

**Maryland Department of Human Services
FY 2027 Annual Progress and Services Report**



Maryland

Department of Human Services

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Attachments:

Maryland FY 2027 CFS-101 Parts I, II, III

Maryland FY 2027 APSR Page Limit Justification Letter

Statement of Incorporation by Reference

In accordance with the ACF-ACYF-PI-26-03 State 2027 APSR Program Instruction and its definition of “critical updates,” the state of Maryland incorporates by reference the information and data contained in its prior year APSR as if fully set forth herein. Accordingly, this submission provides only critical updates since the prior year APSR, consistent with the reporting requirements of 45 C.F.R. §1357.16.

This report provides a summary of progress made during the current reporting period toward the goals and objectives outlined in the 2025–2029 Child and Family Services Plan (CFSP). It highlights key accomplishments, assesses progress toward intended outcomes, and identifies any necessary revisions to strategies, services, or activities.

Section I: Accomplishments and Progress Toward CFSP Goals

Overall, progress toward Maryland’s six CFSP goals remains on track. Throughout this reporting period, the state continued to implement strategies and activities aligned with each goal area, demonstrating steady advancement toward desired outcomes for children, youth, and families. Key accomplishments include strengthening prevention and community-based supports, expanding kinship and family-centered practices, enhancing workforce development efforts, improving service coordination and stakeholder engagement, and advancing data-informed decision-making through Continuous Quality Improvement (CQI) activities. While challenges such as workforce capacity, resource limitations, and system complexity continue to impact implementation, Maryland has maintained momentum by leveraging partnerships, monitoring performance data, and making adjustments based on stakeholder feedback and emerging needs. Collectively, these efforts position the state to continue making meaningful progress toward achieving the long-term objectives outlined in the CFSP.

Additional key and meaningful accomplishments are highlighted below.

Maryland continues working to expand the array of community support to meet family needs upstream, prevent unnecessary child welfare involvement, and reduce disproportionality by 2029 (Goal 1: Prevention).

In CY 2025, Maryland Department of Human Services (DHS), Social Services Administration (SSA) launched the development of its Community Pathway to Prevention Services. SSA successfully navigated the initial exploration phase by hosting several key stakeholder meetings to align the initiative with the strategic direction. Through these collaborative sessions, SSA identified essential partners for the upcoming design phase, established a unified vision and values, and gathered critical feedback on service delivery mechanisms, gaps, and needs. This effort allowed SSA to co-develop an initial Theory of Change, outline desired outcomes, and finalize a robust community engagement strategy. This effort also included analyzing

data to pinpoint target populations and potential Evidence-Based Practices (EBPs). SSA also conducted landscape analysis and eco-mapping to identify EBP service arrays and service delivery mechanisms. These efforts allow for a positive trajectory for future implementation.

- Key measures for this reporting period include:
 - **CFSR Safety Item 2:** 92% strength rating (down from 93%).
 - **Foster Care Entry Rate:** 1.15 per 1,000 children in CY 2025 (up from 1.0, but below the national average).
 - **CPS Hotline Calls:** 162,440 calls in 2025, establishing a baseline for tracking prevention impact.

SSA continues implementing prevention strategies, including Community Pathways, to support families earlier and reduce the need for child welfare intervention.

Maryland continued advancing Goal 2: Kinship by strengthening family relationships and connections through the establishment and sustainment of kin-first culture (Goal 2: Kinship).

In CY 2025, SSA enhanced family search and engagement efforts and supported implementation of the state's Kin-First law, reinforcing the priority of placing children and youth with relatives and other trusted adults whenever safely possible. Through a partnership with Binti, 23 local jurisdictions fully implemented a comprehensive family search and engagement process, with the remaining jurisdiction scheduled to complete implementation in January 2026. Since September 2025, caseworkers have completed more than 4,500 family searches and identified over 4,300 potential family and supportive connections for children and youth.

The Kin-First law, now in effect for one year, reinforces the importance of maintaining familial, cultural, and community connections by prioritizing placement with relatives and family by choice. SSA continued to monitor kinship placement outcomes and identify barriers to placement, particularly for older youth. Collaboration between the kinship workgroup and emerging adults has helped inform strategies to increase youth engagement in placement decisions and strengthen family connections.

