	16

The local boards found that 42 (58%) of the 72 children/youths had siblings in care and they all had visits with their siblings in care.

Barriers/Issues

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

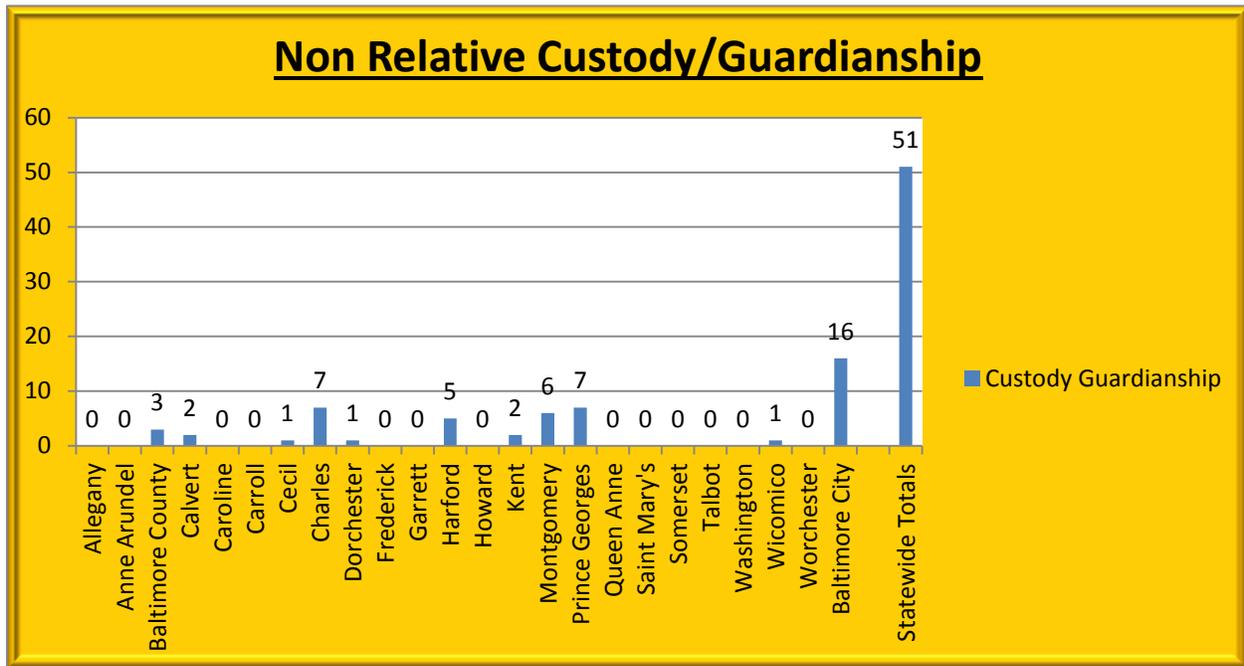
- No service agreement with parents.
- No service agreement with youth.
- No follow up on medical referrals.
- No current Safe-C/G.
- Board does not agree with current permanency plan.
- Lack of concurrent planning.
- Lack of local residential treatment facilities.
- Current provider unable or unwilling to meet youth's needs
- Youth engages in risky behavior.
- Pre-adoptive resources not identified.
- Youth placed outside of home jurisdiction.
- Missing or lack of documentation.
- Child has behavior problems in the home.
- Appeal by birth parents.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Other service resource barrier.
- Other child/youth related barrier.
- Other education barrier.
- Other independence barrier.
- Other placement barrier.
- Other agency related barriers.
- Other court related barrier.
- Other family 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 66 (92%) of the 72 children reviewed.

Custody/Guardianship (Non-Relative) 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.