As of December 2025, 31.6% of youth in out-of-home care were placed with kinship caregivers, representing a 5% increase from CY 2024. Among youth ages 14–20, 16.1% were in kinship placements, reflecting a more modest 2% increase and highlighting persistent challenges in identifying and sustaining kinship options for older youth.

These efforts support Maryland's broader objective of improving safety, permanency, and well-being by increasing kinship placements, reducing reliance on non-family settings, and ensuring youth remain connected to supportive family networks.

Section 2: Progress on Planned Improvements and Outcomes

Over the past year, Maryland maintained a strategic and collaborative approach to implementing its CFSP by engaging families, youth, tribes, local departments of social services (LDSS), providers, resource parents, and community partners to strengthen child safety, permanency, and well-being. Through regular meetings, implementation teams, and the CQI Network, SSA aligned policy, shared data, and improved service delivery across the state. Stakeholder input was incorporated through partnerships with the Provider Advisory Council, Maryland Coalition of Families, State Youth Advisory Board, and Maryland Resource Parent Association, ensuring that lived experiences informed planning and performance improvement efforts. SSA also collaborated with the legal community, state agencies, and interagency councils on issues such as special education, family violence, overdose response, and child fatality prevention. Together with partners including the Maryland Family Network and post-secondary education institutions, these efforts helped align the CFSP with statewide priorities, address complex system challenges, and promote positive outcomes for Maryland's children and families.

Maryland also continued to advance its diligent recruitment and caregiver support efforts. In CY 2025, the state completed implementation of the National Training and Development Curriculum (NTDC) across all 24 local jurisdictions. SSA continued to convene NTDC implementation meetings to provide ongoing technical assistance and support to local department and private agency staff responsible for delivering pre-service training to prospective resource parents. Additionally, in December 2025, SSA submitted an inquiry to establish a partnership with the National Center for Diligent Recruitment (NCDR), with collaboration activities scheduled to begin in 2026. These efforts are expected to strengthen Maryland's capacity to recruit, prepare, and support a diverse pool of resource families that can meet the needs of children and youth in care.

These efforts contributed to measurable improvements in several Child and Family Services Review (CFSR) items between CY 2024 and CY 2025.

- Item 4 (placement stability) improved from 81.01% to 85.19%, reflecting fewer placement disruptions and greater continuity for children in care.
- Item 9 (preserving important connections for youth in foster care) increased from 74.03% to 81.48%.
- Item 11 (maintaining connections between biological parents and youth in foster care outside of visits) rose from 72.13% to 76.36%, both of which may reflect strengthened kinship engagement, family search and connection efforts, and broader relationship preservation practices.
- Item 12C (assessing needs and providing services to foster parents) increased from 82.35% to 89.71%, suggesting improved support, training, and service delivery for resource parents, which likely contributed to increased placement stability.
- Item 16 (assessing and providing services for children's educational needs) also improved from 95.06% to 97.47%, demonstrating continued strong performance in ensuring educational stability and coordination of services for children in foster care.

These practice improvements align with statewide performance trends, including a reduction in the placement stability rate from 4.55 moves per 1,000 days in care in CY 2024 to 3.75 in CY 2025, placing Maryland below its target threshold of fewer than 4.48. Collectively, these outcomes indicate that sustained investments in kinship engagement, diligent recruitment, caregiver preparation and support, family connection strategies, and coordinated service delivery are contributing to improved permanency and well-being outcomes for children and families.

Section 3: Revisions and Adjustments to CFSP

Following a thorough review of the state's existing CQI and Quality Assurance (QA) process, Goal 6, Strategies 6A-6C, and the corresponding benchmarks and activities were adjusted to build upon the strengths of the existing CQI process and fill in identified gaps. These changes, made with consideration of feedback from external partners and leadership, allow for more streamlined and targeted efforts to ensure a well-functioning CQI and QA system that will reliably advance outcomes for children and families. The changes are outlined below in red.

Goal/Activity	Previous	Revised
Goal 6		
Goal 6	Advance equitable outcomes for children and families by developing a performance management and accountability framework for high quality case practice and strengthening Continuous Quality Improvement and Quality Assurance activities.	Advance safety, permanency, and well-being outcomes for all children and families served by enhancing existing performance management and accountability frameworks for high quality case practice by strengthening Continuous Quality Improvement and Quality Assurance activities.
Strategy 6A		
Strategy 6A	Establish a comprehensive and consistent process for gathering and integrating feedback from individuals with lived expertise and partners into performance assessments, plans, programs, and policies.	Bolster the comprehensiveness and consistency of the current processes for gathering and integrating feedback from individuals with lived expertise and partners into performance assessments, plans, programs, and policies.
Interim Benchmark 2A	Develop and test a centralized mechanism for partner feedback on two policies/practices by June 2025.	Employ a centralized mechanism for partner feedback on two policies/practices by June 2025.
Interim Benchmark 3A	Document all state and local groups where lived expertise is represented	Identify three state or local groups where lived expertise is not represented and develop a plan to

	and develop a plan to ensure each has representation by June 2026.	ensure each has representation by June 2026.
Activity 1A	Develop a communication plan that ensures partners are regularly engaged via annual surveys, listening sessions, focus groups, targeted dialogue, and contributing feedback via public comments.	Review current methods for gathering partner feedback (e.g., annual surveys, listening sessions, focus groups, targeted dialogue, contributing feedback via public comments) and determine needed enhancements to existing methods and/or develop new opportunities for collecting partner feedback.
Activity 2A	Develop a centralized mechanism for gathering, analyzing, and discussing feedback, including establishing feedback loops and integrating feedback into the statewide CQI process and adjusting practices/policies as needed.	Enhance mechanisms for gathering, analyzing, and discussing feedback and close existing feedback loops by ensuring that feedback is integrated into the statewide CQI process and used in adjusting practices/policies as needed.
Strategy 6B		
Strategy 6B	Develop and implement a CQI process to measure, monitor, and support quality casework practice in accordance with national best-practices, key performance indicators (KPIs) as established by DHS, and in alignment with SSA's Integrated Practice Model (IPM).	Identify and address gaps in the CQI process for measuring, monitoring, and supporting quality casework in accordance with desired best practices.
Interim Benchmark 1B	Establish timeline and process for engaging LDSS and other partners on the development of KPIs/best practices by June 2025.	Collect feedback from LDSSs and other partners about gaps in the existing KPIs and identify other measures needed to support best practice by June 2025.
Interim Benchmark 2B	Establish a process for sharing areas needing improvement across counties by June 2027.	Comprehensively measure the success of strategies identified to address areas needing improvement across counties by June 2027.
Activity 1B	Determine key performance indicators of the IPM, including fidelity, quality, and outcomes, and methods for collecting data.	Review existing methods for collecting family engagement data and identify needed improvements.
Activity 2B	Develop a process and tools to measure and monitor progress (and/or fidelity) on the identified IPM	Develop additional measures and/or enhance existing measures of family

	practice standards and KPIs that build on the SSA CQI Team's CFSSR Results Reports to LDSSs and LDSSs' Continuous Improvement Plans.	engagement based on improvements identified.
Activity 3B	Measure and monitor the fidelity, quality, and impact of KPIs, and identify improvement strategies.	Implement and monitor the fidelity, quality, and impact of any new measures developed.
Activity 4B	Address areas needing improvement as noted through case reviews, quality assurance reviews, family and youth feedback, and delivery of IPM training, IPM Coaching Intensives, Coach Approach Model training and learning collaboratives to sustain skill building.	Address areas needing improvement as noted through case reviews, quality assurance reviews, family and youth feedback, partner feedback, and family engagement measures through the identification of individualized strategies for improving practice.
Strategy 6C		
Interim Benchmark 2C	List of procedures for monitoring programs needing to be documented is developed by December 2026.	Document program services and how they are currently being monitored by December 2026.
Activity 4C	Develop comprehensive written procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies, appropriate and timely recordkeeping and the maintenance of supporting documentation.	Review existing procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies, appropriate and timely recordkeeping and the maintenance of supporting documentation, developing new procedures as needed.
Activity 6C	Expand CQI reviews to include a Quality Assurance case review that addresses the critical services and functions performed by the LDSS.	Review and enhance the QA Tool as needed to ensure it addresses the critical services and functions performed by the LDSS as needed.

Section 4: Priorities and Planned Activities for the Upcoming Year

Kinship and Emerging Adults

DHS, in collaboration with Annie E. Casey Foundation (AECF), developed and began implementing the Emerging Adults Results Count cohort, which will continue into 2026. The Cohort is a key component of the broader DHS/AECF partnership focused on promoting lifelong well-being and connection for youth and young adults in Maryland. SSA and three Local Departments of Social Services are participating in this cohort. Throughout the cohort's implementation, participants identified a need

for Family Find support. In the upcoming year, the development of a Family Find manual, additional training, and policy updates are a priority. In 2026, SSA will continue to evaluate how kin can be utilized to improve outcomes for the Emerging Adult population.