Permanency

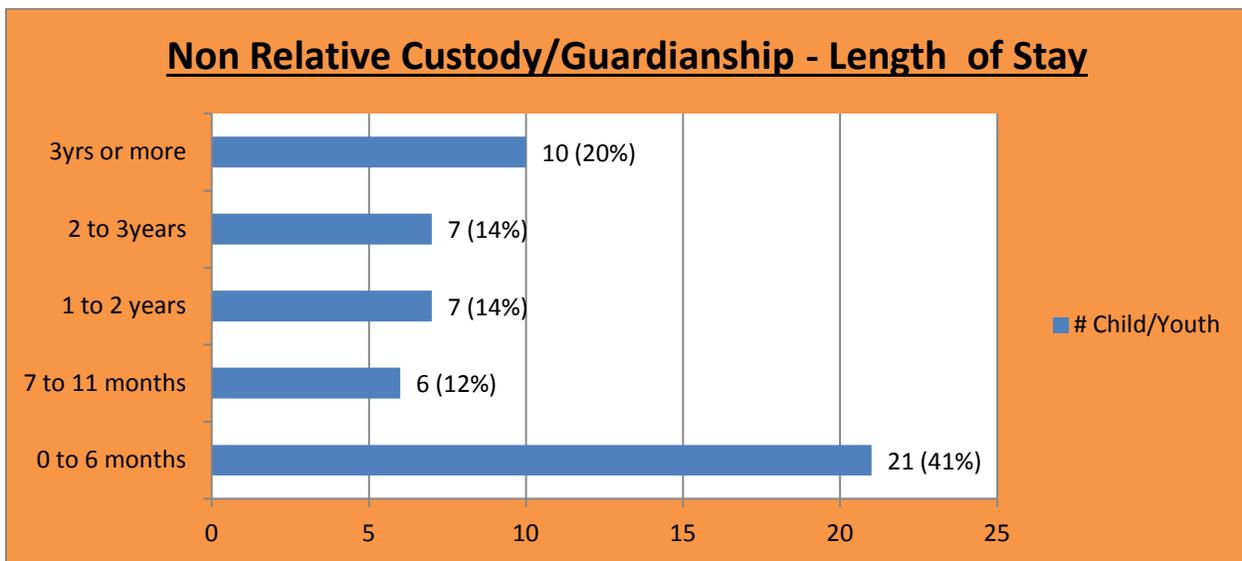
The local boards agreed with the permanency plan of non relative custody/guardianship for 41 (80%) of the 51 cases reviewed.

The local juvenile courts identified a concurrent permanency plan for 12 (24%) of the cases reviewed. The concurrent plans identified were Reunification 3 (25%), Relative Placement for Custody/Guardianship 2 (17%), Non Relative Adoption 4 (33%) and APPLA 3 (25%).

The local departments were implementing the concurrent plans set by the local juvenile courts in 11 (92%) of the 12 cases.

Length of time child/youth had a plan of Non Relative Custody/Guardianship

Of the 51 cases reviewed the local boards found that the length of time the child/youth had a plan of Non Relative Custody/Guardianship were as follows:



Placement

The local boards agreed with the placement plan in 45 (88%) of the 51 cases reviewed. The majority of placements were in Treatment Foster Care Private (59%).

Number of Cases	Placement
2	Formal Kinship Care
2	Regular Foster Care
2	Restricted (Relative) Foster Care
30	Treatment Foster Care (Private)
3	Residential Group Home
1	Independent Residential Living Program
3	Residential Treatment Center
1	Non Relative
1	Diagnostic Center
6	None

Placement Stability

The local boards found that in 22 (43%) of the 51 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 also found that in 25 (49%) cases reviewed there was a change in placement within the 12 months prior to the review. 8 (32%) of the cases reviewed had 1 placement change, 9 (36%) had 2 placement changes and 7 (28%) had 3 placement changes and 1 (4%) had 4 or more changes.

A family involvement meeting took place with the most recent placement changes for 14 (56%) of the 25 cases.