Health Passport

The modernization of Maryland's Health Passport through its revision and digitization is set to transform practice for caseworkers, healthcare providers, and families. By incorporating mental and behavioral health status and history of children and youth in out-of-home care, the passport provides a more thorough health history that remains accessible across caseworker transitions and changes in insurance or managed care organizations. The paper form was revised in CY 2025 with the release of SSA CW 25-08 Health Care Services Oversight and Monitoring policy, which provides clearer guidance on documenting and coordinating medical, dental, and mental health services for children. In Fall 2026, SSA plans to integrate the Health Passport into the Child, Juvenile, and Adult Management System (CJAMS), supporting standardized data collection, improved continuity of care, and enhanced oversight of timely medical, dental, and mental health care services for children in care.

Diligent Recruitment

In 2026, SSA plans to initiate a partnership with NCDR to receive technical assistance in strengthening diligent recruitment and retention efforts. This partnership will support the development and implementation of targeted strategies, training and recruitment materials designed to improve outcomes for children and families. This will be done with the support of the Maryland Resource Parent Association, current resource parents and kinship caregivers, lived experts, and LDSS staff.

Prevention Services: FFPSA Evidence Based Practices (EBP) Provider Portal

In 2026, DHS is spearheading a vital enhancement to CJAMS through the creation of the Family First Prevention Services Act (FFPSA) Provider Portal. This initiative aims to refine EBP service referrals, oversight, documentation, and federal claiming processes. The current CJAMS infrastructure faces significant limitations, including an inability to capture EBP service costs, a disjointed workflow between "Imminent Risk" and "Candidacy Determination," and obstacles in identifying Child Specific Prevention Plans. Due to these complex process flows, frontline staff presently depend on manual text entries to monitor EBP services and their respective start dates, a method that often leads to data being missing, inaccurate, or delayed.

The new Provider Portal solves these challenges by transitioning DHS from this fragmented environment into a fully integrated, end-to-end system housed securely within the MD THINK platform. Utilizing a mobile-first design, EBP providers can log services rendered in real time, which automatically generates service logs and drastically reduces manual data entry for frontline staff. These automated logs seamlessly drive purchase authorizations, accelerate referral and invoice approvals, and simplify financial processing for fiscal staff. Ultimately, centralizing these contracts and workflows within CJAMS ensures data consistency, eliminates

administrative overhead, and guarantees accurate reporting to secure full federal reimbursement and compliance.

Child Safety - Child Maltreatment Fatality Reviews

In 2026, DHS will revamp and relaunch the Child Maltreatment Fatality Reviews (CMFR). The CMFR focuses on child maltreatment related child fatalities with an emphasis on safety culture. This effort aligns with federal requirements to “Track and Prevent Child Maltreatment Deaths” and supports Strategy 3B; Advance the installation of a Safety Culture at both the state office and within the Local Departments of Social Services.

This revamp builds on lessons learned from the existing process to ensure the CMFR process is informative, effective, and efficient, and allows for increased learning opportunities that will highlight system barriers and help strategize fatality prevention efforts. To support this work, SSA has rejoined the National Partnership for Child Safety and is receiving consultation through the Center for Helping Professionals. The partnership offers SSA consultation, technical support and best practice guidance to strengthen the CMFR process from review through implementation of findings. Reviews conducted under the newly revamped process will begin in fall 2026.

CQI Statewide QA Enhancement

SSA teamed up with AECF to assess the effectiveness of current QA protocols, which revealed the necessity for a unified statewide QA framework. Consequently, the QA unit initiated the creation of upgraded methodologies in 2025, incorporating both qualitative and quantitative assessments and revising the data-sharing protocols with Local Departments of Social Services. Furthermore, SSA has partnered with Chapin Hall to establish this statewide quality assurance structure. As part of this collaboration, Chapin Hall is set to evaluate SSA’s existing CQI and QA systems. Following this review, Chapin Hall will offer design proposals to refine current procedures and construct a comprehensive statewide CQI model. Progress on this initiative will proceed through 2026 as SSA analyzes Chapin Hall's proposals to determine which design approaches will undergo rapid-cycle testing, refinement, and implementation.