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

- 10 (40%) had the same level of care
- 7 (28%) were in less restrictive placements
- 7 (28%) were in more restrictive placements

The local board found that the primary positive reason for the most recent placement changes were for (a) transition towards a permanency goal 4 (16%) of the cases.

Provider specific issues for the most recent placement changes were:

- a) Provider home closed: 1 case
- b) Provider request: 3 cases
- c) Allegation of provider abuse/neglect: 1 case
- d) Incompatible match: 3 cases

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

- a) Behavioral: 9 cases
- b) Threats of harm to self or others: 1 case
- c) Runaway: 2 cases
- d) Other: 3 cases

Placement specific services for the most recent placement changes were:

- a) Placement services adequate to support the provider: 24 cases
- b) Placement services not adequate to support the provider: 1 case

Current placement match between child's needs and the provider's ability to meet those needs:

- a) Yes: 23 cases

Case Planning

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 33 (65%) of the 51 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 32 (63%) of the cases reviewed and had a signed service agreement for 47 (92%) cases.

The local boards found that the service agreement was appropriate for the 47 signed cases.

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 10 (20%) of the 51 children/youths reviewed had developmental or special needs.
- Current Physical: 33 (65%) children/youths had a current physical exam.
- Current Vision: 28 (55%) children/youths had a current vision exam.
- Current Dental: 28 (55%) children/youths had a current dental exam.
- Completed Medical Records: The local department reported that 20 (39%) children/youths had completed medical records in their case files.
- Prescription Medication: 28 (55%) children/youths were taking prescription medication.
- Psychotropic Medication: 27 (53%) children/youths were taking psychotropic medication.
- Mental Health Issues: 36 (71%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 33 (92%) of the 36 children/youths.
- Mental Health Issues/Transitioning/Services: 3 (8%) of the 36 youths with mental health issues, were transitioning out of care and had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 2 (4%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: No, for both children/youths.
- Behavioral Issues: 19 (37%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 18 (95%) of the 19 children/youths.

The local boards found that the health needs of 18 (35%) of the 51 children/youths had been met and 4 children/youths refused to comply with standard health exams.

Education

44 (61%) of the 51 children/youths reviewed were enrolled in school or another educational/vocational program. 5 (71%) of the 7 children/youths who were not in school refused to attend and 2 (29%) were under the age of 5.

The local boards agreed that the children/youths enrolled in school or another educational/vocational program were all being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 26 (51%) cases)

2 (8%) of the 26 youths were employed or participating in paid or unpaid work experience.
3 youth were unable to work due to mental health.

The local boards agreed that 9 youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 26 (51%) cases)

The local boards agreed that 17 (65%) of the 26 youths were receiving appropriate services to prepare for independent living.

➤ Housing (Transitioning Youth – 1 (<1%) case)

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

Housing had not been specified for the 1 youth transitioning out of care.

The local boards agreed that the youth was not being appropriately prepared to transition out of care.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 45 (88%) of the 51 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 17 (33%) of the 51 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	19	12
No	32	39

Frequency of Visits	With Parents	With Relatives
Daily		1
Once a week	3	2
More than once a week	1	1
Once a month	1	2
More than once a month	11	2
Quarterly	1	2
Yes, but undocumented	2	2
Never		

Supervision of Visits	With Parents	With Relatives
Supervised	9	4
Unsupervised	10	8

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	9	2
Other Agency Representative		1
Biological Family Member		
Foster Parent		1
Other		

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	3	7
LDSS Visitation Center	4	2
Public Area	7	3
Child's/Youth's Placement	2	
Other	3	

Overnight Stays	With Parents	With Relatives
Yes	3	6
No	16	6

The local boards found that 26 (51%) of the 51 children/youths had siblings in care and they all had visits with their siblings in care.

Barriers/Issues

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

- No service agreement with youth.
- No current Safe-C/G.
- Youth not attending school or in GED program.
- Board does not agree with current permanency plan.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Transitional housing has not been identified.
- Youth refuses mental health treatment including therapy.
- Youth engages in risky behavior.
- Youth placed outside of home jurisdiction.
- Missing or lack of documentation.
- Other education barrier.
- Other independence barrier.
- Other physical health 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 46 (90%) of the 51 children reviewed.

Child Protection Panels

CRBC became a citizen review panel in response to the Federal Child Abuse Prevention and Treatment Act (CAPTA) and state law requiring citizen oversight of the child protection system. Local child protection panels may be established in each jurisdiction. Panel members are appointed by the local appointing authority and local child protection panels report findings and recommendations to the CRBC State Board.

There are local child protection panels in Baltimore City, Baltimore County, Montgomery County and Worcester County. The following report findings and recommendations were reported to CRBC for the fiscal year 2018.

Baltimore City Child Protection Panel

In FY2018, the Baltimore City Child Protection Panel completed reviews that addressed outcomes as adapted from the DHR/DHS approved Child and Family Services Review (CFSR) review instrument. The panel made some of the same recommendations as previously because concerns and/or issues continue to exist based on review findings.

Recommendations:

- The department should improve with documentation regarding involvement with biological fathers in the provision of services, especially when the father is living in the home or is involved with the children.
- The department should ensure appropriate documentation of referrals, especially school or medical records mentioned in Local Department of Social Services (LDSS) records. LDSS frequently fails to follow up on mental health and substance abuse referrals for parents so there is no evidence that the parent actually benefited from the referral.
- The department should ensure that complete medical and educational records are included in the record.
- Ensure that the target child/children in a case are intervened.
- Only actual face to face contacts should be documented as such. Notes by workers indicating contacts when they are actually visits without contact create the appearance that there had been a face to face in person visit.
- The department should document interviews with children and children should be interviewed out of the presence of the parents when home visits occur. Document discussion of case plan goals with children interviewed.
- The panel reported concerns about the cases where the children were not interviewed at all.

Baltimore County Child Protection Panel

Meetings Held

- July 26, 2017
- September 27, 2017
- January 31, 2018
- March 28, 2018
- May 30, 2018
- July 25, 2018
- November 28, 2018

SFY 2018 Accomplishments

The Child Protection Panel continues to focus its efforts in the following areas:

- Improving and expanding capacity for medical evaluation and reporting of child abuse and neglect in Baltimore County.
- Educating the medical community regarding child abuse/neglect.
- Advocating for more Child Protection Teams at area hospitals.
- Prevention and services to runaways, including sex trafficking.
- Reviewed and discussed the "Eliminating Abuse and Neglect Fatalities in Baltimore City" report from the Baltimore City Child Fatality Review Team to identify potential areas for further exploration and advocacy in Baltimore County.
- Reviewed and discussed the Maryland State Child Fatality Review Team 2017 Legislative Report to identify potential areas for further exploration and advocacy in Baltimore County.
- Conducted a case review involving a sex trafficking victim and how the youth interacted across the child protection system over time.
- Reviewed data pertaining to homeless youth, runaways and out-of-home placements in Baltimore County.
- Supported dissemination of child abuse identification and reporting educational materials to medical professionals.

Montgomery County Child Protection Panel

The Citizens Review Panel focused on 2 areas in FY2018. First, the Panel examined the scope of the opioid and substance abuse problem in the child welfare system. They explored the prevalence of drug use that leads to children being removed from their homes, prevents them from being returned home as well as the extent of the problem with the foster youth themselves. They reviewed current safety planning and the criteria for handling situations with drug abuse, establish metrics to determine optimal decision making for revising safety plan criteria, and provide recommendations for improving safety plans and resource needs.

The second priority focused on youth transitioning out of foster care. Youth need support in such areas as finding affordable housing, understanding the skills necessary to maintain a job, finding a job, and obtaining help with their completion of educational goals. The Panel explored mentoring programs that help youth "navigate the world" in terms of housing, employment, education, and general social support. The Panel worked to identify current resources for these youth.

FY2018 (outline of work):

Priorities

- Continue to address child safety issues in light of the growing drug and alcohol epidemic. This effort includes assessing the pervasiveness of the problem, safety planning, safety concerns, decision making, and resource needs.
- Prepare materials for incoming County Executive and County Council Members

Action Items completed and Next Steps

- Discussions with agency staff including representatives from screening, investigations, in-home , foster care, kinship placements, transitioning youth, foster parent recruitment, and drug abuse specialists. Have also completed follow-up discussions.
- Developed 3 subgroups to work on developing action plans for issues raised through discussion with staff. These groups will meet over the summer and bring information to September 2018 meeting. Based on summer work, the panel will create an overall action plan for next year. This is scheduled for next monthly meeting. The issues to be considered include:
 - Data and data quality: The goal is to obtain better data on substance abuse across child welfare children, parents, and foster parents to provide timely and effective services. To achieve this goal the following options are being considered.

- Work with Child Welfare to get further information on the developing computerized system (e.g. which processes are being captured and which will remain a county responsibility: what efforts are being made to ensure that the data are useable by the staff and are in a format that can be analyzed).
- For those processes left to the county, help develop a set of standardized questions related to substance and alcohol abuse (SAA) that can be reliably asked and captured.
- Capture the SAA answers in a computerized way to document that 1) the questions were asked: 2) preserve data for accountability, budget needs, grant application justifications, and future analysis: 3) help make and document decisions and actions.
- Resources: During interviews with staff a number of resource requests were put forth. Gather information to determine feasibility.
 - Breathalyzers
 - Affordable treatment
 - Identifying alternative substance abuse treatment for youth
 - Immediate urine analysis, substance-specific urinalysis
 - Expansion of substance abuse workers
- Collaboration, Outreach and Training.
 - Collaboration across community agencies and boards working with drug abuse and mental health problems.
 - We have begun to coordinate with the Social Services Board and Commission and the Drug and Alcohol Commission.
 - Updated training for community partners about substance abuse issues of child welfare clients.
 - Educating the community agencies on the need for resources identified.

Fiscal 2018 CRBC Metrics

	YTD
Total # of Children - Scheduled on the Preliminary:	2463
Total # of Children - Closed, Non Submission & Rescheduled:	1040
Total # of Children - Eligible for Review:	1423
Total # of Children - Reviewed at the Board:	1241
Total # of Children - Not Reviewed at the Board:	182
Percentage of Children Reviewed for the Period:	87%
Percentage of Children Not Reviewed for the Period:	13%
Recommendation Reports - Number Sent	1241
Recommendation Reports - Number Sent on Time	1214
Recommendation Reports - Percent Sent on Time	98%
Recommendation Reports - Number Received – DSS Response	819
Recommendation Reports - Percent Received % - DSS Response	66%
Recommendation Reports - Number Received on Time - DSS Response	281
Recommendation Reports - Percent Received on Time % - DSS Response	34%
Number of Boards Held	188
Recommendation Reports - # of DSS Agreement	800
Recommendation Reports - Percent of DSS Agreement	98%
Recommendation Reports - # of DSS Disagreement	16
Recommendation Reports - Percent of DSS Disagreement	2%
Recommendation Reports - # Blank/Unanswered	3
Recommendation Reports - Percent # Blank/Unanswered	<1%
Percentage of REUNIFICATION Children Reviewed for the Fiscal Year	32%
Percentage of RELATIVE PLACEMENT – Adoption Children Reviewed:	2%
Percentage of RELATIVE PLACEMENT – C & G Children Reviewed:	4%
Percentage of ADOPTION Children Reviewed for the Period:	19%
Percentage of CUSTODY/GUARDIANSHIP Children Reviewed for the Period:	4%
Percentage of APPLA Children Reviewed for the Period:	39%

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